

Improving access to service charities for female veterans.

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Improving Access to Service Charities for Female Veterans

Moira Bailey, Rita Phillips & Zoe Morrison



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This document reports the results and recommendations of an investigation into improving access to service charities for female veterans.

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Whilst we are grateful for the invaluable insights provided by our expert panel, the research would not have been possible without our participants. We acknowledge and appreciate their contribution with gratitude. All participants spoke with passion and conviction about the importance and potential for improvement in access to services for female veterans. We hope this report does justice to their contribution.

DECLARATION OF INTERESTS

Each of the research team confirm they have no known conflict of interest regarding the conduct and reporting of this research. The work was funded by the OVA, a Department within the United Kingdom (UK) Cabinet Office (Grant Scheme Ref: G2-SCH-2021-12-9578), on the basis of full academic independence.

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GLOSSARY AND ABBREVIATIONS

Accreditation - the act of granting credit or recognition to an entity, such as organisation or a project, that can demonstrate it maintains predefined quality standards.

Armed Forces Covenant - a promise by the nation ensuring that those who serve or who have served in the Armed Forces, and their families, are treated as any other citizen to ensure no detriment is experienced as a result of military service.

Armed Forces Community - those who serve, or who have served, in the Armed Forces and their families.

Criminal Justice Service (CJS) - in the UK this is a collection of agencies including, but not limited to, the police, the courts, the Ministry of Justice and the Home Office that are involved in the detection and prevention of crime, the prosecution of people accused of committing crimes, the conviction and sentencing of those found guilty, and the imprisonment and rehabilitation of ex-offenders.

Common Mental Health Disorders (CMD) - refers to depressive and anxiety disorders distinct from the feeling of sadness, stress, or fear that anyone can experience at some moment in life.

Collaboration - a working practice whereby individuals and/or organisations work together for a common purpose to achieve benefit.

Diversity - refers to our different personal characteristics.

Equality, Diversity and Inclusion (EDI) - terms commonly used to describe concepts and practices that aim to eradicate discrimination and disadvantage arising from personal characteristics.

Equality - assumes each person is given the same opportunities and resources regardless of need.

Equity - allows for different circumstances and needs: resources and opportunities are allocated on the basis of need to reach an equal outcome.

Equivalence - of value or worth as determined by the outcome rather than the means of achieving it.

Gender-based Violence - refers to harmful acts directed towards an individual based on their gender.

Inclusion - values and involves everyone by creating enablers and removing barriers to participation.

Intersectionality - how personal characteristics interrelate, for example membership of more than one minority group.

James Lind Alliance (JLA) - a non-profit making initiative bringing patients, carers and clinicians together in priority setting partnerships.

LGBT+ - a collective term for those individuals who self-identify as lesbian, gay, binary, transgender, queer/questioning, asexual, pansexual, non-binary, and other non-binary terms used to describe gender.

LGBT Veterans Review - an independent review into the service related experiences of UK LGBT+ veterans who served in the Armed Forces between 1967 to 2000.

Ministry of Defence (MOD) - the UK Government Department responsible for implementing defence policy set by the UK Government and the headquarters of the British Armed Forces.

Military Charities (also referred to as service charities) - registered charities with a specific purpose to support members of the Armed Forces Community.

Military Sexual Trauma (MST) - refers to the experience of sexual assault or sexual harassment during military service.

Non-Military Charities (also referred to as mainstream charities) - registered charities who aim to support members of the public, including members of the Armed Forces Community.

Office for Veterans' Affairs (OVA) - is part of the Cabinet Office and works with all UK Government departments and a large range of private, charity and public sector organisations who collectively deliver support and services to military veterans.

Peer-reviewed Publications - documents that have been independently assessed for quality and technical rigour, such as academic journal articles and research reports.

Post Traumatic Stress Disorder (PTSD) - an anxiety disorder caused by trauma, such as harmful, stressful, frightening or distressing events.

Regular - a member of the Armed Forces who serves full-time.

Regular Reservist - a member of the Armed Forces who has previously served as a full-time member of the Armed Forces with a statutory liability for service if required (for example in a national emergency).

Resettlement - the learning and development entitlement available to all ranks of the UK Armed Forces that aims to help those leaving military service to transition to civilian life as smoothly as possible.

Scoping Review - a type of knowledge synthesis that uses a systematic and iterative approach to identify and synthesise an existing or emerging body of literature on a given topic.

Synthesise - combining information from several sources to create new ideas based on critical evaluation of the resources considered.

United Kingdom (UK) - comprising England, Scotland, Wales and Northern Ireland.

United States (US) - the United States of America.

Veteran - any person who served in the Royal Navy (including Royal Marines), British Army, Royal Air Force, Volunteer or Regular Reserves of the British Armed Forces for at least one day.

Veterans' Badge - a badge awarded by the MOD to any veteran.

Volunteer Reservist - a volunteer member of the Armed Forces who serves part-time and may or may not have served full-time previously.

PROJECT OUTPUTS

- Bailey, M, Philips, R and Morrison, Z. Improving Access to Services for Female Veterans: Understanding Challenges from Care-Providers' Perspectives. The Inter-University Seminar on Armed Forces and Society Biennial International Conference, 13-15 October 2023, Reston, Virginia.
- Bailey, M, Philips, R and Morrison, Z. Considering Reflexivity and Positionality Through and Beyond the Investigation: a case study of research practice. British Academy of Management Conference. 1 September-6 September 2023, Brighton, UK.
- Update to Scottish Government Veterans Mental Health and Wellbeing Action Plan Implementation Team: online, 7 February 2023, 24 August 2023.
- Contribution to inaugural meeting of the Scottish Armed Forces Evidence and Research Hub: Napier University, Edinburgh, 23 January 2023.
- Contribution to LGBT Veterans Independent Review Panel: technical input, online, 15 November 2022, round table discussion, online. 15 December 2022.
- Presentation to Veterans Aberdeenshire: research plan, online, 10 June 2022, scoping review, online, 25 November 2022.
- Presentation of Scoping Review and Panel Chair: Unforgotten Forces Autumn Gathering, Perth, Scotland, 1 November 2022.
- Research update presented to Scottish Parliament Cross Party Group on the Armed Forces and Veterans Community: online 22 June and 25 October 2022.

EXECUTIVE SUMMARY

INTRODUCTION

To date, considerations of improving access to and quality of care for veterans often emphasise male perspectives. This may not reflect the needs of female veterans, nor anticipate the needs of the increasing numbers of female service personnel as they leave service. In the work reported here we aimed to investigate public and charitable sector (service and non-service) perspectives on the challenges and enablers female veterans face in accessing service charities to inform and prioritise recommendations for tangible improvements in access to veteran specific services for female veterans. We achieved this aim by conducting a literature review followed by a qualitative research study. This qualitative study comprised profiling the evolution of conditions for military service for females in UK Armed Forces, 38 stakeholder interviews, and website analysis. Findings and recommendations were discussed with an expert panel and the Project Advisory Group, and disseminated to a range of stakeholders over the course of the project. This report presents the findings of this research, discusses them in the context of previous work, and makes recommendations for service provision, policy, and research.

This is a report into research that focuses attention on improving access to services for female veterans in the United Kingdom (UK) and it is important to define terms from the outset for clarification. We refer in this report to females and women interchangeably, similarly referring to men and males. We recognise that such terminology may inadvertently present a binary definition of gender and emphasise that this use of terms reflects the **sex** binary in law. It does not refer to **gender** identity, nor support or endorse any form of gender binarism. This work has involved exploration of issues of difference amongst veterans relating to sex, only one of the nine protected personal characteristics listed in the Equality Act, 2010¹. Membership of the Armed Forces and veteran status are not currently included as personal characteristics in this legal

provision. Some public bodies, including the NHS and local government, are required by statute to adhere to the principles of the Armed Forces Covenant² in regard to housing, education and healthcare.

Many of the issues we have identified for female veterans, and the resultant recommendations, may be applicable to other minority and underrepresented groups within the veterans' community, such as those who identify as LGBT+, members of ethnic minorities, and members of the Armed Forces joining from foreign and commonwealth nations. Additional consideration may be required as to the needs of those at the intersection between several of these characteristics, for example sex, sexual orientation, and race (including colour, nationality, ethnic or national origin), many of whom may be female veterans.

Failure to consider intersectionality by sex and ethnicity renders it difficult to make explicit suggestions whether specific subpopulations of female veterans or female veterans of specific conflicts may experience exacerbated problems in some areas of post-service life. The literature considering female veterans we identified for review placed overwhelming emphasis on observational and descriptive cross-sectional survey data, often based in the United States of America (US). In considering this evidence, it is important to note that the US context is generally acknowledged to be vastly different to that of other countries, such as the UK, in service provision systems, the role of women in the Armed Forces, and the cultural situatedness of veterans, including females.

SCOPING REVIEW OF THE LITERATURE

Our literature review demonstrates that research about veterans' mental and physical health has tended to consider female veterans as a sub-population to allow comparison by sex, for example to consider prevalence rates between male and female veterans. Such work has identified that female veterans are more prone to experience various mental health problems such as CMD, mood disorders or PTSD, and

psychiatric disorders, and less likely to develop addictions or substance abuse. There is however a paucity of research into female specific physical conditions, such as endometriosis and female cancers. A significant proportion of female veterans report some form of military sexual trauma during service and have been found to be reluctant to seek support.

Female veterans have been found to be reluctant to seek support in relation to housing. Current research shows that female veterans' housing needs may be different to those of male veterans, and that female veterans are more likely to experience housing issues than women who have not served in the military. Literature regarding female veterans' employment shows that there is substantial educational and employment support available, but the suitability of this for the specific employment needs of female veterans is unknown. There is also little evidence of interventions to address known difficulties in accessing services, including low awareness of services, practical constraints such as transport and childcare, bureaucracy, and gender related issues in service provision. Female veterans may experience social isolation within communities as they have been found to have smaller social networks when compared with male veterans and this lack of social support may adversely impact upon psychological conditions.

Financial issues are a significant risk factor in mental health problems amongst veterans, yet female veterans' needs are not adequately addressed during resettlement training. Financial issues may disproportionately impact on early service leavers and older female veterans, and may be a barrier to women accessing support. Female veterans experiencing poverty and debt post-service may use problematic coping strategies such as crime, sex work and substance abuse. We found only a limited amount of research and information about female veterans in the criminal justice system (CJS), perhaps because women chose not to disclose their veteran status. Whilst it is known that the profile of crimes committed by all veteran offenders includes more violent crime to that of the general population, it is not known if this is the case for both male and female veterans. Given the paucity of evidence

it is unlikely that female veterans in the CJS are accessing adequate support from service charities.

Whilst much of our review highlighted female veterans' reluctance to seek help, we find this unsurprising in many ways. The evidence suggests that contextual and situational factors such as childcare duties are often not considered, contributing to practical difficulties that may increase reluctance to seek help. Despite the acknowledged importance of sensitivity towards women's issues in accessing care, evidence suggests that services across the diverse range of support that is made available for veterans have often not been tailored to female veterans' needs. It is possible that veteran specific services and services with male orientated perspectives are unappealing for female veterans. The lack of evidence regarding safeguarding arrangements raises more immediate issues of physical and psychological safety when female veterans access services provided by and with male veterans.

QUALITATIVE RESEARCH

Our profile of female military service conditions over time highlights significant and sustained points of differentiation between men and women's experiences of military life, raising the possibility of consequentially different service-related support needs as veterans.

Importantly, our findings suggest that female veterans may not see themselves as part of the veterans' community as they may not self-identify as veterans and/ or may seek to distance themselves from service charities they perceive to replicate patriarchal androcentric military culture.

Importantly, there may be structural issues that influence the help-seeking behaviours of female veterans, further hindering access to services due to unwelcome associations with the military. Our data suggest a perceived slow pace of change in military charities that are not reflective of broader society. The notable contrast with treatment of women in service and in civilian life post-service prompts reflection on undesirable aspects of service life. This contrast may be amplified by contact with military charities that are perceived to replicate military culture

in civilian settings (high ranking males make decisions, rank continues post service), hindering trust in service provision.

Our findings suggest that it would be advisable to foster a more diversified representation of veterans in British society to improve female veterans' access to services. Representing the UK Armed Forces as a professional institution that accommodates equally professional individuals of different genders and ethnic origins highlights veterans as highly qualified individuals who have been trained to complete specific duties. Together with offering tangible markers of service (medals, veterans' ID cards, etc.), changing societal representations of veterans to foreground the value of diversity may improve female veterans' uptake of services.

We identified the need for improved communication of services for those female veterans who are seeking support from service charities. Tailored approaches to service provision, including in some cases highly individualised services, were found to be effective enablers to access to service charities. These approaches included mitigating practical difficulties in accessing services (for example by providing child-care, female oriented and 'one-stop-shop' holistic services and affordable, achievable travel). The importance of high quality, evidence-based services was recognised, although we found limited evidence of effective evaluation and oversight considering aspects of diversity. Consistent with extant literature, we observed a lack of evidence regarding safeguarding arrangements, although we acknowledge we did not purposefully investigate this aspect of service provision.

Given female veterans' acknowledged reluctance to seek support and limited self-identification as a veteran, we considered other potential sources of support. We found little evidence of partnership working between military and non-military charities. Indeed, we found it difficult to engage non-military charities in this work and the potential for failure to facilitate access to service charities via the non-military charitable sector was as true for male veterans as it was for former service women. We did identify several service charities actively seeking to

accommodate difference and diversity within the veteran community and present some notable examples within this report before going on to discuss the implications of our research.

DISCUSSION

The research findings and related recommendations presented here have been discussed with an Expert Panel and our Project Advisory Group. It is perhaps not surprising that extant literature and our findings suggest that female veterans have issues with male-dominated veteran-specific systems that do not accommodate female specific considerations. It is more alarming that the issues described often do not include considerations of safeguarding even whilst considering the high prevalence of sexual trauma and gender-based violence. We noted the lack of recognition for the need to consider personal safety as an issue for female veterans who may be invited to participate in services delivered by and with men. It is not inconceivable that female veterans may find themselves accessing services alongside men associated with prior adverse experiences.

Our study evidences a requirement to accommodate and value different groups within the veterans' community as needs can reasonably be expected to differ by sex, and potentially other personal characteristics, as dimensions of diversity. This differentiation highlights the need for support based on equity of outcome rather than equality of provision as one size does not suit all members of the veterans' community. Governmental policy commitments are relevant in contributing to collaboration and coordination of veterans' services generally, and we suggest enhanced coordination of these activities to improve communication effectiveness, efficiency, and efficacy.

We offer 10 recommendations for improving access to service charities for female veterans to address the research aim and objectives. We go on to offer 11 supplementary recommendations that have arisen from the conduct of the work described in this report that relate to all minority and under-represented groups within the veterans' community, including female veterans.

RECOMMENDATIONS TO IMPROVE ACCESS FOR FEMALE VETERANS

Service Providers

1. Service charities should consider **service differentiation by sex to ensure equity of outcome** for female veterans by reviewing their equality, diversity and inclusion strategies relating to the services they offer female veterans.
2. Service charities should conduct an **internal review of intervention oversight, safeguarding provision, and governance of services** to stimulate robust evaluation and accountability for equity, quality and efficacy of services for female veterans.
3. Service charities should consider implementing **learning and development programmes** to increase awareness of contemporary approaches to equality, diversity, and inclusion to increase their confidence in how they support female veterans.
4. Charities should review their approaches to **reporting of services provided to veterans to differentiate by sex** to stimulate inclusive and equitable service development and delivery for female veterans.
5. Service charities should work together to **share expertise in best practice in enabling service access** to female veterans.
6. Service and non-military charities should work to **increase partnership working, communication and collaboration** to plan, communicate and deliver appropriate service provision for female veterans.
7. **Service charities based in mainland UK should consider providing support for formal collaboration with charities based in Northern Ireland** to facilitate appropriate service provision mitigating the specific issues experienced by female veterans in Northern Ireland.

Policy

8. The **provision of safeguarding and assurance of safe spaces for female veterans accessing services** provided to female veterans should be emphasised in the Women Veterans' Strategy.
9. The OVA should invest in the **provision of learning and development resources** to be made available to charities to increase awareness and confidence amongst service providers in dealing with the needs of female veterans.

Research

10. Further evidence is required regarding the ways in which **female reservist veterans access service charities** (including female volunteer reservist and regular reservist veterans who may be required to return to service) as they may be affected in ways that are different to female regular veterans due to differentiation of experiences of military service.

SUPPLEMENTARY RECOMMENDATIONS

Policy

11. Appointment of a **Veterans' Diversity Champion** within the OVA to work to recognise and further support the needs of minority and under-represented groups within the veteran community, including female veterans. This role should include leadership of the UK Government's first Women Veterans' Strategy and may be a junior ministerial appointment or an additional UK wide responsibility for one of the Veterans' Commissioners.
12. The anticipated UK Government's first Women Veterans' Strategy is a welcome development and should include a **Veterans' Equality, Diversity and Inclusion (EDI) theme to address intersectionality** (membership of more than one minority group).

13. The Women Veterans' Strategy should include **a formal policy statement relating to military sexual trauma and gender-based violence** to recognise that some female veterans may associate their military service with forms of harm (physical, sexual and/or psychological) arising from their gender.
 14. The OVA should consider the feasibility of **an accreditation scheme for all charities (service and non-military) responding to the needs of minority groups within the veteran community**, similar to the Veterans Aware scheme of the Veterans Covenant Healthcare Alliance, and informed by learning from comparable schemes, such as StoneWall's Employer Awards, and the Athena SWAN scheme in Higher Education.
 15. The Ministry of Defence (MOD) should provide **resettlement content differentiated by sex** to increase awareness of services available for females leaving military service informed by current research being undertaken in this area.
 16. The MOD should **amend resettlement policy and planning to accommodate maternity, paternity and adoption leave as an additional allowance of time** to prevent disadvantage to those leaving service at this time.
 17. The MOD should **review the extent of publication of MOD statistics by sex** to inform understanding of service women and female veterans' experience of service and likely support needs during resettlement and post-service.
 18. The MOD should consider offering an **alternate veteran's badge demonstrating support for the value of diversity** in our Armed Forces Community.
- Research**
19. Further evidence is required regarding any **additional support requirements for female veterans arising from age and life stage**, for example younger service leavers, service-related adverse financial circumstances, those with carer responsibilities for veteran family members, and women affected by changes to state pension age and/or opting out of state pension whilst in service.
 20. Researcher teams should consider **increased collaboration to increase value for money and enable evidence-based practice through wider dissemination** of outputs, for example through facilitation by the OVA and regional events hosted by the Veterans' Commissioners that are affordable for practitioners to attend.
 21. **A synthesis of current research into minority and under-represented groups within the veterans' community** should be undertaken to optimise the learning from the welcome range of recent studies, incorporating possible additional considerations arising from intersectionality and the recommendations of the LGBT Veterans Independent Review.

1 INTRODUCTION

1.1 STRUCTURE OF THIS REPORT

In this report we first introduce the aims and objectives of the study and outline the design of our empirical investigation. We present a scoping review of extant literature considering the differentiation of male and female veterans' needs, before going on to consider the military roles female veterans may have held in the context of changing terms and conditions of service for women over time, and how those roles may differentiate female and male veterans' support needs. We then present our analysis of findings relating to barriers and enablers to access service charities for female veterans in accordance with the principles of the Veterans' Strategy Action Plan³. This analysis includes examples of best practice. The discussion provides a synthesis of the evidence gathered and considers the notable aspects of evidence we did not find, to inform our recommendations to achieve tangible improvements to service access for female veterans. The final chapter offers our conclusions and recommendations.

1.2 AIMS AND OBJECTIVES

Research into female veterans' access to charitable services is scarce. This is concerning given the known points of differentiation between the experiences during and post-service of female and male veterans. Female veterans of working age are significantly more likely to report suffering from depression and anxiety (31%) than male working age veterans (21%), they are more likely to be economically inactive, and less likely to be employed⁴. While female veterans tend to access services more readily than their male counterparts⁵, female veterans report feeling less welcomed at veteran events and veteran mental health organisations⁶. Although women have been reported to be more likely to seek help quickly, they may be less inclined to use veteran services, partially due to the high rate of sexual-related trauma experienced during service⁶. These intersecting aspects of difference due to experiences in service may result in female veterans seeking to

access non-military organisations for support relating to issues arising from service, or indeed not seeking or receiving appropriate support.

Given these aspects of difference influencing and influenced by access to service charities, we aimed to investigate public and charitable sector (service and non-service) perspectives on the challenges and enablers female veterans face in accessing service charities to inform and prioritise recommendations for tangible improvements in access to veteran specific services for female veterans. We achieved this aim through investigation of three interrelated objectives:

1. To understand the common barriers and challenges for female veterans in accessing services.
2. To identify enablers that may facilitate access to services for female veterans.
3. To recommend how access to service charities for female veterans might be improved.

Whilst focusing on the challenges female veterans face in accessing service charities we do not assume that services for veterans are generally sufficient. Indeed, we acknowledge a universal need to improve access to services for veterans. We further recognise that many veterans may not need to access support as they return from life in service to thrive in civilian society. The recommendations arising from the findings of this research and reported here aim to improve access to appropriate support services for female veterans on each and every occasion it is required, recommended or requested.

We aspire to engage in innovative thinking in response to the findings of this project and the related programme of research commissioned by the Office for Veterans' Affairs (OVA) to achieve a step change in considerations of female veterans' needs and related service provision for all members of minority and under-represented groups within the veterans' community.

1.3 OVERVIEW OF THE STUDY.

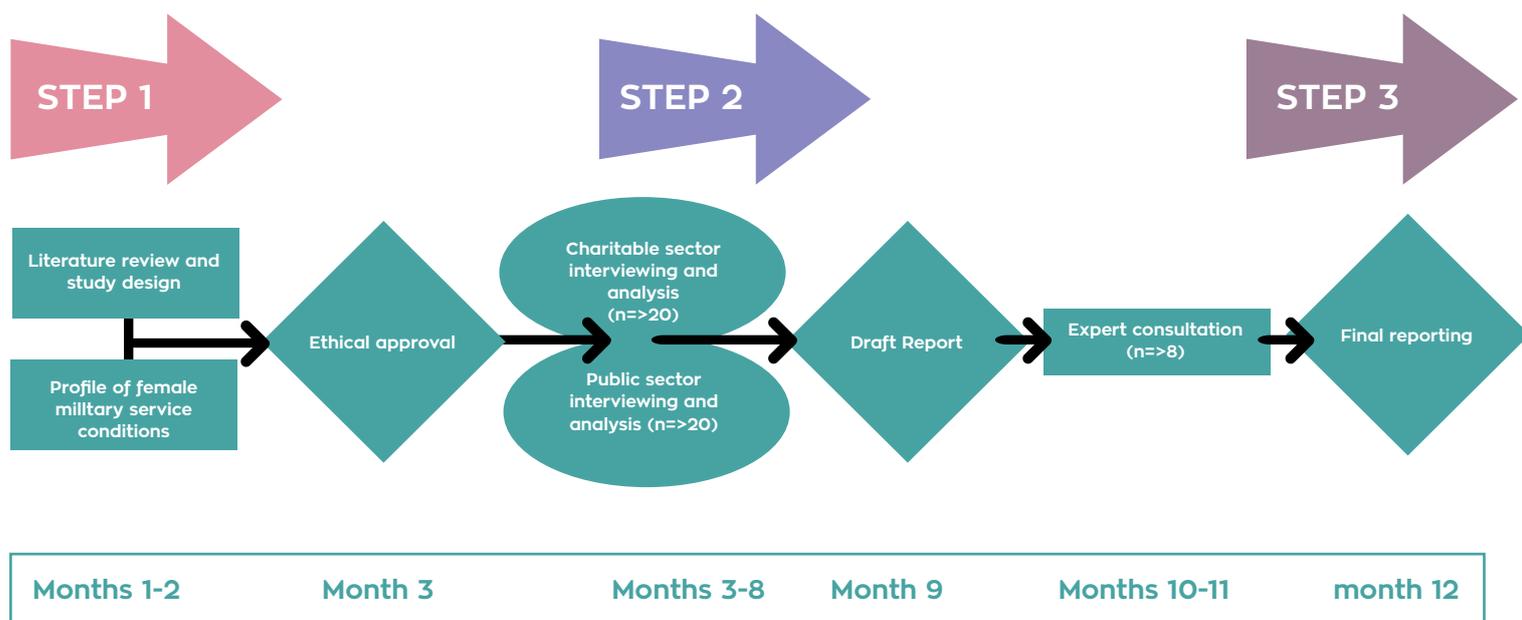
This study comprised a scoping review of extant literature to identify points of known differentiation between female and male veterans’ access to services. We then conducted a high-level analysis of the differentiation of the nature of military service for women in the UK Armed Forces, to profile how that has evolved over time, shaping female veterans’ experiences of military service.

This work shaped our interview-based qualitative study with service charities and non-military charities working to provide veteran specific pathways for female veterans. We included providers of female-only services to understand their perceptions of female veterans and related management strategies. We also included professionals with relevant expertise and experience.

Findings from these first phases of work were considered together with the Project Advisory Group and an Expert Panel to validate our analysis and resultant recommendations as to how female UK Armed Forces veterans’ access to services might be improved.

An overview of the study is provided in Figure 1.

1.3.1.1 Figure 1: Study design.



2 SCOPING REVIEW OF THE LITERATURE

Research into veterans' access to charitable and other philanthropic services that support veterans has mainly focussed on the needs of male veterans despite increasing numbers of women joining the armed forces internationally^{7,8} and an associated growth in the female veteran population. In addition, many countries such as the United States (US) and the United Kingdom (UK) have lifted restrictions on roles that women may perform in the military. For example, married women were excluded from service, and it was common practice to discharge pregnant women from service until 1978 in the UK. Since 2016, women may serve in any role, including ground close combat⁹⁻¹⁴. Yet, whilst females are now engaged in a range of roles and the population of female veterans is increasing, little is known about their distinct post-service needs.

A study in 2019 by Dodds & Kiernan¹⁵ suggests that only 2% of veteran related research mentions women, whilst gender differences in post-service needs are well evidenced¹⁶. Indeed, female veterans of working age are significantly more likely to experience mental health problems than male working age veterans and they are more likely to be economically inactive, and unemployed^{17,18}. Upon leaving service female veterans report a more challenging transition into civilian life⁵ with challenges that women experienced during service impacting on their transition and their veteran experience¹⁹. Specifically, female UK Armed Forces veterans who were experiencing mental health difficulties such as post-traumatic stress disorder (PTSD) or common mental health disorders, physical health difficulties or loneliness were found to be significantly more likely to report experiencing gender related challenges during their military career¹⁹. These challenges may influence their help seeking behaviours post-service.

While female veterans tend to access services offering support more readily than their male counterparts¹⁸ female veterans report feeling less welcomed at veteran events and veteran mental health organisations⁶. Women have been reported to be more likely to seek help more quickly and may be less inclined to use

veteran services, partially due to the high rate of sexual-related trauma experienced during service⁶. Additional barriers, such as stigma and discrimination, in accessing health services among veterans have been well documented, but these accounts focus mainly on male veterans' perspectives^{20,21}. As such, the generalisability of these findings to the female veteran cohort remains questionable. Gender points of differentiation may continue to impact on female veterans' physical and mental health needs.

With growing academic interest since the early 2000s, the experience and needs of the female veteran population has been subject to further investigation. However, with notable exemptions^{16,22}, the results of these studies remain generally unconnected and isolated as studies tend to address specific conditions rather than the holistic needs of female veterans (for example specific support relating to the mental health needs of female veterans²²). These isolated perspectives provide only partial consideration of the inter-related needs of female veterans as they do not take the intersecting factors of gender disparities into consideration.

In this scoping review we aim to provide an overview of existing issues that female veterans encounter when accessing support services by assessing evidence surrounding the health and wellbeing, housing, employment, and access to services of female veterans to allow a more holistic, integrative and intersectional exploration of prevalent issues surrounding female veterans.

2.1 SCOPING REVIEW METHOD

To synthesise relevant aspects of female veterans' service needs and access requirements, we utilised an established scoping review framework²³⁻²⁸. Scoping reviews address broad topic areas, in which many different study designs might be applicable, to allow inclusion of contributions from several disciplines and highlight gaps in knowledge^{23,29}. This approach enabled us to clarify the research questions, identify relevant studies, select studies meeting our inclusion criteria, chart the data, and summarise the results.

The following questions were determined in April 2022 and guided the scoping review:

1. How do female veterans utilise services?
2. What are common barriers and challenges for female veterans in accessing services?
3. How might services for female veterans be improved?

The process of identification and selection of extant literature for review is detailed in Appendices A and B. We first located peer-reviewed, English-language empirical studies that were published between April 2002 and April 2022. Between April 2022 and April 2023, a total of 25 reports from grey literature were integrated into the review together with newly published peer-reviewed articles. The exclusion criteria included: the publication being an editorial or review article, no differentiation made between gender (male, female or other), publication prior to April 2002 as the landscape of service provision has changed significantly, and being published in any other language than English. Editorial and review articles and reports were examined to ensure the complete retrieval of relevant primary research noted therein. All members of the research team contributed to the review, reading the studies independently, and contributing to iterative analysis to identify prevalent issues and gaps in knowledge. We commenced with collating, summarising, and reporting the results in June 2022 and concluded this step in April 2023.

2.2 SCOPING REVIEW RESULTS

Boolean searches including the string search terms generated a total output of 270 articles and 25 reports from grey literature. From these, a total of 82 articles were removed as these were duplicates. The research team examined the headline and abstract of the remaining articles, whereby 45 editorials or review articles were excluded. The remaining articles were closely read to see whether the focus was on examining the needs of female veterans. A total of 56 articles were excluded, leaving a total of 125 articles from quantitative and qualitative research and from grey literature, for possible inclusion in the review.

2.2.1 Health and Wellbeing

The majority of the reviewed articles thematised issues surrounding female veterans' health and wellbeing. Here, studies focussed primarily on mental health disorders, suicidal ideation, and PTSD (27 articles; 35.7%), followed by sexual trauma and domestic violence (16 articles, 21%), addiction and substance abuse (9 articles; 11.8%), physical illnesses (9 articles; 11.8%), with 15 articles (19.7%) covering more than one of these topics. We now outline the main findings here before going on to discuss the implications for access to services for female veterans.

2.2.1.1 Mental Health Disorders, Suicidal Ideation and PTSD

Evidence from US and UK studies yield similar findings, suggesting that female veterans are more prone to suffer from several mental health problems, when compared to their male counterparts. For example, female veterans in both the UK and the US were found to be more likely to suffer from common mental health disorders (CMD) such as depression and anxiety in comparison to male veterans^{30,31}. Female veterans were also found to be at increased risk of developing mood and personality disorders³² and probable PTSD^{31,33}. PTSD rates included high comorbidity rates and lower relationship and parental functioning^{31,33}. Female veterans appear to be at the same or at lower risk than male veterans to commit suicide, but at higher risk in comparison to civilian women³¹. However, the inpatient care cost per patient for mental services was found to be lower for female veterans than for male veterans³⁴, suggesting that female veterans utilise health services differently than male veterans³⁵. This is mirrored in studies examining female access to veteran related services, outlining that young women access veterans' health services less readily, when compared to older women and men³⁵.

2.2.1.2 Sexual Trauma and Domestic Violence

Sexual trauma has emerged as an area of veterans' research and was a prevalent theme in the review. Data suggests that between 55%-79% of women in the US military report instances

of sexual harassment in the US military with up to 48% reporting sexual assault³⁶. Numbers of servicewomen experiencing sexual harassment may be similarly high in the UK Armed Forces with 67% of servicewomen reporting instances of some form of unwanted sexual behaviour³⁷. It is therefore deeply disturbing but perhaps unsurprising that a similarly high number of female veterans report suffering from gender-based violence during service. For example, a recent study on female UK Armed Forces veterans' outlines that, among a community sample of female UK Armed Forces veterans, 22.5% reported sexual harassment, 5.1% reported sexual assault, 22.7% emotional bullying and 3.3% physical assault³⁸. Here, those who were younger and of lower rank were more likely to experience emotional bullying and sexual harassment, while those who were combat-experienced were more likely to experience military sexual assault. We are aware that further research is currently being undertaken in this area in the UK and is likely to report in 2023.

While seeking help for military sexual trauma is particularly important most female veterans either do not seek help³⁹, or feel worse after seeking help, perhaps due to perceived victim-blaming behaviours and practices engaged in by legal and medical personnel that exacerbate victims' trauma⁴⁰. For example, victims who sought help from legal or medical systems (civilian and military) reported that this contact made them feel guilty, depressed, anxious, distrustful towards others and reluctant to seek further help⁴⁰. Whilst it is suggested that more information about service availability and access should be available for female veterans and services should be more tailored to female veterans' needs³⁹, it would also be advisable to conduct studies that examine the underlying reasons for female veterans' reluctance to seek help, such as possibly negative experiences with healthcare services, social stigma, fear of repercussions and consequences for their career and/or relationships. Normalisation of gender-based violence may further impact on help-seeking behaviours.

2.2.1.3 Addiction and Substance Abuse

While female veterans were found to be less likely to develop addictions or substance abuse⁴¹, those who do experience more pain are more likely to develop psychiatric disorders than male veterans⁴². Additionally, those women who do develop addictions and substance abuse are generally of lower age when compared to the male veteran population⁴¹. Importantly, younger women are less inclined to utilise health services³⁰, suggesting younger female veterans are a particularly vulnerable population.

2.2.1.4 Physical Illnesses

Studies in the US and UK context show that there are significant differences between female and male veterans' physical health post-service. However, most of the gender differences reflect those seen in the general population²². Female veterans typically endorse lower traditional cardiovascular risk factors and comorbidities (e.g., weight, hypertension), but greater non-traditional cardiovascular risk factors (e.g., trauma, psychological symptoms⁴³). Female veterans report more single site pain (i.e. neck, stomach, pelvic), as well as higher rates of pain-related diagnoses, such as headaches and fibromyalgia and multisite pain, than men^{42,43,31}. When compared to female civilians, female veterans are at increased risk of certain kinds of cancer, such as ovarian and breast cancer³¹. However, the amount of research published on female veterans' physical health issues does not compare to the much greater quantity of research on veterans' mental health.

Whilst some UK and US research has documented differences in physical health between male and female veterans, and female veterans and female civilians, for notable diseases some topics remain underexplored. For example, research examining cervical ovarian and uterine cancer as well as chronic conditions such as hypertension in female veterans is limited or non-existent³¹. We found no evidence relating to female specific conditions, some of which may relate to medical discharge from service, such as endometriosis, complications with pregnancy or menopause. While female medical conditions require further exploration,

the overreliance on quantitative methodology is concerning. Medical conditions need to be examined and understood holistically to provide adequate services and help. Qualitative and mixed-method studies would allow holistic and multifaceted investigation of female veterans' experiences, common concerns and desires associated with the quality of care and obstacles to treatment access. This is particularly important as studies have outlined that most women do not receive treatment through veteran medical centres, indicating that veteran health services do not meet women's needs⁴⁴.

Our review demonstrates that research about veterans' mental and physical health has tended to consider female veterans as a sub-population to allow comparison by sex, for example to consider prevalence rates between male and female veterans. Such work has identified that female veterans are more prone to experience various mental health problems such as CMD, mood disorders or PTSD, and psychiatric disorders, and less likely to develop addictions or substance abuse. There is however a paucity of research into female specific physical conditions, such as endometriosis and female cancers. A significant proportion of female veterans report some form of military sexual trauma during service and generally female veterans have been found to be reluctant to seek support.

2.2.2 Making a Home in Civilian Society

Few studies addressed female veterans' issues surrounding making a home in civilian society. Notably, the majority of studies reviewed were US based and took positivist approaches. A US Department of Veterans Affairs affiliated study⁴⁵ identified a prevalence of homelessness and transitional accommodation as the needs of female veterans were not being met. Though the statistical data reported is primarily US based⁴⁵, similar issues may be prevalent in the UK context⁴⁶. Specifically, female veterans may be three times more likely to experience homelessness when compared with female non-veterans⁴⁷. Female veterans may also be less likely to seek support because of the male dominance amongst those providing support⁴⁷. Studies by Tsai et al have suggested that female veterans' needs differ from those

of male veterans, as female veterans often care for others and have associated duties⁴⁷⁻⁴⁹. For example, female veterans may need to consider schooling issues for their children in their housing requirements. Issues surrounding female veterans' housing may relate to female veterans' need for personal safety, gender-specific care and privacy^{47,48}. In addition, Kenny and Yoder⁵⁰ identified that female veterans found it difficult to adapt to a non-structured environment and this contributed to homelessness. They suggested that this consideration be built into any transition support scheme.

Studies in the US suggested that female veterans are less likely to seek support to help them make a home in civilian society as they often do not have the appropriate knowledge about their eligibility for support, and do not know where to find appropriate information about support^{51,52}. Besides the lack of awareness about services, an absence of social support and an inability to navigate between appropriate services were identified as relevant factors contributing to lower uptake of services in female veterans⁵². Mitigations for these barriers included the integration of support services into other services available to female veterans⁵². These integrated services should be delivered in a safe, social, supportive and welcoming environment, and led by providers that are empathetic and can relate to the veterans' experiences.

In summary, current research shows that female veterans' housing needs may be different to those of male veterans, and that female veterans are more likely to experience housing issues than women who have not served in the military. As with the health and well-being evidence considered above, female veterans have been found to be reluctant to seek support in relation to housing.

2.2.3 Employment, Education and Skills

Sources thematising employment, education and skills for female veterans, were each conducted in the UK. We considered this literature in the context of the support available to women leaving service. The MOD provides educational Professional Development, Career Management Personal Development and Elective Personal

Development strategies, collectively referred to as 'resettlement', for those leaving service at no cost to the individual⁵³. This support is based on the MOD's training and education strategy⁵⁴. Resettlement provisions are open to all Regular service men and women, regardless of time served, with some differentiation in provision for those who are medically discharged, and early service leavers (leaving services within the first four years). Importantly, we found no consideration of resettlement training and entitlements tailored to accommodate maternity leave considerations (e.g. extended eligibility periods for those leaving who may wish to gain employment subsequently).

While the training that former service personnel receive is well documented, involving both mandatory, elective (designed to support future employment), role specific and functional training, little is known about possible issues relating to resettlement services female veterans may experience. While there are data relating to transition education and employment⁵³, the data is not specifically related to female veterans. Research suggests that the employment needs of female veterans are often not met, particularly in relation to resettlement opportunities geared to fill standard working practices^{55,31}. This may be because female veterans may prefer more flexible types of employment due to familial circumstances, such as spousal employment and/or childcare commitments.

These issues have been recognised. For example, the Royal Forces Employment Association (RFEA) developed an integrated programme to assist female veterans to obtain suitable employment, the content of which is designed to give career advice relevant to their skills, CV advice and confidence building. Despite this, a 2021 Parliamentary report⁵⁶ identified that female veterans do experience problems in relation to service role equivalences in the civilian job market and we are aware of current research being undertaken into women's experiences of resettlement. Other charities offer services, for example, The Royal British Legion, but we found little data on provision and utilisation of female specific services.

The evidence reviewed here regarding female veterans' employment shows that there is

substantial educational and employment support available, but the suitability of this for the specific employment needs of female veterans has been identified as an area for further investigation.

2.2.4 Community and Relationships

As female and male veterans' needs may differ, considerations surrounding equity in the delivery of services and support is crucial^{34,56}. In this sense, services must adapt and improve to become attractive sources of support for female veterans.

Female, as well as male, veterans are likely to have significant medical or psychological health issues⁴⁴. However, female veterans may have fewer social contacts and smaller social networks to draw upon when compared with male veterans and wider community samples^{57,58}. Limited social support may aggravate veterans' psychological conditions⁵⁸. Research indicates that female veterans often suffer from psychological distress directly or indirectly related to service^{59,60}, addiction issues⁶¹, physical illnesses, disabilities, and the transition from service life to civilian life^{44,45, 53,60,62,63}. Despite this, little research has addressed which characteristics make support attractive to female veterans. Instead, the studies reviewed focused primarily on reasons that make female veterans reluctant to access services^{59,64}. Barriers to accessing support may include long waiting periods, previous bad experiences (such as civilians not understanding the veteran's issues), and lack of sensitivity to women's issues⁵⁹. Additionally, Leung et al found that harassment from men whilst attending appointments led to female veterans opting out from accessing further support⁶⁰. Similarly, limited awareness of services, the bureaucratic nature of services, and a male orientated focus, may deter female veterans from accessing services⁶⁵. Importantly, we did not identify literature considering safeguarding arrangements for female veterans accessing support services.

Besides these factors, transportation issues and the geographical location of female veterans can be a barrier to service access^{58,66}. Time off

work, transportation and childcare issues are not exclusive to those veterans living in remote areas, but are widely cited as barriers^{49,67,68}, suggesting a need for onsite childcare and assistance with transport. Characteristics that are specific to illnesses and disabilities should also be taken into consideration. For example, female veterans who have experienced sexual trauma may be unwilling to access services because they believe the practitioners will not understand them, be empathetic towards them, or be of a different gender⁶⁹. Negative military experiences can also deter women from accessing services⁷⁰. Such barriers to accessing services for female veterans have been established in the literature.

Much of the literature we reviewed suggested means to address these barriers. It may be advisable to provide a more geographically dispersed service network, so that services can be accessed on a local basis⁵⁸. Additionally, it may be advisable to foster an appreciative culture in service centres, specific for female veterans that offer multidisciplinary care⁵⁹ and onsite childcare centres⁶⁰. These 'one-stop-shop', integrated care centres may encourage female veterans to access the services they require^{65,71}. Additionally, it may be beneficial to change the male focus in the resettlement packages that are provided for veterans to follow a more inclusive approach⁵⁶. In this sense, veterans' service charities should make more effort to design and offer more female specific services³¹. We suggest this be prioritised within the context of the Equality Act¹.

Our review suggests that female veterans may experience social isolation within communities as they have fewer social contacts and smaller social networks to draw upon when compared with male veterans. This lack of social support may adversely impact upon psychological conditions. Difficulties in accessing services, including low awareness, practical constraints such as transport and childcare, bureaucracy, and gender related issues in service provision, are known. There is however little evidence of interventions to address known barriers.

2.2.5 Finance and Debt

The scoping review identified that one of the main difficulties UK veterans encounter during resettlement and transition to civilian life relates to financial and debt related issues⁴⁶. Similarly, in the US, there is evidence of financial issues being a significant risk factor in suicide and mental health problems amongst veterans⁷². In addition, financial issues are frequently barriers to veterans accessing services as lack of funds precludes veterans from travelling to locations which offer support services, particularly from remote areas⁷³. Edwards and Wright's UK study⁷⁴ revealed that female veterans felt that, despite financial issues being an element of resettlement training, the support was insufficient, and their needs were not being met. Resettlement training lacked information on financial issues such as budgeting, pension, tax and credit^{74,75}. Recent studies have found that many women suffered poverty, low income and debt after leaving service, and resorted to committing crime, escorting, sex work and using alcohol to cope with the transition^{75,76}. Female veterans' salary prospects are often poorer than their male counterparts³¹ and many female veterans have been disadvantaged with regard to their pension as a result of them being discharged when pregnant⁷⁷. Participants went as far to say that they felt safer after they found themselves in the criminal justice system (CJS) because when they were in prison, they did not have to worry about paying for food and bills as they had done in their civilian life after service⁷⁵. It was found that veterans are often released from prison without any financial support⁷⁶. Older female veterans will be further impacted by pension considerations such as changes in the default retirement age for the State pension and the impact of previous state pension 'opt-out' schemes for members of the Armed Forces. The impact of these considerations on female veterans is not sufficiently understood, despite the assertion that there are a good deal of financial benefits, credits and grants available to veterans^{46,77}.

Although it is known that financial issues are a significant risk factor in mental health problems amongst veterans, female veterans' needs are not adequately addressed during resettlement training. Financial issues may result in female

veterans experiencing poverty and debt post-service that may in turn contribute to problematic coping strategies such as crime, sex work and substance abuse. Financial issues may disproportionately impact on early service leavers and older female veterans, and may be a barrier to women accessing support.

2.2.6 Female Veterans and the Law

To date, the accurate estimates of the numbers of veterans serving custodial sentences draw on evidence from prisoner surveys and inspections^{78,79,80}. Interestingly, the research we located considered prevalence, duration of conviction and nature of offences, but did not report this differentiated by sex.

Reports suggest that although the proportion of veterans incarcerated was lower than in a comparable general population (approx. 3.5% - 6% of the veteran population compared to approx. 10.5% of the civilian population⁷⁸⁻⁸⁰), violent behaviour was overrepresented in the veterans' sample⁸¹. Imprisoned veterans were more likely to be convicted of more serious crimes and were therefore sentenced to longer sentences than a comparable sample of the general public (63% of the veteran sample vs. 53% of the general prison population being sentenced to four years or more; 39% of the veteran sample vs. 26% of the general prison population being sentenced to more than 10 years^{78,79}). The most common crimes committed by veterans differ from those committed by the general population, with a high prevalence of violence (33% of the veterans' population vs. 29% of the general inmate population) and sexual crimes (25% of the veterans' population vs. 11% of the civilian population⁷⁹). It is interesting that these figures are not differentiated by sex. Similarly, identified risk profiles for veteran offenders were not differentiated by sex. Risk profiles included linkages between social exclusion, financial problems, poor mental health, adverse childhood experiences, in service issues often related to discharge, transition-from-service related (i.e. financial issues), alcohol and substance misuse⁸¹⁻⁸³.

Although only a small existing body of extant literature examines female veteran specific

issues in relation to the CJS, this may change with ongoing projects, e.g., examining the lived experience and support needs of female veterans in criminal justice and prison systems⁷⁵. Furthermore, female veterans in the CJS may not have identified themselves as veterans, perhaps because of their feeling of guilt, shame or accusations of victim blaming, and as such may not access services from military charities⁷⁵. As services required by female veterans in the CJS are often quite specific, it is important that consideration be given to equality and equity regarding female services⁷⁵. Rawlings & Farr⁷⁷ recommend a single point of contact within the CJS to facilitate the identification of women veterans subject to community-based court orders, and in custody, to help establish contact with appropriate support services.

Our review has found only a limited amount of research together with a lack of data about the number of female veterans in the CJS, perhaps because women chose not to disclose their veteran status. Whilst it is known that the profile of crimes committed by all veteran offenders includes more violent crime to that of the general population, it is not known if this is the case for both male and female veterans. Given the paucity of evidence it is unlikely that female veterans in the CJS are accessing adequate support from service charities.

2.3 SCOPING REVIEW DISCUSSION

This scoping review aimed to provide an overview of support needs of female veterans by taking a holistic and intersected perspective on issues experienced by female veterans during their post-service life. The findings suggest that female veterans' mental and physical health have been comprehensively examined by previous research, although there is paucity of consideration of female specific physical conditions. The majority of studies identified focus on the examination of quantitative data. Future studies may wish to utilise qualitative methods in order to better understand the experience of female veterans to identify risks and protective factors in mental health outcomes. Importantly, evidence outlines that female veterans are more prone to experience various mental health problems such as CMD,

mood disorders or PTSD³⁰⁻³³, and, specific physical mental health problems, such as pain related diagnoses^{31,42,43}. However, although female veterans experience these issues, female veterans are often reluctant to seek treatment and support, particularly from specialist services^{59,64}. While the majority of studies examined the prevalence and implications of military sexual trauma, it would be advisable to investigate referral processes and female veterans' engagement with support systems to gain a more nuanced understanding of female veterans' reluctance to seek help. Furthermore, such investigation might consider ways in which a lack of help during service may compound reluctance to seek help post service.

This reluctance to seek support may possibly explain lower inpatient care costs associated with female veterans^{34,35}. The underutilisation of services by female veterans may be explained by drawing on women veterans' needs that are not yet met by services^{59,64}. Specifically, the high proportion of women experiencing sexual trauma during their service^{36,37}, may mean that veteran specific services and services with male orientated perspectives are unappealing for female veterans. The lack of evidence regarding safeguarding arrangements raises more immediate issues of physical and psychological safety when female veterans access services provided by and with male veterans.

While previous research already examined discrimination, self-stigma and accessibility issues as main barriers that veterans experience in accessing services^{31,59,48,84-88}, our research into improving access to services for female veterans will contribute to what is already known by outlining how female veterans' barriers to services may differ from their male counterparts. Besides factors that are also prevalent in the male veteran population, this review outlines the importance of sensitivity towards women's issues in accessing care^{59,69}. Female veterans are often reluctant to seek help because staff are often inexperienced in dealing with female veterans and the issues they are experiencing. This is mirrored by the lack of research addressing specifically female medical health conditions. Also, contextual and situational factors such as childcare duties are often not considered,

contributing to practical difficulties that may increase reluctance to seek help. For example, programs that support homeless veterans often fail to take female veterans' needs into consideration, such as not providing adequate arrangement for females with children⁴⁷⁻⁴⁹. As such, services across the diverse range of support that is made available for veterans has not yet been tailored to female veterans' needs.

Although papers recommended one-site services and female-specific services to meet the needs of female veterans, we were unable to find evidence of implementation and/or evaluation of such services undertaken in the UK. This is particularly important in the light of research outlining the success rate of trials in gender-sensitive mental health care in the US⁸⁹. Future programs may take this into consideration by offering low-barrier access to female specific services that provide the range of support that is available for female veterans in a suitable location and environment.

Given the scoping review's reliance on published papers, the following caveats need to be taken into consideration. First, the identified research relied heavily on positivist data. The representation of female veterans' issues may have become sanitised and distant as individual experience and personal reflections are not reported. In addition, the overwhelming emphasis on observational and descriptive cross-sectional survey data may be prone to bias and cannot be utilised to describe causal relationships of factors. Besides methodological issues, cultural implications must be discussed. The majority of studies have been conducted in US settings. However, the US context is generally acknowledged to be vastly different to that of other countries, such as the UK, both in service provision systems, and the cultural situatedness of veterans, including females. There are also relevant differences in the role and use of females within different Armed Forces that will impact upon female veterans' experiences of military life. These methodological and contextual differences limit the utility of evidence drawn from international contexts that may not be directly comparable. However, while this is an important limitation, it should be noted that generally, UK and US studies yielded

similar findings and outlined similar tendencies. Additionally, the presented studies varied in including female veterans from different conflicts and from different ethnic backgrounds. This failure to consider intersectionality by sex and ethnicity renders it difficult to make explicit suggestions whether specific subpopulations of female veterans or female veterans of specific conflicts may experience exacerbated problems in some areas of post-service life. These inconsistencies undermine to some extent the ability to compare and complement the examined literature in this review.

Our scoping review has provided an intersected overview of female veterans' needs, outlining common issues and problems that female veterans may experience. Findings have been summarised at the end of each section and are

listed in Table 2. It is perhaps not surprising that extant literature suggests that female veterans have issues with male-dominated veteran-specific systems that do not accommodate female specific considerations. It is more alarming that the issues described do not include considerations of safeguarding even whilst considering high prevalence of sexual trauma and gender-based violence. We noted the lack of recognition for the need to consider personal safety as an issue for female veterans who may be invited to participate in services delivered by and with men. It is not inconceivable that female veterans may find themselves accessing services alongside men associated with prior adverse experiences. Such considerations evidence the need for close consideration of the means of access to support services provided to female veterans and how they might be improved.

2.3.1.1 Table 2: Scoping Review Summary of Findings

Health and wellbeing

- Female veterans' mental and physical health has been comprehensively researched;
- Evidence outlines that female veterans are more prone to experience various mental health problems such as CMD, mood disorders or PTSD, and psychiatric disorders;
- Addiction and substance abuse are less prevalent amongst female veterans;
- There is a scarcity of consideration of female specific physical conditions;
- A large percentage of female veterans report some form of Military Sexual Trauma;
- Female veterans have been found to be reluctant to seek support.

Making a home in civilian society

- Female veterans' housing requirements may be different to those of male veterans;
- Female veterans are more likely to experience housing issues than civilian women;
- Female veterans are reluctant to seek support.

Employment, education and skills

- There is substantial educational and employment support available to female veterans;
- Female veterans have specific needs relating to employment, (e.g. part time/ flexible working) to accommodate caring responsibilities, but there is little evidence available;
- Female veterans experience problems with service role equivalences in the civilian job market.

Community and relationships

- Female veterans may have fewer social contacts and smaller social networks to draw upon when compared with male veterans;
- Limited social support may adversely affect veterans' psychological conditions;
- Access is limited by low awareness of services, the bureaucratic nature of services, and a male orientated focus with insufficient consideration of safeguarding;
- Recommendations for overcoming barriers to services for female veterans have been suggested, but there is limited evidence of implementation and evaluation.

Finance and Debt

- Financial issues are a significant risk factor in suicide and mental health problems amongst veterans;
- Despite financial issues being an element of resettlement training, female veterans' needs are not being met;
- Many women suffered poverty, low income and debt after leaving service and resorted to committing crime, escorting, sex work and using alcohol to cope with the transition;
- Financial issues are frequently barriers to veterans accessing services as lack of funds precludes veterans from travelling, particularly from remote areas.

Female veterans and the Law

- There is only a small body of literature on this subject and a lack of data available on the numbers of female veterans in the CJS;
- Females in the CJS often do not disclose that they are a veteran;
- Common crimes committed by veterans differ from those committed by the general population, with a high prevalence of violence, but this is not profiled by gender;
- The paucity of evidence suggests it is unlikely that female veterans in the CJS are accessing adequate support from service charities.

3 QUALITATIVE RESEARCH

Services and provisions for former UK service personnel operate in a complex system involving the public, the charitable (Third) and the private sectors. While the public sector delivers services to veterans by a combination of local authorities, devolved governments, and the UK Government, the charitable sector supplements these services. In addition, private sector employers are closely engaged with the veterans' transition to civilian employment, providing training and employment opportunities for veterans. In most cases, the services provided by the different sectors complement each other. The public sector provides statutory support, while it draws upon the expertise and delivery in the Charitable and private sector. Cross-government Boards and structures coordinate aspects of veteran service delivery to identify and address veterans' post-service support needs. In this chapter we profile female military service conditions to establish significant and sustained points of differentiation between men and women's experiences of military life that may have consequences for access to service charities, explore barriers and enablers to female veterans accessing this support, and consider examples of best practice highlighted by research participants.

3.1 QUALITATIVE RESEARCH METHODS

We conducted a high-level analysis of the differentiation of the nature of military service for women in the UK Armed Forces, and how that has evolved over time, shaping female veterans' experiences of military service. This profile of female military service conditions, together with our literature review, shaped our interview-based qualitative study with service charities and non-military charities working to provide veteran specific pathways for female veterans.

3.1.1.1 Profile of Female Military Service Conditions

We sought to analyse the differentiation of service life in the UK Armed Forces for women and how that has differed over time to better understand female veterans' experiences of military service. Our findings include an interesting summary of the development of female military roles in the UK from 1815-2019.

3.1.1.2 Charitable and Public Sector Perspectives

We used semi structured interviews to investigate the perspectives of representatives of service and non-service charities and the public sector who were especially knowledgeable and experienced in providing services for female veterans. All materials used during data generation were sent to the Advisory Group for comment, and updated following their feedback, prior to the interviews taking place.

The research received ethical approval from the School of Applied Social Studies Ethics Committee, Robert Gordon University. All the information collected during the research was stored confidentially and anonymised for analysis. Participants and their associated organisations are not identifiable in any reports or publications arising from the research. Participants were informed that the interviews would be recorded and that they could obtain a copy of the recording if desired. Participants were assured that they had the right to withdraw from the study at any point in time. All data generated by this study was password protected and stored in accordance with the University's data protection procedures. After each interview concluded, the audio recording was uploaded to a University-owned, password protected drive that could only be accessed by the University research team. Any information provided by the participants was anonymised from transcription onwards and reported on an anonymous basis to preserve confidentiality.

We used purposeful sampling to identify relevant specialists to participate. We invited participants by email and provided a Participant Information Sheet (Appendix C) to ensure participants were fully informed prior to their agreeing to participate. Participants were given the choice of either virtual or face to face interviews at a time of their choosing. Written informed consent was sought from participants via a Participant Consent Sheet (Appendix D). The interview topic guide (Appendix E) was developed to achieve a consistent but flexible interview approach. We completed 38 single participant interviews

with 38 representatives of service or non-service charities or the public sector or another relevant organisation with knowledge of and experience in issues relating to the provision of services for female veterans in the UK. We achieved variation and diversity by sector and regional base (self-defined), as summarised in Table 1. Of the 19 participants working for military charities eight offered a range of services, whilst 11 provided specialist services (four provided employment support, two provided services relating to housing, and five represented minority and underrepresented groups within the veterans' community). Many of the participants were members of the Armed Forces Community. Our public sector participants were employed in local and central government, the criminal justice system, and health and social care.

3.1.1.3 Table 1: Interview Participants

Sector	No. of participants	Regional base					UK	Total
		England	Scotland	Wales	Northern Ireland			
Military charities	19	-	4	2	1	12	19	
Non-military charities	5	-	3	-	-	2	5	
Public sector	9	2	3	2	-	2	9	
Academic/independent	5	3	1	-	-	1	5	
Total	38	5	11	4	1	17	38	

The transcribed interview data were iteratively analysed, using a combination of an inductively and deductively driven thematic analysis⁹⁰. The transcripts were repeatedly read to become as intimate as possible with the narrative accounts. The data was then analysed in relation to the OVA Veterans' Strategy Action Plan 2022-2024³ policy themes ("Community and Relationships", "Employment, education and skills", "Finance and debt", "Health and wellbeing", "Making a home in civilian society", "Veterans and the law") and its cross cutting factors ("Collaboration between organisations", "Coordination of Veterans' services", "Data on the Veteran community", "Public perception and understanding" and "Recognition of Veterans"). Initial ideas about key topics and potential themes that matched the policy themes and cross cutting factors were noted and patterns in and across the data were identified.

This analysis produced rich, narrative insight to understand gender-based issues in female veterans' service access. After rereading and reviewing the transcripts and research notes, potential key ideas that emerged repeatedly were identified and the data was coded by categorising interview extracts. This allowed the identification of connected thematic properties that, drawn together, formed themes, indicating underlying reasons for gender-specific issues in accessing services and unmet needs of female veterans. Following this initial analysis we went on to consolidate findings to identify barriers to accessing services and enablers to accessing services. We also considered issues that were not evident in our interview data. Quotations are annotated in this report using the

participant interview number. Participant profiles are available at Appendix F to allow insight into each participant's sex, sector of employment (academic, third sector, government) and organisational affiliation (military or not specifically military) whilst preserving anonymity.

The paucity of evidence relating to partnerships between service and non-service-related charities, coupled with the limited responses obtained from potential participants working in non-military charities, prompted an additional desk analysis of 30 non-military charity websites of organisations across the UK to establish the extent of the promotion of their services specifically to the veteran community. This is reported in Appendix G and considered in our analysis of findings.

When concluding the study we sought to draw on the opinions and experience of a panel of experts to validate our analysis and extend our understanding of the issues considered. We identified several individuals as potential members of the Panel whilst interviewing. These individuals were subsequently approached and invited to become members of the expert panel (see Appendix H for details of our seven Expert Panel Members). The preliminary findings and recommendations to improve access to services for female veterans were presented to the Expert Panel. The panel critically evaluated the findings and recommendations with regard to feasibility, timing and cost implications. The results and proposed recommendations were similarly presented to our Advisory Group for informed discussion. Following these meetings, the analysis of findings and recommendations were finalised by the research team.

3.2 PROFILE OF FEMALE MILITARY SERVICE CONDITIONS

At the time this report was commissioned, females represented just 11% of the UK Armed Forces personnel population⁷ and a minority group within the estimated 2.5 million UK Armed Forces veterans. Females continue to be a minority group within each of the single services and may have experienced gender specific limitations on their terms and conditions of military service. For example, women were not

allowed to serve aboard Royal Navy ships until 1994 and have only been allowed to serve on submarines since December 2011. Also, married women were excluded from service, it was common practice to discharge pregnant women from service until 1978 and the ban on women in ground close combat roles was only lifted in 2016^{4,9-11,13,14}. We provide a timeline here to illustrate some of the key milestones in the history of women's service in the UK Armed Forces (see Figure 2). Importantly, it is reasonable to consider that female veterans may need different charitable support provision to that provided to male veterans simply because their role in the military has been notably different over the course of the last two centuries.

The changing role of women in the military has followed a different trajectory than the role of women in wider UK society. At a superficial level, women represent 47.5% of the UK labour market^{91,92}, but only 11.4% of UK Regular Armed Forces Strength⁹³. New recruits are allowed to attest into the military from age 16 in the UK, meaning that many female veterans may be considered girls rather than women. Early service leavers and those serving for four years may leave service at a younger age than many of their peers that complete their tertiary education. Furthermore, the treatment of women in the military has been the subject of several reports considering the cultural acceptance of discrimination and/or gender-based violence against women in the UK Armed Forces^{38,56}. Thus, service women may experience challenges arising from their minority status in the Armed Forces that may seem highly unusual and/or unacceptable to members of the general population.

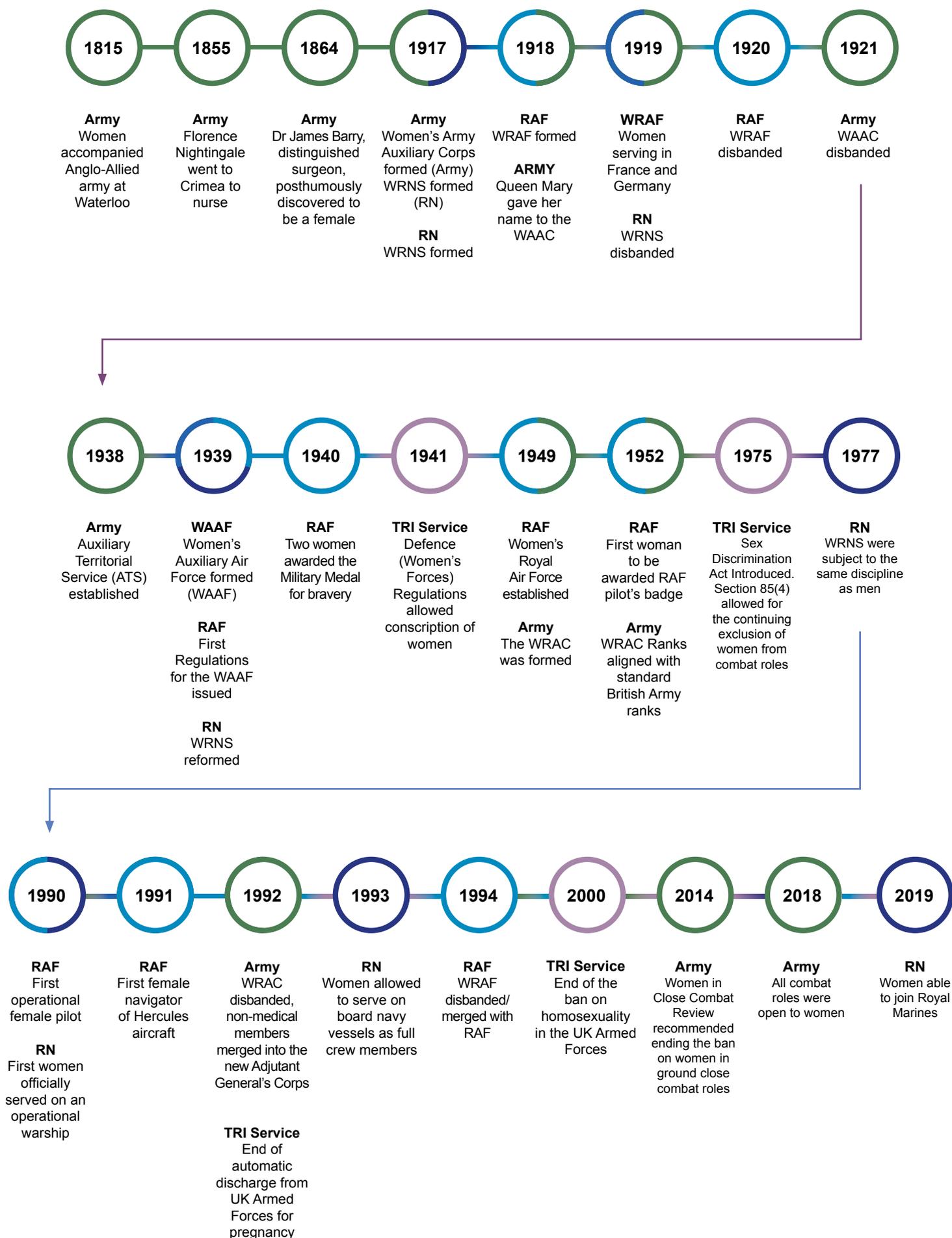
This range of gender-related issues and challenges may adversely impact female veterans' post-service life. For example, women's level of career progression in the Armed Forces is overall lower than that of their male counterparts⁹⁴ and women receive less support from their peers and supervisors, experiencing lower levels of social cohesion than men in the Armed Forces⁹⁵. Women also report experiencing a greater range of stressors such as interpersonal stressors (e.g. low social support and family and relationship

stressors⁹⁴) and work-related relationship problems (e.g. being away from one's family⁹⁶). Criminal behaviour including sexual harassment, assault and rape, continue to be recognised as in excess of that seen in the civilian context³⁸. We consider the significance of these issues of sexual discrimination and gender-based violence throughout this report as a significant point of differentiation in experience of military service for female veterans that may have consequences for former servicewomen throughout their civilian life that are likely to differ from those experienced by male veterans.

The move from service to civilian life has been found to be a more challenging transition for

female veterans⁵. Challenges women experience during deployment have a significant impact on their transition and veteran experience¹⁹. For example, female veterans in the UK experiencing mental health difficulties such as post-traumatic stress disorder (PTSD) or common mental health disorders, physical health difficulties or loneliness, were found to be significantly more likely to report experiencing gender related challenges during their military career¹⁹. Such challenges included feeling they were treated differently, perceptions of misogyny, and perceptions of disadvantage in career opportunity and progression. These significant points of difference may reasonably be expected to continue to impact on female veterans' physical and mental health post-service.

3.2.1.1 Figure 2: Outlining Female military roles in the UK, 1815-2019.



Female veterans may be impacted by other considerations of difference. For example, they may have married 'into' the military during or post service, becoming a military spouse in addition to a veteran. Many women leave service shortly before or after maternity leave⁷, with some women feeling they were made to leave service for reasons linked to motherhood. Thus, female veterans may leave service at a young age, correspondingly lower rank and with related pension implications. Interestingly, female veterans in the UK were more likely to report gender related challenges during their military career if they had their child during service, were currently unemployed or were not voluntarily discharged¹⁹.

These considerations of female military service conditions establish significant and sustained points of differentiation between men and women's experiences of military life. This has important consequences for access to service charities, many of which are designed and delivered on the principle of equality i.e. the assumption that each person is given the same opportunities and resources regardless of need. This principle is not appropriate where there are aspects of known difference and diversity. Here, the principle of equity is more appropriate as it allows for different circumstances and needs. Resources and opportunities are allocated based on need to reach an equal outcome and equivalence of value or worth is determined by the outcome rather than the means of achieving it. Put simply, female veterans may need to access services that are intentionally different to those provided to male veterans to achieve an equally beneficial outcome.

3.3 BARRIERS AND CHALLENGES FOR FEMALE VETERANS ACCESSING SERVICES

Understanding the common barriers and challenges for female veterans in accessing services is critical to our understanding of improving access. Findings highlighted three main barriers to access: female veterans do not self-identify as veterans, public perceptions, understanding and recognition of veterans, and strategies to communicate service provision to female veterans.

3.3.1 Female Veterans do not Self-identify as Veterans

When people leave the services and transition to civilian life, the environment they return to depends on the public's perception of the Armed Forces. Findings indicate that underlying reasons and barriers that keep female veterans from accessing services relate to societal misidentification of veterans and to an internal hesitance to associate oneself with being a veteran. In some cases, this may be due to adverse associations with negative experiences during service life.

Specifically, the results outline that belittling attitudes towards women and a feeling of inadequacy may be implicitly communicated to female service personnel, making it necessary to prove themselves in every situation. An example was the training setup and military equipment that put women under an extreme pressure to perform better than their male counterparts as participants who were themselves veterans explained:

"You have to wonder about how much damage did it do to people when we forced them to train like that [like male colleagues] and they were all told they had to meet these standards, or they were failing. You know, that's a terrible thing to do to a person." [P9]

"It wasn't even the same kit, so you had rubbish kit like for example, they weren't given the boots, the black boots at the time, the lace up one. [...] It was, it was like they were set up to fail." [P13]

These quotes demonstrate first and second-hand experiences shared by the participants, describing their concern about how women are supposed to succeed in military environments. In this sense, implicit and explicit sexism in the predominantly male military environment may influence the interactions of female service personnel with their male counterparts. Female service personnel may try to avoid receiving help from male service-personnel as they try to live up to a male-centred environment. In doing so, female service personnel may have sought to avoid bullying and intimidation, by exceeding expectations, as one female veteran explained:

“The men hated us because we were women going into do what they thought being male jobs [...] Anything that was perceived to be a two person job, they would make me do by myself because I was a female and you know, if you wanted work like the men, then you have to be like the men. But you’re not a man [...] Yeah, you had to just shut up and go on with it. And you’re like: OK. So, anything like that I would ask for help, they wouldn’t give me help. Well, you’re you are a woman. You want to prove yourself. Prove it. [...] And if you know if you break, they would put a broom down my tank suit between my arms and hang me between two tanks while they all went off and had their breaks and then come back and let me down.” [P12]

Self-identification processes are adversely impacted by experiences with sexual violence. Here, the avoidance of self-identification with being a veteran and the reluctance to access veteran-related services are associated with negative associations with life in service. As participants explained, experiences surrounding sexual violence contribute to a dissociation between identity and military:

“So a lot of women left, which meant that they don’t see themselves necessarily in that veteran’s sphere, and particularly if they had adverse in service experiences, if they were sexually assaulted and it was never investigated properly, they’re not gonna align themselves with being a veteran because being a veteran is a bad memory.” [P6]

“They feel that if they turned up to a social drop in that is gonna be very male orientated and that it’s going back into that mess room with banter and they don’t want to be kind of like oh, they’ve had a negative experience within the military and they don’t want to relive those experiences again.” [P15]

In these instances, negative associations with the military contributed to the reshaping of identity structures, focussing on other identities and substructures that substitute the veteran identity, to maintain a positive view of oneself. One participant suggested:

“It’s far better to try and define yourself through the success of some other activity and so

therefore, there’s a natural disposition not to define yourself as a veteran.” [P9]

This is particularly the case if sexual violence was disclosed but was dealt with inadequately or remained entirely unpunished. The participants here discussed experiences surrounding safe spaces for female service personnel to improve female veterans’ inclination to utilise services after transitioning into civilian society. For example:

“As a former military chaplain I know too many women who have experienced different degrees of sexual unwanted approaches through to sexual assault and charges of rape, where they may be required to go and sit in a waiting room with a whole bunch of men who will look very much like those who have who have distressed or assaulted them, and that in itself is or can be distressing.” [P8]

“So it was a kind of neutral place (mental health support group meeting place for military veterans) because people had maybe had bad experiences of either their time serving.” [P23]

Here, the abuse of power contributes to mistrust in accessing veteran-related services. In this context, a participant explained how female veterans are unwilling to access veteran related services, outlining unwelcome similarities between the military and charitable service structures.

“Somebody is really behaving badly, but they get away with it because of their rank” [P6]

Following adverse in-service experiences, female veterans, who transition into civilian life commonly distance themselves from the male-orientated veteran identity. In these instances, female veterans know they are veterans, but do not wish to disclose their veteran status, to society as several participants observed:

“A lot of them [female veterans] and family members would say that they hated being on parade.” [P18]

“The reason [why the female veteran and her counsellor did not get on] was because of the previous abuse she had experienced.” [P4]

“Some won’t touch the military services because the military screwed them over.” [P13]

“A lot of the women have moral injury because of what they’ve seen. They’ve seen that women get sexually assaulted and never done anything about it.” [P19]

The male orientation of the military context was highlighted by many as being exemplified by the provision for ‘resettlement’. Several participants talked about the importance of the policies and processes designed to help those transitioning from military to civilian life:

‘Resettlement starts on day one. It’s never too early to start thinking about what you’re gonna do when you leaveThere’s also a mindset that it’s something that you don’t think about until you’re in your resettlement phase and you’re resettlement phase doesn’t start until either you’ve signed off and you’re in your last 12 months or you’re within two years at the end of your engagement and known end date.’ [P21]

It was felt that the services provided are designed intending equality in provision without attention to equivalence of outcome in that everyone is offered the same training without provision for special circumstances such as maternity leave:

‘I do feel it’s a one size fits some programme’. [P34]

‘When they (female veterans) leave in the armed forces and their choosing to leave the armed forces to go and start a familySo potentially, you know, it would be amazing if if MOD could maybe look at deferring their resettlement for themAnd then, you know, two years, three years down the line when you know they’re ready to go and enter in the job market, they don’t necessarily have all the support there.’ [P16]

The failure to prepare females for the extent of difference between military and civilian behavioural norms was recognised not only in relation to resettlement, but throughout military service. One female veteran participant talked from her own experience:

“Anything that was perceived to be a two person job, they would make me do by myself because I was a female and you know, if you wanted work like the men, then you have to be like the men.” [P12]

As such, female veterans might not expect any services associated with their veteran-status to meet their needs, particularly if the services are perceived to be male orientated.

3.3.2 Public Perception, Understanding and Recognition of Veterans

Findings indicate that the perception that female veterans are not aligned with societal preconceptions of what it means to be a veteran resonates with female veterans’ hesitance to access services. Previous studies have indicated that public perceptions of veterans may not always be accurate⁹⁷. For example, studies outlined that while members of the British public often associate virtuous attributes to having served in the Forces, veterans are often perceived to experience mental and physical health impairments. Such misconceptions are based on androcentric depictions of military service that may make the transition to civilian society challenging and impede any veterans’ success on the job market. All veterans should believe that their country values and recognises their service. Recognition must be sensitive to public perceptions and refrain from favouring one segment of society over another, diminishing the respect for veterans amongst wider society.

In the UK, societal representations of a ‘bona-fide’ veteran as white, male and elderly, possibly impaired individual^{98,99} may impact self-identification as a veteran. Here, media plays a particularly important role, communicating the representation of a ‘bona-fide’ veteran across generations and to newcomers^{100,101}. Campaigns that increase public awareness of female veterans should therefore focus on representing a diversified picture of the veteran community, undermining the stereotypical image of a ‘bona-fide’ veteran, prevalent in societal representations:

“It’s more about raising the profile about raising the awareness. I think that’s about media campaigns. That can be social media where you are just sharing pictures. This is a veteran and I’d have somebody male, a female, older, younger. You know the difference. It is. These are all veterans” [P16]

“People [women] don’t identify as veterans cause there is help out there for them.” [P25]

Media representations of diversified veteran populations may improve the uptake of services, because female veterans become not only aware of services, but can also identify with them:

“a lot of it is just getting the word out there. It is being listened to. It’s being credible. It’s about getting the knowledge of what we can provide out there”. [P6]

Such media campaigns do not necessarily have to be expensive but can be low-threshold, semi-professional and easily accessible, and may also contribute to charitable fund-raising:

“Mentioning services for female veterans and their role in society can be done at random events as it may attract more interest from others and can play a role in raising funds when the circle of crowd increases.” [P14].

In this sense, campaigns, whether professionally or semi-professionally organised, can be a tool to promote public awareness and the visibility of services for female veterans:

“We are now much more visible because we put a lot of stuff out on social media. We’re all over LinkedIn. We go to events, we go to meetings to then promulgate. It’s about visibility and it’s about people.” [P20]

Crucially, the absence of more diversified representations of veterans may affect female veterans’ self-identification negatively, misshaping and invalidating their military service. For example, a female veteran, explained from personal experience:

“They don’t fit the mould of what a veteran is. So you know, I’ve got a military railcard. So I have my veterans rail card and I went to the station

the other day to buy my ticket and the ticket man said: ‘Well, you’re not a veteran’. So if he doesn’t think I’m a veteran, even though I have a veteran’s card... Well, you know, that’s how I feel society thinks. So you know, society doesn’t accept it. It was almost as if surely your pictures are the wrong way round. Your husband should be the veteran, but he isn’t the veteran.” [P16]

As this quote exemplifies, homogenous culturally shared and recognised ideas may question female veterans’ self-identity and accomplishments. Representations of veterans in media as white, male victims, or victims of war¹⁰²⁻¹⁰⁷, may contribute to an implicit, societally shared disregard of the female veteran-identity, as several participants observed:

“Society doesn’t really understand the concept of the women veteran or the Women’s Soldier.” [P7]

As a former service woman explained, although they may have a general service medal, most female veterans do not possess tangible markers of service such as campaign medals due to gender restrictions on close combat roles until 2016:

“Okay, so you have those that don’t think they’re a veteran because they haven’t got any medals... [They] don’t apply to any charities. You’re not in. You haven’t got your medals, you haven’t got them.” [P13]

Additionally, statistics suggest that female veterans often serve for shorter periods of time^{7,108}. This may not only impact the likelihood that they have received any tangible markers of service such as medals, but also affect the self-identification as a veteran, being an identity less deeply ingrained into their concept of self:

“I mean, the first one is the very basic one, which is persuading females to even think of themselves as veterans because a lot of women only served a very short amount of time. [...] Which seems a bit daft, but that seems to be coming through again and again that they may have quite short service and they think: “Oh, I don’t, I’m not really a veteran. I’ve only been in a couple of years.” [P6]

“A veteran’s medal would be very easy, very cheap a thank you for your service.... here’s a little medal you can wear on the remembrance parade then you don’t need to say I’m a veteran..... we are very mean with our medals.” [P29]

This participant raised the veteran’s badge as an issue for women, they felt it was seen as highly masculine. They considered the potential of detracting from perceptions of male-driven services for veterans by improving communications about the value of diversity within the veterans’ community, for example by making available an alternate badge with a rainbow background.

The dynamic between social stigma and the male-driven military context may initiate implicit self-distancing processes towards the veteran identity. As reported in the literature we reviewed, Self-identity becomes more complex for veterans who may have reasons not to disclose their military experience. This may be more pronounced for female veterans due to safety concerns, for example those within the CJS, as one participant suggested:

“Now, whilst prisons have greatly improved over the last 18 months, two years and support is there for when people get released, there seems to be this thing around veterans. They’re almost embarrassed about being in prison. How they got there, why they’re there. So they tend to clam up and not say anything.” [P22]

This may contribute to a general unawareness of female veterans’ eligibility to access veteran services, but little is known about the support needs of female veteran offenders:

“The veterans in custody support officers system has been set up but it is purely voluntary and a bolt on.” [P35]

Participants referred to continuing issues female veterans in Northern Ireland face with disclosing their veteran status:

“The fact that you couldn’t even be truthful about the fact that you were a veteran or a serving member.....You couldn’t tell your experiences to anybody, so you had to keep

it very much private so that that’s a barrier straight away.” [P24]

Whilst it is not known how these self-distancing processes may change over the life course post-service, our findings suggest such self-distancing processes are consistently perceived to act as a barrier to female veterans when accessing support for service-related issues.

3.3.3 Communication Strategies

Communication was a third barrier to service access for female veterans commonly discussed in the service-providers’ narrative accounts. Here, issues surrounding unified communication strategies. Findings suggested that female veterans are not always aware of support available to them. This may be related to how public and charitable organisations disseminate information for female veterans. Here, the lack of coherent, consistent, and unified communication that represents both public and charitable services for female veterans has been extensively discussed by the participants. Information about adequate services need to be disseminated in ways that are tailored to the female veterans’ audience. Often, female veterans just *“don’t know what exists”* [P12] or do not have any information on how and which services could help and support them.

“I’ve never heard of any housing services for female veterans.....There are services you have to hunt them out, claim them and my impression would be that it’s almost constant uphill struggle, and that includes psychiatric help, psychological help, physical help.” [P28]

Appropriate healthcare, social and specialist support tailored to female veterans’ needs may therefore need to be communicated in a coherent and consistent fashion. Public and charitable services often rely on word of mouth as a participant from charities explained:

“It’s going to take a lot on our part [...], networking and making sure that people are aware we exist. We need to forge relationships”. [P2]

“The female veteran community itself doesn’t really know what’s out there. Which is one of the

reasons we now have veterans' places, pathways and people program, or as I call it, And the idea is to get all these organisations that people can go to and directly, not necessarily on the end of a phone. And we are trying to get everybody to work collaboratively.” [P5]

This outlines the relevance of veteran organisations working together to reach female veterans and, in doing so, setting up safe spaces for veterans. While the interviewed representatives all agreed on the importance of a unified approach to disseminate information and to tailor this to the female veteran audience, few tangible steps have been taken, partially because of a lack of funding in this area and a lack of leadership attention. Improved communication to raise awareness of services was generally agreed as means to improve access to service charities for female veterans.

Collaboration with other organisations was also identified as a key element in attracting greater numbers of female veteran clients, although the practical difficulties of doing this were noted by one charity worker, partly due to the proliferation of charities:

“I will never know how many charities there are and what they do, because I, you know, I just didn't have the mental capacity to hold 400 or 500 different organisations in my head. So I stick to ones I know work.” [P1]

This is particularly the case as service providers can exchange experiences on how to receive female veterans' attention and raise their awareness of other relevant services:

“It's quite nice to have that contact with the other organisations. Collaborations with other organization - a lot of organisations, because I know there's a lot of organisations that struggle to attract female veterans. We have a chat and then find potentially a connection with other organisations.” [P18]

Collaboration between two or more organisations, for example in the provision of co-located 'one-stop-shop' female specific services, may help to improve female veterans' awareness

of support available and facilitate access. Such services would also facilitate benefit from social support, for example by expanding their own social circles. One participant from a charity suggested that, in comparison to male veterans, female veterans appear to be better connected and make greater use of their social connections to reach out for informal support and help:

“A lot of males don't speak. They don't like telling their stories. You don't like opening up to people. [...] But for female veterans, it's different, they often like sharing their stories.” [P17]

Some participants perceived that the tight social network of female veterans may make them more likely to cope and deal with their commitments. Here, the role of being a primary caregiver was suggested to be an important factor in taking necessary steps to improve health and wellbeing. It was also felt that being a primary caregiver may extend social circles. This was felt to provide increased impetus to accessing both informal social circles and institutional support. This highlights potentially significant nuances in female veterans' help-seeking behaviours that may be further explored by contemporaneous research into the needs of female, minority and under-represented groups within the veterans' community due to complete in Summer 2023. Current related work will offer important insights into help-seeking behaviours and whether and/or where female veterans seek to access services.

3.4 ENABLERS FOR FEMALE VETERANS ACCESSING SERVICES

In considering enablers for female veterans accessing services, participants stressed the importance of tailored services accommodating female needs to provide high quality care. Here we consider aspects of services that may appeal to female veterans and the role of evidence as an enabler to high quality care, before going on to highlight specific examples of best practice in service provision to meet the needs of female veterans offering practical insights into tangible improvements in their access to charitable services.

3.4.1 Collaborative, Female Friendly Services and Support

Many participants outlined the importance of female specific health needs, inclusive services and programmes, establishing clear points of differentiation between service needs of male and female veterans. Examples of tailored services provided in civilian settings in collaboration with civilian agencies to accommodate different needs included childcare provision, and housing provision designed for families and/or allowing children. Physical proximity to communities was felt to promote effective engagement with statutory services to increase to benefit female veterans, for example when accessing health and social care services. The physical location of service provision was felt to be particularly relevant to improving access for female veterans living in rural areas.

In addition to abuse and trauma that female veterans may have experienced in the military, the emphasis should be placed upon female specific mental and physical healthcare. To accommodate female veterans, their wishes and preferences need to be considered when caring for them:

“With the [female] veterans, it (treatment of PTSD) needs to be specialised.” [P26]

“And if someone else with male characteristics walked in that room, it would have been equally traumatising. Female veterans should have the possibility to seek aid, guidance, or support whenever they need it. By establishing female-orientated organisations, this could be guaranteed.” [P17]

“[We are] currently working on the prioritisation of female veterans.” [P37]

Treating female veterans who may have undergone traumatising situations may therefore require individualised approaches, although we did hear of several generic services lacking any personalisation.

“There is a self help page on the website and you put in your location and the service you require information on and then a list of useful sites are shown.” [P38]

After this participant described where information could be found online, they expressed concern that the lack of interaction with a person from the outset may well be a barrier to accessing services. Another participant noted the potential for individualised treatments respecting the individual and their story:

“Unless you treat each person as an individual, you cannot get them the right type of support.” [P3]

Importantly, only a minority of participants talked of the importance of safeguarding arrangements for female veterans. This was concerning given the known prevalence of military sexual trauma and gender-based violence, prioritising the need for safety, and trust in services. Those providing individualised services were cognisant of the role of choice and agency, using simple examples such as whether to receive services online or in person, and allowing preference for female case workers. They also described the role of social support for female veterans in enabling trust derived from similarities, shared experiences and language.

Whilst individualization in the delivery of care was emphasised, collaboration was also perceived to improve female veterans’ experience with services. This is because of the wide variety of services accessible to female veterans that may be confusing for those seeking support, possibly when in a compromised state of physical or mental wellbeing. Collaborations between existing services would allow female veterans to access support in effective ways, as a participant from a charity suggested:

“A lot is about building relationships, not just with the clients, but with that external society to the benefit of the clients. [This is necessary because] If people come through with multiple issues, multiple barriers, we have pre-existing highly structured, highly functional collaborative relationships with other charities that can then fill those gaps.” [P20]

The collaboration of services can therefore improve the support female veterans receive by focussing on efficiency and the distribution of tasks. There may also be a need for highly specialised services.

Importantly, we did not identify significant evidence of collaboration between military and non-military charities. Indeed, we found it challenging to identify access to services for female veterans from non-military charities. One participant from a non-military charity described their search for information in preparation for the interview, whilst another talked retrospectively of generic services for all veterans:

“I looked to our case management systems and all our services, you know and asked service management, we’re currently not supporting anyone that’s you know [female] and presenting as a veteran.” [P32]

“We do have a part of the [non-military charity] that used to focus just on veterans.” [P31]

To mitigate this lack of engagement, we conducted desk research on the website content of some 30 non-military charitable organisations to establish methods of service access to non-military charities for female veterans not wishing to access service charities. This analysis is available in full in Appendix G. Only two organisations of the 30 reviewed specifically encouraged veterans to use their services, namely: NACRO and The Samaritans. Each of these provided readily recognisable sections specifically targeted at veterans with appropriate links and information. These two websites demonstrate that veterans’ needs are appreciated by some non-military charities and can be accommodated. This took the form of readily recognisable sections specifically targeted at veterans with appropriate links and information. NACRO has a section for ex-service personnel and services specifically tailored to women, both of which appear on the same page outlining the expert support available. They also detail research being undertaken into the needs of veterans. The Samaritans have established a specific app for military veterans, they offer outreach services, and encourage veterans and serving personnel to volunteer. Links to service descriptions include images of women and there is specific reference to EDI. In contrast, the remaining 28 websites reviewed had either no reference to veterans at all or only brief mention

of veteran organisations or veteran stories which involved a good deal of searching through the site.

3.4.2 High Quality Services

The provision of high-quality services was felt to be an enabler for access as recommendations and reputations were felt to be important for female veterans given their enhanced social capital in comparison to male veterans. Word of mouth was regarded as an important source for service women seeking information as part of their preparation for career transition as female veterans who had been prepared for leaving service were perceived to access services more readily. Insights into transition arrangements for service women are currently being researched to further inform this enabler for service access.

Evidence-based care was also described as an important characteristic of high-quality services. Our findings suggested that many of the interviewed participants were aware and appreciated the wealth of research literature published on veteran issues in the UK context. Particularly, open access research with a concise and focussed presentation of the results and recommendations was favoured by the participants. While it was criticised that most research was *“still male-orientated”* [P11], novel pieces of research specific to female veterans’ issues were appreciated. In this sense, research was essential in helping practitioners:

“make themselves aware of the of the issues around female veterans.” [P6].

However, besides positive views regarding data generation and publications, research was criticised if it did not have any practical implications:

“And in terms of the research, there’s so much research that comes out like a self-fulfilling prophecy, that we need more research. There’s always the need for research, but if you come up with an initiative, you’ve got to try it out and then improve on it.” [P10]

In this sense, research was conceptualised as informing and improving services, preferably with tangible and concrete outcomes and results. If research did not produce tangible and concrete results, or, if it reiterated something already known, then critical perspectives towards the allocation of funding were voiced. Practitioners expected research to produce novel recommendations, not solely assessing and evaluating services:

“The amount of money wasted on research to state the blindingly obvious, excuse my language, the blindingly obvious. [...] So when I saw a piece of stuff that came out that said that women are better at transition than men, I was like: ‘Really, really, really - that’s not a piece of research, that’s just a piece of common sense’. You just have to look at women to know that. [...] And then there’s loads of money going for research that’s going to come up with stuff that we’re doing already.” [P3]

Another important dimension of evidence to support high quality services was data regarding service need and delivery. We found limited evidence of service oversight, monitoring, and evaluation of services by sub-populations (e.g female veterans). This is perhaps not surprising given the current lack of obligation to report aspects of EDI in relation to service provision. Understanding the veteran community requires data that contribute to an evidence base that may guide policy decisions, facilitate planning, inform improved service delivery, and produce high-quality evaluation. Improved knowledge of veterans’ needs may facilitate the provision of support for this population, but findings suggest this remains rather fragmented, limiting effective analysis and forecasting of needs, and the potential for knowledge exchange and shared learning.

3.4.3 Examples of Best Practice.

To illustrate the potential for shared learning, we detail here a range of outstanding enablers to service access we identified that may inform improvements to service access for female veterans by practical example. We group them here by the key themes outlined in the current UK Strategy Action Plan for Veterans³ whilst appreciating their universal relevance to service access.

3.4.3.1 Health and well-being

Many participants felt that female veterans are reticent at sharing their service experiences (which can often have been particularly harrowing) and new ways of sharing experiences should always be considered. This Welsh general charity was selected as an example of best practice because of its innovative approach together with the extremely positive feedback the charity has received from many different quarters.

“We co-create art projects to support people’s voices to be heard and the arts and health work we do can transform somebody’s health and well-being. We created a group who were interested in sharing their lived experiences of military life. Not being able to share challenging experiences is detrimental to mental health. After considering a range of art projects we decided to produce a comic to share veterans’ experiences. There is a benefit for the person telling the story, and then the benefit for wider society in getting to experience the stories. We include stories from male and female veterans.” [P27]

A comic book has been developed in which real life stories of veterans are told. Benefits have been derived for the story tellers as well as those who have read the stories. Serious and life changing narratives have been produced in a way that encourages people to read veterans’ experiences as well as sharing their own. Had this comic not been produced, these stories would not have been shared. There is another edition of the comic planned.

One of the issues raised through our research was that female veterans, in some circumstances, would be more likely to access services if they were delivered by women.

“For some services, eg health (mental and physical) matters, we use only female, ex-vet support workers but for other services, eg employment issues, we use specialists in the field irrespective of whether they are veterans or female.” [P14]

This military charity in Wales has identified that some services for female veterans are better

delivered by women and taken account of this in the delivery of their services thus illustrating how they have listened to their clients. This has proved popular in the delivery of this charity's services.

Our research highlighted that the range and availability of services differs widely across the devolved areas of the UK. For those veterans living in rural areas services can be difficult to access but their needs for these services remain. This military charity in Wales has successfully established this project which includes veterans located in very rural areas where there have been insufficient funds to set up any other form of support.

“We have a loneliness and social isolation project in a part of the country that is right on the coast, which is very, very sparsely populated. Really, really rural. Poor public transport, not very many places they could meet or if they did find somewhere where they could meet regularly, it cost a fortune. They meet in each other's houses and they'll do decorating, gardening, DIY. They have created a community and keep themselves busy and help people too.” [P5]

The loneliness and social isolation of the veterans could not be addressed due to lack of funds, so the charity supported these veterans to create an active community themselves. The veterans have been encouraged and are supported to run this project in their own local and rural area. This example illustrates how lack of funds does not necessarily lead to lack of activity accepting the limitation that this is due to the ongoing commitment of the charity workers and veterans.

3.4.3.2 Making a home

Our research has highlighted that information regarding the range and availability of services available to female veterans needs to be communicated more widely and effectively. In addition, to ensure the most efficient use of resources, collaboration across military charities as well as amongst military and non-military charities should be extended. This Scottish military charity has identified both these factors and has taken steps to address these issues.

“To help our veterans find the appropriate accommodation when they leave service, it is important that they know we exist – so we do whatever it takes to raise our profile such as visiting veterans and forces groups to let them know what we do. Secondly we collaborate and make relationships with other organisations such as DWP, Citizens Advice bureau and other key support services that can help our veterans.” [P12]

Our findings suggest that the range and availability of services for female veterans needs to be promoted more extensively, and that more extensive collaboration across charities would improve access to services for female veterans.

As many female veterans do not identify as veterans and find the transition out of service challenging, the support required by female veterans will vary. It is important that charity workers need to clearly understand the issues facing female veterans, including the way(s) in which they question or hide their identity, their vulnerability and lack of confidence in civilian society. This Scottish military charity has identified and accounted for this in their work with clients.

“We often have to do a bit of supporting – veterans can be turned away from receiving housing on a technicality. We support and accompany these people and remind the local authority or association that this individual is a veteran – which they often omit to mention – and remind them that their organisation has signed the covenant.” [P30]

In addition, the workers for this charity have identified that sometimes organisations need to be reminded of their Armed Forces Covenant responsibilities.

3.4.3.3 Employment, education and skills

Our research highlighted that, often, civilian employers, as well as the veterans themselves, do not fully appreciate the range of knowledge and skills that their service has provided for veterans. This UK wide military charity has identified the importance of working with

veterans to identify the skills and knowledge they have gathered during their service and beyond, as this is often ignored in a non-civilian environment.

“One of the main elements of my work is finding ways to help veterans who are looking for employment to recognise and articulate the skills talents and knowledge they developed during their service to make people feel brave enough to go forward, to feel confident enough to feel safe enough to own the space.” [P20]

The charity has identified that veterans themselves first need to value and gain confidence in the knowledge and skills they possess before they can convince a potential employer. Moving from military to civilian life is a difficult time for veterans thus it is important that their confidence is enhanced by becoming fully aware of the benefits to potential civilian employers their service has provided. Only then will veterans be able to articulate their suitability for employment.

Our findings suggest that more collaboration across charities is necessary to ensure the most effective use of available resources.

“To help clients it is important to build relationships and be able to collaborate with a wide cross section of organisations, such as the DWP, the NHS, the Office of Veterans’ Affairs, the civil service, and not just charities, not just public sector, but also private sector, the commercial world again.” [P20]

The workers in this UK wide military charity have recognised the need for collaboration amongst charities and have taken active steps to mitigate the issue. This example highlights how the workers for this charity actively collaborate with a wide cross section of relevant organisations.

The need for support workers to fully understand the needs of the female veterans they work with was felt to be particularly important to improve access to services. The workers in this UK wide military charity, though concerned with employment, understand the importance of building the confidence of veterans when they begin to seek civilian employment.

“My team spend a lot of time building people up. This needs to be carried out – its not just about finding a job. Women veterans in particular, downplay their transferable skills as well as undervalue themselves, so I encourage veterans to keep journals, do affirmations to help them build up their confidence.” [P20]

This stage is important, varies across individuals, may take considerable time and effort, and needs to be comprehensively addressed for job seeking to be successful. The ways in which this charity has identified and addressed these factors are exemplary.

3.4.3.4 Community and relationships

The purpose of our research is concerned with discovering what barriers there are to female veterans accessing services. We have discovered that female veterans have an issue with identifying as veterans, and, as a result, believe services are not relevant to them. A military charity in Scotland explained to us one of the ways they have succeeded in attracting veterans to their hub

“We don’t have much in the way of military on the walls because our hubs are open to the general community, which makes both male and female veterans feel so safe. They can come in here on their own, or with their families, or to meet mates, and they feel completely safe. That then enables them to judge us, to see whether we are worthy of having the trust. It also means that when they come here, they’re not judged. There’s no preconceived ideas about coming in here for support, same rights around. If you’ve got a mug of tea and you take some form of hospitality, whether it’s a biscuit, whatever, there’s an innate I’m fine, thank you. There’s an innate contract already implicit now that’s very little understood.” [P3]

This highlights how important it is to pay attention to small details. By putting in place two small initiatives the services offered by the charity have been made more attractive to female (as well as other) veterans. The first is to always offer the most basic hospitality, such as a cup of tea and a biscuit, to contribute to an informal and friendly environment. The

second is for there to be no military reminders such as posters and pictures. These are not the only initiatives which has successfully attracted veterans to this charity, but these are considered to have been important and influential.

To ensure services offered by charities are consistently meeting the needs of its clients as well as a means of identifying new and updated services gathering evaluation data is a vital exercise. Throughout our research we learned that the type and extent of evaluation of services offered by charities both military and non-military varies widely. We did identify a UK wide military charity devising ways to gather comprehensive evaluative data:

“We recognise that we need to have evidence to show we are making a difference, so we are accumulating quantitative and qualitative data on the impact of the services we are offering.” [P20]

These different types of data are intended to result in this charity being able to evidence the popularity, usefulness and impact of the services accessed by veterans, including those accessed by female veterans. In addition, such evidence will enable them to continually improve and maintain currency of the services offered.

Another interesting example of evaluation aimed to avoid undue burden on service users.

“We are a fairly new and small charity. We know how important it is to get feedback from our participants but, when asked, our clients said they did not want to be bothered with filling in forms. This is what I came up with.” [P18]

Simple and useful information is gathered by this charity and used to evaluate and obtain feedback on its services to ensure continuous improvement of services. The workers in this small military charity in Scotland understand the importance of gathering evidence on the usefulness and popularity of their services, but their clients had clearly voiced their reluctance to ‘fill in questionnaires or bits of paper’. The visual nature of this form of feedback is popular and the veterans enjoy ending their sessions with quick and easy feedback. While this

provides basic feedback it is a good example of commencing an evaluation process.

A wide range of services, which change regularly, is available from an extensive number of charities and varies greatly across the devolved areas of the UK. Charities have identified that their clients would find it useful to have information provided via a ‘one-stop-shop’ approach. This approach would assist charities and clients alike in getting information on and accessing relevant services.

“We’ve actually created a service directory that is local and national. It’s just a spreadsheet. That’s all it is. Spreadsheet with loads of different tabs at the bottom and it’s kind of if you come across a veteran, this is the tab you go to and these are all the services you can access.” [P33]

Although this is a very simple initiative, it was developed by workers in this UK wide, non-military charity based on their experiences in dealing with clients (including veterans) and the type of information required by both clients and workers, whilst supporting clients to access their specific services. This ‘one stop information source’ has been found to be of great value and is time saving for clients and workers alike.

Our findings suggest that, amongst veterans, there seems to be a lack of awareness of the services that are available. Means of communication of services offered by charities, therefore, needs to be considered very carefully. Accommodating the broad demographics of potential users of services must be a consideration for charities, as one Welsh military charity has recognised.

“Making the public know what we do – by a range of means – not just social media though that is really important and effective – but you need to take account of the demographics of potential users (some people do not use computers) – use flyers and notices (hard copy and electronic), emails, word of mouth.” [P14]

The workers in this charity have recognised that, though the contemporary means of communication is via social media, this might not always be appropriate, and have taken a basic, though important, step to address this in the promotion of their services.

3.4.3.5 Finance and debt

As identified, our research has highlighted that many female veterans feel excluded in that the services on offer are not relevant for them. Financial issues are particularly sensitive for female veterans. That being the case, it is important, for accessing services relating to financial matters, female veterans feel the charity workers are empathetic to their situation.

“Some support organisations are full of people with a certain lifestyle, have little money worries and live in a big house. This is not the case for many of our veterans, they need support workers who understand their position – we use support workers who understand what it is like to hide from the rent man.” [P12]

The workers in this Scottish military charity have identified, and taken steps to address, the wide range of backgrounds and diverse circumstances of the veterans who access their services. This initiative illustrated the steps this charity has taken to ensure workers with the appropriate skills and competences were allocated to their clients.

3.4.3.6 Female veterans and the law

Female veterans in the CJS are in a minority. As with other female veterans they have specific needs which require to be understood by those supporting them. Veterans have specific experiences and needs that should be accommodated in addition to non-military service provision, as demonstrated by this initiative in Scotland.

“We are in the process of setting up a system whereby the veteran prison population (in our prison) have access to support in the form of a veteran who understands their issues and can prepare them for liberation.” [P36]

This is an initiative that is in its early stages and, although this trial involves male veterans, it was deemed worthy of sharing given the paucity of information available regarding support for female veterans in the CJS.

In conclusion, these examples of best practice highlight the potential for knowledge exchange and capacity building to improve access to service charities for female veterans. Findings highlight the importance of collaborative, female friendly support, and high-quality service provision for female veterans, many of whom may not self-identify as veterans and/or expect societal understandings of female veterans in the UK. Perceptions of personal safety and trust are important to many female veterans, some of whom may be unaware of service provision due to ineffective communication strategies. We discuss these findings in the following chapter within the context of our exploration of female military service conditions and scoping review of extant literature.

4 DISCUSSION

4.1 OVERVIEW OF FINDINGS

We sought to investigate common barriers and enablers for female veterans' access to service charities to inform recommendations as to how access may be improved. The evidence discussed here relates to specific recommendations referred to by number (e.g. **R1**=Recommendation One).

Our review of extant literature has highlighted important female specific issues arising from service. Female veterans' experience of sexual trauma and gender-based violence may be associated with their time in service, impacting on their affiliation with the UK Armed Forces, together with disconnection with socially situated masculine and patriarchal understandings of the veterans' community and former service personnel that may increase reluctance to access service charities. Similarly, our consideration of female military service conditions over time illustrates **significant and sustained points of differentiation between men and women's experiences of military life, suggesting differing needs for support** due to service for male and female veterans (**R1**).

Differentiation of experiences of military life between male and female veterans informed the enabling approaches service charities are offering to improve female veterans' access to support. Interview participants provided extensive account of successfully tailored female-specific services that were in some cases highly individualised. Participants noted the importance of high-quality, evidence-based services and described affordable adaptation and enhancements to services to improve access. In our analysis we identified some notable absences within our data and discuss possible implications below.

4.2 BARRIERS TO ACCESSING SERVICES

Our findings suggest that former service women's lack of self-identification as a veteran, androcentric and patriarchal societal perceptions and understandings of veterans, and poor communication of service availability

and entitlement constitute barriers to accessing service charities for female veterans. While much research has been conducted not only to examine prevalent perceptions of veterans⁹⁷, but also to understand and explain societal misperceptions of veterans in British culture^{98,99,103,104,109,110}, little has been done to examine the impact of societal misperceptions and adverse experiences of service on female veterans' self-identification.

Importantly, **there may be structural issues that influence the help-seeking behaviours of female veterans**, further hindering access to services due to unwelcome associations with the military (**R2**). These issues include a perceived slow pace of change in military charities that are not reflective of broader society, and a notable contrast with treatment of women in service and in civilian life post-service, prompting reflection on undesirable aspects of service life. This contrast may be amplified by contact with **military charities perceived to replicate military culture in civilian settings** (high ranking males make decisions, rank continues post service), **hindering trust in service provision (R3)**. Our findings suggest that it would be advisable to foster a more diversified representation of veterans in British society to improve female veterans' access to services through policy and practice, perhaps by focusing on the veterans' occupational identity. Instead of perpetuating images of the politically motivated citizen soldier, inspired by moral values that may relate to societal 'bona-fide' representations of veterans, veterans may need to be represented as highly qualified individuals who have been trained to complete specific duties. This would represent the UK Armed Forces as a professional institution that accommodates equally professional individuals of different genders and ethnic origins. Together with **offering tangible markers of service (medals, veterans' ID cards, etc.), representations of veterans that foreground the value of diversity** may improve female veterans' uptake of services (**R11,14,18**).

Governmental policy commitments are relevant in contributing to collaboration and coordination of veterans' services generally, and we suggest enhanced coordination of these activities to improve communication

effectiveness and efficiency. It may be advisable to **incentivise unified strategies involving information on female specific services from private, public, and charitable sectors to encourage more coherent and consistent communication, considering how to best communicate** the services that are being offered for female veterans (R11,12). Besides individual campaigns, **joint advertising and public engagement campaigns targeted towards female veterans** may be advisable (R5,6,7). In addition, information about services may be shared on female veteran specific social networks and events as this may contribute to recommendation by word of mouth. These recommendations could be implemented by **establishing leadership accountability for improving the communication and coordination of services to and for female veterans to promote the sharing of examples of best practice** in working with female veterans (R11,12,14). This may not only facilitate the uptake of services, but may also improve the understanding of the important contribution of diversity to the wider Armed Forces Community.

4.3 ENABLERS TO ACCESSING SERVICES

Having set out to formulate evidence-based recommendations for improved access to services for female veterans we found ourselves investigating a somewhat obvious dilemma. It is perhaps not surprising that women who may have had adverse experiences during service are subsequently reluctant and/or find it problematic to access service charities that are designed, developed and delivered by men in what those women may perceive to be the same adversarial environment. The importance of **female veterans' need for psychological safety cannot be understated as services must be accessed within a supportive and trustworthy environment** (R8,13). This became more apparent as our empirical investigation foregrounded the lack of appropriate differentiation by sex in resettlement provision (R15,16) and service charitable provision based on the principle of equality where services were not differentiated between male and female veterans. We suggest this 'one size fits all' approach is not appropriate where there are known aspects of difference and diversity.

Here, the principle of equity is recommended, where resources are allocated based on need, to accommodate diversity and reach an equal outcome. For these services, equivalence of value or worth is determined by the outcome rather than the means of achieving it, in contrast to an entitlement for everyone to receive the same. Our recommendations are founded on the basis that female veterans may need to access services that are intentionally different to those provided to male veterans to achieve an equally beneficial outcome.

Understanding the veteran community requires data that contributes to **an evidence base to guide policy decisions, facilitate planning, assist service delivery more successfully, and produce high-quality assessment** (R17). Better knowledge of women's experiences of service may facilitate the provision of support for this population. Some reliable data on charitable service provision has already been acquired but, to date, this remains rather fragmented, making the analysis of needs and the forecasting thereof challenging. This is compounded by competitive tendering for research on an ad hoc basis that can act to reduce potential for co-construction of contemporaneous studies and researcher collaboration more generally (accepting the need to preserve technical independence and rigour).

Data generation by service charities evaluating their own performance and outcomes is essential to understanding the needs of veterans, and, more specifically, the needs of female veterans (R4). However, data needs to have practical relevance and has to produce novel insights as well as recommendations that the private, public and charitable sector can make use of. Many of our participants did not describe data driven decision making although many were aware of and utilising relevant research, particularly that published in Open Access, research repositories and public sector fora.

4.4 AREAS WHERE WE FOUND LIMITED OR NO EVIDENCE

The limited descriptions of data relating to service provision suggests to us a lack of

attention to aspects of equality, diversity and inclusion (EDI) in the sector. It is anticipated that this will change following the welcome considerations of EDI in policy and practice within the current team at the OVA, of which this study is an immediate outcome. Regrettably, **we did not hear of any relevant systems of oversight and accountability, such as statutory reporting, quality assurance, or formal accreditation of EDI policies and promotion in the sector (R8,11,12,14)**. This contrasts with our own backgrounds in Higher Education, where reporting structures and initiatives such as Athena SWAN continue to stimulate advancements in EDI within the sector.

Mindful of EDI considerations, some of our interview participants appeared to lack confidence in describing differences based on personal characteristics. This was notable when participants described minority and underrepresented groups and the issues that affect them. Many participants were concerned they were not using the correct language to describe aspects of difference and we sought to provide reassurance when appropriate. **Confidence in use of language is essential to authentic discussion of diversity** without fear of appearing clumsy or causing offence and can be **built through affordable learning and development interventions and accessible resources (R3,9)**.

Given the challenges associated with self-identification of female veterans, masculine cultural and societal understandings of veterans, and potential differences in help-seeking behaviours, the limited awareness and/or collaboration between military and non-military charities was concerning. Similarly, we identified limited evidence of collaboration between military charities. Whilst findings suggest that service differentiation and a focus on collaboration and coordination will improve access to services for female veterans, **it should be accepted that those veterans may wish to access support from non-military charities for their service-related needs**. We anticipate on-going research with female veterans may provide more insight into these aspects of help-seeking behaviour. Service differentiation by sex may be more achievable through **extensive**

collaboration and coordination to improve female access to services (R5,6,7). Effective collaboration between charities would provide reciprocal knowledge exchange to enable non-military charities to increase their awareness of service-related support needs, encourage access to services, and facilitate suitable environments for service delivery.

The absence of consideration of specific subpopulations within the female veterans' community was notable. Failure to **consider female veteran Reservists** was evident throughout all aspects of this work **(R10)**. This is an important gap in contemporary debate, and we underline the need for increased understanding of and access to services accommodating the needs of female veterans who are Regular Reservists and therefore may be expected to return to service. We identified only limited **consideration of older female veterans**, some of whom will be impacted by extension to the age for eligibility for state pension payments. This may be exacerbated by current rates of inflation, an issue affecting female veterans of all ages. We found limited **consideration of female veterans who are mothers and/or primary carers** may also be prevented from accessing service charities due to practical difficulties such as lack of childcare provision, although these aspects were at least acknowledged in principle by several participants. In summary we recommend more nuanced **consideration of minority groups within the female veteran community, including considerations of age and life-stage**, to be discussed within the anticipated Women Veterans' Strategy **(R19)**.

4.5 STRENGTHS AND WEAKNESSES OF THE STUDY

This study is the first to explore the potential for improved access to service charities for female veterans in the UK from the perspectives of a wide variety of constituents working to fund, oversee, provide, and investigate service provision. The study design worked to combine accurate contextualisation of women's roles in the military with extant literature and new empirical data to best understand the phenomenon under investigation. Review of

findings and recommendations with an Expert Panel, together with contributions from the Advisory Group throughout the conduct of the study is a further strength of the research.

We recognise that our study is limited to a sample of just 38 participants interviewed during the period September 2022 to April 2023. Whilst we achieved a maximum variation sample the current study did not review any specific evaluative data and could not attempt any longitudinal investigation. We worked to promote dissemination of preliminary findings in a variety of fora over the course of the project but failed to engage meaningfully with contemporaneous studies. A lack of **collaboration between researchers working on complementary contemporaneous studies** is thus a weakness in our practice. Whilst we are aware of the need to maintain technical rigour, appropriate periodic updates between concurrent research projects working on similar areas of investigation (such as the needs of minority and under-represented groups within the veterans' community) could stimulate early engagement with the evidence to inform discussions regarding policy and practice. Further attention should be given to potential benefits to be achieved through the **facilitation of appropriate early collaboration between different research projects** in future study design (R20,21).

5 CONCLUSION AND RECOMMENDATIONS

Our study offered many insights into effective means of access to service charities for female veterans and highlighted several areas for improvement. We offer 10 recommendations for improving access to service charities for female veterans to address the research aim and objectives. We go on to offer 11 supplementary recommendations that have arisen from the conduct of the work described in this report. These relate to all minority and under-represented groups within the veterans' community, including female veterans. Each recommendation is intended to be achievable and affordable within current structures with minimal additional investment.

5.1 RECOMMENDATIONS TO IMPROVE ACCESS FOR FEMALE VETERANS

Service Providers

1. Service charities should consider **service differentiation by sex to ensure equity of outcome** for female veterans by reviewing their equality, diversity and inclusion strategies relating to the services they offer female veterans.
2. Service charities should conduct an **internal review of intervention oversight, safeguarding provision, and governance of services** to stimulate robust evaluation and accountability for equity, quality and efficacy of services for female veterans.
3. Service charities should consider implementing **learning and development programmes** to increase awareness of contemporary approaches to equality, diversity, and inclusion to increase their confidence in how they support female veterans.
4. Charities should review their approaches to **reporting of services provided to veterans to differentiate by sex** to stimulate inclusive and equitable service development and delivery for female veterans.
5. Service charities should work together to **share expertise in best practice in enabling service access** to female veterans.
6. Service and non-military charities should work to **increase partnership working, communication and collaboration** to plan, communicate and deliver appropriate service provision for female veterans.
7. **Service charities based in mainland UK should consider providing support for formal collaboration with charities based in Northern Ireland** to facilitate appropriate service provision mitigating the specific issues experienced by female veterans in Northern Ireland.

Policy

8. The **provision of safeguarding and assurance of safe spaces for female veterans accessing services** provided to female veterans should be emphasised in the Women Veterans' Strategy.
9. The OVA should invest in the **provision of learning and development resources** to be made available to charities to increase awareness and confidence amongst service providers in dealing with the needs of female veterans.

Research

10. Further evidence is required regarding the ways in which **female reservist veterans access service charities** (including female volunteer reservist and regular reservist veterans who may be required to return to service) as they may be affected in ways that are different to female regular veterans due to differentiation of experiences of military service.

5.2 SUPPLEMENTARY RECOMMENDATIONS

Policy

11. Appointment of a **Veterans' Diversity Champion** within the OVA to work to recognise and further support the needs of minority and under-represented groups within the veteran community, including female veterans. This role should include leadership of the UK Government's first Women Veterans' Strategy and may be a junior ministerial appointment or an additional UK wide responsibility for one of the Veterans' Commissioners.
12. The anticipated UK Government's first Women Veterans' Strategy is a welcome development and should include a **Veterans' Equality, Diversity and Inclusion (EDI) theme to address intersectionality** (membership of more than one minority group).
13. The Women Veterans' Strategy should include **a formal policy statement relating to military sexual trauma and gender-based violence** to recognise that some female veterans may associate their military service with forms of harm (physical, sexual and/or psychological) arising from their gender.
14. The OVA should consider the feasibility of **an accreditation scheme for all charities (service and non-military) responding to the needs of minority groups within the veteran community**, similar to the Veterans Aware scheme of the Veterans Covenant Healthcare Alliance, and informed by learning from comparable schemes, such as StoneWall's Employer Awards, and the Athena SWAN scheme in Higher Education.
15. The Ministry of Defence (MOD) should provide **resettlement content differentiated by sex** to increase awareness of services available for females leaving military service informed by current research being undertaken in this area.
16. The MOD should **amend resettlement policy and planning to accommodate maternity, paternity and adoption leave as an additional allowance of time** to prevent disadvantage to those leaving service at this time.
17. The MOD should **review the extent of publication of MOD statistics by sex** to inform understanding of service women and female veterans' experience of service and likely support needs during resettlement and post-service.
18. The MOD should consider offering **an alternate veteran's badge demonstrating support for the value of diversity** in our Armed Forces Community.

Research

19. Further evidence is required regarding any **additional support requirements for female veterans arising from age and life stage**, for example younger service leavers, service-related adverse financial circumstances, those with carer responsibilities for veteran family members, and women affected by changes to state pension age and/or opting out of state pension whilst in service.
20. Researcher teams should consider **increased collaboration to increase value for money and enable evidence-based practice through wider dissemination** of outputs, for example through facilitation by the OVA and regional events hosted by the Veterans' Commissioners that are affordable for practitioners to attend.
21. **A synthesis of current research into minority and under-represented groups within the veterans' community** should be undertaken to optimise the learning from the welcome range of recent studies, incorporating possible additional considerations arising from intersectionality and the recommendations of the LGBT Veterans Independent Review.

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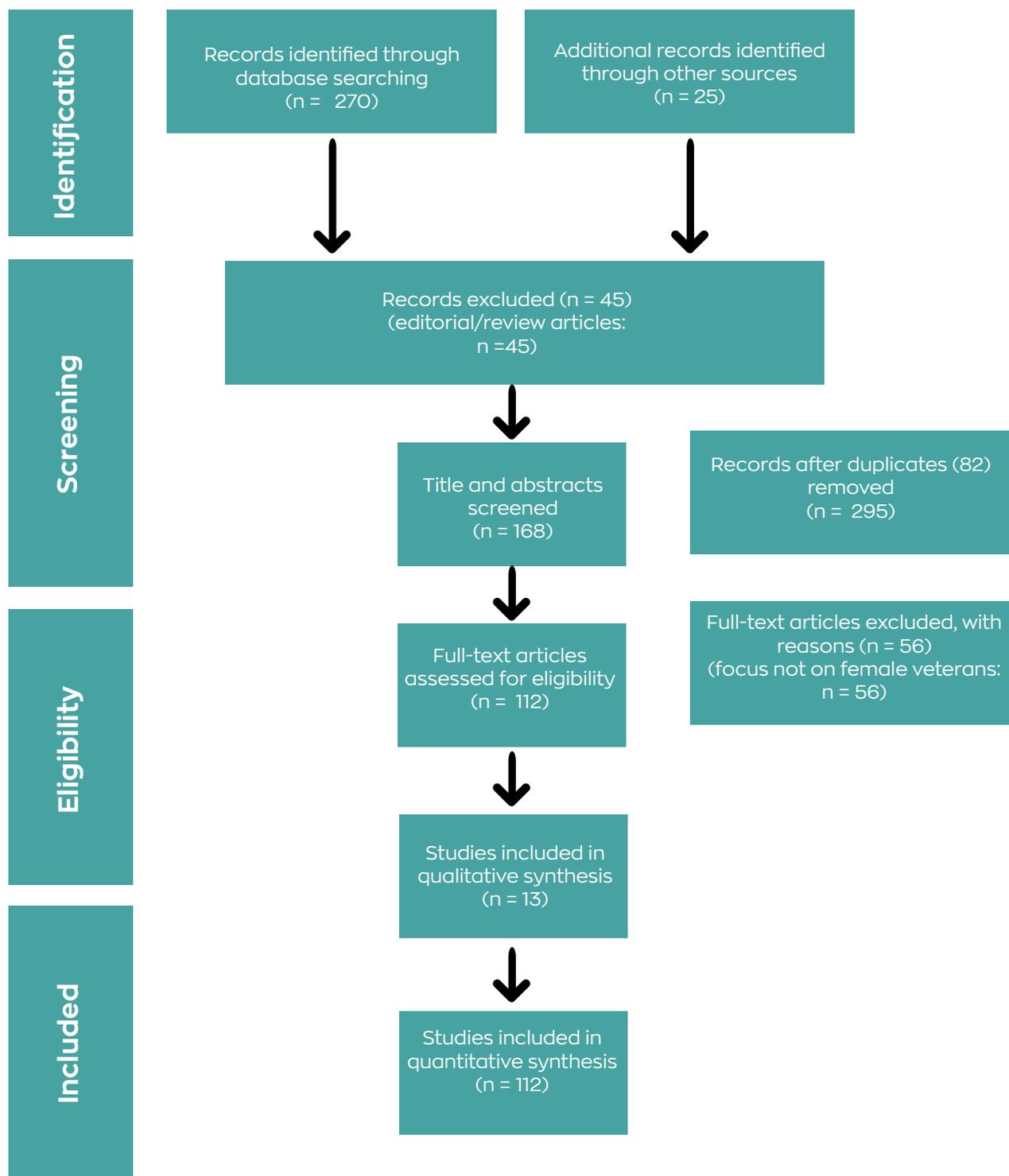
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7 APPENDICES

APPENDIX A: KEY WORDS AND SEARCH STRINGS

Key Words	Search Strings	Key Words	Search Strings
Female Veterans	"female veteran*" "servicewomen" "service women" "women veteran*"	Finance and Debt	"income" "finances" "debt" "financial wellbeing" "money management" "earnings"
Barriers to Service Access	"difficult*" "barriers" "stigma*" "discrimina*"	Employment Skills and Education	"employment" "work" "education" "workplace" "unemploy*" "skills" "training"
Service Utilization	"service use*" "service uptak*" "service utilization" "service invol*" "use* of services" "healthcare provision" "service utilisation" "access to services" "social services"	Veterans in the Criminal Justice System	"criminal arrest" "detain*" "criminal activities" "incarceration" "arrest" "criminal behaviour"
Health and Wellbeing	"health care" "healthcare" "medical care" "health service*" "wellbeing" "therap*" "mental health*" "substance abuse"	Community and Relationships	"public perceptions" "image" "transition" "civilian perceptions"
Making a Home	"homelessness" "housing" "homeless" "housing" "rough sleeping"		

APPENDIX B: PRISMA FLOW DIAGRAM ¹¹



APPENDIX C: PARTICIPANT INFORMATION SHEET



IMPROVING ACCESS TO SERVICE CHARITIES FOR FEMALE VETERANS

PARTICIPANT INFORMATION SHEET

1. Research Project Title

Improving Access to Service Charities for Female Veterans.

2. Invitation

You are being invited to take part in this research project. Before you decide to do so, it is important you understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Ask us if there is anything that is not clear or if you would like more information. Take time to decide whether you wish to take part. Thank you for reading this.

3. What is the project's purpose?

Research into female veterans' access to charitable services is scarce despite female veterans reporting a more challenging transition into civilian life upon leaving service than male veterans. In addition, evidence outlines that challenges female veterans experience during military service have a significant impact on their transition and veteran experience. While female veterans are more likely to seek help quickly, they may be less inclined to use veteran services, for example support for those who have experienced military sexual trauma. Given these gender specific factors influencing and influenced by access to service charities, we aim to investigate public and charitable sector (service and non-service) perspectives on the challenges female veterans face in accessing services intended to support circumstances arising from or exacerbated by military service to inform and prioritise ideas for tangible improvements in access to veteran specific services for female veterans.

4. Why have I been chosen?

You have been chosen because you are a representative of a service or non-service charity or the public sector or another relevant organisation and are knowledgeable and experienced in issues relating to the provision of services for female veterans.

5. Do I have to take part?

It is up to you to decide whether to take part. If you do decide to participate you will be able to keep a copy of this information sheet and you should indicate your agreement to the online consent form. You can still withdraw at any time by simply indicating you wish to do so. You do not have to give a reason.

6. What will happen to me if I take part?

You will be asked to participate in an interview of approximately 1 hour duration with one of the researchers (details below).

7. What are the possible disadvantages and risks of taking part?

Participating in the research is not anticipated to cause you any disadvantages or discomfort.

8. What are the possible benefits of taking part?

Whilst there are no immediate benefits for those people participating in the project, it is hoped that this work will have a beneficial impact on access by female veterans to appropriate services and your participation will contribute to that. Results will be shared with participants.

9. What happens if the research study stops earlier than expected?

Should the research stop earlier than planned and you are affected in any way we will tell you and explain why.

10. What if something goes wrong?

If you have any complaints about the project, you can contact any member of the research team (see below) or the university's ethics board or Dr Natasha Mueller-Hirth.

11. Will my taking part in this project be kept confidential?

All the information that we collect during the course of the research will be stored confidentially and anonymised for any form of analysis. You will not be identifiable in any reports or publications unless you wish to be named. Your associated organisation will not be identifiable unless you request it to be named. Any data collected about you in the interview will be stored online in a form protected by passwords and other relevant security processes and technologies. Data collected may be shared in an anonymised form to allow reuse by the research team for related research and publication. These anonymised data will only allow any individuals or their institutions to be identified if they have requested this.

12. Will I be recorded?

You will not be recorded in any way other than your input to the interview. You will be notified of when the recording commences and is terminated. You may request a digital copy of the recording.

13. What type of information will be sought from me and why is the collection of this information relevant for achieving the research project's objectives?

During the interview, the researcher will ask you about your opinions, experiences and current practices in relation to female veterans' access to services. Your views and experience are what the project is interested in exploring. We are also interested in any data you may wish to share with us, for example documents and other forms of information you feel relevant to the research (for example data related to access to services).

14. What will happen to the results of the research project?

Results of the research will be published in report form for the Office of Veterans Affairs part of the UK Cabinet Office. We will also provide evidence summaries (eg ministerial briefing notes) intended to inform policy and decision-making. We will produce academic work arising from this study, for example, research presentations and publications. You will not be identified in any report or publication. Your institution will not be identified in any report or publication. If you wish to be given a copy of any reports resulting from the research, please ask us to put you on our circulation list, regardless of whether you decide to participate.

15. Who is organising and funding the research?

The project is being carried out by a team from the Robert Gordon University in Aberdeen and is being funded by the Office for Veterans' Affairs, UK Cabinet Office.

16. Who has ethically reviewed the project?

This project has been ethically approved in accordance with the Robert Gordon University ethics review procedure.

17. Advisory Group

The research team has an expert advisory group which will consider the wider impact this research can have on policy and practice for female veterans and service providers

18. Contacts for further information

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Senior Research Fellow and Lecturer

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If you have a complaint or would like to speak to an independent person with regard to this research please contact:

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APPENDIX D: PARTICIPANT CONSENT FORM



IMPROVING ACCESS TO SERVICE CHARITIES FOR FEMALE VETERANS

PARTICIPANT CONSENT FORM

- I..... of(name of organisation) voluntarily agree to participate in this research study.
- I understand that even if I agree to participate now, I can withdraw at any time or refuse to answer any question without any consequences of any kind
- I have had the purpose and nature of the study explained to me in writing and I have had the opportunity to ask questions about the study.
- I understand that participation involves being interviewed by one of the research team.
- I understand that I will not benefit directly from participating in this research.
- I agree to my interview being recorded.
- I understand that all information I provide for this study will be treated confidentially.
- I understand that disguised extracts from my interview may be quoted in conference presentations, published papers and reports.
- I understand that if I inform the researcher that myself or someone else is at risk of harm they may have to report this to the relevant authorities - they will discuss this with me first but may be required to report with or without my permission.
- I understand that signed consent forms and original recordings will be retained in a password protected file on the RGU network for 5 years.
- I understand that a transcript of my interview in which all identifying information has been removed will be retained for 5 years.
- I understand that under freedom of information legalisation I am entitled to access the information I have provided at any time while it is in storage as specified above

Improving Access to Service Charities for Female Veterans

- I understand that I am free to contact any of the people involved in the research to seek further clarification and information
- I would like a completed copy of this Consent Sheet Yes/No (Delete as appropriate)
- I wish to be named in this research Yes/No (Delete as appropriate)
- I wish my organisation to be named in this research Yes/No (Delete as appropriate)

Research Team Contact Details

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Aberdeen

AB10 7QB

Improving Access to Service Charities for Female Veterans

.....

(Signature of Participant)

.....

(Date)

I believe the participant is giving informed consent to participate in this study

.....

(Signature of Researcher)

.....

(Date)

APPENDIX E: INTERVIEW TOPIC GUIDE



TOPIC GUIDE – IMPROVING ACCESS RESEARCH

These are the questions which will be asked during the interview:

- Please tell me about the services offered by your organisation.
- What are your experiences with female veterans accessing these services?
- Based on your experience, what barriers and challenges do female veterans face accessing these services?
- Why, in your opinion, are these barriers and challenges present?
- How many of your services are offered specifically to female veterans
- What plans are there to offer services specifically for female veterans?
- Which improvements are, in your opinion, necessary to improve the uptake of services by female veterans?
- Please describe, based on your experiences, the priority of these improvements.

As part of the interview, we will also ask follow-up probing questions, where you will be invited to elaborate further on your answers. We would like to invite you to bring any documentation and supplementary material (e.g., newspaper articles, reports, flyers and advertisement, documentation of campaigns) along with you.

APPENDIX F: INTERVIEW PARTICIPANT PROFILES

Interview Participant Number	Sex of Interviewee (Male M or Female F)	Organisation Sector (Academic A , Third Sector TS , Government G)	Affiliation of Organisation (Military M , not specifically Military NM)
1	M	TS	NM
2	F	TS	M
3	F	TS	M
4	M	TS	M
5	F	TS	M
6	F	TS	M
7	F	A	NM
8	M	A	NM
9	F	TS	M
10	F	TS	M
11	M	TS	M
12	F	TS	M
13	F	TS	M
14	F	TS	M
15	F	TS	M
16	F	TS	M
17	M	TS	M
18	F	TS	M
19	F	TS	M
20	F	TS	M
21	F	TS	M
22	M	G	NM
23	F	TS	M
24	F	TS	M
25	M	TS	NM
26	F	TS	NM
27	F	TS	NM
28	M	A	NM
29	M	A	M
30	F	TS	M
31	F	TS	NM
32	F	TS	NM
33	F	TS	NM
34	F	TS	M
35	F	G	NM
36	M	G	NM
37	F	G	NM
38	F	GTS	M

APPENDIX G: ANALYSIS OF NON-MILITARY CHARITIES' WEBSITES PROVISION FOR VETERANS

Health And Wellbeing			
Date	Charity	Website Address	Analysis
4 April 2023	SAMH	https://www.samh.org.uk/	Poppy Scotland named as a potential support organisation, but no other reference to veterans.
4 April 2023	Rape Crisis	https://www.rapecrisis-cotland.org.uk/about-what/	No reference to veterans.
5 April 2023	Stonewall	https://www.stonewall.org.uk/	No reference to veterans.
5 April 2023	LGBT Foundation	https://lgbt.foundation/	They make reference to veterans in the news section, but there is not a specific section for veterans.
8 April 2023	Alzheimers	https://www.alzheimers.org.uk/	There is a research report on dementia and former service women. No other reference to veterans.
8 April 2023	Mind	https://www.mind.org.uk/	No reference to veterans.
8 April 2023	Dementia UK	https://www.dementiauk.org/	No reference to veterans.
8 April 2023	Breast Cancer Care	https://breastcancernow.org/	No reference to veterans.
8 April 2023	Parkinsons UK	https://www.parkinsons.org.uk/	No specific section, but there are stories from veterans with the disease.
8 April 2023	Action Against Hunger	https://www.actionagainsthunger.org.uk/	No reference to veterans.
8 April 2023	Diabetes UK	https://www.diabetes.org.uk/	Veterans are one of the groups acknowledged as diabetic sufferers, but no specific information is provided.
8 April 2023	Alcoholics Anonymous	https://www.alcoholics-anonymous.org.uk/	There is a story of one veteran who is a recovering alcoholic through AA, but no separate links for veterans.
Making A Home In Civilian Society			
4 April 2023	Shelter	https://www.shelter.org.uk/	A policy document was produced by Shelter in 2008 identifying veterans' housing needs, but no specific reference to veterans.
4 April 2023	NACRO	https://www.nacro.org.uk/nacro-services/our-work-in-housing/	There is an easily found section for former service personnel.
8 April 2023	Joseph Rowntree Foundation	https://www.jrf.org.uk/	No reference to veterans.

Employment, Education and Skills			
4 April 2023	Skills Development Scotland	https://www.skillsdevelopmentscotland.co.uk/about/	Reports about transferability of military qualifications (News), but no specific section or information to encourage veterans to engage with them.
8 April 2023	National Careers Service	https://nationalcareers.service.gov.uk/careers-advice	No reference to veterans.
Community and Relationships			
8 April 2023	The Samaritans	https://www.samaritans.org/	There is a specific app for veterans and a section for the military describing veteran specific initiatives.
8 April 2023	Age UK – services include education, debt, health, care, accommodation	https://www.ageuk.org.uk/	Via search there are links, but no special section for veterans.
8 April 2023	Salvation Army	https://www.salvationarmy.org.uk/	Lots of information and involvement with veterans, but no specific section for veterans.
8 April 2023	Christian Aid	https://www.christianaid.org.uk/	No reference to veterans.
8 April 2023	Citizens Advice Bureau	https://www.citizensadvice.org.uk/	Some links identified, but special section not available/ under production.
Finance and Debt			
4 April 2023	Step Change	https://www.stepchange.org/how-we-help.aspx	Reference to and details given of military charities under the heading of support for veterans, but no clear offer.
4 April 2023	National Debtline	https://nationaldebtline.org/	No reference to veterans
5 April 2023	Debt Advice	https://www.debtadvicefoundation.org/	Under useful links identifies veterans, but no special provision for veterans.
8 April 2023	Payplan	https://www.payplan.com/	There is a story in the blog about a veteran, but no other reference.
8 April 2023	Christians against poverty	https://capuk.org/	No reference to veterans.
Veterans and The Law			
4 April 2023	Bounce Back	https://www.bouncebackproject.com/about-us/	Links with Veterans Aid – but not immediately clear on website – it is in the News section.
4 April 2023	Unlock	https://unlock.org.uk/	No clear evidence of veteran ex-offenders.
8 April 2023	Howard League for Penal Reform	https://howardleague.org/	There is some research into veterans and their situation (two publications and a blog).

APPENDIX H: EXPERT PANEL MEMBERS

Dorinda Wolf-Murray, CEO, FirstLite Trust.

Fiona Rew, Secretary to the Board of Trustees, Highground.

Glenda Gray, Human Resources Manager, Aberdeenshire Council.

Paula Edwards, CEO, Salute Her UK.

Paula Rogers, CEO, Women's Royal Army Corps Association (WRACA).

Rachel Clark-Yeo, Veterans Coordinator, Re-Live.

Vince Connelly, Professor of Psychology, Oxford Brookes University.

