

# SUSTAIN:

## Identifying and Examining the Barriers and Facilitators to Ex-Servicewomen Making a Successful and Sustainable Transition to Civilian Life in the UK

**MARCH 2025**

**Authors: Dr Marie-Louise Sharp, Bethany Croak, Dr Rafiyah Khan, Dr Alexandra Smith, Vicky Langston, Dr Laura Rafferty, Professor Neil Greenberg, Professor Nicola Fear, Dr Sharon Stevelink.**





# Contents

List of tables.....	4
List of figures.....	5
Foreword.....	6
About the team.....	7
King’s Centre for Military Health Research, King’s College London.....	7
SUSTAIN research team.....	7
Acknowledgements.....	8
Abbreviations.....	8
<b>Executive Summary.....</b>	<b>9</b>
<b>Chapter 1: Why is this research important?.....</b>	<b>28</b>
SUSTAIN study.....	29
Our research approach.....	29
Terminology.....	30
<b>Chapter 2: Overview of study methods.....</b>	<b>32</b>
<b>Chapter 3: Review of literature and support services.....</b>	<b>34</b>
Study aims.....	34
Systematic literature review (WP 1 - Part A).....	34
Review of support services targeted at ex-servicewomen (WP1 - Part B).....	40
Stakeholder discussions about the experiences and needs of ex-servicewomen and the current service provision (WP1 - Part C).....	44
<b>Chapter 4: Qualitative interviews with ex-servicewomen.....</b>	<b>51</b>
Study aims.....	51
Results.....	51
Interview themes.....	52
<b>Chapter 5: Socioeconomic and health outcomes - A comparative analysis of ex-servicewomen, ex-servicemen, and civilian women in the UK.....</b>	<b>62</b>
Study aim.....	62
Specific study methods.....	62
Results.....	63
Part A: Comparative analysis of ex-servicewomen and ex-servicemen: exploring demographic, economic, and health disparities.....	63
Part B: Comparative analysis of ex-servicewomen and civilian women: exploring demographic, economic, and health outcomes.....	78

<b>Chapter 6: Triangulation – bringing the evidence together</b> .....	<b>88</b>
Triangulation aims .....	88
Characteristics of ex-servicewomen’s successful and sustainable military to civilian transitions .....	88
Characteristics of ex-servicewomen’s negative military to civilian transition experiences .....	94
Discussion.....	99
<b>Chapter 7: Scoping review of interventions and strategic road map</b> .....	<b>106</b>
Aims .....	106
Scoping review of interventions .....	106
Strategic roadmap for the sector .....	127
<b>Chapter 8: Conclusions and Recommendations</b> .....	<b>128</b>
Recommendations .....	129
<b>References</b> .....	<b>142</b>
<b>Appendices</b> .....	<b>145</b>
Appendix 1 - Work Package Methods .....	145
Work Package 1: Scoping reviews .....	145
Work Package 2: Qualitative interviews with ex-servicewomen.....	146
Work Package 3: Quantitative investigations comparing outcomes of ex-servicewomen with ex-servicemen and civilian women .....	148
Work Package 4: Triangulation of findings .....	151
Work Package 5: A strategic roadmap for impact and influence .....	153
Appendix 2 - Description of variables utilised for quantitative analyses .....	154
Appendix 3 - Strengths and limitations of the SUSTAIN study .....	155



*Unsplash images: Credit - Nadine-Rupprecht, 2020*

# List of tables

1: Overview of SUSTAIN work packages, corresponding research aims and components .....	32
2: Overarching themes identified in the systematic review .....	35
3: In-service military experiences - systematic review key themes .....	36
4: Post-service experiences - systematic review key themes .....	38
5: List of support services identified in the review, organised by type of support provided. ....	43
6: List of organisations involved in stakeholder discussions .....	45
7: Themes and sub-themes from stakeholder discussions with key points and quotes.....	46
8: Characteristics of ex-servicewomen participants.....	52
9: Interviews with ex-servicewomen - theme 1 sub-themes and supporting quotes .....	53
10: Interviews with ex-servicewomen - theme 2 sub-themes and supporting quotes .....	55
11: Interviews with ex-servicewomen - theme 3 sub-themes and supporting quotes .....	57
12: Interviews with ex-servicewomen - theme 4 sub-themes and supporting quotes .....	59
13: Lay summary of statistical methods .....	63
14: KCMHR Cohort - Demographic characteristics, ex-servicewomen vs. ex-servicemen .....	64
15: KCMHR Cohort - Military characteristics, ex-servicewomen vs. ex-servicemen.....	65
16: KCMHR Cohort - Primary reasons for leaving the Armed Forces, ex-servicewomen vs. ex-servicemen .....	66
17: UK Biobank - Demographic and military characteristics, ex-servicewomen vs. ex-servicemen .....	67
18: KCMHR Cohort - Economic outcomes and housing tenure, ex-servicewomen vs. ex-servicemen .....	69
19: UK Biobank - Economic outcomes and housing tenure, ex-servicewomen vs. ex-servicemen.....	70
20: KCMHR Cohort - Physical and mental health outcomes, ex-servicewomen vs. ex-servicemen.....	71
21: UK Biobank - Physical and mental health outcomes, ex-servicewomen vs. ex-servicemen .....	74
22: UK Biobank - Trauma exposure, ex-servicewomen vs. ex-servicemen.....	76
23: KCMHR Cohort - APS - Demographic characteristics, ex-servicewomen vs. civilian women .....	79
24: UK Biobank - Demographic characteristics, ex-servicewomen vs. civilian women .....	80
25: KCMHR Cohort - APS - Economic outcomes and housing tenure, ex-servicewomen vs. civilian women .....	81
26: UK Biobank - Economic outcomes and housing tenure, ex-servicewomen vs. civilian women .....	82
27: UK Biobank - Physical and mental health outcomes, ex-servicewomen vs. civilian women.....	83
28: UK Biobank - Trauma exposure, ex-servicewomen vs. civilian women.....	85
29: SUSTAIN evidence sources for characteristics of positive transition experiences.....	90
30: Characteristics of negative transition experiences for ex-servicewomen.....	94
31: Common features of military to civilian transition and SUSTAIN findings alignment and insight.....	101
32: Topic guide used for stakeholder interviews and roundtable discussions .....	109
33: Interview guide for ex-servicewomen interviews .....	130
34: Datasets used to examine differences between ex-servicewomen and men and civilian women. ....	147
35: Datasets and variables included in the analysis .....	148
36: Datasets used to examine differences between ex-servicewomen and men and civilian women .....	149
37: Datasets and variables included in the analysis .....	150

# List of figures

1: Summary of themes and sub-themes derived from stakeholder discussions .....	44
2: Country and service branch of ex-servicewomen participants.....	51
3: Themes and sub-themes identified through interview with ex-servicewomen.....	52
4: KCMHR Cohort - Adjusted odds ratios of physical health outcomes, ex-servicewomen vs. ex-servicemen.....	72
5: KCMHR Cohort: Adjusted odds ratios of mental health outcomes and alcohol use: ex-servicewomen vs. ex-servicemen.....	73
6: UK Biobank - Adjusted odds ratios of physical health outcomes: ex-servicewomen vs. ex-servicemen.....	75
7: UK Biobank - Adjusted odds ratios of mental health outcomes and alcohol use: ex-servicewomen vs. ex-servicemen.....	76
8: UK Biobank - Adjusted odds ratios of trauma exposure, ex-servicewomen vs. ex-servicemen .....	77
9: UK Biobank - Adjusted odds ratios of physical health outcomes, ex-servicewomen vs. civilian women.....	83
10: UK Biobank - Adjusted odds ratios of mental health outcomes and alcohol use, ex-servicewomen vs. civilian women.....	84
11: UK Biobank - Adjusted odds ratios of trauma exposure, ex-servicewomen vs. civilian women .....	86
12: Positive characteristics of successful and sustainable transition for ex-servicewomen .....	91
13: Integrated positive and negative characteristics of transition model for ex-servicewomen .....	98
14: Triangulation of SUSTAIN work packages .....	107
15: Work package 5 activities .....	108
16: Strategic roadmap for interventions .....	127
17: Triangulation of SUSTAIN work packages .....	152
18: Work package 5 activities .....	153



# Foreword

When we commissioned this research to examine the barriers and facilitators to servicewomen making a successful and sustainable transition into civilian life, we knew that most make a successful transition, with their lives having been enriched by their time in service. But we also understood that for some, additional support due to their unique experience in service, was required.

This comprehensive report brings together over two years of research, combining new evidence and insights from ex-servicewomen on their experiences both during and after service, with an in-depth analysis of available data on the outcomes for ex-servicewomen compared to ex-servicemen and civilian women. Through this research, we can gain a better understanding of their transition experiences and needs, which has been lacking in research to date, which will inform both policy and practice.

Whilst progress has been made, the research highlights the challenges that remain for currently serving and ex-servicewomen which can undermine the positive aspects of service and have a negative impact on transition outcomes. These include in-service factors such as ill-fitting military equipment and a lack of support for family life. In addition, there are factors that are experienced by women in both military and civilian life, such as women's identities being challenged or

unwelcome, and women's healthcare needs not being addressed. Each of these experiences can be linked to non-inclusive behaviours and cultures in both the military and civilian life which need to be addressed to ensure that all personnel, regardless of gender, make a successful transition.

At a time when the Government is reviewing the UK's Defence capability, reflecting on the experiences of service personnel, and whether they feel safe and valued, will be integral to build and maintain a strong Armed Forces. As part of this, the Government should utilise the findings to continue working towards creating inclusive working cultures, structures and practices - not just for women but for all personnel. Key to this will be strong leadership and accountability across each of the three services to ensure that the policies already in place are making a difference on the ground. Alongside this, organisations that offer support to members of the Armed Forces community should use the findings to reflect on their current understanding of transition experiences and consider whether their policies, practices or services may need to be updated or adapted to ensure they are inclusive of women's needs. The report provides a strategic roadmap to support this, offering suggestions of where action is most needed and where resources are best placed to facilitate a successful transition for all service personnel.

**Michelle Alston**

*Chief Executive, Forces in Mind Trust*



# About the team

## King's Centre for Military Health Research, King's College London

King's College London (KCL) is dedicated to advancing knowledge, learning and understanding for the public good. The King's Centre for Military Health Research (KCMHR) is a research group within the Institute of Psychiatry, Psychology & Neuroscience (IoPPN) at KCL.

KCMHR is the leading civilian UK centre of excellence for military, veteran and family health research. KCMHR draws upon the experience of a multi-disciplinary team, using both quantitative and qualitative methods to investigate the health and wellbeing of serving and ex-serving personnel and their families. The centre is independent of the UK Ministry of Defence and chain of command and is led by Professor Nicola Fear and Professor Sir Simon Wessely.

Findings from the studies conducted at KCMHR are regularly published in high-impact journals such as the British Medical Journal (BMJ) and the Lancet series. KCMHR strive to ensure that their research is disseminated widely throughout academia, government, medical professionals, policy makers, charities, and the Armed Forces community. KCMHR's research has provided evidence and contributed to changes in policy and services regarding serving and ex-serving personnel and their families.

### **Principal Investigators**

Dr Sharon Stevelink and Professor Nicola Fear

### **Research team**

Bethany Croak  
Professor Neil Greenberg  
Dr Rafiyah Khan  
Vicky Langston  
Ray Leal  
Dr Laura Rafferty  
Dr Marie-Louise Sharp  
Dr Alexandria Smith  
Dr Anne Stagg

*N.B., Not all individuals were involved for the entire duration of the study nor funded by the study grant.*

### **Ex-servicewomen advisory group**

Vicky Langston (Chair)  
Deborah Cooper Jones  
Tina Crowley  
Verity Duncan  
Jayne Hellier  
Samantha Wraith

### **Research funder**

The Forces in Mind Trust

# Acknowledgements

We would like to acknowledge the significant contribution the SUSTAIN ex-servicewomen advisory group made to the research. The advisory group were recruited to contribute their expertise, knowledge and lived experience of having served in the Armed Forces as a woman. The group helped to shape the research approach, interpretation of findings and final recommendations. The strength of the research is indebted to their engagement, and we thank them for their time given across the two years of the study.

We would like to acknowledge the ex-servicewomen who took part in the qualitative interviews and contributed their time and lived experience which makes up a substantial and vital portion of evidence in the study. Lastly, we would like to thank all stakeholders who contributed to and engaged with the study throughout, offering knowledge, expertise and help to shape the final recommendations.

---

# Abbreviations

<b>AOR</b>	Adjusted Odds Ratio	<b>MoD</b>	Ministry of Defence
<b>APS</b>	Annual Population Survey	<b>NHS</b>	National Health Service
<b>COBSEO</b>	Confederation of Service Charities	<b>OR</b>	Odds Ratio
<b>CI</b>	Confidence Interval	<b>OVA</b>	Office for Veterans' Affairs
<b>C-PTSD</b>	Complex Post-Traumatic Stress Disorder	<b>PTSD</b>	Post-Traumatic Stress Disorder
<b>DMS</b>	Defence Medical Services	<b>RAF</b>	Royal Air Force
<b>FVEY</b>	Five Eyes	<b>RCGP</b>	Royal College of General Practitioners
<b>FiMT</b>	Forces in Mind Trust	<b>RCP</b>	Royal College of Psychiatrists
<b>GP</b>	General Practitioner	<b>SUSTAIN</b>	SUpporting Successful TrAnsItioN <i>(project name)</i>
<b>IoPPN</b>	Institute of Psychiatry, Psychology and Neuroscience	<b>UK</b>	United Kingdom
<b>KCL</b>	King's College London	<b>US</b>	United States
<b>KCMHR</b>	King's Centre for Military Health Research	<b>WP</b>	Work Package
<b>MST</b>	Military Sexual Trauma		



# Executive Summary

## 1. Why is this research important?

Whilst most service personnel make a successful transition from military to civilian life, this transition can pose significant challenges for some ex-service personnel. Despite over 1000 servicewomen leaving the military annually in the United Kingdom (UK), research has largely focused on ex-servicemen, leaving a gap in our understanding of the experiences of ex-servicewomen. Studies have linked problematic military to civilian transitions in ex-service personnel to adverse outcomes like financial instability, poor mental and physical health, and strained relationships.

To address the lack of research that explores women's needs in military to civilian transition, the King's Centre for Military Health Research (KCMHR) was commissioned by the Forces in Mind Trust (FiMT) to examine the barriers and facilitators ex-servicewomen experience making a successful and sustainable transition to civilian life in the UK. The SUpporting Successful TrAnsItioN study, i.e. the 'SUSTAIN' study took place over 2022-2024 to address this gap in research.

## 2. What were the aims of the SUSTAIN study?

With a focus on ex-servicewomen we sought to:

- Summarise the current service provision for ex-servicewomen.
- Explore current views on successful and sustainable transition, including barriers and facilitators.
- Identify elements of successful and sustainable transition, including barriers and facilitators.
- Track key transition outcomes comparing ex-servicewomen to ex-servicemen and civilian women and identify unique advantages and disadvantages.
- Develop characteristics of positive and negative transition experiences.
- Explore practical interventions and opportunities to support a successful and sustainable transition.
- Utilise all findings to inform recommendations for best policy and practice to support a successful and sustainable transition for ex-servicewomen.

## 3. How was the research conducted?

This project comprised of five interrelated work packages (WPs): a systematic review of the literature, a scoping review of available support services, interviews and focus groups with policy and service providers, qualitative interviews with ex-servicewomen and quantitative analyses of different datasets. We triangulated all our findings to identify characteristics of both successful and sustainable military to civilian transitions and characteristics of negative military to civilian transitions for ex-servicewomen. We additionally mapped out current interventions aimed at supporting ex-servicewomen. We highlighted where gaps in provision or support may remain and created a strategic road map for organisations to utilise to influence and improve the outcomes of ex-servicewomen. We lastly have proposed recommendations for policy and practice.

Across all stages of the research an ex-servicewomen advisory group provided their lived-experience perspectives to shape the research process from data collection to interpretation and to recommendations to ensure a collaborative process. Final recommendations were also shared and discussed with the Ministry of Defence (MoD), the Office for Veterans' Affairs (OVA), the National Health Service (NHS), devolved administrations and charitable sector organisations to facilitate recommendations that were tangible and practicable to enable positive impact from the research.

## 4. Findings

### What did the existing literature tell us?

A systematic review was conducted to examine the impact of gender in military to civilian transition. Eleven key themes were found, showing that ex-servicewomen faced additional difficulties to ex-servicemen in transition, including contending with conflicts between military culture and feminine norms, and gender-specific issues experienced both in-service and post-service such as inequality and discrimination. The review highlighted that most studies arose from the United States (US)



*Defence Imagery: Photographer - LPhot Unaisi Luke, 2022*

and hence there was a need to further investigate ex-servicewomen's military to civilian transition experiences from a UK perspective.

### **What services were available for ex-servicewomen?**

A review of charitable and statutory services in the UK was conducted to identify support services that were available exclusively to ex-servicewomen or support services that provided a service tailored specifically to ex-servicewomen. The review found 12 organisations covering a range of support needs for ex-servicewomen, with the majority of services focused on facilitating community networks between ex-servicewomen. There remained a gap in services for ex-servicewomen for physical health support and support in the criminal justice system.

### **What did stakeholders tell us?**

Interviews and roundtable discussions were carried out with stakeholders to understand common facilitators and barriers to successful transition for ex-servicewomen. Four key themes were identified highlighting that successful transitions were holistic and individual. Stakeholders also identified that women encountered some gender-specific challenges in transition such as conflicts in identity (specific to women), experiences of sexism, and that women's needs were not catered for in healthcare provision or sexual assault support both in-service and post-service. In general, stakeholders did not advise that ex-servicewomen needed separate support services for ex-servicemen, however they highlighted that women only services would be appropriate for ex-servicewomen who had experienced sexual assault.

### **What was the lived experience of ex-servicewomen during transition?**

Interviews with 31 ex-servicewomen showed that women underwent multiple stages when transitioning to civilian life influenced by their military experiences. Ex-servicewomen described how in-service experiences (both positive and negative) affected their transitions and later civilian lives. Barriers to successful transition included circumstances where ex-servicewomen felt forced to leave their career early due to lack of family friendly policies, sexual assault experiences, gendered employment challenges, lack of appropriate healthcare provision, and a lack attention given to emotional support needs (rather than practical needs) related to transition. Facilitators for successful transition included adaptability, resilience, and thorough preparation for post-military life.

### **What was the evidence from relevant datasets?**

Three studies were used — the KCMHR Health and Wellbeing Cohort (2022-2023), UK Biobank (2006-2015), and Annual Population Survey (2022) to investigate socioeconomic, physical and mental health conditions among ex-servicewomen compared to ex-servicemen, and their civilian women counterparts. Key findings indicated that ex-servicewomen were more likely to have a shorter length of service compared to ex-servicemen and were more likely to cite impact on family, pregnancy and health concerns as reasons for leaving the Armed Forces compared to ex-servicemen. Whilst civilian employment levels were similar between ex-servicewomen and ex-servicemen and civilian women, ex-servicewomen were more likely to hold part-time positions compared to ex-servicemen. Ex-servicewomen were more likely to live in areas of material deprivation compared to civilian women. Health outcomes indicated that ex-servicewomen experienced more osteoarthritis and mental health problems, particularly depression, compared to ex-servicemen and civilian women. Additionally, trauma exposure, including intimate partner

violence and sexual assault, was more prevalent among ex-servicewomen compared to both ex-servicemen and civilian women.

## **5. What do all of these findings mean together?**

A triangulation (integration) of all findings across the WPs was conducted where we identified 18 characteristics as supporting successful and sustainable military to civilian transitions and six characteristics that resulted in negative military to civilian transition experiences for ex-servicewomen. We found that women's in-service experiences 'upstream' (both positive and negative) were important in affecting their transition experiences and later civilian life 'downstream'. Positive characteristics included factors such as transition being conceptualised as a life cycle, early preparation, transition support being holistic and individualised, and appropriate healthcare being provided to women in-service/post-service. The characteristics of negative transition experiences for ex-servicewomen included women's identities being contested or unwelcome in-service/post-service, lack of support for family life in-service, equipment and environment not fit for women in-service, healthcare deficiencies in addressing women's needs both in-service/post-service, sexism, sexual harassment and assault experiences in-service, and employment gender discrimination in-service impacting reasons for leaving service.

When assessing positive and negative characteristics together, we propose that negative characteristics of transition stemmed from non-inclusive military cultures which existed in-service and post-service and created gender discrimination leading to gender inequalities in transition experiences and outcomes. The study does not assert that these non-inclusive cultures were experienced wholesale by service/ex-servicewomen in the Armed Forces or in veteran life, however where negative transitions were experienced by ex-servicewomen, non-inclusive cultures were present. We further highlight that many of these non-inclusive military cultures which impact

negative transition experiences are modifiable and preventable, and hence there is much opportunity to improve transition experiences and outcomes for ex-servicewomen.

## **6. What interventions supporting ex-servicewomen's transition are there and where are the gaps?**

The scoping review identified different interventions that could support ex-servicewomen's transitions aimed at different intervention levels, such as structural/cultural (e.g. work cultures), policy/organisational (e.g. policies/trainings organisations might adopt), community (e.g. events or networks to facilitate support/connections) and individual levels (e.g. apps/self-help).

At the structural/cultural level, the scoping review identified many recent policies and roles aimed at shifting systems and cultures in Defence to be more inclusive, with a focus on leadership roles and behaviours. The scoping review further identified that the majority of interventions were located at the policy level. These included policies addressing: environment and equipment, family policies, health policies/provision, sexual harassment and assault, and training tools for services supporting ex-service personnel - however not all training tools specifically addressed women's needs. At the community level, interventions were focused on supportive networks. At the individual level, we found several training packages and service provision that supported ex-servicewomen which covered areas of health and reporting problematic behaviours including sexual assault.

The scoping review highlighted the proliferation of interventions in recent years to support ex-servicewomen, however we queried how joined up single Services were in aligning policies and sharing good practice. Several interventions were identified that were not adapted to meet service/ex-servicewomen's needs as they often treated the Armed Forces as a homogenous group. The review also found that there may be a distinct need in the sector to measure, monitor and evaluate interventions

to ascertain whether the intervention improved experiences for service/ex-servicewomen.

Overall, we found that interventions that may support transition do not have to be specifically focused on transition itself to support this process. Our evidence found that in-service experiences laid the groundwork for transition. Therefore, in-service interventions could improve the outcomes of women transitioning into civilian life. Similarly, the wider post-service provision could support women's transitions without necessarily focusing on the transition period.

From the analysis of current interventions, a strategic roadmap for the sector was created to suggest where resources might best be targeted that could benefit ex-servicewomen and support transition. The strategic roadmap highlighted the following points:

1. Facilitating and convening organisational leads are needed in the sector (MoD, OVA, NHS, charitable sector etc) to join up within and between organisations directly and indirectly responsible for supporting ex-servicewomen's transition.
2. There is a need to focus on adaptation of current interventions to include service/ex-servicewomen's needs and not treat the Armed Forces as a homogenous group.
3. a) The sector should ascertain which interventions need evaluation b) What type of evaluation should be conducted (process/outcome etc) and c) Prioritisation of which interventions would benefit the most from evaluation.
4. Advise that evaluation is made central to interventions and organisations should identify internal or external budget/funding bodies interests that could commission or fund adaptations and evaluations of current interventions.
5. As the sector progresses in successful adaptations and evaluations of key interventions, organisations should then focus on effective reach of interventions where deliberate work is done to increase impact and uptake of successful interventions.



*Unsplash images: Credit - Hannah Olinger, 2018*

## **7. What are our conclusions?**

The SUSTAIN study is, to our knowledge, the first mixed-methods study to examine the transition experiences and outcomes of UK ex-servicewomen and identify barriers and facilitators to making a successful and sustainable transition into civilian life. This research has identified that whilst there are commonalities in barriers and facilitators of transition for both ex-servicemen and women, there are unique gendered experiences that impact ex-servicewomen in specific ways, and we have identified areas of inequality that ex-servicewomen have experienced in transition. SUSTAIN provides new evidence from women's perspectives that should be integrated into current models of military to civilian transition and ultimately may aid more successful transitions for all service personnel, regardless of gender. The findings have implications that may also aid inclusive cultures to improve the experiences of women and other minority groups in the Armed Forces.

As well as identifying negative elements of transition, we have identified 18 characteristics of positive transition. These, together with our

comprehensive list of recommendations, provide clear and actionable paths forward for policy and practice. These recommendations have been co-developed with ex-servicewomen, government organisations, service providers and the charitable sector to ensure they are feasible and practical.

## **8. What are our recommendations?**

Recommendations were informed by considering the totality of evidence collected during SUSTAIN and through meetings and workshops with individuals from the MoD, Single Services, Defence Medical Services (DMS), OVA, Armed Forces leads in the NHS, Veteran Commissioners from Scotland and Wales, Armed Forces charities and the SUSTAIN ex-servicewomen advisory group. Recommendations refer to eight different areas:

1. Cultures of inclusion in-service/post service
2. Preparing for transition
3. Family policies in-service
4. Health in-service and post-service
5. Problematic behaviours and sexual assault
6. Economic opportunities
7. Recognition of service and ex-servicewomen
8. Monitoring, measurement and evaluation

## 1. CULTURES OF INCLUSION IN-SERVICE/POST SERVICE

**1a) Recommendation:** MoD and tri-service branches to ensure 'Heads of Culture' leadership positions exist in all the single Services to have oversight working together to enact cultural change programmes. The Heads of Culture should have part of their specific remit to address issues of culture that affect servicewomen and should be responsible for new programmes and their evaluation, to encourage inclusion and target problematic cultures. Together these roles should review systems, policies and individual behaviours and join up action and share good practice across Defence.

### **Evidence of need from SUSTAIN:**

✔ Systematic Review; ✔ Stakeholders; ✔ Qualitative; ✔ Quantitative; ✔ Scoping of interventions

### **Who is the recommendation for?**

♦ MoD/Tri-service

### **Potential benefit**

- Ensuring specific leadership positions would create accountability and responsibility across Defence in terms of implementing and evaluating new programmes addressing cultures.
- Providing a mandate to join-up tri-service oversight and action would encourage sharing of good practice and align programmes.

**1b) Recommendation:** All organisations offering support to the Armed Forces community to review how accessible, appealing and tailored/adapted their service is for service/ex-servicewomen, with the aim to address exclusionary branding/publicisation, and assess cultures in their services to increase inclusion and uptake of support.

### **Evidence of need from SUSTAIN:**

✔ Systematic Review; ✔ Stakeholders; ✔ Qualitative; ✔ Scoping of interventions

### **Who is the recommendation for?**

♦ Armed Forces NHS provision and devolved nation equivalents; ♦ OVA; ♦ MoD/Tri-service;  
♦ Armed Forces Charities

### **Potential benefit**

- Adaptation and tailoring of interventions and support for ex-servicewomen would provide more effective services for women.
- Increase an environment of inclusion for service/ex-servicewomen and increase uptake of support services.

## 2. PREPARING FOR TRANSITION

**2a) Recommendation:** Introduce service personnel to the prospect of leaving as early as possible and provide more regular opportunities to prepare practically and psychosocially for life after service. The training/sessions throughout a career regarding transition should be adapted to address specific issues related to ex-servicewomen.

### **Evidence of need from SUSTAIN:**

✔ Stakeholders; ✔ Qualitative; ✔ Scoping of interventions

### **Who is the recommendation for?**

♦ MoD/Tri-service; ♦ OVA; ♦ Armed Forces Charities

### **Potential benefit**

- Currently initial resettlement information is provided, and an interview or briefing is mandatory for all personnel within three months of entering the final two years of full career service, or within one month of giving notice or on notification of discharge or as soon as possible thereafter. Hence the SUSTAIN report identified that resettlement preparation needs to be initiated earlier than this and could be a more regular process throughout a career where sessions and training are offered from joining.
- This may ease the transition burden by having in place resources both practical (childcare, assets, accommodation) and social (networks outside of the military).

**2b) Recommendation:** Measure psychosocial readiness to leave service and direct individuals who indicate more difficulties regarding transition to support that could include coaching, peer to peer support, mental health support, third sector programmes/services.

### **Evidence of need from SUSTAIN:**

✔ Stakeholders; ✔ Qualitative; ✔ Quantitative; ✔ Scoping of interventions

### **Who is the recommendation for?**

♦ MoD/Tri-service; ♦ OVA; ♦ Third sector

### **Potential benefit**

- Early intervention and planning.
- Addresses identifying emotional aspects of transition and directing to support.
- Transition measures exist (e.g. M-CARM and MT-Ready in Australia) that could be adapted for UK context.

## 2. PREPARING FOR TRANSITION

**2c) Recommendation:** Institute a more individualised approach to skills/career development in-service that is adapted to the career aspirations of servicewomen and provides qualifications and experience directly relevant to future civilian careers that servicewomen are interested in. Servicewomen should be engaged to shape the formulation of future offers.

### **Evidence of need from SUSTAIN:**

✔ Stakeholders; ✔ Qualitative; ✔ Quantitative; ✔ Scoping of interventions

### **Who is the recommendation for?**

♦ MoD/Tri-service (pan Defence Skills Framework role); ♦ OVA; ♦ Career Transition Partnership

### **Potential benefit**

- Preparing for transition throughout service.
- Develop and deepen types of qualifications and skills that might more directly be attuned to women's aspirations and needs.

**2d) Recommendation:** Transition support such as resettlement courses and careers advice be made available at the point of need rather than within the set timeline.

### **Evidence of need from SUSTAIN:**

✔ Stakeholders; ✔ Qualitative; ✔ Scoping of interventions

### **Who is the recommendation for?**

♦ MoD/Tri-service; ♦ OVA; ♦ Career Transition Partnership

### **Potential benefit**

- This will support women throughout their service career and beyond into civilian life making this support more flexible to fit with service and ex-servicewomen's needs taking account of breaks needed post children and those with medical needs post-service.

### 3. FAMILY POLICIES IN-SERVICE

**3a) Recommendation:** Review of all family policies in-service with the aim to align between service branches and improve uptake of entitlements and investigate how more support could be offered to retain women with families

– this should include attention to:

- Parental leave policies
- Childcare support
- Current support for dual serving and sole parents
- Other types of leave such carers leave, parental bereavement and bereavement leave.

**Evidence of need from SUSTAIN:**

✔ Systematic Review; ✔ Stakeholders; ✔ Qualitative; ✔ Quantitative; ✔ Scoping of interventions

**Who is the recommendation for?**

♦ MoD/Tri-service

**Potential benefit**

- Address barriers to uptake of provision in policies.
- Better retention of women (and men) in service.
- Better recruitment offers to potential recruits in a competitive labour market.
- Provide an inclusive environment for family's in-service.
- Increase operational effectiveness by supporting families (evidence indicates that service personnel have better health/wellbeing when family relationships are supported).

**3b) Recommendation:** Establish a joint board between MoD and external experts/Chair to review career progression post-parental leave (3 month or 6-month post return). This should be implemented for both women and men.

**Evidence of need from SUSTAIN:**

✔ Systematic Review; ✔ Stakeholders; ✔ Qualitative; ✔ Quantitative; ✔ Scoping of interventions

**Who is the recommendation for?**

♦ MoD/Tri-service

**Potential benefit**

- Information gathered from the review board can assess changing needs of serving members due to family obligations. This can also assist with identifying if there has been some bias against the returning family and what further family support is needed.

**3c) Recommendation:** Monitor and collate tri-service data on individuals' reasons for leaving service with specific attention given to servicewomen's areas of need identified in SUSTAIN including cultures, family, health, sexual assault and career concerns..

**Evidence of need from SUSTAIN:**

✔ Systematic Review; ✔ Stakeholders; ✔ Qualitative; ✔ Quantitative; ✔ Scoping of interventions

**Who is the recommendation for?**

♦ MoD/Tri-service

**Potential benefit**

- Whilst certain surveys exist that monitor service personnel's reasons for leaving service like the Armed Forces Continuous Attitudes Survey, these could be adapted to measure reasons for leaving that are specific to servicewomen.
- Be able to measure and monitor whether progress is being made in experiences in-service and retention of women and men.

## 4. HEALTH IN-SERVICE AND POST-SERVICE

**4a) Recommendation:** Continued assessment of equipment and environment, and assurance that it fits the physical needs of women. This should include instituting a reporting system where servicewomen can feedback to highlight areas of deficiencies. In addition, the review of uniform should be expanded beyond body armour to maternity uniform and smart uniform (for weddings, receiving awards).

### Evidence of need from SUSTAIN:

✔ Systematic Review; ✔ Stakeholders; ✔ Qualitative; ✔ Quantitative; ✔ Scoping of interventions

### Who is the recommendation for?

♦ MoD/Tri-service

### Potential benefit

- Ensure new uniform and equipment are fit for purpose.
- Provide an on-going system of feedback where new and changing needs of women can be highlighted and monitored.

**4b) Recommendation:** Further upskilling of medical professionals both in-service and through civilian GP training programmes about differences in ex-servicewomen's health needs compared to men to encourage early identification of health needs. For example, this should continue to specifically focus on:

- Reproductive and gynaecological healthcare
- Impact of periods, pregnancy, perimenopause and menopause
- (Prevention of) osteoarthritis
- Depression, anxiety, somatic symptom.

### Evidence of need from SUSTAIN:

✔ Systematic Review; ✔ Stakeholders; ✔ Qualitative; ✔ Quantitative; ✔ Scoping of interventions

### Who is the recommendation for?

♦ MoD/Tri-service; ♦ OVA; ♦ Armed Forces NHS provision and devolved nation equivalents;  
♦ Armed Forces Charities

### Potential benefit

- Better knowledge and skills in medical professionals to identify and treat key health needs in service/ex-servicewomen.
- Create better environment of inclusion.
- Prevent illness and injuries in women and/or early identification of need.

## 4. HEALTH IN-SERVICE AND POST-SERVICE

**4c) Recommendation:** Need to enhance expertise both in Defence Medical Services (DMS) and services such as Op RESTORE and Op COURAGE (or equivalent devolved NHS services) to have adequate medical expertise to provide for ex-servicewomen's specific healthcare needs.

### Evidence of need from SUSTAIN:

✔ Systematic Review; ✔ Stakeholders; ✔ Qualitative; ✔ Quantitative; ✔ Scoping of interventions

### Who is the recommendation for?

♦ Defence Medical Services; ♦ OVA; ♦ Armed Forces NHS provision and devolved nation equivalents of services such as Op RESTORE and Op COURAGE

### Potential benefit

- Better knowledge and skills in specific Armed Forces' healthcare provision to identify and treat key health needs in service/ex-servicewomen.
- Create better environment of inclusion.
- Earlier identification of need.

**4d) Recommendation:** Training for all DMS staff as to how to ask about sexual assault and how to support those who have experienced it. In addition, we advise a specific health code may be beneficial to identify sexual assault experienced in the military environment on medical records that could be utilised in aggregate form to report on prevalence (of those seeking help).

### Evidence of need from SUSTAIN:

✔ Systematic Review; ✔ Stakeholders; ✔ Qualitative; ✔ Quantitative; ✔ Scoping of interventions

### Who is the recommendation for?

♦ Defence Medical Services

### Potential benefit

- DMS would have a way to code on individuals' records when sexual assault had occurred in-service and provide vital information to improve healthcare for that individual.
- The confidentiality of medical records should be paramount and should be recorded with the individuals' consent; however, the MoD could aggregate this data (as is done with other exposures/outcomes) to have an aggregate way to measure those who had experienced sexual assault in the military environment and were seeking help. This may aid understanding of prevalence of this exposure (of those seeking help).

## 5. PROBLEMATIC BEHAVIOURS AND SEXUAL ASSAULT

**5a) Recommendation:** Support and extend tri-service education and awareness to address micro-aggressions/ sexist inappropriate banter and sexist behaviours to improve cultures of inclusion in-service.

### Evidence of need from SUSTAIN:

✔ Systematic Review; ✔ Stakeholders; ✔ Qualitative; ✔ Quantitative; ✔ Scoping of interventions

### Who is the recommendation for?

- MoD/Tri-service

### Potential benefit

- Consistent programmes across service branches to ensure a level of education and awareness.
- Address lower-level problematic cultures/behaviours.
- Begin a dialogue to talk about potentially problematic behaviours to bring service personnel and leaders along with the programme as the zero-tolerance policy may shut down open conversations.
- May be beneficial to learn from other organisations (such as the Ambulance service) currently tackling these negative sexist behaviours.

**5b) Recommendation:** Tri-service mandatory education for all personnel in leadership positions (including junior leadership positions) in-service to understand, identify and know how to address and report inappropriate behaviours of sexism, misogyny, sexual harassment and assault.

### Evidence of need from SUSTAIN:

✔ Systematic Review; ✔ Stakeholders; ✔ Qualitative; ✔ Quantitative; ✔ Scoping of interventions

### Who is the recommendation for?

♦ MoD/Tri-service

### Potential benefit

- Consistent training and programmes across service branches.
- Leaders upskilled in knowledge and processes regarding problematic behaviours.
- Leaders encouraged to role model inclusive cultures and trusted individual in units for ranks to report abuses.

**5c) Recommendation:** Improved process of reporting and prosecuting sexual assault in-service that is trauma-informed so that individuals are not re-traumatised.

### Evidence of need from SUSTAIN:

✔ Systematic Review; ✔ Qualitative; ✔ Quantitative; ✔ Scoping of interventions

### Who is the recommendation for?

♦ MoD/Tri-service

### Potential benefit

- Increase ability of service personnel to report sexual assault.
- Decrease trauma experienced by those reporting sexual assault.
- Upskill individuals in the reporting chain and legal system in how to reduce trauma and support victims effectively.

## 5. PROBLEMATIC BEHAVIOURS AND SEXUAL ASSAULT

**5d) Recommendation:** Consider an Armed Forces wide adverse event reporting system. The system can receive anonymous or identifiable reports of problematic behaviours (if people chose to be identified). This is different to a support helpline in that individuals can be anonymous, and it provides a reporting system of the time/place/unit of adverse events related to sexism, bullying, harassment, assault or ethical lapse. It can provide a heat map of areas of problems as well as offer signposting/support to those who want it.

### **Evidence of need from SUSTAIN:**

✔ Systematic Review; ✔ Stakeholders; ✔ Qualitative; ✔ Quantitative; ✔ Scoping of interventions

### **Who is the recommendation for?**

• MoD/Tri-service

### **Potential benefit**

- Measuring and monitoring of problematic behaviours so an evaluation can be made against new programmes to improve cultures.
- Provide a heat map identifying areas of problems.
- Can offer signposting/support to those who want it.

**5e) Recommendation:** Commission additional resources and expertise embedded with services such as Op COURAGE (and devolved nation equivalents) to provide mental health support for service and ex-service personnel who have experienced sexual harassment and assault – this should include services for both men and women, with provision for women only safe spaces.

### **Evidence of need from SUSTAIN:**

✔ Systematic Review; ✔ Stakeholders; ✔ Qualitative; ✔ Quantitative; ✔ Scoping of interventions

### **Who is the recommendation for?**

• OVA; • Armed Forces NHS provision and devolved nation equivalents; • Armed Forces Charities

### **Potential benefit**

- Upskilling of mental health support services and clinicians/staff to know how to provide effective care and treatments for those who have experienced sexual assault.
- Increase confidence of ex-servicewomen (and men) to access these services if they have experienced sexual assault.

## 6. ECONOMIC OPPORTUNITIES

**6a) Recommendation:** Extend and facilitate the offer of mentorship programs pairing new ex-servicewomen with other ex-service personnel and/or civilians.

**Evidence of need from SUSTAIN:**

✔ Systematic Review; ✔ Stakeholders; ✔ Qualitative; ✔ Quantitative; ✔ Scoping of interventions

**Who is the recommendation for?**

• Career Transition Partnership; • OVA; • Armed Forces Charities

**Potential benefit**

- Connecting ex-servicewomen with ex-service personnel who can help aid employment transition issues and provide practical and social support.
- Connecting ex-servicewomen with civilians will also allow for broader integration as well as employment mentoring.
- Ex-servicewoman will feel more supported with better knowledge inform their career decisions.

**6b) Recommendation:** Develop new relationships with employers and career routes that are of interest to ex-servicewomen (i.e. not necessarily corporate options). Provide a wider range of workshops and career support at the point of need suited to ex-servicewomen's aspirations, particularly for those who may have had pregnancies or medical discharge.

**Evidence of need from SUSTAIN:**

✔ Qualitative; ✔ Quantitative; ✔ Scoping of interventions

**Who is the recommendation for?**

• Career Transition Partnership; • OVA; • Armed Forces Charities

**Potential benefit**

- New relationships may increase employment and career options that are appropriate for women.
- Specific and longer-term support that recognises impact of pregnancies/families and illness/injury.

**6c) Recommendation:** Job retraining programs, matched to civilian environments that require additional labour and skills (social work, allied health, education, civil service) to take account of the skills and experience of ex-servicewomen.

**Evidence of need from SUSTAIN:**

✔ Qualitative; ✔ Quantitative; ✔ Scoping of interventions

**Who is the recommendation for?**

• Career Transition Partnership; • OVA; • Armed Forces Charities

**Potential benefit**

- Provide job training that would directly help with certain career paths in the public sector.
- Provide individuals with the skills to be able to benefit from certain career pathways such as 'Great Place to Work for Veterans Scheme' in the civil service for example.

## 7. RECOGNITION OF SERVICE AND EX-SERVICEWOMEN

**7a) Recommendation:** Improve visual representation of women in military marketing and communications.

**Evidence of need from SUSTAIN:**

✔ Systematic Review; ✔ Stakeholders; ✔ Qualitative; ✔ Scoping of interventions

**Who is the recommendation for?**

♦ MoD/Tri-service; ♦ OVA; ♦ Armed Forces NHS provision and devolved nation equivalents; ♦ Career Transition Partnership; ♦ Armed Forces Charities

**Potential benefit**

- Increase inclusion and representation.

**7b) Recommendation:** Increase visibility of women in senior leadership positions in-service.

**Evidence of need from SUSTAIN:**

✔ Systematic Review; ✔ Stakeholders; ✔ Qualitative; ✔ Quantitative; ✔ Scoping of interventions

**Who is the recommendation for?**

♦ MoD/Tri-service

**Potential benefit**

- Increase inclusion and representation.

**7c) Recommendation:** Better represent and include service and ex-servicewomen in celebration and education days such as Remembrance, 'Armed Forces Day' and 'Reserves Day'. Specific attention should be given to represent the historical contributions of women to the Armed Forces and recognise achievements of those currently serving/who have served.

**Evidence of need from SUSTAIN:**

✔ Systematic Review; ✔ Stakeholders; ✔ Qualitative; ✔ Quantitative; ✔ Scoping of interventions

**Who is the recommendation for?**

♦ MoD/Tri-service; ♦ OVA; ♦ Armed Forces Charities

**Potential benefit**

- Increase inclusion and representation.

## 8. MONITORING, MEASUREMENT AND EVALUATION

**8a) Recommendation:** Need for MoD/OVA to assess what mandatory reporting indicators may be necessary to provide evidence on progress with regards to supporting service and ex-servicewomen in-service, through transition and into civilian life. These could include retention/recruitment targets (noted these are already collected), promotion data, sense of belonging/inclusion indicator, bullying/harassment experiences, healthcare needs, support post pregnancy, women's reasons for leaving service etc.

### **Evidence of need from SUSTAIN:**

- ✔ Scoping of interventions

### **Who is the recommendation for?**

- ♦ MoD/Tri-service; ♦ OVA

### **Potential benefit**

- Key indicators collected over time would provide evidence with which to monitor progress or areas that may need more development.
- The process should be jointly owned by MoD and OVA to ensure that the life cycle of service to civilian life is captured and issues affecting transition are targeted, specifically focusing on prevention in-service of negative outcomes.

**8b) Recommendation:** Need for all organisations providing interventions that support service/ex-servicewomen to assess interventions that could benefit from adaptation for women's needs or evaluation. This would provide evidence of progress in supporting service/ex-servicewomen through the life cycle of service, transition and civilian life.

### **Evidence of need from SUSTAIN:**

- ✔ Scoping of interventions

### **Who is the recommendation for?**

- ♦ MoD/Tri-service; ♦ OVA; ♦ Armed Forces NHS provision and devolved nation equivalents; ♦ Career Transition Partnership; ♦ Armed Forces Charities

### **Potential benefit**

- Prioritising interventions that would benefit from adaptation and/or evaluation would use resources wisely and provide vital evidence on progress and efficacy of interventions supporting service and ex-servicewomen.



# Report

## Chapter One

# Why is this research important?

Leaving the military and readjusting to civilian life can be a challenging process for some ex-service personnel where individuals may face various levels and types of difficulty as they navigate the transition from the Armed Forces to civilian life (1, 2). Research has shown that a problematic transition from military to civilian life is associated with various negative consequences. These include financial instability, housing insecurity, strained family relationships, compromised physical and mental wellbeing, and an overall decrease in quality of life (1). However, most of the current research in this area has predominately focused on the experiences of ex-servicemen.

Notwithstanding the many positive and beneficial experiences reported by ex-servicewomen with regards to their military careers, of the research that does exist regarding ex-servicewomen it suggests that ex-servicewomen may experience worse physical and mental health compared to women who have never served (3). Furthermore, compared to ex-servicemen, ex-servicewomen are less likely to be employed and more likely to be economically inactive despite wanting to be in employment (4). The lack of evidence into the specific barriers faced by ex-servicewomen transitioning to civilian life and the

facilitators for a successful transition, prevents the development of effective interventions and policies to improve the outcomes for women leaving service (5). The dearth of research also leaves support services ill-equipped to effectively advertise or tailor their services to those ex-servicewomen who need to utilise these services, putting them at a potential disadvantage to their ex-servicemen peers.

Despite over 1000 servicewomen leaving the military every year (6), there remains a gap in our understanding of the potential barriers to a successful transition to civilian life for ex-servicewomen. Equally the number of women joining the Armed Forces has risen over the last decade and is projected to continue (7), and thus, understanding the transition experiences and outcomes of ex-servicewomen is increasingly important.

In 2022, Forces in Mind Trust (FiMT) commissioned the King's Centre for Military Health Research (KCMHR) to address this gap and undertake research into the barriers and facilitators to successfully transitioning to civilian life for ex-servicewomen in the United Kingdom (UK). This project is called SUSTAIN and took place over 2022-2024.

## **SUSTAIN study**

In this report, we present the SUSTAIN project which comprised of five work packages (WPs). The first WPs represent a three-pronged approach we adopted through a systematic review, qualitative research and quantitative analysis. The final two WPs (4-5) brought the findings of WP 1-3 together to ultimately provide recommendations for policy and practice. To address the lack of research in this area, the aims of our research were extensive as we sought to:

- Summarise the current service provision for ex-servicewomen (WP1).
- Explore current views on successful and sustainable transition, including barriers and facilitators (WP1).
- Identify elements of successful and sustainable transition, including barriers and facilitators (WP2).
- Track key transition outcomes comparing ex-servicewomen to ex-servicemen and civilian women and identify unique advantages/disadvantages (WP3).
- Develop characteristics of positive and negative transition experiences (WP4).
- Explore practical interventions and opportunities to support a successful and sustainable transition (WP5).
- Utilise all findings to inform recommendations for best policy and practice to support a successful and sustainable transition for ex-servicewomen.

In the following sections, we explain the approach and methods used to deliver on these aims. We present findings from individual WP 1-3 to show:

1. The current UK provision of veteran services specific to women or those who have a component tailored towards ex-servicewomen (including but not limited to healthcare, housing, finance).
2. What does 'successful and sustainable transition' mean to ex-servicewomen, and any barriers and facilitators ex-servicewomen may face when making the transition into civilian life.
3. Key differences in socioeconomic and health outcomes between ex-servicewomen and their male counterparts as well as civilian women in the general population.
4. Finally, in WP4-5, we bring together the core findings from SUSTAIN, their implications and set out our key recommendations for improving services and support for ex-servicewomen to enable them to have a successful transition.

## **Our research approach**

We invited an ex-servicewoman, Vicky Langston, to partner with the research team as a co-investigator. Vicky helped us to critically evaluate our ideas and supported us to interpret the findings found across the work packages. In addition, Vicky chaired the SUSTAIN ex-servicewomen advisory group. This group was set up specifically for this project and comprised of five (in addition to Vicky) women who had previously served in the UK Armed Forces. Through online meetings and email, the group helped formulate the recruitment materials and interview guides. They also helped the research team to interpret the findings and suggested further avenues of investigation and recommendations for policy and practice.

As the SUSTAIN team conducted the research and discussed experiences with the ex-servicewomen advisory group, we collaboratively agreed on the research approach the SUSTAIN team should take. This approach was chosen to best serve, include and represent the experiences of service and ex-servicewomen, which is detailed below.

1. We respect the value of women's stories, evidence and data regarding barriers and facilitators of successful transition in and of itself.
2. We understand the benefit of comparison of women's experiences to other groups such as service/ex-servicemen and civilian women - however noting that similar experiences may be experienced in qualitatively different ways or may need different solutions.
3. We understand that as social researchers, investigating barriers to transition may necessarily focus on negative experiences, but this approach also provides positive insight as to how to prevent poor outcomes or better support those who experience difficulties.
4. We also want to utilise positive experiences to understand facilitators of successful transition.

## Terminology

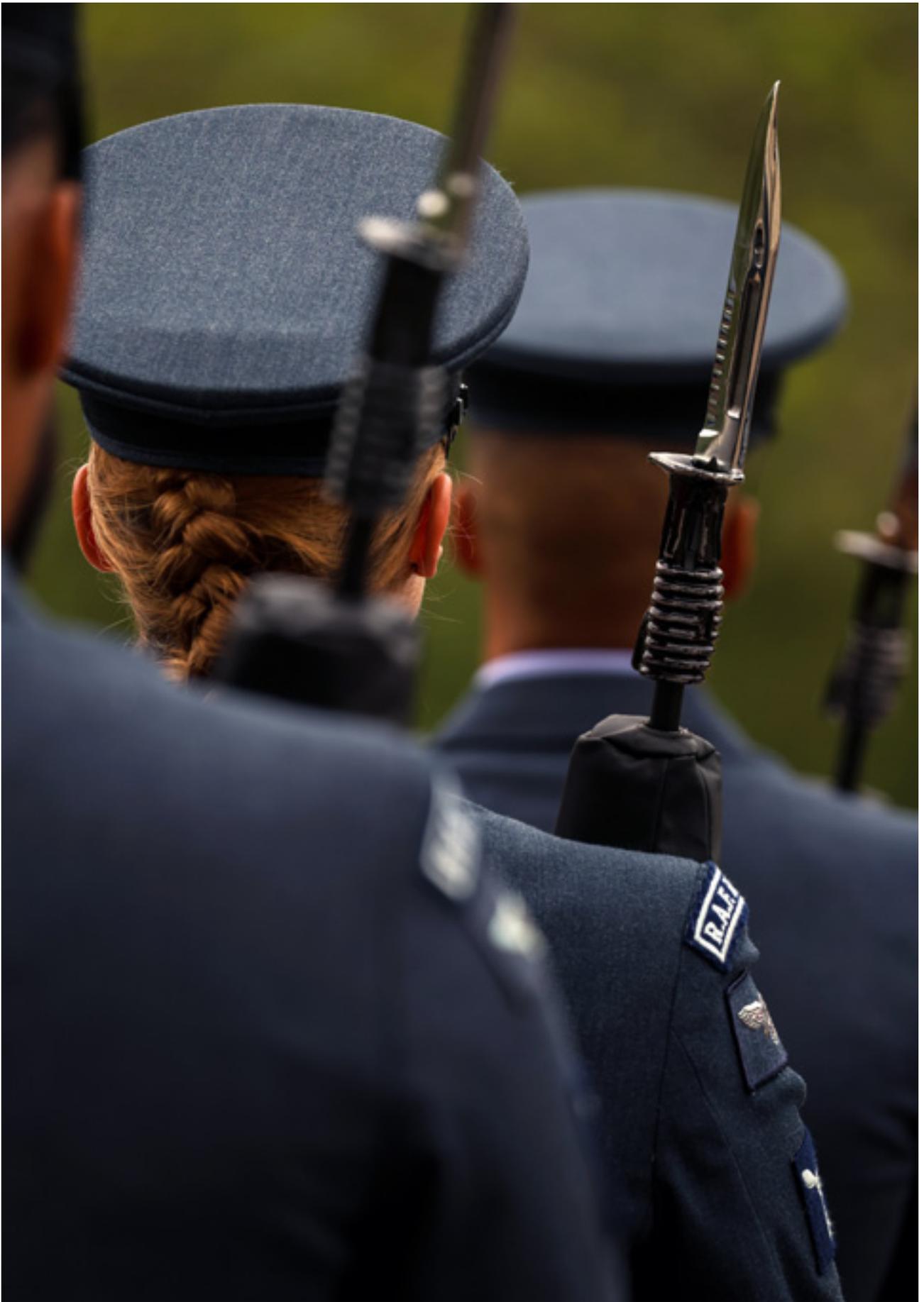
Before we present our research, it is important to outline the terminology used within this report. A key finding from SUSTAIN is that many women may not associate with the term 'veteran'. We therefore choose to use the term ex-service personnel/ex-servicewomen/men to refer to any individual who served for at least 1 day in His Majesty's Armed Forces (Regular or Reserve) as defined by the Ministry of Defence (MoD) (8). However, the term veteran is used when referencing specific veteran support services as this is often the language used by those services. When discussing the distinct experiences of women who served in the Armed Forces, we have opted to use the term service/ex-servicewomen.

### Ex-service personnel

Any individual who has served for at least 1 day in His Majesty's Armed Forces (Regular or Reserve).

### Female ex-service personnel or ex-servicewomen?

As our work is primarily concerned with differences of gender, e.g. the social constructions, norms and values which qualitatively shape the differences in experiences, we use ex-servicewomen throughout this report.



*Defence Imagery: Photographer - AS1 Iain Curlett, 2023*

## Chapter Two

# Overview of study methods

This project comprised of five different work packages each employing different methodologies (see Table 1 for an overview). For a full description of all study methods please see Appendix 1.

**Table 1: Overview of SUSTAIN work packages, corresponding research aims and components**

### Work Package 1 - Scoping reviews

- ♦ Explore current views on successful and sustainable transition, including barriers and facilitators.
- ♦ Summarise the current service provision for ex-servicewomen.
  - a. Systematic review** of existing literature around ex-servicewomen's transition to civilian life
  - b. Scoping review** of existing UK support services for ex-servicewomen
  - c. Focus groups and interviews** with key stakeholders providing support services for ex-service personnel (Framework Analysis)

### Work Package 2 - Qualitative interviews

- ♦ Identify elements of successful and sustainable transition, including barriers and facilitators.
  - a. In-depth interviews** with 31 ex-servicewomen (Reflexive Thematic Analysis)

### Work Package 3 - Quantitative analysis

- ♦ Track key transition outcomes and identify unique advantages/disadvantages.
  - a. Quantitative comparison** of health and socioeconomic outcomes in KCMHR cohort and Biobank between ex-servicewomen and ex-servicemen
  - b. Quantitative comparison** of outcomes between ex-servicewomen with civilian women using Biobank, KCMHR Cohort and Annual Population Survey (APS) datasets(Descriptive statistics, Chi-Squared tests (Chi<sup>2</sup>), and logistic regression analyses)

#### Work Package 4 - Triangulation

- ♦ Develop characteristics of positive and negative transition experiences to inform recommendations for best practice to support a successful and sustainable transition.
  - g. Synthesise information** from WP1-3 to identify key needs for ex-servicewomen
  - h. Work with stakeholders** to develop achievable steps forward

#### Work Package 5 - Strategic roadmap

- ♦ Exploration of interventions and opportunities to support successful and sustainable transition.
  - a. Engagement** with multiple stakeholder groups
  - b. Scoping review** of existing interventions
  - c. Strategic overview** at all intervention levels/identification of gaps and opportunities

#### Ethics

- ♦ Ethical approval was granted by the King's College London Research Ethics committee and covered the interviews with ex-servicewomen and stakeholders (Reference: HR/DP-22/23-33303).
- ♦ Analyses conducted using the KCMHR cohort dataset were covered by ethical approval by the UK Ministry of Defence Research Ethics Committee (Ref: 2061/MODREC/21).
- ♦ Analyses using the UK Biobank Resource were conducted under Application Number: 213421.

## Chapter Three

# Review of literature and support services

This chapter details WP1 which was comprised of three parts: a systematic literature review (part A), a scoping review of services (part B) and discussions with stakeholders (part C).

### Study aims

- To better understand what is currently known in Five Eye countries (Australia, Canada, New Zealand, UK and United States (US)) about the qualitative experiences of military to civilian transition among ex-service personnel and examine the impact of gender on this transition (Part A and C).
- To produce an overview of charitable and statutory services which provide support (e.g. mental health, employment, housing support, financial support) exclusively for ex-servicewomen or services which have a tailored component designed for ex-servicewomen (Part B and C).

### Systematic literature review (WP 1 - Part A)

#### Results

##### Literature overview

- A total of 19 qualitative studies were found, published between 2013 and 2024 (with 11 studies published since 2020) (1, 6, 9-25).

- 14 studies were from the US, two studies from the UK, one study was a joint study from the UK and Israel, one study from Canada, and one study from Australia.
- Total participants: n=502 ex-service personnel (over half women).
- A total of eight studies included only ex-servicewomen.

##### Participant demographics

- Service duration: 22 to 30 years.
- Age range: 22 to 71 years old.
- Ex-service personnel came from a wide range of backgrounds and represented most ranks, service branches, and occupational specialties.
- Most ex-service personnel, including ex-servicewomen, had deployed at least once.

We identified 11 overarching themes from the qualitative data spanning in-service and post-service military experiences. These themes provide insight into the unique challenges and experiences of ex-servicewomen throughout their military careers and transition to civilian life. The following table (Table 2) presents these themes in brief.

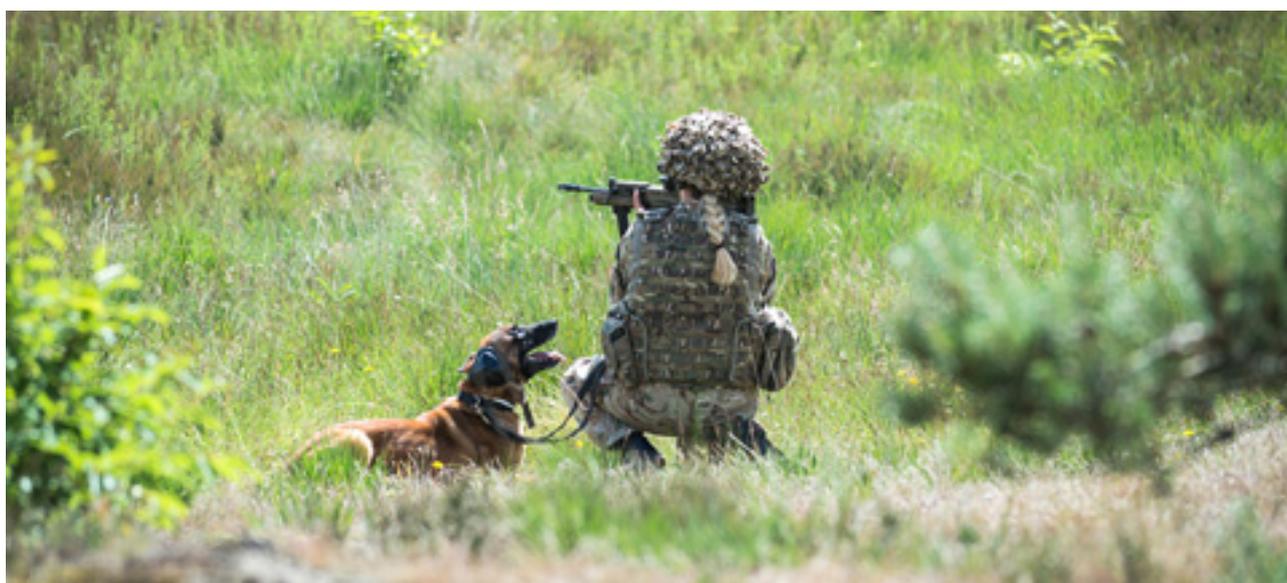
**Table 2 : Overarching themes identified in the systematic review**

In-service military experiences	Post-service experiences
Establishing a military identity	Loss of military identity
Adoption of military norms	Military-civilian divide
Feminine at odds with masculine ideal	Loss of purpose
Gender discrimination and misogyny	Civilian feminine norms at odds with military norms
Lack of equipment and support services	Female veteran identity
Military sexual harassment and sexual assault (MST)	

**In-service military experiences**

In-service military experiences played a prominent role in shaping the transition for ex-servicewomen. The personal narratives of these women found a strong connection between their in-service military experience and the challenges they faced after military service. Women who reported positive experiences were better equipped to navigate the inherent stresses

of the transition process. Women who had negative experiences while serving were more likely to encounter significant hurdles during their transition. These challenges manifested in various forms, such as difficulties in reintegrating into the workforce, physical and mental health struggles, and stressors related to caring responsibilities.



*Defence Imagery: Photographer - Dominic King, 2016*

Key themes relating to in-service military experience are detailed in Table 3. All quotes originate from ex-servicewomen in the original

literature identified with paper references cited in brackets after quotes.

**Table 3: In-service military experiences - systematic review key themes**

Themes	Findings
<b>Establishing a military identity'</b>	<ul style="list-style-type: none"> <li>♦ Newly enlisted serving personnel underwent an intensive training and indoctrination. Many individuals experienced a “culture shock” as they adjusted to the military environment.</li> <li>♦ Military identity forms as individuals adopted specific traits such as: physical and emotional toughness, dominance, bravery, competence, service to fellow soldiers, loyalty, and technical expertise.</li> </ul>
<p><i>“I had to [enlist], duty and self-sacrifice and all that, I don’t know how to describe it, I couldn’t explain it, I’d have done it for free.” (Mankowski et al., 2015) pg.319 (20)</i></p>	
<b>Adoption of military norms</b>	<ul style="list-style-type: none"> <li>♦ Emotionally and physically intensive training reinforced military norms.</li> <li>♦ Womanhood and femininity were seen as weak and subordinate.</li> </ul>
<p><i>“being yelled at,” “harassed,” “Culture shock... very mentally tough ... there’s always someone telling you you’re horrible, you’re a magot.” (enlisted) (Burkhart &amp; Hogan, 2015) pg.115 (12)</i></p>	
<b>Feminine at odds with masculine ideal</b>	<ul style="list-style-type: none"> <li>♦ Prized hegemonic military masculine ideals described above in the ‘Military identity’ and the ‘Military norms’ themes meant servicewomen adopted strategies to assimilate, such as reducing outward feminine mannerisms, adjusting speech, and being permissive of or participating in banter.</li> <li>♦ Despite efforts to integrate, persistent barriers to full group membership remained for many servicewomen.</li> </ul>
<p><i>“In the military, guys can be crude, and I’d tell them [male soldiers] - say whatever you want just like if I was a male-, and I would try to fit in [by] being like a guy as much as I could just for that reason; because if you can play well, you can work well.” (Demers, 2013) pg. 499 (14)</i></p>	
<b>Gender discrimination and misogyny</b>	<ul style="list-style-type: none"> <li>♦ Servicewomen reported they had to work harder than their male counterparts to be seen as equal in performance. Mistakes by servicewomen were seen as proof of inadequacy.</li> <li>♦ Servicewomen experienced constrained career progression by being assigned menial tasks and withholding of critical information required to execute work.</li> <li>♦ Servicewomen reported being side-lined after family leave, or when demands as a parent conflicted with the needs of the military.</li> </ul>
<p><i>“Yeah, the rucksack that we had to wear and that sort of thing cause it never ever fit masculine ideal and male norm right. ... my back problem is because of that.” (Eichler, 2022) pg. 40 (15)</i></p>	

Themes	Findings
<b>Gender inequality: Lack of equipment and support services</b>	<ul style="list-style-type: none"> <li>♦ General lack of physical preparedness for servicewomen, such as inadequate or ill-fitting equipment, often resulting in (stress) injury.</li> <li>♦ General lack of health and service infrastructure and medical expertise to manage genitourinary conditions and reproductive health needs specific to servicewomen.</li> </ul>
<p><i>“The females have to try harder to be better and stronger and faster than the males just to be considered even equal.”</i> (Daphna-Tekoah et al., 2021) pg. 6 (13)</p>	
<b>Military sexual harassment and sexual assault</b>	<ul style="list-style-type: none"> <li>♦ Sexual objectification and harassment were pervasive in-service. Servicewomen also experienced sexual assault with minimal recourse. Increases in harassment and assault were reported during deployment.</li> <li>♦ Discrimination, harassment, and sexual assault varied based on deployment history, service branch, rank, employment, and ethnicity. Women in lower ranks, those in combat positions, and women of colour reported higher levels of discrimination, harassment, and assault.</li> <li>♦ The prolonged negative effect of MST affected ex-servicewomen’s personal, social, and professional spheres with negative consequences for their mental and physical health.</li> </ul>
<p><i>“I mean, Iraq—you expect people to shoot at you, you expect people to die, you expect people to be killed. You don’t expect your fellow soldiers to turn on you.”</i> (Ahern et al., 2015) pg. 5 (1)</p>	

### Post-service transition experiences

After leaving the Armed Forces, all ex-service personnel, both men and women, experienced a loss of military identity, a reduced sense of meaning and purpose, and social isolation. For ex-servicewomen, gender continued to cause conflict and difficulty post-transition. Many of the adjustments made by ex-servicewomen while

in-service to assimilate and belong to the military community were not suited to their civilian environment. Key themes which emerged post-service are detailed in Table 4 (overleaf). All quotes originate from ex-servicewomen in the original literature identified with paper references cited in brackets after quotes.

**Table 4: Post-service experiences - systematic review key themes**

Themes	Findings
<b>Loss of a military identity</b>	<ul style="list-style-type: none"> <li>Ex-service personnel experienced identity loss or sense of bereavement at losing their military identity.</li> </ul>
<p><i>“The military is not just a profession, it’s a way of life... the way that you act, even the morals that you’re bound by are from a certain code.... you can’t fully transition... You might physically be there, but your heart doesn’t transition.” (Raabe et al., 2024) pg. 52 (23)</i></p>	
<b>Military-civilian divide</b>	<p>Social</p> <ul style="list-style-type: none"> <li>Ex-service personnel felt unable to be themselves around civilians due to differences in dress, mannerisms, humour, and language.</li> <li>Ex-service personnel felt challenges in building meaningful relationships with civilians.</li> </ul> <p>Workplace</p> <ul style="list-style-type: none"> <li>Ex-service personnel felt skills were underutilised and underappreciated. They were frustrated by the unstructured nature of work, lack of clear policies, and their perceived lack of accountability, discipline, and motivation among civilian colleagues.</li> <li>Ex-service personnel found civilian employment mundane and slow-paced, even in fields with military equivalents, such as healthcare.</li> </ul>
<p><i>“Reintegration to civilian life is an exceptional challenge. The veteran has made an investment to one job and is now beginning an entirely new sector. The civilian sector has new rules, new requirements, and even and a new ‘uniform’.” (Sayer et al., 2021) pg. 401 (25)</i></p>	
<b>Loss of purpose</b>	<ul style="list-style-type: none"> <li>Ex-service personnel experienced a lack of purpose and meaning in civilian life and in their new employment.</li> </ul>
<p><i>“I miss the sense of purpose. I miss the sense of worth. Yes, everyone became and left different than what we were when we arrived. But yes, we made a difference. There is no resuming civilian life after that.” (Orazem et al., 2017) pg. 8 (22)</i></p>	
<b>Civilian feminine norms at odds with military norms</b>	<ul style="list-style-type: none"> <li>For ex-servicewomen, adaptations made to fit in the military were less well-suited in civilian roles with ex-servicewomen often perceived as aggressive or domineering.</li> </ul>
<p><i>“As a female in the military, ex-military, and the VA [Veterans Affairs] world, women need to be advocates for women. Because there’s all these services but most all of them are all geared around men, not that they are gender labelled, but it’s just known that most men, that men are in the military.” (Lafferty et al., 2022) pg. 5 (6)</i></p>	

Themes	Findings
<b>Female veteran identity</b>	<ul style="list-style-type: none"> <li>♦ Ex-servicewomen reported the tension between their multiple identities as warriors, spouses, and mothers.</li> <li>♦ Ex-servicewomen experienced a lack of recognition or minimisation of their military service by both civilians and ex-military.</li> </ul>
<p><i>“Well first it would be like people not understanding why a woman in the first place would want to go in the military so there’s an assumption that there must be something wrong with me, right? [...] And then the, again, the Rambo factor, so, oh, you know, she would have been in command and control, and she would have, so she reacted that way and that’s why she’s psycho, she’s so aggressive, ex-military [...] I don’t think I’m not feminine, I just think that I was a little bit more kind of assertive in how sort of I handled myself.” (Eichler, 2022) pg. 40 (15)</i></p>	

### Key Highlights

- ♦ Most studies identified from Five Eye countries were from the US. In terms of evidence from the UK there is limited data. Hence whilst the review is useful to indicate broad themes, UK ex-servicewomen’s experiences may differ due to differences in socio-demographics of UK Armed Forces, healthcare provision and voluntary sector support. Hence further UK research is needed to ascertain UK ex-servicewomen’s experiences.
- ♦ In-service experiences significantly impacted transition for both men and women. In addition, ex-servicewomen faced unique challenges including gender discrimination, sexual harassment and assault, lack of proper equipment/support, and barriers to career advancement.
- ♦ The impacts of military sexual harassment and assault can have long-lasting effects on ex-servicewomen transition and civilian life.
- ♦ Post-service, all ex-service personnel struggled with the loss of identity and purpose, but ex-servicewomen faced additional challenges in reconciling their military identity with civilian expectations of femininity.
- ♦ Ex-servicewomen often lacked adequate health services (including reproductive and general health) and recognition of their physical injuries, both within military and civilian healthcare systems.
- ♦ Ex-servicewomen often faced a lack of recognition and undervaluation of their military service in both civilian and military contexts.
- ♦ Ex-servicewomen reported leaving the Armed Forces earlier than desired due to a combination of factors including family demands, lack of accommodation for women’s needs, challenges in dual-service households, and experiences of discrimination, harassment, and assault.

## Review of support services targeted at ex-servicewomen (WP1 – Part B)

Extensive work has previously mapped the UK support services (e.g. housing advice, specialist mental healthcare) in both the statutory and charitable sectors which are available to ex-service personnel. For example, the The Map of Need Aggregated ResearCH (MONARCH) study has mapped out health, social care and welfare services in the UK for the Armed Forces community, identifying geographical needs and service utilisation (26); the Directory of Social Change have produced yearly Armed Forces Charity Sector Insights which detail types of charities, support services and beneficiary groups supported (27). Additionally there are resources such as the Veterans' Gateway (28), which signpost ex-service personnel to the most relevant service based on their need and regional location. To the best of our knowledge, however, no review (at the time of writing) has examined which services are available to ex-servicewomen specifically. We therefore conducted a review of services (review conducted October 2022 and updated June 2024).

### Results

In total, 12 organisations were identified that provided a range of services specifically to support ex-servicewomen. They are displayed in Table 5, organised by type of support.

Of the 12 organisations identified, four were open to ex-servicewomen exclusively, six supported all ex-service personnel but had a programme tailored to ex-servicewomen and two were charitable services open to the general public but had a programme tailored to ex-servicewomen.

Most services identified provided programmes or initiatives which fostered communities amongst ex-servicewomen, arguably important given the sub-theme 'conflicting community placement' identified in the stakeholder discussions (WP1, Part C). However, there were no services

identified which provided specific support to ex-servicewomen for their physical health or in the criminal justice sector. This is a pertinent gap as stakeholders (WP1, Part C) and ex-servicewomen themselves (Chapter 4) felt that women's health was poorly understood and sometimes neglected both in-service and in the civilian health system. Women make up only 4% of the prison population (29) and even fewer will have served, therefore it is not surprising that there are no specific services for ex-servicewomen in the criminal justice system. However, there is still merit in veteran-specific criminal justice services such as Op NOVA (a dedicated support pathway connecting ex-service personnel in touch with the justice system to support (30)) being aware of these findings and the needs of ex-servicewomen.

Of the four services exclusive to women, two are historical associations which were formed when women in the military formed a separate corps including The Women's Royal Naval Service Association and The Women's Royal Army Corps Association. Both of these associations now welcome women from the 'modern' British military. The two other services which were exclusively for ex-servicewomen do not reflect the history of gendered separation of the Armed Forces. Salute Her UK, offers mental health support including 1:1 therapy to ex-servicewomen. It adopts a trauma-focused approach and has particular services for MST. The Holistic Resettlement Company offers a community for support and guidance when navigating the resettlement journey.

The remaining services which are open to all but have specific programmes or services for ex-servicewomen mainly offered support groups where women could build community networks with other ex-servicewomen and utilise peer support. One service of note, the Forces Employment Charity, had a specific programme for ex-servicewomen which had been adapted to cater for gendered differences they had perceived, such as women needing more support building their



*iStock: Credit - Jovo Jovanovic, 2022*

confidence when they transitioned from service.

In the stakeholder discussions (WP1, Part C), stakeholders were asked for their views on services for ex-servicewomen and whether there was a need to make these women only. The general consensus was that a better approach would be to educate existing services about the needs of women and to have tailored programmes within a veteran service. However, they noted that MST was the exception where a women-only service could be beneficial to create psychologically safe spaces. This view broadly reflects the findings of our service review and the current landscape of service provision.

Evaluations of the different approaches or the specific programmes is beyond the scope of this review but interventions for ex-servicewomen at a community level is explored further in WP5.

We understand that this scoping review might not be an exhaustive list, and we may not have

identified all services that meet the criteria in our search. However, it is worth noting that if services were not identified through an exhaustive search, input from the SUSTAIN ex-servicewomen advisory group and stakeholder collaboration, it is unlikely that ex-service personnel themselves would be able to find them. Any newer or smaller services not identified should aim to increase their presence and searchability as much as possible.

This review focused on registered charitable and statutory services, but we also recognise that there are often small local groups or online groups such as Facebook or LinkedIn groups/communities which were not captured wholly in the review. This is because Facebook groups in particular are difficult to capture as they are often closed, promoted by word of mouth and only accessible to ex-service personnel. However, we recognise the role these groups play in creating social networks between ex-



*iStock: Credit - DMP, 2019*

service personnel and providing peer support.

Although we focused on registered charities, one Facebook group was captured in the review (The Holistic Resettlement Company) as we were approached directly by this group, and they participated in the stakeholder discussions

(WP1, Part C). They are also developing beyond a Facebook group and beginning to run retreats for ex-servicewomen. Therefore, we deemed it appropriate that they were represented in the results, however accepting that other online groups were not captured in this review.

**Table 5: List of support services identified in the review, organised by type of support provided**

Support services provided						
Housing	Finance	Employment	Physical health	Mental health	Criminal justice	Community
						
						
						
						
						
						
						
						
						

*Note. Please note that services such as outdoor pursuits may have benefits for physical and mental wellbeing, but for the purpose of this report, services were only defined as providing support with 'mental wellbeing' if they provided treatment such as cognitive behaviour therapy or counselling.*

### Key Highlights

- 12 services highlighted that were exclusively for ex-servicewomen or offered a programme/intervention that tailored to the needs of ex-servicewomen.
- Services covered a range of support needs including housing, mental health, community, employment and finance.
- There were no services identified that offered specialised care for physical health or support through the criminal justice system.

onwards) can offer valuable insight. In contrast to lived experience interviews, which discuss one individual's experience, stakeholders can reflect on the various ex-servicewomen that have received support via their services. This helps to identify patterns and commonalities, which can help build a picture of what a successful transition for ex-servicewomen may look like. The lived experience perspective is still an essential part of this picture and interviews with ex-servicewomen were also conducted, as detailed in Chapter 4.

### Results

In total, 28 individuals from 23 different organisations (Table 6, opposite) participated in either an interview or roundtable discussion. Half of the stakeholders (n=14) disclosed that they had served or were currently serving in the UK Armed Forces. Twenty-three women and five men took part.

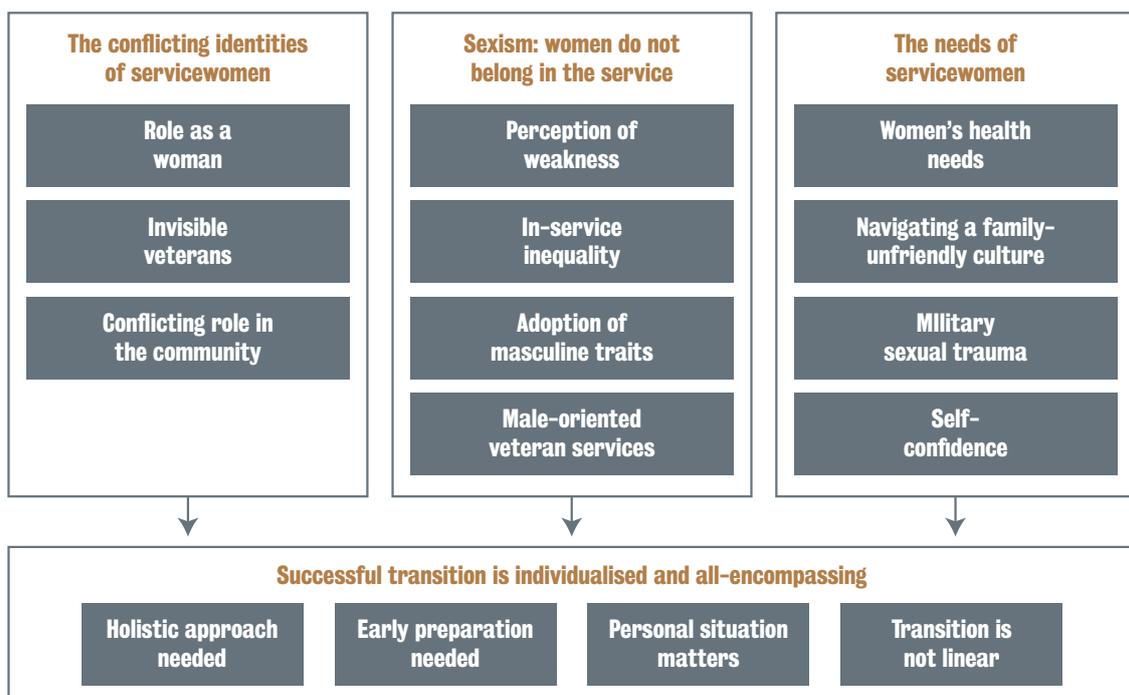
## Stakeholder discussions about the experiences and needs of ex-servicewomen and the current service provision (WP1 - Part C)

Service providers and those who work in relevant policy areas (called stakeholders from this point

### Interview Themes

Four overarching themes were identified (Figure 1): 'The conflicting identities of servicewomen',

Figure 1: Summary of themes and sub-themes derived from stakeholder discussions



‘Sexism: women do not belong in service’, ‘The needs of servicewomen’ and ‘Successful transition is individualised and all-encompassing’. The first three themes outline common challenges faced by ex-servicewomen and their support needs. The final theme details what stakeholders deemed

what a successful transition might look like and the individual nature of this.

Table 7 (overleaf) presents all themes and sub-themes with further details. Some sub-themes are presented with supporting quotes.

**Table 6: List of organisations involved in stakeholder discussions**

Organisation	Interview format
The Confederation of Service Charities (Cobseo)	
Female Veterans’ Cluster	Individual Interview
Forces Employment Charity: Military Women Programme	Individual Interview
RAF Association	Individual Interview
Op COURAGE (London)	Individual Interview
Help for Heroes	Individual Interview + Stakeholder Roundtable
Military Wives Choir	Individual Interview
Combat Stress	Individual Interview
Defence Gardens (Northern Ireland)	Individual Interview
Hull4Heroes	Stakeholder Roundtable
Forces in Mind Trust	Stakeholder Roundtable
Veterans’ Outdoors	Stakeholder Roundtable
Scottish Veterans Commission	Stakeholder Roundtable
Scottish Veterans Residences	Stakeholder Roundtable
Royal Marines Charity	Stakeholder Roundtable
Office for Veterans’ Affairs	Stakeholder Roundtable
National Health Service (NHS) (various Trusts)	Stakeholder Roundtable
Op COURAGE (North West England)	Stakeholder Roundtable
The V Word	Stakeholder Roundtable
The Warrior Programme	Stakeholder Roundtable
Fighting with Pride	Stakeholder Roundtable
Housing Options Scotland	Stakeholder Roundtable
Ministry of Defence	Stakeholder Roundtable
The Holistic Resettlement Company	Stakeholder Roundtable

**Table 7: Themes and sub-themes from stakeholder discussions with key points and quotes**

**Global theme: The conflicting identities of servicewomen**

**Sub theme: Role as a woman**

- ♦ Stakeholders described the multiple roles women took on in-service: daughter, wife and mother. Servicewomen adopted an additional role of ‘soldier’.
- ♦ Post-service, ex-servicewomen navigated multiple roles, such as caring for elderly parents or fulfilling spousal duties. The unbalanced societal expectations meant women were more likely to take on these caregiving roles.
- ♦ Women’s priorities often shifted to caring for others, overshadowing their individual identity. This also exacerbated the invisibility of women’s military service, as highlighted in the sub-theme ‘invisible veterans’.

*“And I think there is something unique about woman veterans who are married to other veterans. And I would say the spouses, the spouse veteran, their mental health needs tend to come first. When woman veterans that were married to civilians, it’s been much more kind of, well, you know, she’s been to war.” – Stakeholder F*

**Sub theme: Invisible veterans**

- ♦ Ex-servicewomen faced the stereotype that all veterans were men, which led to their military service being doubted.
- ♦ Many ex-servicewomen internalised this stereotype, meaning they often did not identify as a veteran. Consequently, they were less likely to engage with veteran-focused services.
- ♦ As with their male counterparts, ex-servicewomen struggled to identify as civilians and felt civilians would not understand them.
- ♦ Stakeholders believed that this dual disconnection made them less likely to engage with both veteran and civilian services, exacerbating their sense of exclusion.

*“Women are reluctant to identify as veterans and don’t want to engage in veterans’ charities because they don’t perceive themselves as veterans.” – Stakeholder D*

**Sub theme: Conflicting role in the community**

- ♦ Integrating into the civilian community was reported as crucial for a successful transition, including maintaining social networks and connecting with civilian services.
- ♦ Opinions of the stakeholders varied on how well ex-servicewomen did this after leaving the military.
- ♦ Some stakeholders noted that ex-servicewomen often struggled to find a new community in civilian life due to the dual disconnect as noted above. Other stakeholders believed that it might be easier for ex-servicewomen, especially those with children, to transition as through children, they already interacted during their military service with civilian institutions such as schools.

## Global theme: Sexism: women do not belong in service

### Sub theme: Perception of weakness

- ♦ Stakeholders reported that some servicewomen experienced misogyny in-service including a perception from male colleagues that women were physically and mentally weak which led women to feel they had to prove themselves and appear strong both mentally and physically.
- ♦ This pressure discouraged them from seeking help, especially for mental health, as they did not want to be seen as weak or making a fuss both in-service and post-service.

*Stakeholder G, speaking from personal experience, described how this impacted their help-seeking journey:*

*“When I’d get a new posting, I’d know that when they found out I was a woman that was going to that particular job, they’d expect me to be rubbish, they’d expect me to be no good at [physical training] they’d expect me to be terrible at my job, probably think that I was going to sleep with some of the soldiers and that was just the expectation they had so for me to go and for me to even get myself to a level with the guys I had to work ten times hard so it breeds this imposter syndrome because you’re being told all the time you’re not good enough....and that can flow into when you do leave.”*

### Sub theme: In-service inequality

- ♦ Servicewomen also dealt with inequality such as inadequate facilities, poorly designed uniforms, and a lack of support for women’s health issues like pregnancy and menopause.
- ♦ These challenges reinforced the idea that women did not belong in the military, a sentiment that carried over into their post-service life. This contributed to women feeling unwelcome in male-dominated veteran services, making them less likely to seek help from military-affiliated organisations.

### Sub theme: Adoption of masculine traits

- ♦ Stakeholders recalled that ex-servicewomen told them they felt pressured to display masculine traits during their military service, like aggression and stoicism, to fit into military culture. They would also engage in “banter” to counteract prejudice about their abilities.
- ♦ However, after leaving the military, this adoption to a hyper-masculine environment caused conflict in civilian workplaces, where women were disliked or viewed negatively for these masculine traits; again, facing sexist perceptions that women should act or behave in a certain way.
- ♦ Stakeholders believed that this struggle to fit in negatively impacted their transition, especially in employment, leading to difficulties in workplace relationships.

*“Women are a minority group, but hyper-visible. When you come out, you are invisible. What people forget is you have to adapt back again and become more feminine again. People will take your manner and stance a different way – particularly in the workplace... And when you leave you have to change back again and may potentially have to adapt masculinity/femininity.” – Stakeholder I*

### Sub theme: Male-orientated veteran services

- ♦ Many stakeholders described veteran services as “male-oriented”. They noted that advertisements often depicted men and used terms like “hero” and “warrior”, which seemed masculine and unwelcoming to women.

*“Services are male-oriented; I don’t feel like a warrior; I don’t feel like a hunter. Some of the platforms are not aimed at woman veterans, doesn’t resonate and feel it doesn’t apply. Think about the wording, that you use and colours so its inclusive for everyone.” – Stakeholder A*

- ♦ Stakeholders felt these services were often run by older, high-ranking, white men with little understanding of women’s issues which made veteran services unappealing and furthered the sense that women did not belong.

*“If you walk into [charity name redacted], it’s run by a generation that culturally does not understand what women’s needs are.” – Stakeholder K*

## Global theme: The needs of servicewomen

### Sub theme: Women's health needs

- ♦ Stakeholders noted that ex-servicewomen had specific health needs, such as issues concerning pregnancy, endometriosis, menopause, and musculoskeletal difficulties, which sometimes affected their transition out of the UK Armed Forces.
- ♦ Musculoskeletal problems, though experienced by both men and women in the UK Armed Forces, were worsened for women by the inequality in uniform design, as noted in sub-theme 'in-service inequality'.
- ♦ Gynaecological issues were believed to be poorly understood by military and civilian medical staff.
- ♦ These health inequalities and the lack of proper support meant that some women left the military in poor health which affected their success in civilian life. In severe cases, musculoskeletal problems led to disability and economic inactivity.

### Sub theme: Navigating a family-unfriendly culture

- ♦ Stakeholders highlighted a mismatch between UK Armed Forces policies and military culture regarding family life. Although shared parental leave exists, the legacy of the pregnancy ban in-service and traditional military culture discouraged men from using it. Stakeholders noticed that the societal expectations regarding distribution of childcare duties between men and women has not evolved in the military as quickly as in general society.
- ♦ Starting a family was a common reason women left the UK Armed Forces. Specific issues included not wanting to leave young children for deployments, the military's lack of flexibility with school pickups and childcare, and a poor understanding of postnatal mental health. These challenges affected all parents in the military, but stakeholders believed servicewomen were worse off because of old-fashioned views about motherhood.

*"It's really challenging to raise children in the military... I was always going away on operations, I had two very young children. I was made to feel after my second child...that I should come back from my maternity leave early...my unit made me feel so bad about being off." – Stakeholder D talking about their personal experience.*

### Sub theme: Military sexual trauma

- ♦ Stakeholders acknowledged that Military sexual trauma (MST), which includes sexual harassment and assault, was a fairly common experience for the ex-servicewomen they supported.
- ♦ When discussing ex-servicewomen only services, opinions were mixed about their necessity, but all stakeholders agreed that those who had experienced MST could benefit from women-only services to feel safe.

*"One of the reasons for the [women-only] group is because of certain issues that people have had before working alongside males." – Stakeholder M*

### Sub theme: Self-confidence

- ♦ Finding a job after leaving the UK Armed Forces was seen as essential for all ex-service personnel, regardless of gender. However, stakeholders noted that ex-servicemen and women faced different challenges in this area.
- ♦ Men often struggled with translating military skills into terms that civilians understood and navigating the civilian job market. Women, on the other hand, had difficulty in recognising their skills and having the confidence in themselves to portray this assertively to employers.

*Stakeholders noted that women frequently faced self-esteem issues and lacked confidence in their abilities. Stakeholder L explained: "They have self-esteem issues...they do not see what a potential employer can see in them."*

- ♦ As noted in sub-theme 'perception of weakness', women were sometimes seen by male colleagues as less capable, leading them to work harder to prove themselves. It is possible that this prejudice led to women to doubting their abilities which might explain their lack of confidence in the civilian job market.

## Global theme: Successful transition is individualised and all-encompassing

### Sub theme: Holistic approach needed

- ♦ Stakeholders reported that despite a wealth of services available to ex-service personnel, none prepared someone for the emotional re-adjustment sometimes needed when leaving service.

*“The human factor is missing, understand the emotional and human. Leaving the military is going through the grief cycle. Even if you are excited to move on, even with a personal choice, it’s a grief cycle, this is even worse for people who don’t choose, for example medical discharge.” - Stakeholder A.*

### Sub theme: Early preparation needed

- ♦ Stakeholders felt that individuals should start thinking and preparing for leaving from the moment they join the Armed Forces, not just in the resettlement period. This included optimising the military’s education and training opportunities and encouraging personnel to integrate into the civilian community while still in-service.
- ♦ They believed early preparation can ease the emotional challenges of transition, aligning with the ‘holistic approach needed’ sub-theme.

### Sub theme: Personal situation matters

- ♦ Stakeholders viewed that the components of a successful transition were individualised and dependent on personal context.
- ♦ Common barriers to successful transition included being medically discharged and for women, having a partner who was still serving as they lost their own service identity upon leaving and became a ‘military wife’.

*“A successful transition is one that is measured (i.e. not done in a hurry), one that takes advantage of all the resettlement services that exist and one that gives the individual the transition that they need, not the transition that the service necessarily template for them so it takes into account the variables for that individual because individuals will have very different needs depending on the circumstances that they’re going into civilian life in.” – Stakeholder B*

### Sub theme: Transition is not linear

- ♦ Stakeholders agreed that there was no set time for ‘successful transition’ out of the UK Armed Forces; it varied by individual.
- ♦ Reintegration into civilian society was viewed as a key component of a successful transition.
- ♦ Over half of stakeholders believed reintegration was non-linear for women to a greater extent compared to men:
  - Women often made progress but faced setbacks due to new hurdles that were attributable to caring responsibilities.
  - Examples included needing to change job if they had a service partner who was relocated or changing careers to fit around childcare.
  - In sum, they felt women were more likely than men to change circumstance based on their various roles, as highlighted in sub-theme ‘role as a woman’ which meant fully ‘transitioning’ was delayed and the needs of others prioritised.
- ♦ Stakeholders believed the current resettlement services provided by the military, particularly career advice, was not suited to this non-linear journey:
  - For example, if ex-servicewomen were leaving to start a family, then they did not always need the career advice services at the time of leaving. However, after maternity leave or when they decided to re-join the workforce, this career advice was no longer available as they had left too long ago.

*“Transition starts at different stages for different people depending on their reasons for leaving and can last for as long as it takes for an individual to genuinely say ‘I’m content in myself’.” -Stakeholder C*

## Key Highlights

### Four overarching themes identified:

- ♦ ‘Successful transition is individualised and all-encompassing’
- ♦ ‘Conflicting identities of servicewomen’
- ♦ ‘Sexism: women don’t belong in service’
- ♦ ‘The needs of servicewomen’

### ‘Successful transition is individualised and all-encompassing’:

- ♦ Each ex-servicewoman’s process and result of a successful transition is unique.
- ♦ No singular definition of ‘successful transition.’

### The remaining three themes outline common challenges faced by ex-servicewomen:

- ♦ Stakeholders identified specific barriers to a successful transition.
- ♦ Prominent gender-specific barriers rooted in sexism and inequality during military service.
- ♦ These barriers permeated into civilian life, affecting support use and workplace experiences.
- ♦ The military environment adhered to and reinforced masculine norms. Women often adopted more masculine behaviours and traits to fit in, but this caused conflict in the civilian workplaces with women again facing sexism and being viewed as ‘brash’.
- ♦ Women often juggled multiple responsibilities and identities, such as mother/partner and woman/warrior.



*iStock: Credit - DMP, 2023*

## Chapter Four

# Qualitative interviews with ex-servicewomen

In this chapter, we present findings from WP2 which entailed qualitative semi-structured interviews with ex-servicewomen. We begin by describing the demographics of those who participated in the interviews and then present our qualitative themes.

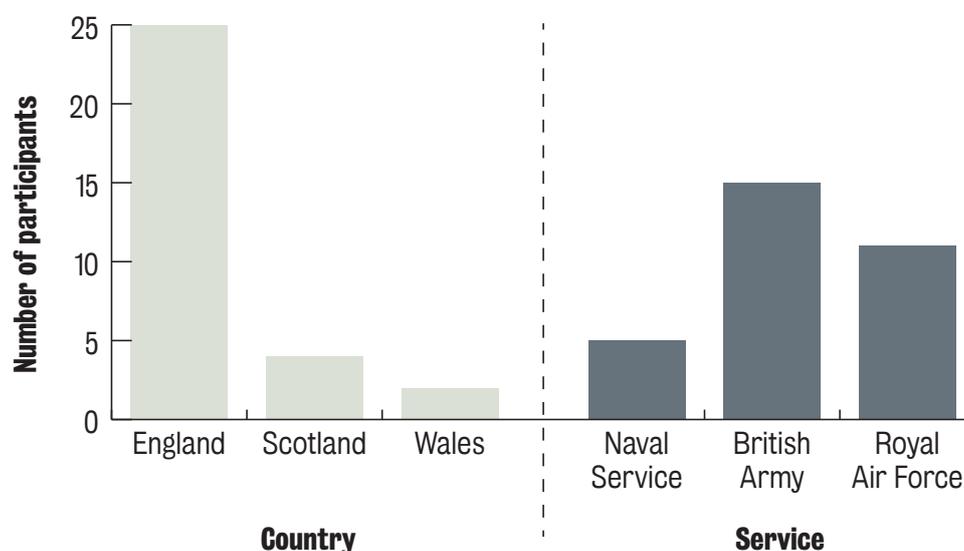
### Study aims

- To qualitatively investigate the specific barriers and facilitators ex-servicewomen encountered when making a successful and sustainable transition to civilian life.
- To understand how ex-servicewomen defined a successful and sustainable transition.

### Results

In total, 31 qualitative semi-structured interviews were conducted with ex-servicewomen. The majority had served in the Army (n=15) and were from England (n=25), (Figure 2). Table 8 (overleaf) shows additional sample characteristics where ex-servicewomen had left service on average 7 years prior (range 1-18 years since leaving service) and had long service careers (range 6-37 years in service).

Figure 2: Country and service branch of ex-servicewomen participants.



**Table 8: Characteristics of ex-servicewomen participants.**

	Mean (SD)	Min	Max
Age (Years)	48 (9.2)	34	73
Length of service (Years)	19 (9.6)	6	37
Time since leaving the Armed Forces (Years)	7 (4.5)	1	18

## Interview themes

Four overarching themes were identified through thematic analysis which depicted key phases of the transition experience of ex-servicewomen and any barriers and facilitators to achieving perceived transition success. In this section, we describe each theme as well as the subsequent sub-themes supported by excerpts from the interviews in anonymised quotes (names used are pseudonyms), before summarising key learning points. Summaries of the themes and sub-themes can be seen in Figure 3.

### Theme 1: Readjustment

When detailing their experiences of transitioning to civilian life, ex-servicewomen described their attempts to adjust to the practicalities of civilian life. Drawing on the process of readjustment as an overarching theme, we expand on the practical and behavioural aspects of transitioning to civilian life which dominated the early stages of leaving the Armed Forces. As an important early step in achieving a successful and sustainable transition, ex-servicewomen reported that adjusting had been integral to being a woman in the military and as such a continued process of readjustment took place when leaving. Table 9 shows four related sub-themes and how time in-service was crucial to assisting or hindering the readjustment process when leaving.

**Figure 3: Themes and sub-themes identified through interviews with ex-servicewomen**



**Table 9: Interviews with ex-servicewomen - theme 1 sub-themes and supporting quotes**

**Theme 1: Readjustment**

**Sub theme: Fragmented lives**

- The hypervisibility of women in a male-dominated environment resulted in women making behavioural adjustments in-service such as minimising traditionally feminine behaviours while emphasising other traits, resulting in ex-servicewomen becoming skilled at changing their behaviour to suit different environments.
- A process of compartmentalisation took place while in-service as women occupied multiple social roles beyond the Armed Forces. These roles outside the Armed Forces helped them prepare for life after service, facilitated integration and assisted in the process of readjustment.
- Compartmentalisation also helped ex-servicewomen adapt to changes after service such as changes in their career or residence.
- A staggered approach to leaving the Armed Forces supported the process of readjustment.
- Many ex-servicewomen had already successfully created a life outside of the Armed Forces before leaving which they cited as a key factor impacting their perception of a readjustment period rather than a transition.

*“This is how I’m going to have to be if I want to be in the Navy, if I want to be part of the team... So I took on this persona that got me through the Navy. So transitioning was like taking that mask off again” (Emma, aged 46, Ex-Royal Navy)*

*“My adjustment probably wasn’t as extreme as it could be for a lot of people... You created a bit of a life, I had my daughter in primary school at that stage, I joined the PTA [parent-teacher association] and all kinds of stuff like that because I was trying to proactively create this wider life” (Claire, aged 36, Ex-Army)*

**Sub theme: Adaptability of ex-servicewomen**

- Ex-servicewomen displayed high levels of resilience and adaptability which aided their transition.
- Resilience was often borne out of negative experiences in-service as participants recalled instances of bullying, gender discrimination and toxicity in the workplace.
- However, resilience could also be deemed maladaptive, negatively affecting help-seeking and perceptions of self.
- Ex-servicewomen also faced threats to resilience after service which included employment in environments emulating aspects of military service and the omnipresent presence of the military.
- The unpredictable nature of military service and the regularity with which participants moved and changed jobs made them much more adaptable to the changes associated with life after service.

*“Being a member of the military as a female has made me stronger. And to stand my corner and to speak out. Of which I’m not adverse to doing. And to challenge. I challenge all the time. So actually, that transition for me has only been made easier because of my time as a female in the military” (Daphne, aged 53, Ex-RAF)*

*“Because of what I’ve chosen to do it’s quite a female led industry anyway... Everybody I work with is female... I’ve gone the opposite way and I’ve just completely avoided anything masculine” (Abigail, aged 53, Ex-Army)*

### Sub theme: Navigating the practicalities of civilian life

- After leaving the military, learning the way in which civilians' function was a crucial part of readjusting during the early stages.
- Ex-servicewomen learned to navigate new contexts and systems and had to access key services after leaving the military 'bubble' without assistance or support.
- Immersing themselves in civilian environments in both professional and social settings enabled participants to learn the more nuanced ways in which civilians operated such as common norms and acceptability of humour.
- While some participants described an initial period of distrust, finding common ground with civilians helped ex-servicewomen dispel their own stereotypes about civilians and begin to build a community, supporting their transition and practical readjustment.

*“It sounds really simple but it’s so hard when you come out because you just don’t know what the real world is. So, I almost needed somebody to tell me you have to have a house and this is how you get a house. You have to pay your bills and this is how you do it... It’s just so unknown and then a bit bewildering when you do find out about it” (Eleanor, aged 42, Ex-Army)*

*“To a degree you are quite masculine and I think because of the way things have been I don’t think my emotions were the same and my way of viewing things runs the same as women within the company who have had a normal life and got kids... It’s not like saying I’m not a normal woman but I’m a woman that’s not had a normal experience” (Louise, aged 36, Ex-Army)*

### Sub theme: Deliberating before adjusting

- Readjustment was shaped by the way in which women left the Armed Forces and therefore supported the view that transition was dependent on individual circumstances.
- A prolonged period of deliberation while still in-service enabled women to take practical steps to ensure ease of transition such as finding employment and a home before making the decision to leave.
- Some women were unable to prepare and plan for life as a civilian as they left the Armed Forces abruptly and therefore reported a longer readjustment period after leaving. This also impacted the support they received from the Armed Forces.

*“I had a period of adjustment as well where it’s these poor people who are medically discharged who aren’t expecting, who aren’t prepared. I’d had a good chunk of time, a good couple of years to prepare myself for it. So, it’s those people that will struggle” (Daphne, aged 53, Ex-RAF)*

*“When you leave on your own terms you push the button don’t you, you leave because you want to leave. Whereas I didn’t leave because I wanted to, I left because I was pushed” (Rachael, aged 40, Ex-RAF)*

## Theme 2: Realignment

As ex-servicewomen discussed their experiences of leaving the military, they highlighted the emotional nature of their transition which was often overlooked in service provision. Furthermore, the emotional features of transitioning were secondary to the practical aspects for ex-servicewomen themselves, who often prioritised meeting their

practical needs first. However, after the practical aspects of transitioning had been resolved and participants felt that they had ‘readjusted’, the underlying realignment of their emotional needs and values was highlighted. The subsequent sub-themes detailing the process and stage of realignment are presented in Table 10.

**Table 10: Interviews with ex-servicewomen - theme 2 sub-themes and supporting quotes**

## Theme 2: Realignment

### Sub theme: Emotionally transitioning

- ♦ Ex-servicewomen highlighted the psychological toll of transitions in the Armed Forces and learning to suppress their emotional responses while in-service.
- ♦ Participants also recognised the emotionally turbulent nature of leaving the Armed Forces and the importance of addressing the different emotions that may arise.
- ♦ It was highlighted that emotions and perceptions towards decisions to leave would often shift with both negative and positive emotions concurrently reported.
- ♦ Furthermore, emotions would change as the transition journey progressed e.g. feelings of relief to regret to contentment or fear to a feeling of achievement.
- ♦ Ex-servicewomen sought to understand their own emotional needs to realign with their perception of success as thriving emotionally.
- ♦ Participants also reassessed their values to better understand the principles and moral standards that were important to them.

*"...as I left and started feeling lost, I regretted going even though I knew what it would have been like if I'd had stayed. I regretted it because it's what I had known and it's what I thought was giving me my purpose and structure" (Eleanor, aged 42, Ex-Army)*

*"...being allowed to be sad as well because you are not allowed to be sad when you are in the military you just get on with it. I think that must be quite difficult for a lot of people when they leave because they are surrounded by emotions" (Abigail, aged 53, Ex-Army)*

### Sub theme: A clash of cultures and norms

- ♦ Participants described differences between their moral standards and codes of behaviour and those of civilian colleagues which made transitioning to working in a civilian environment challenging.
- ♦ Transition was made easier when the values and beliefs of their employers aligned with their own and as such women changed jobs to find organisations with a shared ethos.
- ♦ As women had become accustomed to working harder to prove themselves, they initially adopted this strategy in their civilian workplaces which presented a risk of burnout resulting in participants realigning their approach to work to foster positive wellbeing.
- ♦ In relation to shared beliefs and approaches to work, some participants benefitted from working with others with a military understanding including other ex-service personnel.

*"The first six months I thought my head was on fire and it was probably the worst decision I'd ever made... Completely overwhelming. Imposter syndrome... I was balancing and juggling and running around... I was working probably an 18-hour day. I was knackered. It took me a long time to accept that maybe people don't have the drive you do. They just consider it a job not a vocation. It was just switching that mindset off and calming down" (Amy, aged 56, Ex-RAF)*

*"I couldn't cope with their corporate culture. It was against everything that I had worked for over the last 20 years... I thought all you care about is money. You don't care about anybody... It was like this lightbulb moment that I can't cope with a culture or a working environment that all they care about is the bottom line. So I left" (Anne, aged 46, Ex-Army)*

### Sub theme: Seeking meaning and purpose

- Ex-servicewomen felt that career support provided by the Armed Forces pushed serving personnel towards fast-paced, high-paying careers which did not align with the goals of most participants who sought mentally rewarding, joyful, meaningful employment providing flexibility and a work/life balance.
- Ex-servicewomen were keen to dispel the notion that their careers defined their sense of self and identity and sought to prioritise other aspects of their life such as hobbies, travel or time with families.
- Positive family functioning and wellbeing was crucial to the decisions made by ex-servicewomen with children who reflected on the incompatibility of the Armed Forces with family life which disadvantaged women in particular who felt the burden of parenting.
- In contrast, the family-friendly approach of civilian employers enabled perceptions of successful transition.

*“There was a decision made quite early of I need a job that covers the house and that gives me enough money to have a bit of a life, but I want a life. I want a life and to have a balance” (Louise, aged 36, Ex-Army)*

*“When I left, I knew that I didn’t want a stressful second career because as I said to someone if I wanted to continue being stressed, I can do it in the Army... I do not want to go and be in any kind of high-powered job where I am running at the same or more levels of stress basically. I thought I just want to do what I like” (Abigail, aged 53, Ex-Army)*

### Theme 3: Rediscovery

Rediscovery presented another important stage covering both the practical and the emotional aspects of transition. Following the desire of participants to initially meet their practical needs through the process of readjustment, and then address their emotional needs by realigning and understanding their emotional responses and intrinsic beliefs, participants stressed the need for

a period of rediscovery. Through this theme, ex-servicewomen illustrated that successful transitions were borne from the ability of women to explore and develop a deeper understanding of their new life outside of a structured military environment. This theme is further explained through the sub-themes in Table 11.

**Table 11: Interviews with ex-servicewomen – theme 3 sub-themes and supporting quotes**

### Theme 3: Rediscovery

#### Sub theme: Respite and exploration

- Ex-servicewomen benefitted from a period of respite after leaving the Armed Forces which was often facilitated for some women by the availability of their Armed Forces pension.
- Respite enabled women to adjust to their newfound autonomy and explore options that were integral to their identity development post military service.
- For women leaving the Armed Forces under difficult circumstances, respite allowed for positive recovery.
- Ex-servicewomen who sought employment immediately after leaving the Armed Forces, described the exploratory nature of job-seeking and the recognition that they could change jobs.

*“This idea of doing this art course because I wanted to just give myself space to breathe when I left. I was probably in the perfect position to get jobs, and I had lots of connections. I thought no I don’t want to just jump and do that” (Rose, aged 57, Ex-Army)*

*“Up until this year I wasn’t keen on doing any courses. I think maybe because I’ve left it a bit later in life and I thought I’ve worked hard for 28 years and had a lot of separation I should be stepping off the gas a little bit now and enjoying life a bit more. I think I did that for my first year” (Elizabeth, aged 48, Ex-Army)*

#### Sub theme: Career needs and skills

- While ex-servicewomen benefitted from the provision of some career related support such as writing CVs and interview preparation, they felt that an individualised approach would be more beneficial.
- The availability of courses strengthened the employability of ex-service personnel, however, participants stressed that ex-servicewomen would benefit from access to courses and employment support for a longer period allowing women to re-enter the workplace successfully after a career break when leaving the Armed Forces.
- Ex-servicewomen felt that access to a wider range of courses would allow them to obtain meaningful employment.
- Networking and building connections with employers and ex-service personnel facilitated the transition of some participants as it enabled access to suitable employment opportunities and environments while bypassing potential conflicts of values.

*“My job came through a military contact who had recently come out so the unofficial network to get you into jobs, classic LinkedIn really valuable if you can use that. I say genuinely that was arguably someone else got the job for me and I suppose I’ve helped other people since. But not to be underestimated, I think probably most people get something really beneficial out of their contacts on the way out” (Victoria, aged 35, Ex-RAF)*

*“Make sure you do your research. What you can access, and I do actually know some good places now through people I’ve met. Network is a big thing. Don’t just cold apply for jobs. Networking is key. So networking, do your research. Don’t be afraid to reach out to people that have already left” (Rachael, aged 40, Ex-RAF)*

### Sub theme: Confidence and self-belief

- Women described limited self-belief and a lack of confidence when translating their strengths, skills and abilities to a civilian workplace.
- Imposter syndrome was commonly cited as a barrier to finding rewarding jobs and they believed it to be a consequence of their time in-service.
- Workshops or informal support to build confidence while in-service was considered useful for women.

*“I really struggle with imposter syndrome and that might be a personal thing but from what I have read it’s very common in women. So I think if you take that and you exacerbate it by the transition between the military environment and that professional experience and outside the military where there is already a real disparity and understanding what the military does and how to translate experience in to that I think those two things really disproportionately affect each other”*  
(Catherine, aged 35, Ex-Army)

### Theme 4: Reflections

Finally, ex-servicewomen reflected on their time in-service and their transition journey which had started while in-service. Through this, ex-servicewomen identified the long-term enduring

impact of the challenges they faced as women in the Armed Forces and reflected on their identities as ex-serving personnel and women. The sub-themes and key points are shown in Table 12.



*iStock: Credit - csfotoimages, 2020*

**Table 12: Interviews with ex-servicewomen – theme 4 sub-themes and supporting quotes**

#### **Theme 4: Reflections**

##### **Sub theme: Impact on wellbeing**

- ♦ The physical and mental health needs of ex-servicewomen became apparent much later in their transition journey.
- ♦ Some women continued to work in the Armed Forces while injured, often minimising their physical health needs to seek acceptance, leading to long term physical health problems after leaving the Armed Forces.
- ♦ Understanding and accessing support for mental health problems was often the last priority for participants, some of whom recognised this need after reflecting upon their experiences during the research interview.
- ♦ Participants who were medically discharged however required immediate mental health support and noted their disappointment in the limited follow-up from the military resulting in women reporting a sense of abandonment while seeking support alone.
- ♦ Furthermore, participants continued to minimise their own mental health needs as they disclosed challenges in accessing support and confusion surrounding the severity of symptoms for support.

*“The mental health aspect doesn’t necessarily have to happen at the point when you are in the military or as you are leaving. A lot of mine came out three years down the line so far. And my therapist did make a good point of what you’ll find is some of these mental health aspects will come out when you are feeling safe and you are happy” (Louise, aged 36, Ex-Army)*

*“I don’t feel like my mental health is bad enough that I qualify. I mean it’s great they have these organisations for these people, but I think it would be just nice to have something for the rest of us as well” (Hannah, aged 51, Ex-RAF)*

##### **Sub theme: A spectrum of misogyny in the Armed Forces**

- ♦ While in-service, participants described a range of misogynistic behaviours and discriminatory practices resulting in a masculine culture where microaggressions and inappropriate, discriminatory language was overlooked.
- ♦ Notions of belonging in-service were shaped by the normalisation of misogyny which made the transition out of the Armed Forces much easier for women.
- ♦ Women also reflected on the extremities of misogynistic behaviour including sexual harassment and assault, impacting women of all ages and occurring historically and more recently.
- ♦ As some women were discouraged from reporting experiences of MST or punished and ostracised for doing so, there was an underlying sentiment that the Armed Forces often protected perpetrators over survivors directly causing women to leave the Armed Forces prematurely with little to no preparation.
- ♦ Support for MST and prevention of misogyny would have assisted in retaining servicewomen and better follow-up and support for those leaving would have assisted the transition.

*“Sometimes the facilities are just not there. I can remember the flight in Afghanistan and being shown the Hercules toilet and thinking wow that’s going to be a challenge when you are trying to change your tampon in the back of an aircraft with just a curtain around you and a load of troops” (Caroline, aged 46, Ex-RAF)*

*“When you are in the Forces it’s kind of accepted that things would get said to you, sexism is wrong, but it happens, and you just have to accept it. And I know now that you don’t have to accept it, and it shouldn’t be tolerated” (Martha, aged 40, Ex-Army)*

*“I was sexually assaulted by two of my colleagues. So that’s statistically less likely if you are a bloke... That was very much the pivotal point. I’d always gone into it as the career for life. I was in for the long haul. I ended up getting medically discharged with PTSD... The service police came on, did an investigation. I couldn’t remember exactly what had happened, so I was charged with a disciplinary offence and left the ship with that” (Ellen, aged 34, Ex-Navy)*

### Sub theme: Pride in service

- Despite the negative experiences in-service, ex-servicewomen expressed their pride in serving in the Armed Forces and the psychological impact of committing to what they perceived as meaningful employment.
- Participants additionally reflected on the skills and knowledge they gained through military service and the value this could add in civilian life.
- The camaraderie and community of support provided to women by other serving personnel while in service continued to be beneficial for women after leaving the military.

*“I just loved the way we were altogether, the camaraderie, moving together, we were never alone, everybody had something in common. It had its negatives in that you lived together, you worked together, ate together. But it was good. I loved the people I trained with” (Laura, aged 43 Ex-Navy)*

*“It [civilian job] underlined that the skill and knowledge that I brought from the military was useful and I could use that and put it into civvy street. I added significant value to that particular team and actually the people who managed me could see that and valued that. So that was a really important 18 months of my life that told me that my military experience hadn't been in vain actually. I'd brought a lot of skill and a lot of ability and actually I had those transferrable skills.” (Anne, aged 56, Ex-Army)*

### Sub theme: Acceptance of leaving

- Reflecting on perceptions of success, participants highlighted an acceptance of leaving the Armed Forces had assisted their transition.
- Acceptance of leaving could take place prior to leaving, leading to pre-planning or could take place after a prolonged turbulent period of adjustment.
- Reflecting on the impermanence of military life allowed for a recognition that preparations for a life outside the Armed Forces must start as early as possible and must be facilitated by the military.
- By reflecting on their time in-service as a job rather than an identity defining characteristic, women were able to mentally leave the Armed Forces behind and close the military chapter.
- Some women identified with the term veteran and referenced it as a symbol of their pride in their service, however, they noted that reflecting too often on their previous experiences could hinder the success of their transition.
- Some ex-servicewomen were reluctant to accept the veteran label which conjured stereotypical images of male veterans who were unable to accept that they were no longer serving.

*“When I left I didn't want to hear anything about military. So, I almost went into almost like denial almost and it was like no that's my past, that's something, again I compartmentalised it. Leave it behind, move forward. That's not me anymore, there's no point in hanging on to it” (Elizabeth, aged 40, Ex-Army)*

*“Everybody is going to leave but people clearly don't realise that for a long time at some stage you are all going to leave, and you need to start thinking” (Jennifer, aged 44, Ex-RAF)*

*“You don't want to be one of those people that starts boring people, when I was in the Navy. So, no I don't really identify, it was just part of my life, but I wouldn't identify as a veteran now to be honest” (Kate, aged 44, Ex-Army)*



*Getty Images: Credit - Fiordaliso, 2023*

### Key Highlights

- ♦ Ex-servicewomen undergo multiple stages when transitioning to civilian life which encompasses the practical, physical, psychological and emotional impact of leaving. The stages are captured in four core themes:
  - 'Readjustment'
  - 'Realignment'
  - 'Rediscovery'
  - 'Reflections'
- ♦ Experiences in the Armed Forces have a significant impact on perceptions of belonging and coping in-service which impact the ease of transition, perceptions of success after leaving and the presence of limited self-beliefs.
- ♦ Women faced a range of barriers to successfully transitioning out of the Armed Forces which centred on employment and career needs, the enduring impact of misogyny in-service and the emotional nature of leaving the Armed Forces.
- ♦ Facilitators to success related to the adaptability and resilience of ex-servicewomen and their ability to prepare for all aspects of life after the Armed Forces.
- ♦ Negative transition experiences were related to minimal preparation, a lack of appropriate support for women, limited control over decisions to leave and financial insecurity.

## Chapter Five

# Socioeconomic & health outcomes -

## A comparative analysis of ex-servicewomen, ex-servicemen, and civilian women in the UK

### Study aim

In WP3, we first explore the socioeconomic and health outcomes between ex-servicewomen and ex-servicemen who have served in the UK Armed Forces (Part A). We then examine a similar set of socioeconomic and health outcomes among ex-servicewomen compared to civilian women (Part B).

By examining differences in outcomes first between ex-servicewomen and ex-servicemen and subsequently, between ex-servicewomen and civilian women, we can better understand the unique experiences and challenges faced by ex-servicewomen in the UK Armed Forces.

### Specific study methods

We utilised three datasets for our analysis of socioeconomic and health outcomes among ex-servicewomen compared to ex-servicemen and civilian women. These were:

- **KCMHR Health and Wellbeing Cohort Study** (2022-2023)
- **UK Biobank** (2006-2015)
- **Annual Population Survey** (2022)

In brief, the KCMHR Health and Wellbeing Cohort Study contains detailed information on the health and wellbeing of UK Armed Forces personnel of individuals who served during the Iraq and Afghanistan era of conflicts. For our analysis, we focused on those discharged after serving in the Regular Armed Forces.

The UK Biobank, is a longitudinal cohort of approximately 500,000 British adults aged 40-69 years, which contains extensive data on sociodemographic characteristics, physical and mental health, physiological measurements, and biological samples. The UK Biobank has occupational markers where ex-service personnel can be identified. Broadly the Biobank ex-service population is older than the KCMHR Cohort generation with individuals having military service approximately pre-1985.

The Annual Population Survey (APS), is a continuous household survey and contains data on demographics, housing, employment, and education. The APS was used as a civilian comparator group matched to ex-serving personnel from the KCMHR Health and Wellbeing Cohort Study. Please see Table 13 for an overview of statistical methods.

**Table 13 - Lay summary of statistical methods**

Logistic Regressions	Odds Ratios	Confidence Intervals (CI)	P-Value
Binary logistic regressions are used to identify factors associated with an outcome. They are binary because the outcome of interest has only two possible responses (e.g., yes vs. no). For example, they meet the cut-off for alcohol misuse, or they do not.	The outcomes from logistic regressions are called odds ratios (OR). Odds ratios test the strength of the relationship between an exposure and an outcome. An OR=1 the exposure does not affect odds of outcome, OR>1 the exposure is associated with higher odds of outcome, OR<1 the exposure is associated with lower odds of outcome.	The 95% confidence interval of an OR tells us how precise the estimate is and the likely range in which a true estimate will fall. Wider confidence intervals suggest more uncertainty.	A p-value tells us how likely it is that we would observe our results if there were no real effect in the population. Typically, a p-value less than 0.05 is considered statistically significant, indicating that the observed results are unlikely to have occurred by chance alone.

## Results

### Part A: Comparative analysis of ex-servicewomen and ex-servicemen: exploring demographic, economic, and health disparities

In part A of WP3, we examined the socioeconomic and health outcomes between ex-servicewomen compared to ex-servicemen using the KCMHR Cohort and the UK Biobank. Again, please note ex-service personnel in the KCMHR Cohort are a slightly younger

generation compared to ex-service personnel in the UK Biobank, with lower average ages and shorter times since leaving service. Hence both datasets describe outcomes across different service generations building a more comprehensive picture.

Please note results and tables associated with the **KCMHR Cohort** are colour coded in blue, **Biobank** in green and **APS** in red to visually aid the reader. For additional information regarding the methodological approach please refer to Appendix 1 and 2.

## A.1 Demographic and military characteristics: ex-servicewomen vs. ex-servicemen

### A.1.1 KCMHR Cohort: Demographic and military characteristics: ex-servicewomen vs. ex-servicemen

In the KCMHR cohort sample we compared ex-servicewomen (n=270) and ex-servicemen (n=2024). Most participants resided in England (~82.0%), followed by Scotland (~7.3%) and Wales (5.0%). Ex-servicewomen and ex-servicemen were represented equally across the service branches.

We found the following sociodemographic differences between ex-servicewomen and ex-servicemen in the KCMHR Cohort (Table 14):

- **Age:** A higher percentage of ex-servicewomen were younger compared to their male counterparts.
- **Education:** The distribution of education levels was similar between both and ex-servicewomen and men.
- **Relationship status:** A higher percentage of ex-servicewomen were single or in ex-relationships compared to their male counterparts.
- **Children:** A lower percentage of ex-servicewomen had children; among those with children, ex-servicewomen had a lower average number of children than ex-servicemen.

**Table 14: KCMHR Cohort – Demographic characteristics, ex-servicewomen vs. ex-servicemen**

	Ex-servicewomen n=270	Ex-servicemen n =2024	P-value
<b>Age (years (SD))</b>	46.8 (8.3)	52.6 (9.9)	<0.001
<b>Country</b>			0.107
England	222 (83.4)	1673 (81.8)	
Northern Ireland	0 (0.0)	22 (1.3)	
Scotland	28 (10.4)	139 (7.2)	
Wales	10 (3.2)	105 (6.2)	
Other	9 (2.9)	75 (3.5)	
<b>Education</b>			0.203
Degree	179 (61.8)	1172 (53.2)	
A levels	53 (22.6)	443 (24.5)	
O levels/GCSE	30 (12.0)	267 (15.0)	
Other qualifications	4 (2.6)	92 (5.1)	
No qualifications	2 (1.0)	39 (2.2)	
<b>Relationship status</b>			<0.001
In relationship	201 (74.8)	1771 (86.7)	
Single	31 (11.4)	94 (5.2)	
Ex-relationship	38 (13.8)	154 (8.2)	
<b>Number of children</b>			<0.001
0 children	83 (26.8)	316 (15.9)	
1 child	59 (22.3)	347 (18.4)	
2 children	77 (27.9)	844 (39.7)	
3 + children	51 (23.1)	517 (25.9)	

Please note the percentages are weighted and cell numbers unweighted. SD: standard deviation. A levels: Advanced level qualifications. O levels: Ordinary level qualification. GCSE: General Certificate of Secondary Education.

We found the following differences and similarities in military characteristics between ex-servicewomen and ex-servicemen in the KCMHR Cohort (Table 15):

- **Service branch:** A higher percentage of ex-servicewomen were represented in the RAF compared to ex-servicemen. A lower percentage of ex-servicewomen were represented in the Army compared to ex-servicemen.
- **Rank:** A lower percentage of ex-servicewomen were Senior Commissioned Officers compared to ex-servicemen.
- **Length of service:** Ex-servicewomen had a shorter average time in service compared to ex-servicemen.

- **Time since transition:** Years since transition were slightly shorter for ex-servicewomen (9.7 years) compared to ex-servicemen (10.7 years).
- **Deployment:** A lower percentage of ex-servicewomen deployed to Iraq and/or Afghanistan compared to their male counterparts; however, deployment remained high among ex-servicewomen (approximately 47%).
- **Reason for leaving:** A higher percentage of ex-servicewomen left service due to medical discharge, premature voluntary release, or other reasons compared to ex-servicemen.

**Table 15: KCMHR Cohort - Military characteristics, ex-servicewomen vs. ex-servicemen**

	Ex-servicewomen n=270	Ex-servicemen n =2024	P-value
<b>Service</b>			
Naval Services	54 (21.1)	381 (18.8)	0.013
Army	140 (50.8)	1157 (60.9)	
RAF	76 (28.1)	486 (20.3)	
<b>Rank</b>			
Senior Commissioned Officer	17 (3.5)	276 (8.2)	<0.001
Commissioned Officer	70 (17.6)	344 (10.4)	
Senior Non-Commissioned	89 (35.1)	880 (45.7)	
Junior Non-Commissioned	62 (27.3)	345 (22.2)	
Other Ranks	32 (16.5)	179 (13.5)	
<b>Time in service (years (SD))</b>	16.7 (8.0)	23.2 (10.0)	<0.001
<b>Years since transition (years (SD))</b>	9.7 (5.5)	10.7 (5.4)	0.005
<b>Deployment</b>			
No deployment	115 (53.0)	671 (40.2)	0.001
Iraq only	73 (22.2)	590 (25.4)	
Afghanistan only	40 (14.2)	278 (15.5)	
Iraq and Afghanistan	42 (10.6)	482 (18.9)	
<b>Method of leaving service</b>			
Completed term of service	93 (33.9)	1087 (53.0)	<0.001
Premature voluntary release	87 (32.4)	569 (27.3)	
Medical discharge	44 (18.4)	143 (8.2)	
Disciplinary discharge	**	12 (1.0)	
Voluntary/compulsory redundancy	8 (3.0)	105 (5.6)	
Another method of leaving	30 (11.9)	80 (4.9)	

Please note the percentages are weighted and numbers unweighted. SD: standard deviation. RAF: Royal Air Force. \*\* suppressed cell count due to small sample size, n<10.

We found the following differences in reasons reported for leaving the Armed Forces between ex-servicewomen and ex-servicemen in the KCMHR Cohort (Table 16):

- **Family:** The effect of service on family life was reported as the most common reason for ex-servicewomen to leave service and the second most common reason for ex-servicemen.
- **Health and personal factors:** Ex-servicewomen more frequently cited health problems and pregnancy as reasons for leaving than ex-servicemen.
- **Economic and service-related factors:** Ex-servicemen more often reported economic reasons (such as better civilian employment prospects and pay dissatisfaction) as well as deployments and completion of service terms, as a reason for leaving service.

### A.1.2 UK Biobank: Demographic and military characteristics: ex-servicewomen vs. ex-servicemen

We compared ex-servicewomen (n=546) to ex-servicemen (n=2722) in the Biobank dataset. Both ex-servicewomen and men in the UK Biobank were identified through self-reported past employment (e.g., Officers in the Armed Forces, Non-Commissioned Officers, and other ranks). Due to this identification method, we could not determine a specific rank or service branch.

We found the following sociodemographic differences and similarities between ex-servicewomen and ex-servicemen in the Biobank dataset (Table 17):

- **Ethnicity:** Similar distribution of ethnicity between ex-servicewomen and ex-servicemen were found, with both groups predominantly White/White British.

**Table 16: KCMHR Cohort - Primary reasons for leaving the Armed Forces, ex-servicewomen vs. ex-servicemen**

	Ex-servicewomen n=270	Ex-servicemen n =2024	P-value
<b>Reason for leaving service</b>			
Completed term of service	85 (30.5)	1038 (48.1)	<0.001
Pay dissatisfaction	5 (1.9)	169 (9.9)	<0.001
Better employment prospects in the civilian sector	32 (12.4)	368 (19.4)	0.014
Lack of promotional prospects	31 (12.2)	291 (13.4)	0.635
Not challenging enough	19 (8.5)	166 (8.5)	0.209
Impact of service on family	80 (28.3)	516 (25.3)	0.365
Difficult to plan life outside of work	50 (18.5)	275 (15.5)	0.263
Pressure on family	7 (2.0)	114 (5.5)	0.029
Pregnancy	26 (10.6)	6 (0.3)	<0.001
Did not want to be away from home	47 (17.0)	294 (14.1)	0.275
Too many deployments	7 (3.4)	159 (8.6)	0.018
Deployment experience	7 (2.2)	95 (5.0)	0.044
Service terminated	17 (6.5)	80 (4.1)	0.113
Health problem	52 (21.0)	212 (11.3)	<0.001
Other reasons	48 (16.7)	203 (10.3)	0.006

Please note the percentages are weighted and cell numbers unweighted. Ex-service personnel can provide more than one reason for leaving and as such numbers may not add up to total number of ex-servicewomen or ex-servicemen.

- ♦ **Education:** Similar levels of educational attainment between ex-servicewomen and ex-servicemen were found.
- ♦ **Children:** A lower percentage of ex-servicewomen had children; among those with children, ex-servicewomen had fewer children.
- ♦ **Sexual partnerships:** A higher percentage of ex-servicewomen reported same-sex partnerships compared to ex-servicemen.

We found the following differences in military characteristics between ex-servicewomen and ex-servicemen in the Biobank dataset (Table 17):

- ♦ **Length of service:** Ex-servicewomen had fewer years in service compared to ex-servicemen.
- ♦ **Time since transition:** Ex-servicewomen had transitioned out of the Armed Forces a longer time ago than their male counterparts.

**Table 17: UK Biobank – Demographic and military characteristics, ex-servicewomen vs. ex-servicemen**

	Ex-servicewomen n=546	Ex-servicemen n=2722	P-value
<b>Age (years (SD))</b>	55.4 (±7.6)	57.3 (8.3)	<0.001
<b>Country</b>			0.153
White / White British	541 (99.5)	2662 (98.2)	
Other ethnicity	**	17 (0.6)	
Asian / Asian British	**	**	
Multi-ethnic	**	**	
Other	**	14 (0.5)	
<b>Number of children</b>			<0.001
0 children	149 (27.3)	481 (17.7)	
1 child	84 (15.4)	371 (13.6)	
2 children	224 (41.0)	1215 (44.6)	
3 + children	89 (16.3)	655 (24.1)	
<b>Sexual partnerships</b>			<0.001
Opposite sex partners	473 (86.6)	2507 (92.1)	
Same-sex partners	36 (6.6)	99 (3.6)	
Non-response	37 (6.8)	116 (4.3)	
<b>Education</b>			0.001
University educated	162 (32.0)	720 (29.6)	
A levels	92 (18.1)	390 (16.0)	
O levels/GCSE	178 (35.1)	770 (31.7)	
Other education and professional training	75 (14.8)	551 (22.7)	
<b>Years in service (years (SD))</b>	6.0 (±5.5)	13.3 (10.4)	<0.001
<b>Years since transition (years (SD))</b>	30.1 (±11.2)	25.80 (12.37)	<0.001

*SD: standard deviation. A levels: Advanced level qualifications. O levels: Ordinary level qualification. GCSE: General Certificate of Secondary Education. \*\* suppressed cell count due to small sample size, n<10.*



*Defence Imagery: Photographer - Cpl Ed wright, 2022*

## A.2 Economic outcomes and housing tenure: ex-servicewomen vs. ex-servicemen

### A.2.1 KCMHR Cohort: economic outcomes and housing tenure: ex-servicewomen vs. ex-servicemen

We found the following differences and similarities in economic outcomes and housing tenure between ex-servicewomen and ex-servicemen in the KCMHR Cohort (Table 18):

Employment status:

- ♦ **Full-time employment:** A lower percentage of ex-servicewomen were employed full-time compared to ex-servicemen.
- ♦ **Part-time work:** A higher percentage of ex-servicewomen worked part-time (approximately four times more likely) than ex-servicemen.
- ♦ **Self-employment:** Levels of self-employment were similar between both groups.
- ♦ **Retirement:** A lower percentage of ex-servicewomen were retired compared to ex-servicemen.
- ♦ **Unemployed/not in paid employment:** A higher percentage of ex-servicewomen were unemployed compared to ex-servicemen.

Work satisfaction:

Ex-servicewomen reported slightly higher work satisfaction in their current civilian job than ex-servicemen across several areas in the KCMHR Cohort:

- ♦ Job security
- ♦ The actual work itself
- ♦ Overall job satisfaction

Housing tenure:

Housing tenure was broadly similar between ex-servicewomen and ex-servicemen in the KCMHR Cohort (Table 18):

- ♦ **Home ownership:** There was no difference in home ownership between groups.
- ♦ **Rented accommodation:** Comparable levels of renting between ex-servicewomen and ex-servicemen were found.

**Table 18: KCMHR Cohort – Economic outcomes and housing tenure, ex-servicewomen vs. ex-servicemen**

	Ex-servicewomen n=270	Ex-servicemen n =2024	P-value
<b>Employment status</b>	55.4 (±7.6)	57.3 (8.3)	<0.001
Full-time employment	129 (56.0)	1292 (70.2)	<0.001
Part-time employment	56 (20.7)	105 (4.7)	
Self-employment	26 (7.2)	151 (7.3)	
Unemployed	29 (11.3)	154 (6.6)	
Retirement	14 (4.8)	276 (11.2)	
<b>Work satisfaction among individual in employment</b> (average score, range from 0 totally unsatisfied to 7 totally satisfied) †			
Total pay (including overtime) (mean (SD))	5.2 (1.5)	5.2 (1.5)	0.326
Job security (mean (SD))	5.8 (1.42)	5.2 (1.5)	0.002
Actual work itself (mean (SD))	5.5 (1.34)	5.2 (1.5)	0.012
Hours worked (mean (SD))	5.5 (1.50)	5.3 (1.6)	0.140
Overall satisfaction (mean (SD))	5.6 (1.24)	5.3 (1.4)	0.041
<b>Housing tenure</b>			
Owned home††	237 (86.8)	1737 (83.6)	0.268
Rented accommodation	12 (4.7)	138 (8.1)	
Other	21 (8.5)	140 (8.3)	

Please note the percentages are weighted and cell numbers unweighted. SD: standard deviation. †While these differences were statistically significant, the practical relevance warrants careful interpretation. Differences may not represent substantial practical differences in job satisfaction. †† Home fully owned or with a mortgage.

### A.2.2 UK Biobank: Economic Outcomes and Housing Tenure: ex-servicewomen vs. ex-servicemen

We found the following differences and similarities in economic outcomes and housing tenure between ex-servicewomen and ex-servicemen in the Biobank dataset (Table 19):

Employment status:

- **Employment status:** Similar levels of employment and unemployment between ex-servicewomen and ex-servicemen. Levels of unemployment were low for both groups (<1.5%).

Housing tenure:

- **Housing tenure:** High levels of home ownership in both groups with approximately 90% of ex-service personnel owing their accommodation.

Area level deprivation:

- **Area level material deprivation:** Both groups resided in similar areas of material deprivation as measured by the English Indices of Deprivation 2010. A higher score is indicative of an area with greater deprivation based on income, employment, health, disability, education, housing, living environment, and crime.

**Table 19: UK Biobank - Economic outcomes and housing tenure, ex-servicewomen vs. ex-servicemen**

	Ex-servicewomen n=546	Ex-servicemen n =2722	P-value
<b>Employment status</b>			
In employment (full-time or part-time)	343 (62.9)	1665 (61.4)	
Unemployed	**	39 (1.4)	
Economically inactive (e.g. retired, students)	200 (36.7)	1010 (37.2)	
<b>Housing tenure</b>			
Owned outright	246 (45.9)	1298 (48.3)	0.310
Owned mortgage	228 (42.6)	1152 (42.8)	
Rented accommodation	54 (10.1)	209 (7.8)	
Other			
<b>Area-level material deprivation †</b>	15.8 (12.9)	16.3 (13.1)	0.417

† English Indices of Deprivation 2010. \*\* suppressed cell count due to small sample size, n<10.

### A.3 Physical and mental health outcomes: ex-servicewomen vs. ex-servicemen

#### A.3.1 KCMHR Cohort: Physical and mental health outcomes: ex-servicewomen vs. ex-servicemen

In the KCMHR Cohort, ex-service personnel reported on their general health status, whether they were experiencing a current physical or mental health condition, experiencing somatic symptoms (physical presentation of psychological distress), and their alcohol use (Table 20).

We examined all the physical and mental health outcomes in logistic regressions to identify any differences between ex-servicewomen compared to ex-servicemen in the KCMHR Cohort. In our analysis, we also considered several additional factors that could influence health outcomes and controlled for them in analyses. These included age, education level, marital status, military rank, and the branch of service. By taking these factors into account,

we can get a clearer understanding of how being an ex-servicewoman might affect one's health, separate from these other influences.

#### Interpretation of forest plots

The results of the logistic regressions are presented in forest plots. These forest plots (on the following pages) show odds ratios (dots) and 95% confidence intervals (horizontal lines). Odds ratios above 1 indicate higher odds for ex-servicewomen compared to ex-servicemen; below 1, lower odds. The further from 1, the stronger the effect size (or difference). If the odds ratio line crosses 1, there is no significant difference between ex-servicewomen and ex-servicemen.

**Table 20: KCMHR Cohort - Physical and mental health outcomes, ex-servicewomen vs. ex-servicemen**

	<b>Ex-servicewomen n=270</b>	<b>Ex-servicemen n =2024</b>	<b>P-value</b>
<b>General health</b>			
Excellent	30 (10.1)	157 (6.9)	0.355
Very Good	95 (33.8)	649 (30.6)	
Good	83 (34.9)	749 (38.2)	
Fair	45 (18.3)	375 (19.9)	
Poor	6 (2.9)	78 (4.4)	
<b>Self-reported current physical health conditions</b>			
Diabetes	5 (1.3)	104 (5.7)	0.008
Heart problems	4 (1.8)	100 (4.4)	0.121
High blood pressure	21 (9.5)	424 (20.9)	0.001
Respiratory problems	20 (8.2)	166 (8.3)	0.954
Liver or kidney problems	8 (2.3)	75 (3.5)	0.886
Gastrointestinal/digestive problems	34 (12.7)	243 (12.7)	0.973
Chronic pain	50 (20.1)	322 (16.3)	0.189
Poor mobility	29 (11.7)	276 (14.8)	0.259
Musculoskeletal problems	129 (50.4)	1017 (49.5)	0.826
Cancer	5 (1.3)	51 (2.2)	0.313
Other health conditions	62 (27.4)	343 (17.5)	0.001
<b>Somatic symptoms (PHQ-15 score 10+) †</b>	86 (36.8)	422 (22.9)	< 0.001
<b>Mental Health Outcomes</b>			
Common Mental Disorders (GHQ-12 score 4+)	79 (35.5)	499 (27.2)	0.019
Probable PTSD (PCL-5 score 38+)	25 (11.4)	177 (10.4)	0.706
Complex PTSD (ITQ PTSD) ††	19 (8.9)	157 (8.8)	0.957
<b>Alcohol Use</b>			
Hazardous drinking (AUDIT score 8+)	69 (26.7)	908 (45.6)	<0.001
Alcohol misuse (also termed harmful drinking) (AUDIT score 16+)	12 (5.0)	172 (9.0)	0.066

*Please note the percentages are weighted and numbers unweighted. † PHQ-15: The Patient Health Questionnaire, screening for somatic symptoms (physical presentation of psychological distress). †† Complex-PTSD participants must first meet the criteria to be classed as a probable PTSD 'case' but then meet additional criteria to also be classed as a C-PTSD 'case'.*

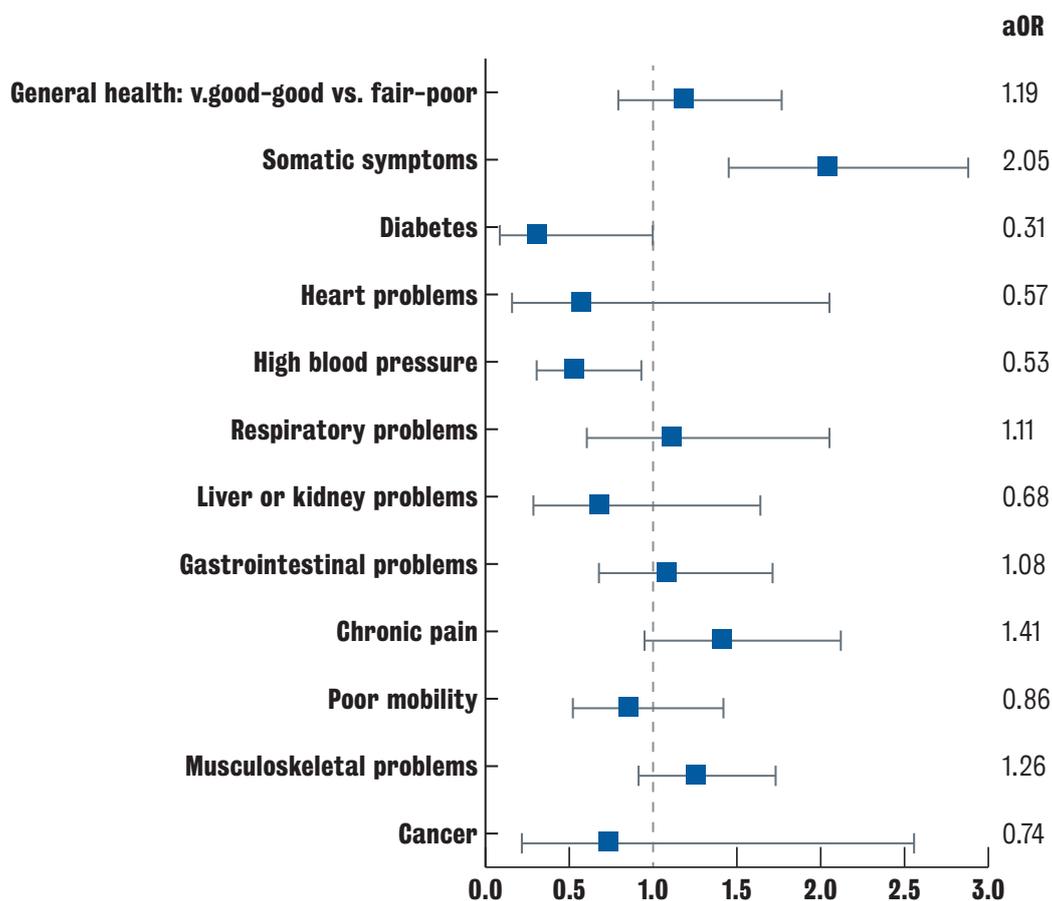
When we compared the physical health issues of ex-servicewomen and ex-servicemen, we found some differences and some similarities. Figure 4 shows how likely ex-servicewomen were to experience various health problems compared to ex-servicemen, after accounting for other factors.

- **General health:** No difference in self-reported general health.
- **Physical health conditions:** No differences in self-reported musculoskeletal conditions, chronic pain, respiratory problems, liver or

kidney problems, gastrointestinal issues, poor mobility, and cancer between ex-servicewomen and ex-servicemen. However, diabetes and high blood pressure were less common among ex-servicewomen compared to ex-servicemen.

- **Somatic symptoms:** Somatic symptoms (physical presentation of psychological distress) as measured by the PHQ-15 was more common among ex-servicewomen compared to ex-servicemen.

**Figure 4: KCMHR Cohort - Adjusted odds ratios of physical health outcomes, ex-servicewomen vs. ex-servicemen**

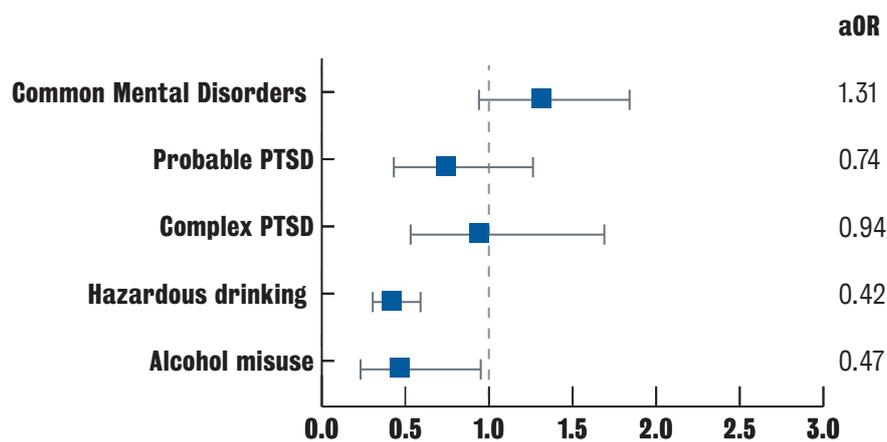


*aOR: Adjusted odds ratio. \*Adjusted for sex, age, education, marital status, rank, and service branch*

When we compared the mental health and alcohol use of ex-servicewomen and ex-servicemen, we found some differences and some similarities in the KCMHR Cohort. Figure 5 shows how likely ex-servicewomen were to experience various mental health problems and experience hazardous drinking or alcohol misuse compared to ex-servicemen, after accounting for other factors.

- ♦ **Adverse mental health outcomes:** No differences in Common Mental Disorders, PTSD or complex PTSD.
- ♦ **Alcohol use:** Hazardous drinking and alcohol misuse were less common among ex-servicewomen compared to ex-servicemen.

**Figure 5: KCMHR Cohort: Adjusted odds ratios of mental health outcomes and alcohol use: ex-servicewomen vs. ex-servicemen**



*aOR: Adjusted odds ratio. \*Adjusted for sex, age, education, marital status, rank, and service branch*

### A.3.2 UK Biobank: Physical and mental health outcomes: ex-servicewomen vs. ex-servicemen

In the UK Biobank, participants reported on their general health status, whether they were suffering from a musculoskeletal condition, previous diagnoses of mental health conditions (such as depression, anxiety, and PTSD), and their alcohol consumption (Table 21).

We examined all the physical and mental health outcomes in logistic regressions to identify any differences between ex-servicewomen compared to ex-servicemen while simultaneously considering several additional factors that could influence health outcomes and controlled for these in analyses in the Biobank dataset. We controlled for age, sex, ethnicity, education level, time in service, and area level deprivation in analyses.

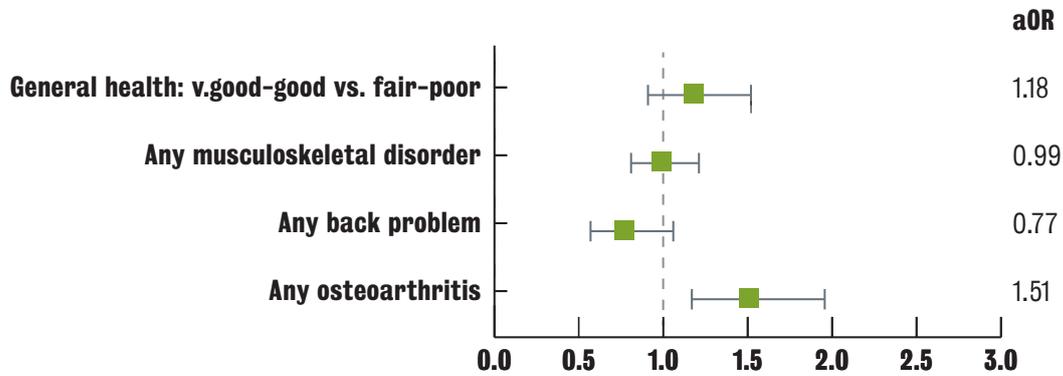
When we compared the physical health issues of ex-servicewomen and ex-servicemen, we found some differences and some similarities in the Biobank dataset. Figure 6 shows how likely ex-servicewomen were to experience various health problems compared to ex-servicemen, after accounting for other factors.

- ♦ **General health:** No difference in self-reported general health.
- ♦ **Musculoskeletal conditions:** No differences in musculoskeletal conditions.
- ♦ **Back problems:** No differences in back problems.
- ♦ **Osteoarthritis:** Osteoarthritis was more common among ex-servicewomen compared to ex-servicemen.

**Table 21: UK Biobank - Physical and mental health outcomes, ex-servicewomen vs. ex-servicemen**

	Ex-servicewomen n=546	Ex-servicemen n =2722	P-value
<b>General health</b>			
Excellent	109 (20.0)	512 (18.8)	0.161
Good	326 (59.9)	1,597 (58.8)	
Fair	85 (15.6)	520 (19.1)	
Poor	24 (4.4)	89 (3.3)	
<b>Musculoskeletal conditions</b>	265 (48.5)	1,328 (48.8)	0.914
<b>Back problems</b>	65 (11.9)	405 (14.9)	0.071
<b>Osteoarthritis</b>	115 (21.1)	477 (17.5)	<0.001
<b>Mental health</b>			
Depression	203 (37.2)	554 (20.4)	<0.001
Anxiety	85 (15.6)	248 (9.1)	<0.001
PTSD	9 (1.7)	33 (1.2)	0.409
<b>Alcohol Consumption</b>			
High-risk drinking (AUDIT-C 6+)	72 (18.5)	905 (44.9)	<0.001
Severe-risk (AUDIT-C 8+)	35 (9.0)	492 (24.4)	<0.001

**Figure 6: UK Biobank - Adjusted odds ratios of physical health outcomes: ex-servicewomen vs. ex-servicemen**

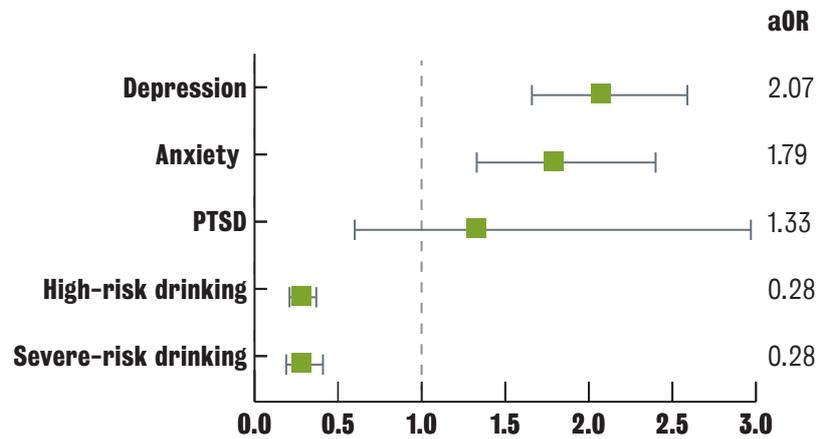


*aOR: Adjusted odds ratio. \*Adjusted for sex, age, education, marital status, rank, and service branch*

When we compared the mental health and alcohol use of ex-servicewomen and ex-servicemen, we found some differences and some similarities in the Biobank dataset. Figure 7 shows how likely ex-servicewomen were to experience various mental health problems and experience hazardous drinking, or alcohol misuse compared to ex-servicemen, after accounting for other factors.

- ♦ **Depression:** Depression was more common among ex-servicewomen compared to ex-servicemen.
- ♦ **Anxiety:** Anxiety was more common among ex-servicewomen compared to ex-servicemen.
- ♦ **PTSD:** No difference in the likelihood of PTSD between the groups (please note this analysis may lack power with small numbers and wide confidence intervals indicates a less precise estimate).
- ♦ **Alcohol use:** High-risk and severe-risk drinking was less common among ex-servicewomen compared to ex-servicemen.

**Figure 7: UK Biobank - Adjusted odds ratios of mental health outcomes and alcohol use: ex-servicewomen vs. ex-servicemen**



aOR: Adjusted odds ratio. \*Adjusted for sex, age, education, marital status, rank, and service branch

### A.3.3 UK Biobank: Trauma exposure: ex-servicewomen vs. ex-servicemen

In the UK Biobank, ex-service personnel self-reported previous exposure to trauma,

including experiencing intimate partner violence, experiencing a sexual assault, witnessing a violent death, being a victim of a violent crime, and being in a combat or war zone (Table 22).

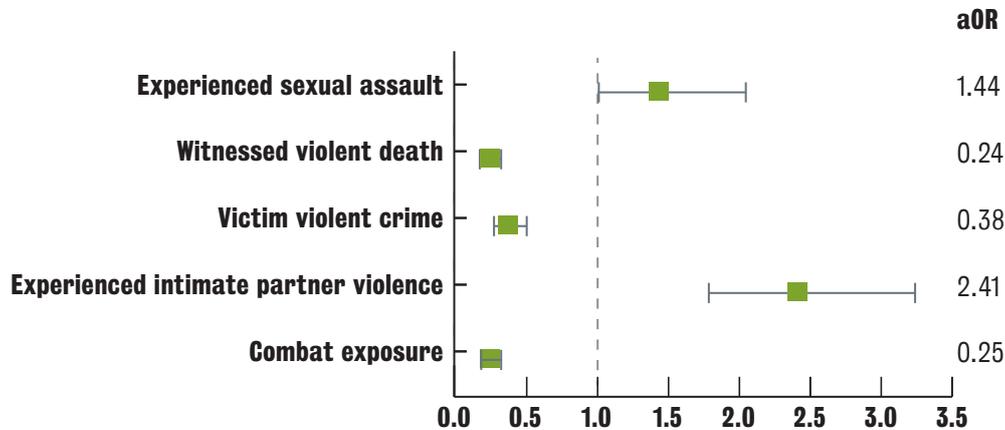
**Table 22: UK Biobank - Trauma exposure, ex-servicewomen vs. ex-servicemen**

	Ex-servicewomen n=546	Ex-servicemen n =2722	P-value
<b>Trauma exposure</b>			
Intimate partner violence	100 (22.5)	203 (9.4)	<0.001
Sexual assault	59 (14.3)	146 (7.9)	<0.001
Witnessed violent death	60 (13.5)	850 (39.4)	<0.001
Victim violent crime	66 (14.8)	566 (26.1)	<0.001
Combat exposure/ exposed to war zone	90 (20.3)	1272 (59.1)	<0.001

We examined trauma exposure in logistic regressions to identify any differences between ex-servicewomen compared to ex-servicemen while simultaneously considering several additional factors that could influence trauma exposure and controlled for these in analyses in the Biobank dataset. We controlled for age, sex, education level, time in service, and area level deprivation. When we compared the trauma exposure of ex-servicewomen and ex-servicemen, we found some differences and some similarities in the Biobank dataset. Figure 8 shows how likely ex-servicewomen were to experience trauma compared to ex-servicemen, after accounting for other factors.

- ♦ **Intimate partner violence:** Ex-servicewomen were more likely to experience intimate partner violence compared to ex-servicemen.
- ♦ **Sexual assault:** Ex-servicewomen were more likely to experience a sexual assault compared to ex-servicemen.
- ♦ **Witnessed violent death:** Ex-servicewomen were less likely to witness a violent death compared to ex-servicemen.
- ♦ **Victim violent crime:** Ex-servicewomen were less likely to be a victim of violent crime compared to ex-servicemen.
- ♦ **Combat exposure:** Ex-servicewomen were less likely to have combat exposure compared to ex-servicemen.

**Figure 8: UK Biobank – Adjusted odds ratios of trauma exposure, ex-servicewomen vs. ex-servicemen**



*aOR: Adjusted odds ratio. \*\*Adjusted for age, sex, ethnicity, education level, time in service, and area level deprivation*

## Key Highlights

### **Part A: Comparative analysis of ex-servicewomen and ex-servicemen: exploring demographic, economic, and health disparities**

#### Employment

- We found comparable levels of employment between ex-servicewomen and ex-servicemen
- A smaller percentage of ex-servicewomen work full-time compared to ex-servicemen and are more likely to hold a part-time position

#### Housing

- High levels of home ownership among ex-servicewomen and ex-servicemen were found.
- No difference in area level material deprivation among groups was noted.

#### Physical Health

- Ex-servicewomen were more likely to have osteoarthritis, while ex-servicemen were more likely to have diabetes and high blood pressure. Both groups reported similar levels of general health.

#### Mental Health

- Ex-servicewomen were more likely to experience depression, anxiety, and Common Mental Disorders than ex-servicemen. No difference in the rate of PTSD between both groups was found.

#### Alcohol Use

- Ex-servicewomen were less likely to engage in hazardous drinking or alcohol misuse than ex-servicemen.

#### Trauma Exposure

- Ex-servicewomen were more likely to experience intimate partner violence and sexual assault compared with ex-servicemen.
- Ex-servicemen were more likely to experience combat exposure and violent crime victimization than ex-servicewomen.

### **Part B: Comparative analysis of ex-servicewomen and civilian women: exploring demographic, economic, and health outcomes.**

In part B of WP3, we examine the socioeconomic and health outcomes between ex-servicewomen compared to civilian women using the KCMHR Cohort (ex-servicewomen)

matched to the 2022 Annual Population Survey (civilian women) and the UK Biobank (ex-servicewomen and civilian women).

## B.1 Demographic characteristics: ex-servicewomen vs. civilian women

### B.1.1 KCMHR Cohort – APS: Demographic characteristics: ex-servicewomen vs. civilian women

Ex-servicewomen from the KCMHR Cohort were matched to the 2022 Annual Population Survey (APS) based on sex and age. A total of 270 ex-servicewomen were matched to 2,700 civilian women, with both groups having an average age of 46.8 years. The majority of ex-servicewomen from the KCMHR Cohort resided in England (82.2%), followed by Scotland (10.4%) and Wales (3.7%). Among civilian women from the 2022 APS, a slightly lower percentage resided in England (76.9%), with higher percentages in Wales (9.3%), Scotland (10.2%) and Northern Ireland (4.6%).

We found the following sociodemographic differences between ex-servicewomen and civilian women (Table 23):

- **Education:** Educational attainment was higher among ex-servicewomen compared to civilian women.
- **Relationship status:** A higher percentage of ex-servicewomen were in a relationship compared to civilian women. A similar percentage of ex-servicewomen and civilian women were in an ex-relationship.
- **Children:** A higher percentage of ex-servicewomen had children compared to civilian women however the KCMHR Cohort age range included children below 18 years old and the APS included children below 16 years old.

**Table 23: KCMHR Cohort – APS – Demographic characteristics, ex-servicewomen vs. civilian women**

	Ex-servicewomen KCMHR Cohort n=270	Civilian women APS n =2700	P-value
<b>Country</b>			
England	222 (82.2)	2077 (76.9)	<0.001
Northern Ireland	**	97 (3.6)	
Scotland	28 (10.4)	276 (10.2)	
Wales	10 (3.7)	250 (9.3)	
Other	**	**	
<b>Education</b>			
Degree	179 (66.8)	1100 (41.7)	<0.001
A levels	53 (19.8)	759 (28.8)	
O levels/GCSE	30 (11.2)	541 (20.5)	
Other qualifications	**	113 (4.3)	
No qualifications	**	125 (4.7)	
<b>Relationship status</b>			
In relationship	201 (74.4)	1605 (59.4)	<0.001
Single	31 (11.5)	671 (24.9)	
Ex-relationship	38 (14.1)	424 (15.7)	
<b>Has Children under 16 or 18 (Yes/No) †</b>	144 (57.4)	1204 (44.6)	<0.001

*SD: standard deviation. A levels: Advanced level qualifications. O levels: Ordinary level qualification. GCSE: General Certificate of Secondary Education. †APS includes children under the age of 16. KCMHR Cohort includes children under the age of 18.*

*\*\* suppressed cell count due to small sample size, n<10. Cell counts and percents are unweighted.*

### B.1.2 UK Biobank: Demographic characteristics: ex-servicewomen vs. civilian women

We compared ex-servicewomen (n=546) to their civilian women counterparts (n=66305) in the Biobank dataset. We found the following sociodemographic differences and similarities between ex- servicewomen and civilian women (Table 24):

- ♦ **Ethnicity:** Similar distribution of ethnicity between ex-servicewomen and civilian women, with slightly more ex-servicewomen identifying as predominantly White/White British.

- ♦ **Education:** Lower levels of educational attainment for ex-servicewomen compared to civilian women.
- ♦ **Same-sex partnerships:** A higher percentage of ex-servicewomen reported same-sex partnerships compared to civilian women.
- ♦ **Children:** A lower percentage of ex-servicewomen had children compared to civilian women; among those with children, ex-servicewomen had a lower average number of children.

**Table 24: UK Biobank - Demographic characteristics, ex-servicewomen vs. civilian women**

	Ex-servicewomen n=546	Civilian women 66305	P-value
<b>Age (years (SD))</b>	55.4 (7.6)	55.5 (7.6)	0.668
<b>Ethnicity</b>			0.068
White/ White British	541 (99.5)	64569 (97.7)	
Black/ Black British	**	372 (0.54)	
Asian/ Asian British	**	356 (0.54)	
Multi-ethnic	**	348 (0.53)	
Other	**	481 (0.73)	
<b>Education</b>			<0.001
Degree	162 (32.0)	31580 (50.6)	
A levels	92 (18.2)	9741 (15.6)	
O levels/GCSE	178 (35.1)	14026 (22.5)	
Other education or professional training	75 (14.8)	7033 (11.3)	
<b>Same-sex partnerships</b>			<0.001
Opposite sex partner	473 (86.6)	60324 (91.0)	
Same-sex partner	36 (6.6)	2013 (3.0)	
<b>Number of children</b>			0.002
0 children	149 (27.3)	15049 (22.7)	
1 child	84 (15.4)	8319 (12.6)	
2 children	224 (41.0)	29301 (44.2)	
3+ children	89 (16.3)	13627 (20.6)	

*SD: standard deviation. A levels: Advanced level qualifications. O levels: Ordinary level qualification. GCSE: General Certificate of Secondary Education. \*\* suppressed cell count due to small sample size, n<10.*

## B.2 Economic outcomes and housing tenure: ex-servicewomen vs. civilian women

### B.2.1 KCMHR Cohort - APS: Economic outcomes and housing tenure: ex-servicewomen vs. civilian women

We found the following differences and similarities in economic outcomes and housing tenure between ex-servicewomen and civilian women (Table 25):

- **Employment status:** Similar levels of employment between ex-servicewomen and civilian women as well as low levels of unemployment (<1.0%).
- **Housing tenure:** Higher levels of home ownership among ex-servicewomen compared to civilian women.

### B.2.2 UK Biobank: Economic outcomes and housing tenure: ex-servicewomen vs. civilian women

We found the following differences and similarities in economic outcomes and housing tenure between

ex-servicewomen and civilian women in the Biobank dataset (Table 26, overleaf):

Employment status:

- **Employment status:** Similar levels of employment between ex-servicewomen and civilian women as well as levels of unemployment (<1.0%).

Housing:

- **Home ownership:** Lower levels of home ownership among ex-servicewomen compared to civilian women; however, home ownership remained high for both groups (90% - 95%).

Economic Area:

- **Area level material deprivation:** Ex-servicewomen resided in areas with higher material deprivation as measured by the English Indices of Deprivation 2010 than civilian women.

**Table 25: KCMHR Cohort - APS - Economic outcomes and housing tenure, ex-servicewomen vs. civilian women**

	Ex-servicewomen KCMHR Cohort n=270	Civilian women APS n =2700	P-value
<b>Employment status</b>			
Employed	212 (83.1)	2154 (79.8)	0.438
Unemployed	**	62 (2.3)	
Economically inactive	38 (14.9)	484 (17.9)	
<b>Housing tenure</b>			
Owned (outright/with mortgage)	237 (87.8)	2011 (74.6)	<0.001
Rented	27 (10.0)	662 (24.6)	
Other	**	24 (0.9)	

\*\* suppressed cell count due to small sample size, n<10. Cell counts and percents are unweighted.

**Table 26: UK Biobank - Economic outcomes and housing tenure, ex-servicewomen vs. civilian women**

	Ex-servicewomen n=546	Civilian women n =66305	P-value
<b>Housing tenure</b>			
Owned outright	246 (46.0)	37557 (57.1)	<0.001
Owned mortgage	228 (42.6)	25047 (38.1)	
Rented	54 (10.1)	2682 (4.0)	
Other	7 (1.3)	531 (0.8)	
<b>Employment status</b>			
Employed	343 (62.9)	41561 (63.1)	0.670
Unemployed	2 (0.4)	443 (0.7)	
Economically inactive	200 (36.70)	23,859 (36.23)	
<b>Area-level material deprivation †</b>	15.78 (12.88)	14.44 (11.56)	0.007

† English Indices of Deprivation 2010.

### B.3 Physical and mental health outcomes: ex-servicewomen vs. civilian women

#### B.3.1 UK Biobank: Physical and mental health outcomes: ex-servicewomen vs. civilian women

In the UK Biobank, participants reported on their general health status, whether they were suffering from a musculoskeletal condition, previous diagnoses of mental health conditions (such as depression, anxiety, and PTSD), and their alcohol use (Table 27).

We examined the physical and mental health outcomes in logistic regressions to identify any differences between ex-servicewomen compared to civilian women while simultaneously considering several additional factors that could influence health outcomes and controlled for these in analyses in the Biobank dataset. We controlled for age, previously serving in the Armed Forces, ethnicity, education level, and area-level material deprivation.

When we compared the physical health issues of ex-servicewomen and civilian women, we found some differences and some similarities. Figure 9 shows how likely ex-servicewomen were to experience various health problems compared to civilian women, after accounting for other factors in the Biobank dataset.

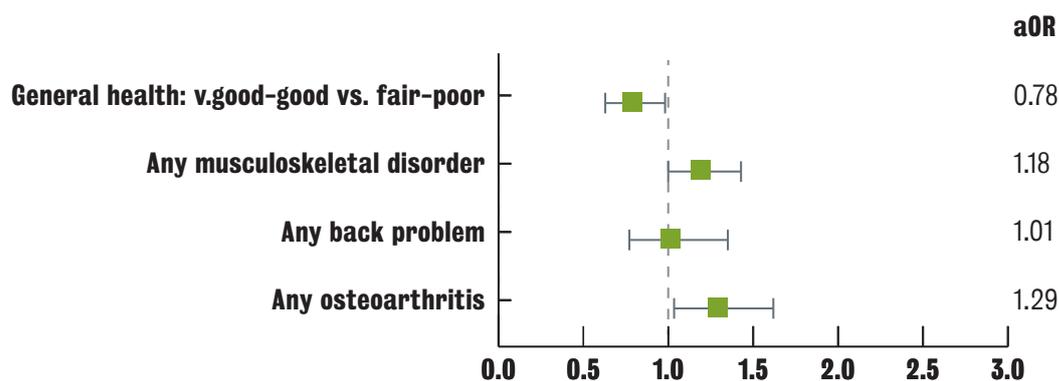
- ♦ **General health:** Ex-servicewomen had poorer self-reported general health compared to civilian women.
- ♦ **Musculoskeletal conditions:** No differences in musculoskeletal conditions between the groups.
- ♦ **Back problems:** No differences in back problems between the groups.
- ♦ **Osteoarthritis:** Osteoarthritis was more common among ex-servicewomen compared to civilian women.

**Table 27: UK Biobank – physical and mental health outcomes, ex-servicewomen vs. civilian women**

	Ex-servicewomen n=546	Civilian women n =66305	P-value
<b>General health</b>			
Excellent	109 (20.0)	15498 (23.4)	<0.001
Good	326 (59.9)	40447 (61.1)	
Fair	85 (15.6)	8920 (13.5)	
Poor	24 (4.4)	1292 (2.0)	
<b>Musculoskeletal conditions</b>	265 (48.5)	28766 (43.4)	0.016
<b>Back problems</b>	65 (11.9)	7261 (11.0)	0.478
<b>Osteoarthritis</b>	115 (21.1)	11501 (17.4)	0.023
<b>Mental Health</b>			
Depression	203 (37.2)	21317 (32.2)	0.012
Anxiety	85 (15.6)	11286 (17.0)	0.367
PTSD	9 (1.7)	873 (1.3)	0.490
<b>Alcohol Consumption</b>			
High-risk drinking (AUDIT-C 6+)	72 (18.5)	10706 (22.0)	0.090
Severe-risk drinking (AUDIT-C 8+)	35 (9.0)	4787 (9.9)	0.564

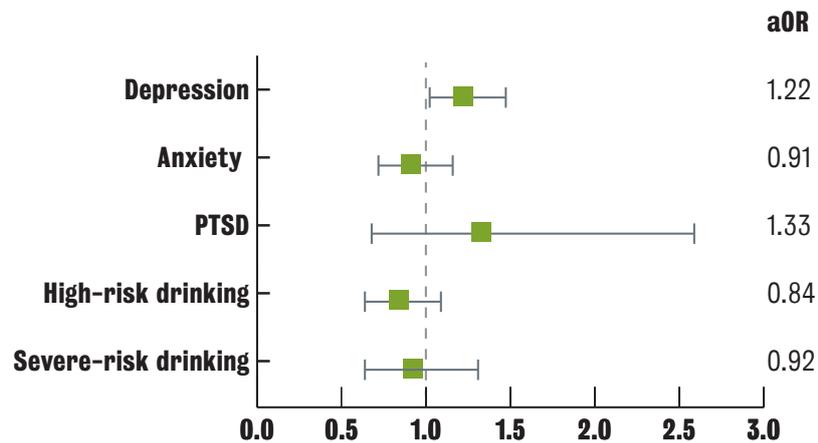
† English Indices of Deprivation 2010.

**Figure 9: UK Biobank – Adjusted odds ratios of physical health outcomes, ex-servicewomen vs. civilian women**



<sup>a</sup>OR: Adjusted odds ratio. \* Adjusted for age, ethnicity, education, previous service in the Armed Forces, and area level material deprivation

**Figure 10: UK Biobank – Adjusted odds ratios of mental health outcomes and alcohol use, ex-servicewomen vs. civilian women**



*aOR: Adjusted odds ratio. \* Adjusted for age, ethnicity, education, previous service in the Armed Forces, and area level material deprivation*

When we compared the mental health and alcohol consumption of ex-servicewomen and civilian women, we found some differences and some similarities. Figure 10 shows how likely ex-servicewomen were to experience various mental health problems and experience high-risk, or severe-risk drinking compared to civilian women, after accounting for other factors in the Biobank dataset.

- ♦ **Depression:** Depression was more common among ex-servicewomen compared to civilian women.
- ♦ **Anxiety:** No difference in anxiety was found between the groups.
- ♦ **PTSD:** Rates of PTSD were comparable between ex-servicewomen and civilian women (please note this analysis may lack power with small numbers and a wide confidence interval suggesting a less precise estimate).
- ♦ **Alcohol consumption:** No difference in high or severe-risk drinking between the groups.

### B.3.3 UK Biobank: Trauma exposure: ex-servicewomen vs. women civilians

In the UK Biobank, ex-servicewomen and civilian women self-reported previous exposure to trauma, including experiencing intimate partner violence, experiencing a sexual assault, witnessing a violent death, being a victim of a violent crime, and being in a combat or war zone (Table 28).

We examined trauma exposure in logistic regressions to identify any differences between ex-servicewomen compared to civilian women while simultaneously considering several additional factors that could influence trauma exposure and controlled for this in analyses.

When we compared the trauma exposure of ex-servicewomen and civilian women, we found some differences and some similarities. Figure 11 shows how likely ex-servicewomen were to experience

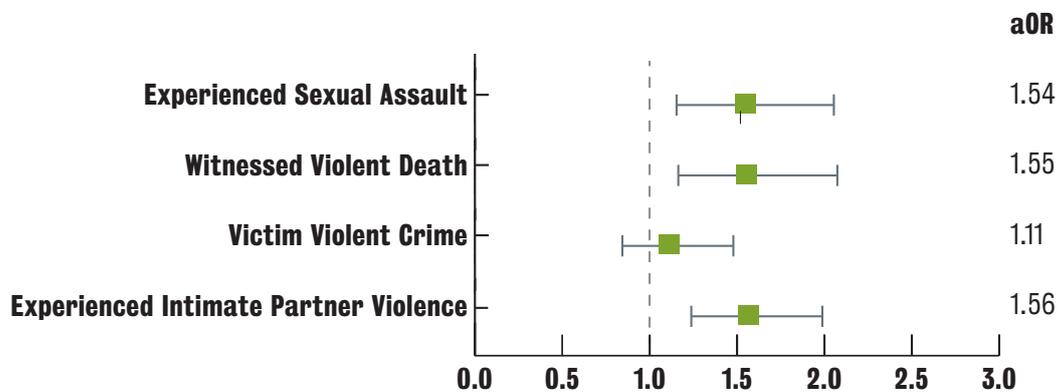
trauma compared to civilian women, after accounting for other factors in the Biobank dataset.

- ♦ **Intimate partner violence:** Ex-servicewomen were more likely to experience intimate partner violence compared to civilian women.
- ♦ **Sexual assault:** Ex-servicewomen were more likely to experience a sexual assault compared to civilian women.
- ♦ **Witnessed violent death:** Ex-servicewomen were more likely to witness a violent death compared to civilian women.
- ♦ **Victim violent crime:** No difference in experiencing a violent crime between the two groups.
- ♦ **Combat exposure:** Ex-servicewomen were more likely to have combat exposure compared to civilian women.

**Table 28: UK Biobank - Trauma exposure, ex-servicewomen vs. civilian women**

	Ex-servicewomen n=546	Civilian women n =66305	P-value
<b>Trauma exposure</b>			
Intimate partner violence	100 (22.5)	8369 (15.5)	<0.001
Sexual assault	59 (14.3)	5104 (10.2)	<0.001
Witnessed violent death	60 (13.5)	4980 (9.2)	<0.001
Victim violent crime	66 (14.8)	7780 (14.4)	0.810
Combat exposure/exposure to war zone	90 (20.3)	745 (1.4)	<0.001

**Figure 11: UK Biobank - Adjusted odds ratios of trauma exposure, ex-servicewomen vs. civilian women**



*aOR: Adjusted odds ratio. \* Adjusted for age, ethnicity, education, previous service in the Armed Forces, and area level material deprivation. \*Combat exposure not presented as aOR > 20.0*

### Key Highlights

#### Part B: Comparative analysis of ex-servicewomen and civilian women: exploring demographic, economic, and health outcomes.

##### Employment

- We found comparable levels of employment between ex-servicewomen and civilian women

##### Housing

- High levels of home ownership were reported by both ex-servicewomen and civilian women.
- Ex-servicewomen were more likely to live in areas of material deprivation compared to civilian women.

##### Physical Health

- Ex-servicewomen were more likely to report poorer general health compared to civilian women.
- Ex-servicewomen were more likely to have osteoarthritis compared to civilian women.

##### Mental Health

- Ex-servicewomen were more likely to experience depression compared to civilian women.
- No difference was found in rates of anxiety and PTSD between ex-servicewomen and civilian women.

##### Alcohol Use

- No difference was found in rates of high and severe risk between ex-servicewomen and civilian women.

##### Trauma Exposure

- Ex-servicewomen were more likely to experience intimate partner violence, sexual assault, witnessing a violent crime and combat exposure compared to civilian women.



*Defence Imagery: Photographer - Cpl Watson RLC, 2023*

## Chapter Six

# Triangulation – bringing the evidence together

### Triangulation aims

- To collate and synthesise findings from the systematic review, service mapping, stakeholder interviews, qualitative interviews and quantitative analysis from the perspective of ex-servicewomen to:
  1. Identify characteristics of successful and sustainable military to civilian transitions
  2. Identify characteristics of negative military to civilian transitions

### Characteristics of ex-servicewomen's successful and sustainable military to civilian transitions

We identified 18 positive characteristics of successful and sustainable transition pertaining to service and ex-servicewomen across the evidence in the various SUSTAIN work packages. Positive characteristics were also formulated from stakeholders and ex-servicewomen's feedback as to what would have aided their transitions, even if these were not experienced in practice at the time. These characteristics may not all be applicable to ex-servicewomen in creating successful and sustainable transitions, but the characteristics identified represent a menu of positive and supportive factors that enable(d) ex-servicewomen to transition from military to

civilian life successfully. These characteristics are described below and presented in Figure 12; relevant evidence sources are noted in Table 29.

#### 1. Life cycle of service and civilian life

Successful transitions from service should not be conceptualised as a simple moment in time or a set period. 'Upstream' experiences before and within service may impact how ex-servicewomen leave service and their experiences 'downstream' in civilian life. Therefore, successful transitions back into civilian life begin when someone joins service and should be conceptualised as a life cycle.

#### 2. Not linear and no set time

Successful transitions may not follow a linear process and may occur over many years; for some transition may be a lifelong process. It may be helpful to ensure that serving personnel have a realistic expectation that transition is not an instant or short-term, process, and it may be both exciting and daunting, with associated successes, disappointments, challenges and setbacks.

#### 3. Inclusion and belonging

Successful transition requires the prioritisation of inclusion and belonging in-service; servicewomen should feel confident to bring their authentic selves and talents to the Armed

Forces. Inclusion also means ex-servicewomen being able to fully utilise their skills and experiences to realise their full potential, and where their unique contribution is valued by the military in-service. If inclusion and belonging is successfully achieved in-service, this may facilitate replication post service in veteran support services and networks so that ex-servicewomen feel they belong which in turn supports a sustainable, successful, transition.

#### **4. Supported to thrive**

This study found some examples of women succeeding in their transitions ‘in spite’ of and ‘despite’ avoidable negative in-service circumstances related to gender discrimination. All military personnel should be supported to thrive and to reach their potential in-service which in turn should support their transition and success in civilian life. Being supported to thrive is linked to inclusion in-service and may need an assessment of where gender discrimination works against individuals reaching their potential.

#### **5. Early preparation**

A consequence of conceptualising transition as starting at the point of joining service also means that successful transition is characterised by early, sufficient, preparation. Our interviews identified that all service personnel should acknowledge they will leave the military at point (some by choice and some unexpectedly) and they should be encouraged to prepare early for that transition. Effective preparation (assessing post-service finances, housing, career qualifications) early on is likely to facilitate a more successful transition. This early preparation is particularly important for those who may leave service not by choice – for example through medical discharge.

#### **6. Prolonged deliberation**

Successful transition for some is characterised by prolonged and thoughtful deliberation about leaving service, weighing up the benefits and drawbacks, thinking through timing and preparedness to leave. This deliberation is tied to early preparation. Where leaving is sudden or unexpected, specific support should be provided (see point 11 below).

#### **7. Strength based leaving**

Where possible service personnel should make a positive choice to leave service and focus on the benefits and positive attributes service has given them. Such an approach is likely to facilitate success in civilian life. Acknowledging this cannot always be the case for those who leave unexpectedly, ex-servicewomen (or any service personnel) should not be put in circumstances that are preventable where they feel forced to leave service. For example, servicewomen should not feel forced to leave service because of childcare pressures or harassment.

#### **8. Autonomy and control**

Successful transition is characterised by individuals having a degree of autonomy and control over the transition process; understanding the increase in autonomy and control in their civilian life is also likely to help. Some of this autonomy and control is built by early preparation in-service for transition, and some of this is built through self-efficacy and confidence built in-service and taken into civilian life (i.e. part of strength-based leaving). Women who leave through unexpected circumstances, such as medical discharge, should be helped to retain as much autonomy and control over their discharge process as possible to bolster their dignity and confidence.

**Table 29: SUSTAIN evidence sources for characteristics of positive transition experiences**

<b>Life cycle of service and civilian life</b>
<b>Evidence of need from SUSTAIN:</b> ✔ Stakeholder interviews/focus groups; ✔ Systematic Review; ✔ Qualitative interviews
<b>Not linear and no set time</b>
<b>Evidence of need from SUSTAIN:</b> ✔ Stakeholder interviews/focus groups; ✔ Systematic Review; ✔ Qualitative interviews
<b>Inclusion and belonging</b>
<b>Evidence of need from SUSTAIN:</b> ✔ Stakeholder interviews/focus groups; ✔ Systematic Review; ✔ Qualitative interviews
<b>Supported to thrive</b>
<b>Evidence of need from SUSTAIN:</b> ✔ Stakeholder interviews/focus groups; ✔ Systematic Review; ✔ Qualitative interviews
<b>Early preparation</b>
<b>Evidence of need from SUSTAIN:</b> ✔ Stakeholder interviews/focus groups; ✔ Systematic Review; ✔ Qualitative interviews
<b>Prolonged deliberation</b>
<b>Evidence of need from SUSTAIN:</b> ✔ Stakeholder interviews/focus groups; ✔ Qualitative interviews
<b>Strength based leaving</b>
<b>Evidence of need from SUSTAIN:</b> ✔ Stakeholder interviews/focus groups; ✔ Systematic Review; ✔ Qualitative interviews
<b>Autonomy and control</b>
<b>Evidence of need from SUSTAIN:</b> ✔ Stakeholder interviews/focus groups; ✔ Systematic Review; ✔ Qualitative interviews; ✔ Quantitative analysis
<b>Holistic</b>
<b>Evidence of need from SUSTAIN:</b> ✔ Stakeholder interviews/focus groups; ✔ Systematic Review; ✔ Qualitative interviews
<b>Individual</b>
<b>Evidence of need from SUSTAIN:</b> ✔ Stakeholder interviews/focus groups; ✔ Systematic Review; ✔ Qualitative interviews
<b>Specific support if leaving unexpected</b>
<b>Evidence of need from SUSTAIN:</b> ✔ Stakeholder interviews/focus groups; ✔ Systematic Review; ✔ Qualitative interviews; ✔ Quantitative analysis
<b>Closure/acceptance</b>
<b>Evidence of need from SUSTAIN:</b> ✔ Qualitative interviews
<b>Gaining meaningful employment</b>
<b>Evidence of need from SUSTAIN:</b> ✔ Stakeholder interviews/focus groups; ✔ Systematic Review; ✔ Qualitative interviews; ✔ Quantitative analysis

<b>Appropriate healthcare</b>
<b>Evidence of need from SUSTAIN:</b>
✔ Across all work packages (stakeholder interviews/focus groups, service mapping review, qualitative interviews, quantitative analysis)
<b>Work and family life balance</b>
<b>Evidence of need from SUSTAIN:</b>
✔ Stakeholder interviews/focus groups; ✔ Systematic Review; ✔ Qualitative interviews; ✔ Quantitative analysis
<b>Finding purpose</b>
<b>Evidence of need from SUSTAIN:</b>
✔ Stakeholder interviews/focus groups; ✔ Systematic Review; ✔ Qualitative interviews
<b>Actively pursuing integration into civilian life</b>
<b>Evidence of need from SUSTAIN:</b>
✔ Stakeholder interviews/focus groups; ✔ Systematic Review; ✔ Qualitative interviews
<b>Service being valued</b>
<b>Evidence of need from SUSTAIN:</b>
✔ Stakeholder interviews/focus groups; ✔ Qualitative interviews

**Figure 12: Positive characteristics of successful and sustainable transition for ex-servicewomen**



## **9. Holistic**

Successful transition requires holistic considerations. Important factors include the servicewoman's health (both physical and mental health), the family unit, housing, finances, education, future career options, social support, and emotional wellbeing. Transition should focus on both practical and psychosocial needs. Relevant emotional aspects of transition include changes in identity, loss of friendships or routines, and the unknown nature of post-service life, all of which can be daunting. Whilst many practical aspects of transition are recognised and support provided, our work with ex-servicewomen has identified that more consideration should be given to supporting the emotional and psychosocial needs of individuals leaving service.

## **10. Individual**

No transition is the same. Successful transition is more likely when individuals have received tailored and individualised transition support. Women we interviewed felt that resettlement schemes or support for ex-service personnel tried to fit people into boxes. Importantly, they felt that historically transition support had catered for men's needs. Successful transition support should be tailored towards individual circumstances taking appropriate account of women's specific needs. This links to the need for inclusion and belonging in the delivery of transition support services.

## **11. Specific support if leaving is unexpected**

Many aspects of successful transition can be lost when an individual has to leave service unexpectedly and/or not by choice. For example, there may be less planning in place, less autonomy and control and less time to think about leaving service and deliberate on what returning to civilian life will be like. In these cases, ex-servicewomen identified that specific support, both practically and emotionally, may be needed to leave service on the best terms possible. As such, proactive support from veteran and civilian organisations may be required or direct referrals into NHS, or charitable, healthcare services.

## **12. Closure/acceptance**

Successful transition was characterised by individuals accepting the end of their military career, having closure with this 'chapter' of their lives and actively pursuing the opportunities and challenging of their new civilian life. This element is closely tied with supporting psychosocial needs during transition.

## **13. Gaining meaningful employment**

For some (but not all ex-servicewomen), employment was often key building block in successful transition. The study however identified that ex-servicewomen highlighted the need for meaningful employment that fitted with their values. Importantly, many of these values appeared aligned with service to others and altruistic focused jobs. More work should be done to understand what the employment needs and aspirations of ex-servicewomen are.

## **14. Appropriate healthcare**

Successful transitions are characterised by healthcare provision being knowledgeable, experienced and sensitive to women's health needs both in-service and after leaving service.

## **15. Work and family life balance**

Across our studies ex-servicewomen and stakeholders noted the need for balance between work, family and caring responsibilities both in-service and in transition into civilian life. Whilst this is likely an aspiration for any women in the civilian workplace, early preparation in-service should include deliberation around these responsibilities and consideration given to current in-service organisational family friendly working environments balanced with individual responsibility.

## **16. Finding purpose**

A characteristic of successful transition for ex-servicewomen was finding renewed purpose in civilian life. Again, this ties in with the psychosocial needs of those leaving service. Purpose could be achieved through practical

means such as meaningful employment, developing new friendships or re-investment in family life. Facilitating and finding purpose should be a site of focus in early preparation planning for leaving service.

### **17. Actively pursuing integration into civilian life**

Ex-servicewomen noted many positive skills of adaption and resilience they had learnt in service life which they used to actively pursue integration into civilian life. Active integration often included building friendships, taking up hobbies and becoming involved in volunteering. Successful transition is therefore characterised by intentional effort to pursue civilian integration and thought given how ex-servicewomen can be supported to do this.

### **18. Service being valued**

Successful transitions are characterised

by women's military service being valued, acknowledged and visible. Ex-servicewomen wanted their service to be valued by both the military and by civilians. Feeling perceived value helped women to be proud of their service but also to be able to move on from it.

### **Conclusions**

Some of these characteristics may be equally applicable to successful transition for ex-servicemen and women, however the SUSTAIN project values these insights from ex-servicewomen's perspectives in their own right, and believes that additional insights provided by women, may be able to improve transition experiences for all in the Armed Forces. Key to utilising these positive characteristics will be how they can be operationalised through cultures, policy or services in-service and in civilian life.



*Defence Imagery: Photographer - AS1 Sarah Barsby, 2022*

## Characteristics of ex-servicewomen’s negative military to civilian transition experiences

From synthesising evidence from all SUSTAIN work packages, we have identified characteristics that are present when ex-servicewomen experienced negative transitions. There were some barriers to successful transition from military to civilian life that were similar between men and women ex-service personnel, these included issues such as a loss of military identity, difficulties fitting into civilian life, practical difficulties finding housing, employment or knowing about available veteran support services, and difficulties of medical discharge or civilian healthcare providers

understanding ex-service personnel’s health needs. These areas of difficulties are well noted in previous research literature (31).

However, the SUSTAIN study specifically wanted to understand whether ex-servicewomen experienced any additional, particular, or qualitatively different barriers to successful and sustainable transition compared to ex-servicemen. We have identified six characteristics that were present when ex-servicewomen reported negative transition experiences and have ascertained where and how these experiences may have negatively affected transition and transition outcomes for ex-servicewomen. These characteristics are detailed below and SUSTAIN evidence sources noted in Table 30.

**Table 30: Characteristics of negative transition experiences for ex-servicewomen**

<b>Women’s identities unwelcome and contested</b>
<b>Evidence of need from SUSTAIN:</b>
✔ Stakeholder interviews/focus groups; ✔ Systematic Review; ✔ Qualitative interviews
<b>Lack of support for family life in-service</b>
<b>Evidence of need from SUSTAIN:</b>
✔ Stakeholder interviews/focus groups; ✔ Systematic Review; ✔ Qualitative interviews; ✔ Quantitative analysis
<b>Equipment and environment not fit for women</b>
<b>Evidence of need from SUSTAIN:</b>
✔ Across all work packages (stakeholder interviews/focus groups, service mapping review, qualitative interviews, quantitative analysis)
<b>Healthcare deficient addressing women’s needs</b>
<b>Evidence of need from SUSTAIN:</b>
✔ Across all work packages
<b>Sexism, sexual harassment and assault experiences</b>
<b>Evidence of need from SUSTAIN:</b>
✔ Across all work packages
<b>Employment gender discrimination</b>
<b>Evidence of need from SUSTAIN:</b>
✔ Stakeholder interviews/focus groups; ✔ Systematic Review; ✔ Qualitative interviews; ✔ Quantitative analysis

### **1. Women's identities unwelcome and contested**

We identified ex-servicewomen's constant adaptation of their identities to fit traditional masculine norms and military culture in-service. Women described being a hyper-visible minority and therefore did not want to be 'othered' or negatively stereotyped and they therefore masked their own identity to adapt into the masculine culture. The masculine and sexist competitive environment made women feel the need to prove themselves and were made to feel they were not 'good enough' by male colleagues. As women masked their identities in-service, they did not have an affinity with the stereotypical male 'veteran identity' after their military to civilian transition. After leaving service, women then struggled with fitting in with civilians in the workplace or general life, where their masculine traits taken on in-service were considered unfeminine or aggressive.

#### **Impact on Transition**

Non-inclusive cultures were factors causing women to experience a worse working environment during their service and caused some to leave careers earlier than wanted. The lack of affinity with the male veteran identity further meant women did not want to access veteran support services or rejected veteran networks all together. This meant ex-servicewomen were not accessing all available support and risked isolating themselves. The constant conflicting identities and masking had a negative impact on women's sense of self, self-efficacy and self-confidence with a potential longer-term impact on mental health.

Where ex-servicewomen's identities were unwelcome and contested it eroded the positive characteristics of successful and sustainable transition including: Inclusion and belonging; Supported to thrive; Early preparation; Prolonged deliberation; Strength based leaving; Autonomy and control; Closure/acceptance; Pursuing integration into civilian life; and Service being valued.

### **2. Lack of support for family life in-service**

We identified that service life tensions and the lack of flexibility with family life impacted serving women and caused some women to leave service. Of note were difficulties of single parenting and deployment, the negative impact of pregnancy on deployments and promotions, and difficulties experienced in dual service couples where women took on more maternity leave and caring responsibilities which negatively impacted their career and reasons for leaving.

#### **Impact on Transition**

Due to the lack of support for family life in-service, women left service due to pregnancy and the pressures of having children. These inequalities may impact women more than men. Whilst we cannot be assured of causation, there may be an impact on ex-servicewomen either not having children or having fewer children compared to ex-servicemen or civilian women from our quantitative data. There may also be a negative impact on ex-servicewomen's relationships where they were more likely to be single or have ex-relationships compared to ex-servicemen. Ex-servicewomen were also more likely to cite pregnancy as a reason for leaving service and were more likely to have shorter careers than ex-servicemen.

Where there was a lack of support for family life in service it eroded the positive characteristics of successful and sustainable transition including: Inclusion and belonging; Supported to thrive; Early preparation; Prolonged deliberation; Strength based leaving; Autonomy and control; Holistic; Closure/acceptance; and Work and family life balance.

### **3. Equipment and environment not fit for women**

Poor or ill-fitting equipment and uniforms in-service for women as well as inappropriate physical environments such as changing rooms or toilets without available sanitary disposal facilities were identified. This reinforced non-inclusive

cultures that women did not belong in-service and demonstrated lack of due care towards women.

#### Impact on Transition

Some ex-servicewomen left service earlier or had shorter careers through experiencing physical injury or wanting to leave a non-inclusive work environment. There was evidence of physical impacts on ex-servicewomen in higher levels of osteoarthritis compared to civilian women that could be due to effects of load bearing in-service. It was also evident that there was no specific physical health support for women ex-service personnel in veteran support services offered or good understanding of ex-servicewomen specific health needs.

Where the equipment and environment were not fit for women in-service it eroded the positive characteristics of successful and sustainable transition including: Inclusion and belonging; Supported to thrive; Early preparation; Prolonged deliberation; Strength based leaving; Autonomy and control; Closure/acceptance; Appropriate healthcare.

#### **4. Healthcare deficient addressing women's needs**

Female healthcare needs were not catered for or understood both in-service or when women left service. The lack of understanding was present regarding veteran services as well as civilian healthcare services. Some servicewomen reported they did not want to seek help as they did not want to conform to female stereotype of being weak and wanted to embody the masculine expectation of perseverance and stoicism. Ex-servicewomen reported feeling unwelcome in male veteran services as the branding was of masculine/veteran stereotypes which did not appeal or feel accessible.

#### Impact on Transition

Service and ex-servicewomen may have unmet healthcare needs across life cycle of service and civilian life including physical and mental health needs. Women's health needs such as gynaecological conditions and menopause were particularly neglected and misunderstood by healthcare professional's in-service and post-

service. Servicewomen may carry injuries or mental health difficulties for longer in-service (due to reduced help-seeking), which may then result in chronic injury or illness resulting in medical discharges, and potentially leaving service with more chronic conditions they may need to manage in civilian life. A lack of use of healthcare services in civilian life or delayed help-seeking (whether veteran or civilian services) may further worsen health outcomes.

Some inequalities in healthcare outcomes were evidenced between ex-servicewomen compared to ex-servicemen and civilian women. Ex-servicewomen were more likely to cite health concerns as reasons for leaving service and more likely to leave by medical discharge compared to ex-servicemen. In civilian life, ex-servicewomen were more likely to report worse overall health, osteoarthritis and lifetime depression compared to civilian women.

Where healthcare was deficient in addressing service and ex-servicewomen's needs it eroded the positive characteristics of successful and sustainable transition including: Inclusion and belonging; Supported to thrive; Early preparation; Prolonged deliberation; Strength based leaving; Autonomy and control; Holistic; Closure/acceptance; Appropriate healthcare.

#### **5. Sexism, sexual harassment and assault experiences**

Servicewomen experienced the spectrum of sexism, such as microaggressions and sexist banter, to sexual harassment, assault and MST. These behaviours forced women to leave service with long-lasting negative consequences into civilian life regarding their health and wellbeing. With regards to sexual harassment and assault, it was characterised by non-disclosure in service or disclosure that was not believed. Some ex-servicewomen who experienced these behaviours and reported them, reported being punished themselves, or described the issue being covered up with perpetrators protected. Across the WPs we also identified a lack of support and health provision for sexual assault specifically both in-service and post-service.

## Impact on Transition

Sexual harassment and assault experiences negatively affected the life cycle of service and civilian life. Service and ex-servicewomen were forced to leave service earlier without due planning or deliberation and with worse health. Ex-servicewomen wanted to leave service due to a negative non-inclusive environment, or through health repercussions of experiencing sexual harassment or assault. Inadequate healthcare provision for women generally but also specific to sexual assault both in-service and civilian life may further exacerbate worse health outcomes. There may also be impacts of institutional betrayal that can worsen mental health outcomes and reduce help-seeking with veteran services in civilian life. These worse outcomes were evidenced in quantitative findings of higher levels of in-service traumatic exposure identified in ex-servicewomen compared to ex-servicemen, and in civilian life where ex-servicewomen reported higher levels of sexual assault compared to female civilians.

Where there was sexism, sexual harassment and assault experiences this eroded positive characteristics of successful and sustainable transition including: Inclusion and belonging; Supported to thrive; Early preparation; Prolonged deliberation; Strength based leaving; Autonomy and control; Closure/acceptance; Appropriate healthcare.

## 6. Employment gender discrimination

Gender discrimination experienced in-service negatively affected promotions and confidence of women where it caused women to leave service. Ex-servicewomen reported veteran work schemes and career support that was catered to men and male corporate dominated careers which did not serve women's values or career aspirations in civilian life. Women reported a lack of confidence in selling their career skills in civilian life, frequently changing their careers after service to try and find the right fit, and also reported underemployment in civilian roles.

## Impact on Transition

The gender discrimination experienced in-service by women led to inequality where ex-servicewomen may be at a disadvantage compared to their military male counterparts in transition and later into civilian life. This inequality was exacerbated by a lack of effective career transition support or employment schemes fit for ex-servicewomen. Inequalities were evidenced in shorter lengths of service and fewer women reaching Senior Officer roles compared to ex-servicemen. Ex-servicewomen in the KCMHR cohort data were less likely to be employed full time and more likely to be part time compared to ex-servicemen.

Where employment gender discrimination was identified in-service this eroded positive characteristics of successful and sustainable transition including: Inclusion and belonging; Supported to thrive; Early preparation; Prolonged deliberation; Strength based leaving; Autonomy and control; Holistic; Individual; Closure/acceptance; Gaining meaningful employment; Finding purpose; Service being valued.

Integrated positive and negative characteristics transition model for ex-servicewomen  
Where we see the six characteristics of negative transition experiences, these specific barriers to successful transition for ex-servicewomen have often flowed from non-inclusive aspects of military cultures such as traditional masculine military norms, sexism, and at the extremes, misogyny. For example, where traditional masculine military norms exist or persist in-service, these have not produced a cultural or physical environment that includes or provides for women's healthcare needs, identities, or support for family life.

These non-inclusive military cultures were described across all work packages. In-service these included overarching masculine cultures of hegemony, strength, competition, dominance, stoicism, general sexist stereotypes, servicewomen needing to 'be one of the lads' to be accepted, microaggressions towards women, inappropriate sexist or sexualised comments including 'banter', sexual innuendos, women internalising and reproducing sexism in their own behaviour to fit in

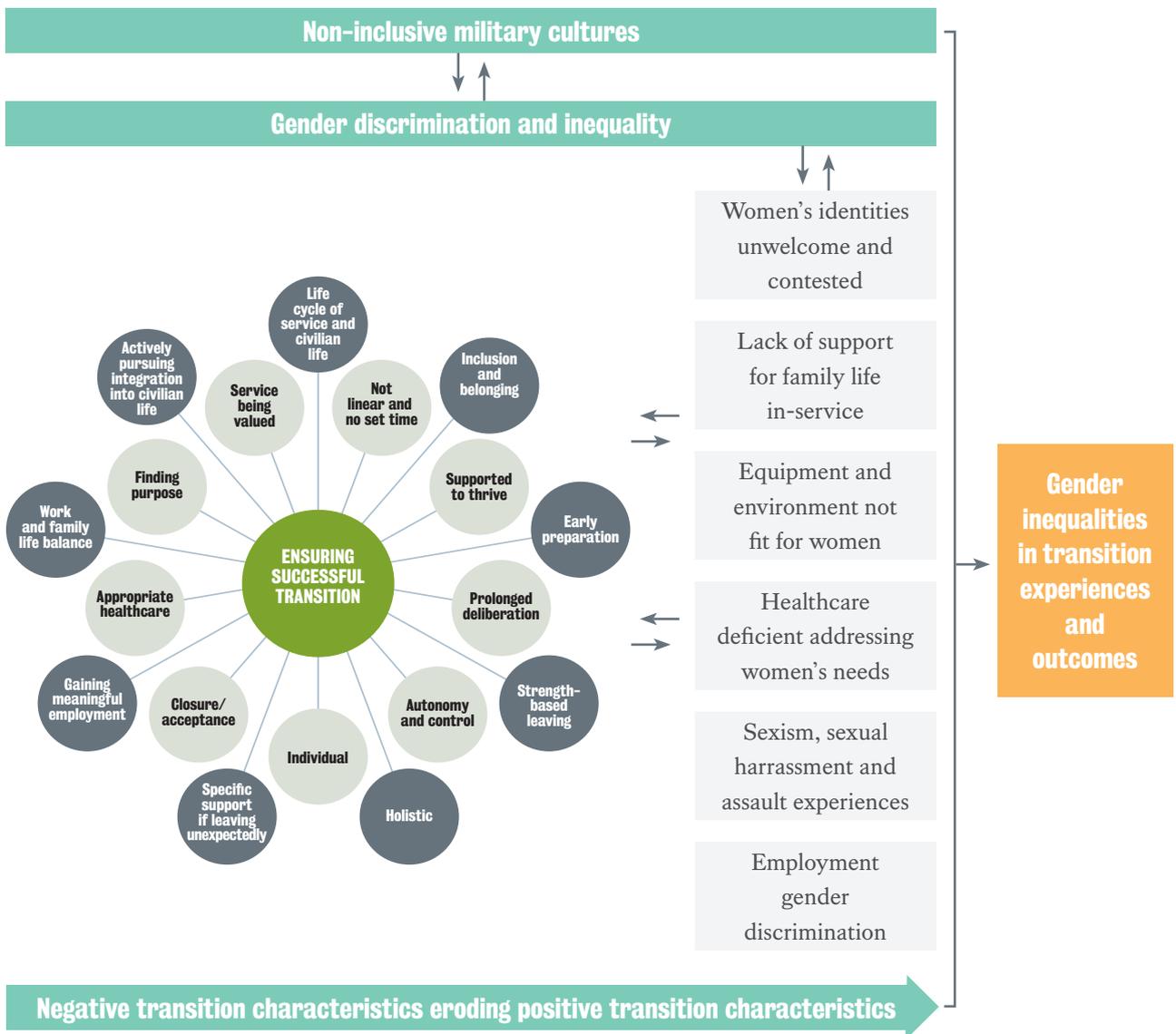
or get ahead, women feeling they had to perform at higher levels than men in-service to be treated with the same respect, bullying based on gender, and sexual harassment and assault.

These non-inclusive military cultures enabled gender discrimination, that was then reproduced in systems, policies or individual behaviours in-service, that are replicated and reproduced in veteran structures in ex-servicewomen’s civilian lives, leading to gender inequalities. Ultimately the result is gender inequalities that negatively affect transition experiences and outcomes for ex-servicewomen. We have identified that

the positive characteristics of transition are undermined or eroded by the six negative characteristics of transition experiences across the life cycle of service and civilian life. This process is depicted in Figure 13.

Our research is not suggesting these non-inclusive military cultures are experienced wholesale in the Armed Forces or veteran services, however we have identified that where these non-inclusive military cultures are present in military and veteran services, service and ex-servicewomen are more likely to experience negative or poor transitions outcomes.

**Figure 13: Integrated positive and negative characteristics of transition model for ex-servicewomen**



## Discussion

We have identified 18 characteristics of positive transition experiences and six characteristics of negative transition experiences for ex-servicewomen. We have highlighted the importance of conceptualising transition in the life cycle of service and civilian life, such that experiences in-service or 'upstream' affect servicewomen's transition experiences and later civilian life 'downstream'. We have also identified that the negative characteristics of transition experiences can erode or undermine the positive characteristics of transition, and these negative characteristics impact both time in-service and after service for ex-servicewomen.

The negative characteristics of transition experiences were all related to, and engendered by, non-inclusive military cultures in service. These non-inclusive military cultures caused gender discrimination in-service that was reproduced through policies, systems and individual behaviours, that was also replicated in some veteran services/networks in civilian life. The gender discrimination ultimately led to gender inequalities in transition experiences, and negatively affected some employment, family, and health and wellbeing outcomes for ex-servicewomen compared to ex-servicemen and their civilian women counterparts.

This research has identified that whilst there are commonalities in barriers and facilitators of transition for both ex-servicemen and women, by specifically focusing on women's lived experiences and comparing data between men and women (rather than assuming these groups are the same), we have also identified unique gendered experiences that impact ex-servicewomen in specific ways, and we have been able to highlight areas of inequality.

We propose that military to civilian transition research should aim to utilise a 'gendered lens' from women's perspectives to continue to progress this research field. Traditional scientific approaches have often reflected societal concerns of majority or dominant groups and as such have not historically captured issues of concern to women (32). This circumstance in Armed Forces research has been further exacerbated simply due to women being a minority group in the Armed Forces.

Hence, we believe that there is a need to support feminist approaches to social science theories and frameworks in military research. Feminist research and using a gendered lens, seeks to respect, understand, and empower women. Therefore, feminist approaches accept women's stories of their lives as legitimate sources of knowledge, and feminist methodologies embody an ethic of caring through the process of sharing those stories (32). Hence we suggest future military to civilian transition research and military research more broadly needs to ensure women's experiences are reflected in data collection, evidence and analyses.

### Frameworks of military to civilian transition

There are several frameworks that have been created with regards to military to civilian transition. More recent schemas include models that detail resources individuals may or may not have, and/or models that represent processes detailing stages of transition. Noted below are some key models or frameworks that demonstrate different approaches in the field.

In the UK Curry, Wood (33) detailed a 'stocks' (resources) and 'flows' (transition process) model that combines both the resources individuals possess (personal, social, institutional) with a 'flow' based model that also looks at states an individual goes through in the transition process. In their model the 'framing cycle', lays out the long-term vision ex-service personnel need of their future civilian self and details stages along the way ex-service personnel may need to set to reach their vision of their future civilian self. Other models have focused on resources service/ex-service personnel have access to with Cooper, Caddick (34) utilising Bourdieusian theory (Bourdieu introduced the notion of capital, defined as sums of particular assets put to productive use such as economic, cultural, social) where transition is envisaged as a period navigating a complex cultural transition with the aim of ex-service personnel to acquire 'cultural competency'.

Other international approaches have utilised conceptual frameworks, such as in Canada where Thompson, Lockhart (35), Thompson, Vogt (36), describe a life course approach alongside a wellbeing domain model. This framework details

both the stages of life before service, in-service and after service, and includes wellbeing domains of employment/purposeful activity, finances, health, life skills/preparedness, social integration, housing/physical environment, cultural/social environment. These wellbeing domains may have positive and negative determinants and thus wellbeing in different areas can fluctuate along a continuum of positive to negative wellbeing.

In the US, Castro, Kintzle (37) propose a life course transition theory that conceptualises the transitions into and out from the military as being both opportunities for growth and times of risk for negative outcomes. The theory proposes three different components 1) Approaching the military transition – this assesses personal, cultural and transitional factors such as type of military discharge, personal factors such as health, and the nature of transition such as expected/unexpected;

2) Managing the transition – this assesses individual adjustment factors such as coping skills and social factors such as support from family or community and 3) Assessing the transition – this describes outcomes associated with transition, measured through categories of work, family, health, wellbeing and community.

**Where does our model align with other models and where does the ex-servicewomen perspective provide more understanding?**

In Pedlar, Thompson (38) they detail common features of military to civilian transition models/frameworks these are described in Table 31. In Table 31 we also highlight where SUSTAIN findings align with these common features and where the findings provide more insight. These similarities and differences are discussed further below.



*Unsplash images: Credit - Candice Picard, 2018*

**Table 31: Common features of military to civilian transition and SUSTAIN findings alignment and insight**

Military to Civilian Transition - common features from Pedlar, Thompson (38)	Where SUSTAIN findings align	Where ex-servicewomen's perspective provides more understanding
Transition is a process that takes place over a variable period of time from before release to after release	✔	<ul style="list-style-type: none"> <li>♦ Ex-servicewomen's experiences highlight that the transition process is affected from the beginning of military service, well into civilian life. Hence transition should not be conceptualised as a too short or discrete period.</li> </ul>
Transition is multidimensional, involving changes in multiple domains of wellbeing or areas of life	✔	<ul style="list-style-type: none"> <li>♦ Women's specific experiences need to be included to further understand wellbeing domains (e.g. women's specific health needs, pregnancy/family experiences, gender discrimination experiences etc.)</li> </ul>
Transition is characterised by opportunity, challenge, and vulnerability	✔	<ul style="list-style-type: none"> <li>♦ There may be avoidable challenges and vulnerabilities created by gender inequalities in-service.</li> </ul>
Life-course view: influences earlier in life impact wellbeing later in life	✔	<ul style="list-style-type: none"> <li>♦ Need to understand women's different experiences in-service to ascertain any in-service experiences that impact transition and civilian life (e.g. has gender discrimination created gender inequalities that may impact latter employment success in civilian life).</li> </ul>
Like adaption to military life at enrolment, transition is a major event in the life courses of service/ex-service personnel	✔	<ul style="list-style-type: none"> <li>♦ For some ex-servicewomen transition was an easier change because they were used to adaptation, not wedded to a strong military identity and were used to multiple identities.</li> </ul>
Heterogeneity of life courses: each member's journey through MCT is unique requiring an individualised approach	✔	<ul style="list-style-type: none"> <li>♦ Gendered experiences and gender inequalities affected specific individual needs for ex-servicewomen (e.g. healthcare).</li> </ul>
Transition, like all major life transitions, commonly is associated with identity disruption requiring psychological adaptation to an unfamiliar culture in addition to employment, healthcare, relationship and housing challenges	✔	<ul style="list-style-type: none"> <li>♦ For some ex-servicewomen, transition was an easier change because they were used to adaptation, not wedded to a strong military identity and were used to multiple identities. However, the masking of identity in-service and constant adaptation can reduce wellbeing and mental health in ex-servicewomen.</li> </ul>

Military to Civilian Transition - common features from Pedlar, Thompson (38)	Where SUSTAIN findings align	Where ex-servicewomen's perspective provides more understanding
The diminished wellbeing that is commonly experienced by releasing members can be mitigated with policies, programmes and services throughout the life course, meaning before release, during service and during transition	✔	<ul style="list-style-type: none"> <li>♦ Wellbeing domains need to promote the 18 positive characteristics of transition and prevent or mitigate the six negative characteristics of transition utilising women's perspectives to improve outcomes for ex-servicewomen.</li> </ul>
<p>Important for service personnel to begin preparing for their transition well before release</p> <p>There are roles for the whole community in promoting good wellbeing during transition, including the transitioning service personnel, their family, the military, ex-service personnel's administrations, other government agencies, nongovernmental agencies, the private sector and their communities</p>	✔  ✔	<p>-----</p> <ul style="list-style-type: none"> <li>♦ The community should promote the 18 positive characteristics of transition and prevent or mitigate the six negative characteristics of transition utilising women's perspectives to improve outcomes for ex-servicewomen.</li> </ul>
Transition requires coordination among policy and service actors	✔	<p>-----</p>

Our positive characteristics of transition model maps well onto all of the common features of transition models detailed in Pedlar, Thompson (38). However, through the SUSTAIN study by examining ex-servicewomen's perspectives, it also provides new insight to many of these common features of transition models. Specifically, by identifying negative characteristics of transition for ex-servicewomen, it provides a gendered lens from the perspective of ex-servicewomen, that identifies any gender inequalities and discrimination on which to further understand barriers to successful transition.

Key additional insights from the SUSTAIN study are discussed below in line with important features that military to civilian transition models focus on including the life-course approach, wellbeing domains, identity, reasons for leaving service and transition support.

#### Life-course approach

Our model aligns and upholds approaches across transition models detailed in Pedlar, Thompson (38) that emphasise the importance of the 'life course' (process or stages) approach to military to civilian transition. These models detail where events, experiences and decisions pre-service and in-service contribute to predicting and mitigating outcomes in transition and in later civilian life.

Whilst our WPs have not focused on pre-service events, the findings do however identify that for ex-servicewomen, the life course approach must place due attention on factors occurring in-service life that specifically affect women's transitions. In some models these in-service factors have focused on combat exposure for example (37), however we suggest that to understand women's transitions, we need to take account of any differences in experiences that

occur between men and women and understand service-life from women's perspectives. These in-service factors may include experiences of pregnancy, having children and sexual assault for example. With a focus on women's experiences, it is then easier to ascertain where gender discrimination and gender inequalities may exist throughout the life-cycle of service.

### Wellbeing domains

Our model expands and provides new perspectives to transition models, in that wellbeing domains may need to assess how well they have taken the experiences of women into account. Hence for example, understanding the wellbeing domain of 'health' or 'employment' is key for transition across models (36, 37), however transition models need to identify how the domain of health or employment may have been negatively affected by gender discrimination or inequality for ex-servicewomen such as whether there is underemployment or whether health domains have measured women's specific health conditions. Wellbeing domains should consider how they can promote the 18 positive characteristics of transition and prevent or mitigate against the six potential negative characteristics of transition identified in our model to fully analyse women's transitions from service.

### Identity

Military to civilian transition models identify transition as a time of identity disruption requiring psychological adaptation where individuals have been moulded to have a military identity that they then have to adapt away from when leaving service (38). However our model proposes that for ex-servicewomen with negative transition experiences, their experience of service life and transition was fraught with identity disruption from the outset and not just in transition. Ex-servicewomen reported identity adaptation, masking, and being 'othered' or rejected both in military and civilian life domains. Hence some ex-servicewomen did not ascribe to the dominant military identity propagated in current models as this identity conception

represents a more homogenous military masculine view of military identity which does not represent their experiences well.

Whilst identity changes in transition are important for both ex-servicewomen and men, women experiencing negative transitions had a qualitatively different experience of identity in-service impacted by non-inclusive military cultures. These non-inclusive military cultures meant that ex-servicewomen did not assign traditional military identities to themselves and hence their identity disruption experiences in transition were simply different to traditional narratives/models of military identity. Current transition models may need to broaden and reconceptualise military identity experiences to be inclusive of minority groups to fully understand transition experiences.

### Decisions to leave service

Our studies have highlighted that the reasons for leaving military service, and the nature of leaving may be a key indicator as to how successful or challenging that transition may be. This aligns with Castro, Kintzle (37) transition model in terms of understanding 1) type of discharge and individual experiences (with medical discharges being more challenging) and 2) whether leaving was expected or unexpected.

Our model adds that it is also important to understand whether the decision to leave was a positive or 'voluntary' decision or whether this decision was forced upon the individual. In negative transition experiences we identified that some women felt forced to leave service due to circumstances that were imposed on them such as non-inclusive masculine working environments, lack of support for family life, lack of promotions due to gender discrimination, or sexual harassment and assault experiences. Hence whilst some reasons for leaving service cannot be avoided (such as unexpected injury/illness), we identified several reasons that ex-servicewomen left service that could be avoided or mitigated with inclusive policies and positive cultures for belonging directed at women in-service.

## Transition support

Our findings support research across transition models that diminished wellbeing commonly experienced by transitioning service personnel can be mitigated by policies, programs and services throughout the life course, and that there is a role to play in transition support for the whole community (service personnel themselves, family, military, government, communities etc) (38).

We however add that in the case of many negative transition experiences for ex-servicewomen, these negative experiences could (and should) be preventable. For example, there should be good family friendly policies in-service, servicewomen should not experience harassment or assault in service, and there should be appropriate knowledge of and support for women's health needs in and out of service. Hence in the case of many ex-servicewomen, the sites of diminished wellbeing and difficulties in transition identified by the six characteristics of negative transitions may have many modifiable characteristics in intervention and prevention.

## **Why should we address non-inclusive military cultures?**

In this work we have found that there are gendered transition inequalities that stem from experiences of non-inclusive military cultures in-service. Hence, we propose that addressing non-inclusive cultures in service would not only improve transition outcomes for servicewomen, but also for servicemen and for any minority groups within the UK Armed Forces such as

LGBT+ and ethnic minority groups. We also suggest that addressing non-inclusive cultures may positively impact on military recruitment and retention as current figures (April 2024) show that more women in the last year have left the UK Regular Armed Forces than have joined it (39), despite many efforts from the MoD to focus on diversity recruitment campaigns (40, 41).

Non-inclusive workplaces that exhibit masculinity contest norms (not showing weakness and competitive behaviour) have been evidenced to harm organisations and their employees. It can result in poor personal wellbeing of employees and has been shown to promote toxic work environments of bullying/harassment (42).

Additionally competing or contested identities where in-groups reject minority groups or individuals perceive an 'us versus them' can damage 'out groups' sense of self, wellbeing and mental health (43). LGBT research in the US Armed Forces identified that lower perceived acceptance of LGBT service personnel in the workplace was associated with a higher risk of leaving service among LGBT service personnel; and lower perceived unit cohesion was associated with attrition risk for all service personnel (44). Hence improving inclusion and belonging of servicewomen and minority groups may have a positive impact not only on transition outcomes, but on retention and cohesion of units in-service. Finally addressing non-inclusive military cultures may have positive impacts on different domains of wellbeing in transition such family, health and employment outcomes.



*iStock: Credit - Nina Lawrenson, 2021*

### Key Highlights

- ♦ 18 characteristics of successful and sustainable military to civilian transition experiences for ex-servicewomen were identified.
- ♦ Six characteristics of negative military to civilian transition experiences were identified.
- ♦ The six negative characteristics identified were shown to negatively erode or undermine positive characteristics of transition and stemmed from non-inclusive military cultures in-service.
- ♦ Non-inclusive military cultures created gender discrimination in-service and post-service for ex-servicewomen that negatively affected transition outcomes.
- ♦ The SUSTAIN study positive characteristics align with many common features of military to civilian transition frameworks/models, however ex-servicewomen's perspective provides new insight where current transition models need to utilise women's experiences and perspectives to understand transition fully for service and ex-servicewomen.
- ♦ The 18 characteristics of successful and sustainable transition need to be promoted across the life cycle of service and civilian life, and the six negative characteristics prevented or mitigated to improve transition outcomes for ex-servicewomen.

## Chapter Seven

# Scoping review of interventions and strategic roadmap

### Aims

- Identify existing interventions at each level (structural/cultural, policy/organisation, community, individual) that support ex-servicewomen and their military to civilian transition, and provide any assessment, if possible, of their effectiveness.
- Develop a strategic road map of recommendations for impact and influence which the sector can use.

### Scoping review of interventions

We identified existing interventions which may impact servicewomen and ex-servicewomen at each intervention level, which we have defined below based on frameworks from public health and inequalities literature (45). Figure 14 provides an overview of the intervention level and the corresponding categories of interventions which were identified. Table 32 describes each identified intervention in detail with embedded hyperlinks. We note the evidence in the table is not exhaustive but is a good representation of what information may be readily available to understand the landscape of interventions. The different intervention levels included:

### Structural/cultural

Actions which impact the macroeconomic, cultural and environmental context that influence the living standards and health/wellbeing of the whole population. In this specific context, these could be actions that influence the values or culture towards women in-service and/or after-service.

### Policy/organisational

Policies or organisational changes that influence the environments in which people live, work or study. In this context, this will be policies in-service or organisational developments amongst service providers who support ex-service personnel.

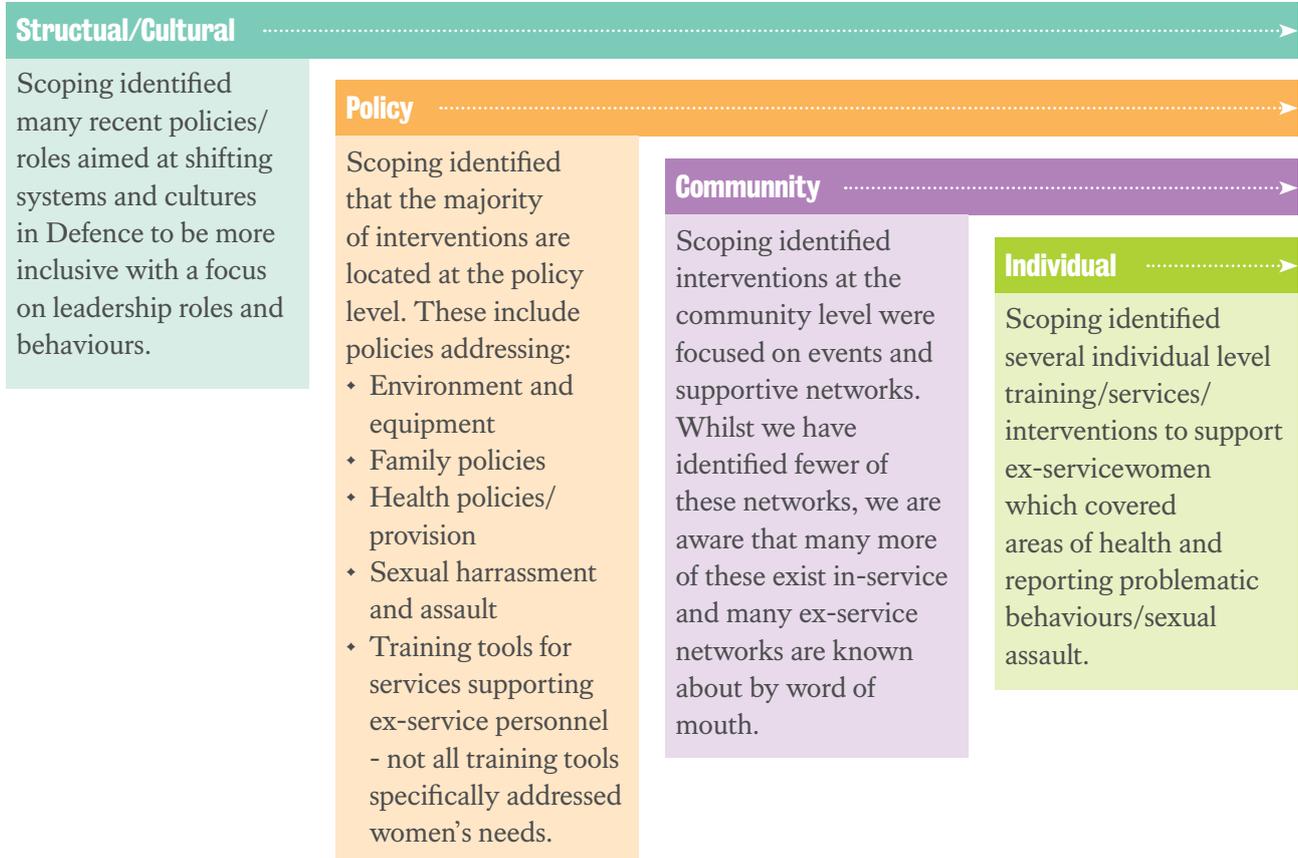
### Community

Collective actions that affect the health of the ex-servicewomen community areas by building social cohesion and mutual support.

### Individual

Interventions, services and strategies targeting the health of individual ex-servicewomen and their families.

**Figure 14: Summary of interventions identified via a scoping review to support ex-servicewomen's military to civilian transitions at different intervention levels**



We previously conducted a service review (WP1B) focussing on the service provision for ex-servicewomen. Services which provide support to ex-servicewomen would fall under the ‘policy/organisational’, ‘community’ or ‘individual’ intervention level but to avoid duplication, we have not repeated them here bar one service (Salute Her) which provides tailored support for a specific need of ex-servicewomen for those that have experienced sexual assault. Hence evidence in Table 32 is to be used in addition to evidence presented in Table 5 (Chapter 3, WP1B).

In addition to identification and description of interventions, we have summarised evidence of evaluation and impact where available. We

assessed the interventions in line with the Medical Research Council (MRC) approach to developing and evaluating complex interventions (46) (Figure 15). We conducted our assessment in three stages:

1. First, we assessed whether the interventions had been evaluated already.
2. Second, we noted whether existing interventions had considered the core elements of developing interventions as guided by the MRC (green square in Figure 15) when developing the interventions. For example, had organisations refined and retested theory to suit the unique needs of service and ex-servicewomen.

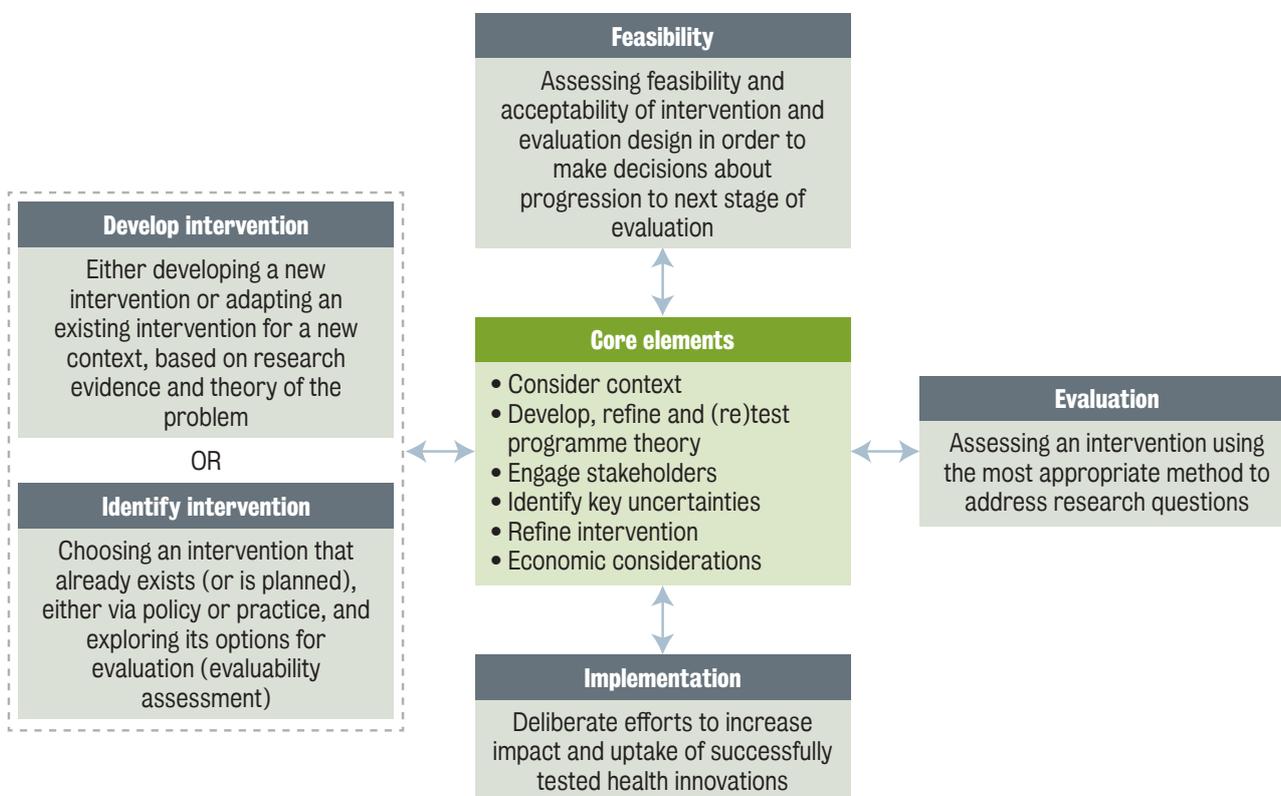
3. Third, if the intervention was tailored towards the needs of women, we then examined if evaluation might be needed. We additionally noted where interventions existed that could be adapted to be more inclusive to ex-servicewomen (noted in Table 32, columns three and four).

Please note in line with SUSTAIN findings, we have assessed interventions that cover the life cycle of service, transition and civilian life to fully capture interventions that may support service/ex-servicewomen across this process. It is pertinent to note that interventions that support transition do not have to be ‘transition’ focused to support this

process, and interventions in-service or post-service have been assessed to capture interventions both ‘upstream’ and ‘downstream’ that ultimately may have an impact on ex-servicewomen’s transition experiences.

We also note it was not always possible to ascertain what evaluation or progress monitoring was in place for the identified interventions. We therefore accept that there may be evaluation we have not captured. We have therefore noted information where it was available and encourage organisations to increase communication regarding evaluation approaches where they exist.

**Figure 15: Medical Research Council framework for testing and evaluating interventions (46)**



**Table 32: Scoping table detailing interventions that may support military to civilian transition for service/ex-servicewomen**

Please note: text underlined includes embedded hyperlinks to relevant documents or websites

<b>STRUCTURAL/CULTURAL - Policies aimed at shifting cultures</b>		
<b>Intervention</b>	<b>Impact/Effectiveness Evidence</b>	<b>Potential to Adapt or Evaluate</b>
<p><b>Changes in gendered language in-service</b>                      Example: Air specialist replaced aircraftman in 2022.</p>	<p>It is hard to measure impact but broad reach.</p>	<p>May be possible to evaluate as part of broader evaluations regarding cultures.</p>
<p><b>Introduction of a new Armed Forces Commissioner</b>                      A recently introduced Bill (November 2024) has proposed the creation of a new role, an Armed Forces Commissioner. This individual will be an independent point of contact for service personnel and their families to report experiences such as unacceptable behaviour by others. The commissioner will have the role to visit Armed Forces sites unannounced and commission reports.</p>	<p>To be confirmed.</p>	<p>To be confirmed.</p>
<p><b>'Raising our Standards' programme in Defence</b>                      Established Summer 2024 - cultural change programme established in response to bullying and sexual harassment of servicewomen. Aim is to improve the awareness, capability, and accountability of MoD leaders to set the right example, exercise their duty of care and address issues immediately; creating an open and transparent culture, with clear standards of behaviour and inclusion; and overhauling systems and processes, including casework and HR, to ensure they work effectively and support staff to report concerns.</p>	<p>The programme will be overseen by an '<a href="#">external challenge panel</a>' of experienced subject matter experts to test and monitor the scheme. The programme will need to ensure that addressing negative cultures does not take a 'gender blind' approach but part of the work focuses specifically on improving cultures that negatively impact servicewomen.</p>	<p>Clear communication of results of monitoring the programme would be beneficial.</p>

**STRUCTURAL/CULTURAL - Policies aimed at shifting cultures**

Intervention	Impact/Effectiveness Evidence	Potential to Adapt or Evaluate
<p><b>Defence establishment of four specific Diversity and Inclusion (D&amp;I) programmes</b></p> <p>Established in April 2022 - Includes Race, Women in Armed Forces, Historic Hurt, and Disability, to monitor and measure the efficacy of initiatives designed to improve diversity and the experiences of Defence employees.</p>	<p>From the information available, it is not clear what the Women in Armed Forces D&amp;I programme entails and not clear what or how monitoring/measuring of efficacy is done.</p>	<p>Evaluate</p>
<p><b>An independent external audit of Army culture</b></p> <p>An independent audit of Army culture to “reinforce the best and weed out the worst”.</p>	<p>This was announced in November 2021, but it is not known when this is due to be completed.</p>	<p>Evaluation in progress</p>
<p><b>Establishment of a new Head of Culture team in Royal Navy</b></p> <p>This will be led by a Commodore who will report directly to the Royal Navy Board. The aim of this team is “to institute and assure better command cultures and organisational behaviours across the Royal Navy”.</p>	<p>This was announced in October 2024 so no further update at the time of writing (November 2024).</p>	<p>Evaluate</p>
<p><b>Royal Navy to implement the following actions to monitor and assure local command climates:</b></p> <ul style="list-style-type: none"> <li>♦ Before and after each deployment, a team visits the crew to understand the operational culture / command climate.</li> <li>♦ New service leavers data to be captured to understand reasons for leaving Naval services and highlight better identification and tracking where unacceptable sexual behaviour is reported as a factor – both within and outside the Chain of Command.</li> <li>♦ New leadership training focused on putting individuals at heart of decision making.</li> <li>♦ Submarine Command Course new module focused on ethics.</li> <li>♦ Fleet Operational Standards and Training implementing coaching and mentoring with Commanding Officers with regards to culture.</li> <li>♦ Selection of command on submarines now includes further focus on leadership.</li> <li>♦ Uplift in Diversity and Inclusion Advisors (D&amp;I(A)) onboard submarines and increase D&amp;I(A) training availability.</li> </ul>	<p>This will be monitored annually but it is not clear how effectiveness or impact will be measured. It is not clear whether training focused on ethics and putting individuals at the heart of decision making will actively and directly address issues that are pertinent to servicewomen.</p>	<p>Evaluate</p>

## STRUCTURAL/CULTURAL – Policies aimed at shifting cultures

Intervention	Impact/Effectiveness Evidence	Potential to Adapt or Evaluate
<p><b>Under the Senior Officer Appraisal Reporting 20 (SOAR20), all Senior Officers will be assessed against four new characteristics:</b></p> <ul style="list-style-type: none"> <li>♦ Driving Inclusive Culture. Creates a culture where all personnel are valued and feel they belong and contribute meaningfully to Defence outputs.</li> <li>♦ Emotional Intelligence. Understands and manages their own emotions as well of those of others, responding to them to guide thinking, inform problem solving, and maximise individual contributions.</li> <li>♦ Consistency. Builds and sustains dependable relationships using actions, tones and approaches that foster trust and ensure staff know what to expect.</li> <li>♦ Collaboration. Develops highly effective teams whose behaviours and outputs support and enhance stakeholder cooperation and the delivery of common goals.</li> </ul>	<p>We note that monitoring of these new assessment characteristics in appraisals is positive. There is a need for feedback whether this new appraisal system makes an impact on Senior Officers behaviour rather just being than a tick box exercise.</p> <p>The appraisal reporting is only for Senior Officers. It is unclear what (if any) D&amp;I criteria is used in Junior Officers' appraisals.</p>	<p>Adapt and evaluate</p>

## POLICY/ORGANISATIONAL – Overarching policies

Intervention	Impact/Effectiveness Evidence	Potential to Adapt or Evaluate
<p><b>Armed Forces Covenant</b></p> <p>The Armed Forces Covenant (AFC) (2011) stipulates that those who serve should face no disadvantage from their service and in specific cases of injury and bereavement, special treatment may be warranted.</p> <p><u>The new Covenant Legal Duty (2022)</u> is a legal obligation on certain public bodies to 'have due regard' to the principles of the Covenant and requires decisions about the development and delivery of certain services to be made with conscious consideration of the needs of the Armed Forces community.</p>	<p>The MoD <u>reports on the progress on the AFC annually</u> with input from external organisations. The reports are thematic reporting on healthcare and employment for example. There is mention of support and progress for serving/ ex-servicewomen in the most recent 2023 report, however we suggest future AFC reports should pay specific attention across all of their thematic sections to report on progress for women and minority groups as standard.</p>	<p>Adapt</p>

**POLICY/ORGANISATIONAL – Overarching policies**

Intervention	Impact/Effectiveness Evidence	Potential to Adapt or Evaluate
<p><b>Armed Forces Covenant</b></p> <p>The Armed Forces Covenant (AFC) (2011) stipulates that those who serve should face no disadvantage from their service and in specific cases of injury and bereavement, special treatment may be warranted.</p> <p>The new Covenant Legal Duty (2022) is a legal obligation on certain public bodies to ‘have due regard’ to the principles of the Covenant and requires decisions about the development and delivery of certain services to be made with conscious consideration of the needs of the Armed Forces community.</p>	<p>The AFC is also measured at an organisational level through the Employer Recognition Scheme in which employers are awarded on a three-tier recognition scheme (Bronze, Silver, Gold). Employers are rewarded for pledging, demonstrating or advocating support to defence and the Armed Forces community, and aligning their values with the <u>Armed Forces Covenant</u>. There is, however, no measure of how well organisations support ex-servicewomen or other minority groups. Therefore, we question whether organisations know enough about minority groups to effectively fulfil the AFC and due regard in provision of services.</p> <p>Hence overall we suggest that more specific attention should be given to service/ex-servicewomen throughout the implementation of the AFC. We suggest monitoring, evaluation and guidance should be given as part of AFC toolkits to hold the MoD accountable for progress, and support organisations to better understand and support service/ex servicewomen.</p>	<p>Adapt</p>

**POLICY/ORGANISATIONAL – Overarching policies**

Intervention	Impact/Effectiveness Evidence	Potential to Adapt or Evaluate
<p><b>OVA updated Veterans' Strategy</b></p> <p>The OVA will publish an updated veterans' strategy and will include a section on ex-servicewomen. Veterans' Minister confirmed they do not intend to commission a separate 'Women veterans' strategy'.</p>	<p>Timeline to be confirmed.</p>	<p>Evaluate</p>

**POLICY/ORGANISATIONAL – Environment and equipment**

<p><b>Uniform changes</b></p> <ul style="list-style-type: none"> <li>♦ Public Sector Equality Duty embedded in all processes of development and procurement of personal equipment and uniforms.</li> <li>♦ The roll out of a new warm weather uniform and maternity wear to the Royal Navy.</li> <li>♦ Narrow Scalable Tactical Vest – tailored to better fit women with current OSPREY armour plates (April 2022).</li> <li>♦ Issuing of individually fitted sports bras at initial training for all female recruits (since 2019).</li> </ul>	<p>The two most recent <u>Ofsted reports</u> 'Welfare and duty of care in Armed Forces initial training' 2022/23 and 2023/24 both note continuing issues with female recruits uniforms.</p> <p>2022/23: Female recruits at Armed Forces training centres are suffering from 'low morale' due to ill-fitting uniforms.</p> <p>2023/24: 'For the third year in a row, recently enlisted female and smaller recruits are issued with clothing or equipment that does not fit them correctly. Recruits in ill-fitting uniforms cannot present themselves as smartly as their peers. Occasionally, recruits are unable to participate fully in training because of poorly fitted equipment, such as footwear, military rucksacks, webbing or body armour.'</p> <p>Whilst this Ofsted report is aimed at monitoring recruits' experiences, it would suggest that this experience would be similar for a broader range of servicewomen. We suggest that a more structured feedback and monitoring process should be instituted to understand whether new uniforms are available and meeting servicewomen's needs.</p>	<p>Evaluate</p>
--	--	-----------------

## POLICY/ORGANISATIONAL – Environment and equipment

Intervention	Impact/Effectiveness Evidence	Potential to Adapt or Evaluate
<p><b>Equipment changes</b></p> <ul style="list-style-type: none"> <li>♦ Skydrate - development of a cockpit urination device suitable for women.</li> <li>♦ Sanitary box provision -review of sanitary box provision Summer 2022, including consultation with Servicewomen’s Networks &amp; Women’s Health Advisory network.</li> <li>♦ Personal Menstruation Waste Pouch - Discreet bag for managing used period products in any location.</li> </ul>	<p>Unclear what feedback or evaluation is in place as to appropriateness/ effectiveness of new devices.</p>	<p>Evaluate</p>

## POLICY/ORGANISATIONAL – Family policies

<p><b>Armed Forces</b></p> <ul style="list-style-type: none"> <li>♦ Armed Forces menopause policy –it provides direction and guidance to support all servicewomen and personnel affected by the menopause and set conditions for a supportive working environment.</li> <li>♦ UK Armed Forces wraparound childcare scheme - Families can claim up to 20 hours a week of capped by region funding for wraparound childcare (children aged 4-11 years) (before and after school care) for each child during term time. In November 2024, it was announced that this <u>scheme will also be extended to those families serving abroad in EU countries.</u></li> <li>♦ Forces Help to Buy Scheme - £25k no-interest loan to help buyers purchase a home. This is for all service personnel but evidence from SUSTAIN suggests that early preparation was a key ingredient of a successful transition for ex-servicewomen and this is a policy that may aid that.</li> <li>♦ Armed Forces maternity leave (detailed in JSP 760) – Service personnel are entitled to up to 52 weeks of leave, regardless of length of service. They may also be eligible for 39 weeks of Statutory Maternity Pay (SMP), the first 26 weeks of which may be enhanced to your full pay rate.</li> </ul>	<p>Query as to whether line managers have been specifically trained to support members in their unit with regards to peri-menopause and menopause.</p> <p>MoD noted difficulties of finding childcare providers in certain areas of the UK.</p> <p>It is unclear what evaluation is in place to measure effectiveness of policy measures and cultures surrounding take up or attitudes towards those who take parental leave.</p>	<p>Evaluate and possibly adapt</p>
<p><b>Royal Navy</b></p> <p>Follow same maternity leave policies as detailed above under Armed Forces maternity leave.</p> <p>Ex-gratia payment in lieu of maternity pay where individuals are not in the UK.</p>	<p>It is not clear if there are any family policies specific to the Royal Navy aside from standard policies detailed above under Armed Forces. Royal Navy policies are detailed <u>here</u>.</p>	<p>Evaluate</p>

POLICY/ORGANISATIONAL – Family policies		
Intervention	Impact/Effectiveness Evidence	Potential to Adapt or Evaluate
<p><b>British Army</b></p> <ul style="list-style-type: none"> <li>♦ Assisted conception and fertility preservation policies ensure access to treatment, including the NHS Assisted Conception Services. Eligible employees are entitled to the maximum NICE recommended number of cycles irrespective of where they are based (same policy across service branches).</li> <li>♦ Parental leave guides - The Army have also created two guides; A Commanders and line Managers Guide and A Guide for Servicewomen which are posted on the Army-Parents-Network to detail parental leave allowances</li> <li>♦ Policy is also in place to support those who have sustained genital injury as a result of service as well as provision of proactive fertility preservation where there is risk of genital injury due to the employment being conducted. Where employees are overseas, return travel to the UK is funded to ensure fair access.</li> <li>♦ Shared parental leave and adoption leave policies, which provide the same rights, six months full pay and three months statutory pay, as an individual on maternity leave. Time off is available for pre-adoption appointments as well as antenatal appointments for surrogate parents</li> <li>♦ Signing of the Pregnancy Loss Pledge in 2022. This pledge is a campaign by the Miscarriage Association (<a href="#">details here</a>).</li> </ul>	<p>British Army received Commended recognition at the 2023 Best Practice awards from Working Families.Org. “Best for Supporting Fertility and Pathways to Parenthood”.</p> <p>Question as to whether new policies are being evaluated in terms of take up and cultures surrounding those who do take parental leave.</p>	Evaluate
<p><b>Royal Air Force</b></p> <ul style="list-style-type: none"> <li>♦ Flexible return to work options including managed career intermissions from six months to three years.</li> <li>♦ Line manager training for those with pregnant employees.</li> <li>♦ RAF guidance, as detailed in the RAF Maternity Passport, stipulates that “Your workplace is required to provide a suitable location in which to breastfeed, express and store milk and this cannot be a toilet facility”.</li> </ul>	<p>2024 Best Practice awards from Working Families. Org. “Best for Mothers”.</p>	Evaluate

POLICY/ORGANISATIONAL – Health policies/provision		
Intervention	Impact/Effectiveness Evidence	Potential to Adapt or Evaluate
<p><b>New Joint Service Policy (JSP661)</b> Introduced in September 2022 which covers all health and wellbeing matters including a chapter on women’s health.</p>	Impact unknown.	Evaluate and possibly adapt.
<p><b>Submarine Mental Health Working Group</b> Established post Royal Navy investigation into submarine service to track and monitor trends in ‘mental fitness’. It will also conduct research to understand the specific ‘mental fitness’ challenges in the RN Submarine Service. It is being supported by a team at London City University.</p>	It is not clear if this project will look at the mental health needs of ex-servicewomen specifically.	Evaluate and possibly adapt.
POLICY/ORGANISATIONAL – Sexual harassment and assault		
<p><b>Zero tolerance policies for unwanted sexual behaviours (March 2022)</b></p> <ul style="list-style-type: none"> <li>• Discharge is mandatory for those who are convicted of sexual offence(s) or offences of a sexual nature; and</li> <li>• Discharge is mandatory for trainers who engage in sexual relationships with trainees.</li> <li>• There is a presumption that anyone in the Armed Forces who is found to have behaved in an unacceptable way that is sexual in nature, will be discharged. If, exceptionally, someone is retained but they go on to behave in a sexually unacceptable way a second time, their discharge is mandatory. Defence states the policy is explicitly a victim-focussed policy, so the wishes of the victim are taken into account when determining what administrative action should be taken against perpetrators. This ensures that the threat of ‘automatic’ discharge of the perpetrator does not deter victims/complainants from reporting incidents and this point will be explored further in a review of the policy.</li> <li>• If someone has engaged in Unacceptable Sexual Behaviour (USB) and if they are exceptionally retained, they are subject to alternative administrative action which provides a range of sanctions e.g. formal warning, reduction in rank, delayed promotion, loss of seniority and stays on an individual’s record for up to 3 years (depending on type of sanction and single Service variation). The policy states that “If, exceptionally, someone is retained but they go on to behave in a sexually unacceptable way a second time, their discharge is mandatory.”</li> </ul>	<p>Whilst zero tolerance policies are welcome, it is still likely that there may be a huge amount of pressure on victims not to report unwanted behaviours because of the potential concerns of impact from the victim on both their career and the perpetrators career. <u>We note the MoD in Feb 2024 said these policies would be reviewed</u> in their written evidence to ‘Women in Armed Forces Session 2023 Follow Up Questions’ and hence it would be useful to know if victims themselves have been engaged in how well these new policies are functioning.</p> <p>Whilst zero tolerance policies send messages of discipline, there is a question as to what is being done to address ‘lower-level’ problematic behaviours, sexism, and culture? <i>(continued over)</i></p>	<p>Evaluate and possibly adapt. to peri-menopause and menopause.</p> <p>Evaluate</p>

**POLICY/ORGANISATIONAL – Sexual harassment and assault**

Intervention	Impact/Effectiveness Evidence	Potential to Adapt or Evaluate
	<p>Are individuals able to have open conversations, be challenged on sexist views, and understand the benefit of psychologically safe working environments? Open spaces for these conversations might aid ‘bringing people with you’ rather than closing up conversations for fear of discipline. Are there any lessons that can be learnt from other organisations that are currently addressing these issues such as the <u>Ambulance service</u> who are progressing work on reducing misogyny and improving sexual safety?</p>	
<p><b><u>Tackling Sexual Offending in Defence Strategy (July 2022)</u></b></p> <p>The five-year strategy is part of Defence’s aim to address unacceptable sexual behaviour and sexual offences. It sets out Defence’s approach to prevention, to strengthening investigations and prosecutions in the Service Justice System, and work with partners. The strategy includes Defence’s commitment to survivors, to reduce the obstacles that prevent the reporting of sexual offences and aims to provide the best support for victims/survivors. It has five areas strategy areas 1) Prevention 2) Investigations and Prosecutions (e.g. zero tolerance policy as stated above) 3) Management Information 4) Partnerships 5) Survivor Support.</p>	<p>Summary tables in the strategy report provide a way to understand progress aimed for by 2023 and 2027.</p> <p>The Service Justice Board is accountable for the strategy and associated work to Ministers. It is delivered through the Service Justice Executive Group (SJEG) who will review the implementation of this strategy and the action plan regularly, with an annual review conducted by the Service Justice Board and consequent report to Ministers.</p> <p>As this strategy was part of the Johnson administration (2019/22) it is unclear whether this strategy is still active and how it is connected currently (in 2024) with other strategies and programmes.</p>	<p>Evaluate</p>

**POLICY/ORGANISATIONAL – Sexual harassment and assault**

Intervention	Impact/Effectiveness Evidence	Potential to Adapt or Evaluate
<p><b>Active Bystander Training</b>  <u>This is mandated for all personnel since 2020.</u> It aims to give personnel the skills to safely challenge unacceptable behaviour and foster a workplace culture founded on respect and dignity for all.</p>	<p>The Active Bystander Training has been streamed over 98,000 times since June 2020. Whilst it has a broad reach, hard to measure impact.</p>	<p>Evaluate</p>
<p><b>Op Teamwork</b>            Provided by the Army, this training includes courses to improve cultural and inclusivity awareness, tackling issues such as drug and alcohol abuse, sexual harassment, bullying and racism.</p>	<p>It is not known how they will measure impact/ effectiveness.</p>	<p>Evaluate</p>
<p><b>New MoD policy to mandate female participation in all Court Martial boards</b>            (a court convened to try an offence against military discipline, or against the ordinary law, committed by a person in one of the armed services) from January 2023 onwards to ensure greater diversity among board members</p> <p><b>Launch of Tri-service Boards pilot Sept 2023.</b>            Military Court Service (MCS) began a Tri- Service Boards pilot, aimed at maximising the use of all court rooms for all services to reduce waiting times. Aim to change how cases are currently allocated which should reduce waiting times for victims/survivors, witnesses, and defendants.</p>	<p>It is not known how they will measure impact/ effectiveness.</p> <p>It is not known how they will measure impact/ effectiveness.</p>	<p>Evaluate</p>
<p><b>Royal Navy Police restructured their approach to interacting with Submarine Flotilla.</b></p> <ul style="list-style-type: none"> <li>♦ New procedures have been implemented to ensure that all unacceptable behaviour is investigated thoroughly, and focused support provided to leaders to advise them on the suitable course of action to take should unacceptable behaviour be reported to them.</li> <li>♦ Royal Navy Police (Clyde) have instituted regular outreach briefings to all ranks and rates to explain their role and encourage reporting of unacceptable behaviour</li> </ul>	<p>It is not known how they will measure impact/ effectiveness.</p>	<p>Evaluate</p>

**POLICY/ORGANISATIONAL - Sexual harassment and assault**

Intervention	Impact/Effectiveness Evidence	Potential to Adapt or Evaluate
<p><b>The Defence Serious Crime Unit (DSCU) Command</b></p> <p>Established and operational from December 2022, followed by the establishment of the <u>Victim and Witness Care Unit (VWCU)</u> in March 2023.</p> <p>It is hoped that these units will improve capability to deal with the most serious offences and provide improved victim support. This will enable allegations to be reported independently and investigations to be conducted outside of the single Service Chain of Command.</p>	<p>DSCU became operational in December 2022 and on average it takes 130 days for a case to go from direction to charge to trial in the Service Justice System (SJS) (compared to 304 days in the civilian Criminal Justice System (CJS)).</p> <p><u>The MoD report</u> that the VWCU's independence from victims' chains of command has proved vital in developing trust and rapport with victims, and this has been demonstrated by their feedback. It is unclear the details of how his feedback was collected.</p> <p><u>Since June 2023, 39 DSCU investigators have passed the College of Policing National Investigators' Exam (NIE)</u>; a pass rate of 81% which exceeds the average of 57% across all UK police forces.</p> <p>On completing the NIE, investigators will commence the Professionalising Investigations Programme Level 2 (PIP 2) College of Police accredited programme.</p>	<p>Evaluate</p>

**POLICY/ORGANISATIONAL - Training tools for organisations supporting ex-service personnel**

<p><b>Female Veterans' Transformation Programme</b></p> <p>A three-year program that will create a toolkit for service providers to help improve service provision for women veterans. The programme is funded by the Armed Forces Covenant Fund Trust and NHS England and led by the Women's Royal Army Corps Association in partnership with the Cobseo Female Veterans Cluster.</p>	<p>TBC – not yet launched, due in Autumn 2025.</p>	<p>Evaluate</p>
--	--	-----------------

**POLICY/ORGANISATIONAL - Training tools for organisations supporting ex-service personnel**

Intervention	Impact/Effectiveness Evidence	Potential to Adapt or Evaluate
<p><b>Combat Stress Training</b></p> <p>Free education programme for professionals working with women veterans: the programme aims to provide evidence-based information and training on UK women veterans’ needs and experiences, with a focus on military sexual trauma.</p> <p>Three options:</p> <ol style="list-style-type: none"> <li>1. 15-minute introductory course Suitable for anyone who comes into contact with women veterans, including service providers, healthcare and support workers, and employers.</li> <li>2. 2-hour live advanced online workshop Suitable for healthcare professionals and veteran service providers and developers.</li> <li>3. Cognitive processing therapy (CPT) training Suitable for appropriately qualified mental healthcare practitioners with foundational knowledge of CBT.</li> </ol>	<p>It is not known how they will measure impact/effectiveness.</p>	<p>Evaluate</p>
<p><b>Royal College of GPs: Veterans’ Health Hub &amp; Veteran Friendly Accreditation Scheme</b></p> <p>The Veteran Friendly Accreditation scheme by the Royal College of GPs and NHS England is a free support programme for GP practices in England that enables practices to easily identify, understand and support veterans and, where appropriate, refer them to specialist healthcare services.</p> <p>On the Veterans’ Health Hub website, there are learning resources available for GPs and some that are publicly available. These include research summaries detailing specific needs of veterans and podcasts. In regard to specific information for ex-servicewomen, there is a podcast which discusses NHS care or ex-servicewomen.</p>	<p>Wide ranging toolkit for GPs, however there is no mention of ex-servicewomen’s specific healthcare needs or other minority groups beyond the podcast identified.</p> <p>The toolkit focuses on upskilling GPs and encouraging them to ask the question whether individuals have served in the Armed Forces. However, SUSTAIN research found that often there was a bias where civilians would not associate women with service, hence there may be an inherent bias against asking this question to women.</p>	<p>Adapt</p>
<p><b>NHS healthcare for the Armed Forces e-learning programme</b></p> <p>The programme is broken into three broad areas – the NHS care of current serving personnel, the NHS care of the families of military personnel and veterans, and finally veterans themselves</p>	<p>No specific information about minority groups including women.</p>	<p>Adapt</p>

## COMMUNITY - Events and networks

Intervention	Impact/Effectiveness Evidence	Potential to Adapt or Evaluate
<p><b>British Army</b></p> <ul style="list-style-type: none"> <li>• The Child Bereavement Network provides peer support for those affected by miscarriage, stillbirth, termination for medical reasons, ectopic pregnancy, neonatal death and child loss.</li> <li>• The Fertility Network provides peer support as well as resource hubs to aid education and raise awareness amongst line managers, as well as utilising lived experience to influence policy that enhances support.</li> </ul>	Unknown	Evaluate
<p><b>In-service - Perinatal Festival of Sport</b></p> <p>Brought together those in the perinatal period to celebrate the benefits of being active during and after pregnancy. The inaugural event was held in September 23 for all military and civil servants in the ‘perinatal period,’ which includes the start of pregnancy up until two years post pregnancy.</p>	Unknown	Evaluate
<p><b>The Defence Breast Feeding Network</b></p> <p>The Defence Breastfeeding Network launched in June 2020, to support breastfeeding soldiers during their maternity and return to work phase. It started as a Facebook group but now has partnered with Families and Babies Lancashire, who train members of the network to become level 2 breastfeeding peer supporters. Other work includes a project to establish breastfeeding rooms on military bases.</p>	The network has over 60 trained peer supporters. No specific information about minority groups including women.	Evaluate
<p><b>Service Couples Network</b></p> <p>Network to aid implementing policies to help career managers with postings/deployments when both in couples are serving.</p>	Unknown, however this network should pay particular attention to the specific impact on servicewomen when both partners are in service.	Evaluate
<p><b><u>Servicewomen’s Health Improvement Focus Team (SHIFT) in the Ministry of Defence</u></b></p> <p>The aim was to ensure servicewomen operate in the best conditions possible. Through blogs, open conversations with Defence Medical Services training and development facilitators and a free educational booklet, the team aimed to raised awareness and recognition of the importance of servicewomen’s health and wellbeing, particularly the menopause.</p>	To date their blogs have drawn nearly 30,000 views. Won a diversity and inclusion award in 2022 as part of the Civil Service awards: The awards celebrate teams who demonstrate excellence in the Civil Service.	Evaluate

## COMMUNITY - Events and networks

Intervention	Impact/Effectiveness Evidence	Potential to Adapt or Evaluate
<p><b><u>The Quality Network for Veterans Mental Health Services (QNVMS)</u></b></p> <p>This was developed in collaboration with the Royal College of Psychiatrists (RCP) and <u>Contact Group</u> (a collaboration of statutory and non-statutory (charity, academic and professional) organisations working to improve mental health support to the UK Armed Forces community) in 2020 to promote quality improvement within and between veterans mental health services. It includes self-report and peer-review with a key component of the work being the sharing of best practice by staff, veterans and their family members.</p>	<p>The QNVMS provides membership and ‘accreditation membership’ where organisations who provide mental health services to veterans can volunteer to be subject to a self-review, peer review and final report against RCP standards (either ‘met’ or ‘not met’) and given scoring on areas to improve services.</p> <p>The full accreditation membership is a rigorous process.</p>	Evaluate

## INDIVIDUAL - Training/services for service/ex-servicewomen

Intervention	Impact/Effectiveness Evidence	Potential to Adapt or Evaluate
<p><b><u>In-service training (British Army)</u></b></p> <p>Servicewomen in basic training receive specific health education related to issues like managing periods and cervical cancer screening.</p>	A broach reach but should be extended to educate men too, not just women.	Evaluate
<p><b><u>Servicewomen’s Health Handbook</u></b></p> <p>Launched September 2022 - Handbook for all service personnel to improve understanding, assist with personal management and normalise conversations regarding female-specific health issues.</p> <p><b><u>Perinatal Handbook (not yet launched)</u></b></p> <p>This guide aims to assist servicewomen in maintaining health and fitness during and after pregnancy. It complements ongoing work over the last few years to enhance support for women’s health within the Army.</p>	<p>Not clear how often this is utilised or what the impact may be of increased knowledge if people are using the handbook.</p> <p>Unknown and not yet launched</p>	Evaluate

## INDIVIDUAL - Training/services for service/ex-servicewomen

Intervention	Impact/Effectiveness Evidence	Potential to Adapt or Evaluate
<p><b>Women’s Health Hub on Defence Gateway</b> Provides servicewomen with links to information regarding health information and guides.</p> <p><b>Army Women’s Health SharePoint Page</b> A new Women’s Health SharePoint page (2024) is available on the Army home page. This resource is designed to support women in the Army by providing easy access to relevant health information and resources.</p>	<p>Unknown</p>	<p>Evaluate</p>
<p><b>HeadFIT Website</b> <u>HeadFIT is a website directed at those in the Armed Forces</u> and is made up of mental health exercises designed to be straightforward to learn, and easy to build into daily schedules based on Cognitive Behavioural Therapy processes. Aim is to provide exercises to build resilience, help with emotional regulation, coping strategies and build mental ‘fitness’.</p>	<p><u>A service review was conducted</u> with regards to HeadFIT (2021). It found beneficiaries (both men and women) generally reported positive views on the HeadFIT initiative, with most agreeing that the tools could support them to foster their mental fitness. However, concerns were raised around the uptake of HeadFIT and participants suggested methods to improve usability. Specific feedback was given in terms of improving visibility of women and minority groups on the website. HeadFIT 2.0 will be launched in Spring 2025 and changes have been made based on these previous recommendations.</p>	<p>Evaluate</p>
<p><b>In-Service – My Complaint App</b> Launched October 2023 - enables Service personnel to submit their Service Complaints electronically, rather than paper form – it also has a facility where if someone has concerns that they can add concerns to the app before making the decision to make a complaint.</p>	<p>Unknown</p>	<p>Evaluate</p>

## INDIVIDUAL - Training/services for service/ex-servicewomen

Intervention	Impact/Effectiveness Evidence	Potential to Adapt or Evaluate
<p><b>Call it out hub</b></p> <p>Launch of ‘Call it out to Cut it out’ gateway hub in January 2023 to inform and educate all Defence personnel on how to recognise and take action with regard to all forms of unacceptable behaviours. The hub outlines relevant policy and procedures, the routes for reporting unacceptable behaviour, and highlights the role of the Assisting Officer through a new video training series launched in October 2023.</p>	<p>Unknown</p>	<p>Evaluate</p>
<p><b><u>New Career Transition Partnership (CTP) Provision</u></b></p> <p>New CTP launched October 24 re-procured by the MoD and newly delivered by public services provider Reed in Partnership with support from The Forces Employment Charity. The CTP service aims to help approximately 15,000 Service leavers each year through personal resettlement support, access to subsidised vocational training courses, training grants, resettlement allowances, a new Digital Platform, workshops and events, housing and finance briefs and links with thousands of forces friendly employers looking to hire.</p>	<p>Not clear from CTP announcements whether there is any specific focus or provision for women’s needs in CTP. The Forces Employment Charity does however have the ‘The Military Women Programme’ and hence may provide further expertise. <u>CTP annual statistics 2022/23</u> found women less likely to be employed compared to men and more likely to be economically inactive due to ‘looking after family’. It also found women more likely to be employment in caring, leisure, service occupations, administrative and secretarial roles compared to men. CTP notes these differences reflect general population labour market participation outcomes.</p>	<p>Evaluate</p>
<p><b>Salute Her</b></p> <p>Self-help resources and gender-specific mental health support (counselling mainly).</p>	<p>No publicly available report/audit to ascertain effectiveness or reach.</p>	<p>Evaluate</p>
<p><b><u>Iona for female veterans</u></b></p> <p>An app comprising of a self-help course for ex-servicewomen experiencing anxiety or low mood. Produced in association with Defence and Security Accelerator (DASA), OVA and University of Exeter.</p>	<p>Ongoing pilot randomised controlled trial (due to complete May 2025).</p>	<p>Evaluation in progress</p>



*Unsplash images: Credit - Timo Stern, 2018*

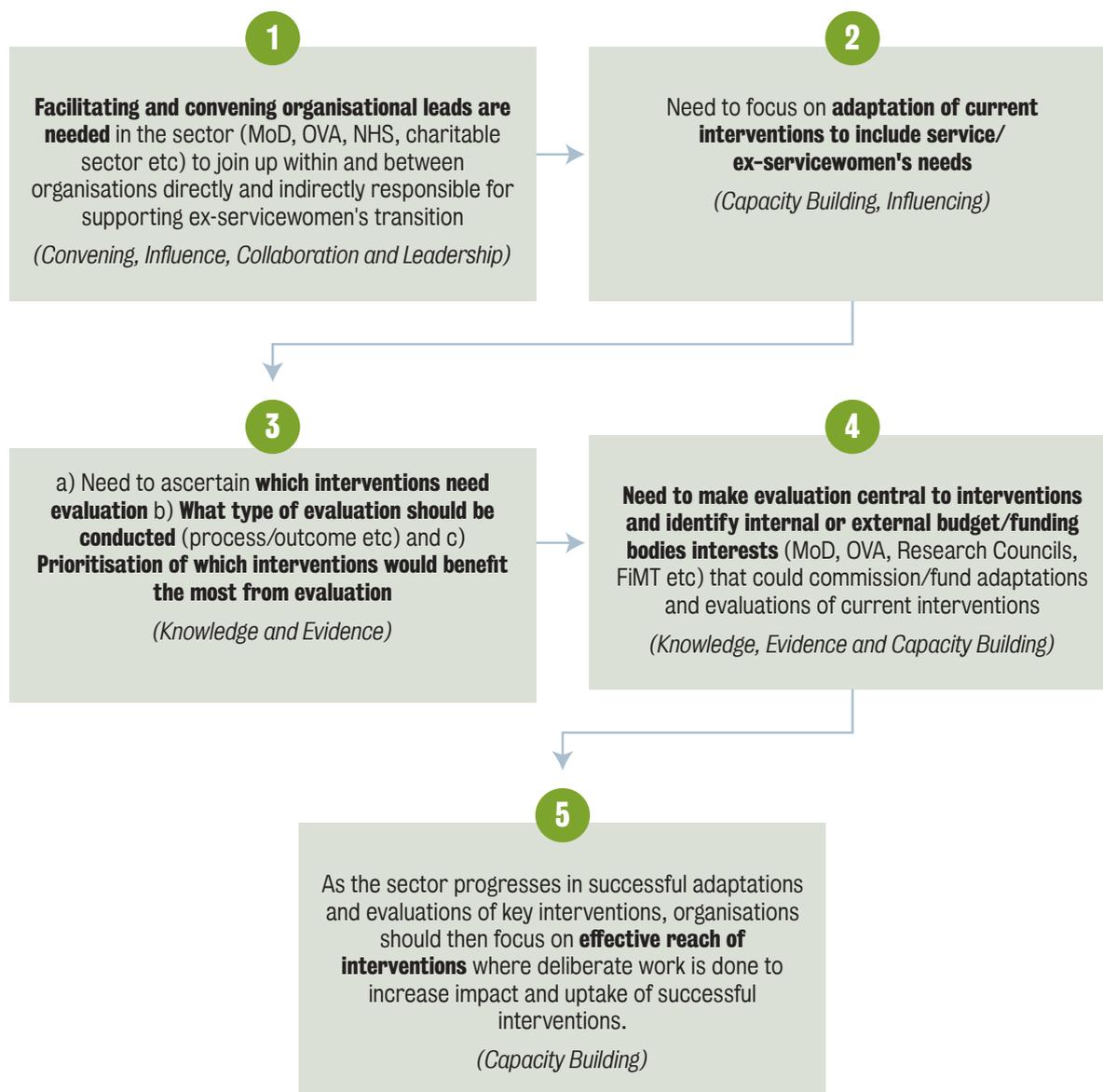
## Summary analysis of interventions

1. It is pertinent to note that interventions that may support transition do not have to be specifically focused on transition itself to support this process for service and ex-servicewomen. Our evidence (WP1-4) found that in-service experiences laid the groundwork for transition. Therefore, in-service interventions can improve the outcomes of women transitioning into civilian life. Similarly, the wider post-service provision can support women's transitions without necessarily focusing on the transition period.
2. There is a vast amount of work progressing across different levels of intervention to support service and ex-servicewomen, and in particular at the policy/organisational level of intervention.
3. We identified a majority of interventions, implemented more recently, that are focused on in-service to support servicewomen and fewer that directly support transition or post-service interventions.
4. There is on-going work targeted at the in-service environment to address culture and servicewomen's needs; however, it is not clear whether all three services are joined up in their approaches or sharing good practice. Standardisation of support and sharing of effective approaches would be beneficial.
5. Across most interventions both in-service and post-service, it is not clear what evaluation is in place (if any) to measure process, value for money, or impact and effectiveness on improving outcomes for service/ex-servicewomen.
6. There are many active policies that aim to support service and ex-servicewomen both in-service/post-service and by default support transition. However, we do not know whether policies have been/are being evaluated to understand whether individuals are aware of and can utilise the provision in practice. SUSTAIN has identified cultural and practical barriers to uptake of some policy provision.
7. With the proliferation of strategies/policies across different Governments 2019-2024, it is not clear whether these approaches are still active, what the priorities of the current Government (2024/2025) are, and how different strands of work link together.
8. We have identified some current interventions, most notably training, toolkits and service provision, that aim to upskill organisations and healthcare professional's understanding of the needs of Armed Forces personnel (for example the Armed Forces Covenant – Duty of Care, Royal College GP training etc (Table 32, policy/organisational intervention)), but we note there is no specific attention given to service/ex-servicewomen's needs in some of these interventions. These interventions should be adapted to ensure they address the specific needs of women. The Female Veterans Transformation Project toolkit (Table 32, policy/organisational intervention) may be able to support organisations with this in the future.
9. It is harder to identify community and in-service support networks than broad service or national policies, however we know through our scoping review (WP1B) and interviews with ex-servicewomen (WP2) that these communities exist and can play a vital role in supporting ex-servicewomen in their military to civilian transition.
10. There are gaps in service provision and knowledge including service/ex-servicewomen's physical health, support in the criminal justice sector, and specific services or knowledge to support those who have experienced sexual harassment and assault.
11. Overall, we have identified that the most useful efforts could be focused on adaptation of current interventions to support service/ex-servicewomen and evaluation of interventions to measure progress and impact.

Based on an assessment of the interventions that already exist and the landscape of work in the sector, we suggest the following strategic roadmap in Figure 16 that follows the four different categories

of change mechanisms described by FiMT's ways of working, which include 'Knowledge and Evidence', 'Influence and Convening', Collaboration and Leadership and 'Capacity Building'.

**Figure 16: Strategic roadmap for interventions**



## Chapter Eight

# Conclusions and recommendations

The SUSTAIN study is, to our knowledge, the first mixed-methods study to examine the transition experiences and outcomes of UK ex-servicewomen and identify barriers and facilitators to making a successful transition into civilian life. In summary, this research has identified that whilst there are commonalities in barriers and facilitators of transition for both ex-servicemen and women, by specifically focusing on women's lived experiences and comparing data between men and women (rather than assuming these groups are the same), we have also identified unique gendered experiences that impact ex-servicewomen in specific ways, and we have identified areas of inequality that ex-servicewomen have experienced in transition.

Key to the findings has been identifying that transition outcomes were affected by the life cycle of service and civilian life, and experiences 'upstream' in-service impacted transition (both positively and negatively) and affected outcomes 'downstream' into civilian life. We therefore need to encourage both academics, policy makers and service providers to consider the impact of experiences and events in this life cycle when assessing transition outcomes.

An integration of all results across the WPs was conducted where we developed 18 characteristics identified in successful and sustainable military to civilian transitions and six characteristics identified in negative military to civilian

transition experiences for ex-servicewomen.

Positive characteristics included factors such as transition being conceptualised as a life cycle, early preparation, transition support being holistic and individualised, and appropriate healthcare being provided to women in-service and post-service. The characteristics of negative transition experiences for ex-servicewomen included women's identities being contested or unwelcome in-service/post-service, lack of support for family life in-service, equipment and environment not fit for women in-service, healthcare deficiencies in addressing women's needs both in-service and post-service, sexism, sexual harassment and assault experiences in-service, and employment gender discrimination in-service impacting reasons for leaving service.

When assessing positive and negative characteristics together, we propose that negative characteristics of transition stemmed from non-inclusive military cultures which existed in-service and post-service life and created gender discrimination and thus gender inequalities in transition experiences and outcomes. The study does not assert that these non-inclusive cultures were experienced wholesale in the Armed Forces or veteran services, however where negative transition experiences were identified in ex-servicewomen, these arose from non-inclusive military cultures and many factors that are modifiable and preventable.

Whilst SUSTAIN's positive characteristics of transition identified map well onto current frameworks of military to civilian transitions, such as implementing a life-course approach to transition, and transition needing to encapsulate several domains of wellbeing including employment, finances, family and healthcare; ex-servicewomen's perspectives and the negative characteristics of transition identified, provide further insight on which to develop current frameworks. SUSTAIN therefore presents a nuanced understanding of the experience of women, comprised of both barriers and facilitators that were not mutually exclusive. In that, women could have had long and successful careers and still have experienced difficulties in-service, in-transition and into their civilian lives. For a summary of the study's strengths and weaknesses please refer to Appendix 3.

In conclusion, SUSTAIN provides new evidence from women's perspectives that should be integrated into current models of military to civilian transition and ultimately may aid more successful transitions for all service personnel, regardless of gender. The findings have implications that may also aid inclusive cultures to improve the experiences of women as well as the experiences of other minority groups in the Armed Forces.

## **Recommendations**

Recommendations were created from the totality of evidence collected through SUSTAIN WPs and were shared, discussed and shaped through meetings and workshops with individuals from the MoD, Single Services, DMS, OVA, Armed Forces leads in the NHS, Veteran Commissioners from Scotland and Wales, Armed Forces charities and the SUSTAIN ex-servicewomen advisory group.

Recommendations below note which WP provided evidence towards each recommendation, who the recommendation pertains to and what potential benefit implementing the recommendation may have. Recommendations in Table 33 cover the areas of:

- ♦ Cultures of inclusion in-service/post service
- ♦ Preparing for transition
- ♦ Family policies in-service
- ♦ Health in-service and post-service
- ♦ Problematic behaviours and sexual assault
- ♦ Economic opportunities
- ♦ Recognition of service and ex-servicewomen
- ♦ Monitoring, measurement and evaluation

**Table 33: SUSTAIN recommendations**

## 1. CULTURES OF INCLUSION IN-SERVICE/POST SERVICE

**1a) Recommendation:** MoD and tri-service branches to ensure 'Heads of Culture' leadership positions exist in all the single Services to have oversight working together to enact cultural change programmes. The Heads of Culture should have part of their specific remit to address issues of culture that affect servicewomen and should be responsible for new programmes and their evaluation, to encourage inclusion and target problematic cultures. Together these roles should review systems, policies and individual behaviours and join up action and share good practice across Defence.

### **Evidence of need from SUSTAIN:**

✔ Systematic Review; ✔ Stakeholders; ✔ Qualitative; ✔ Quantitative; ✔ Scoping of interventions

### **Who is the recommendation for?**

♦ MoD/Tri-service

### **Potential benefit**

- Ensuring specific leadership positions would create accountability and responsibility across Defence in terms of implementing and evaluating new programmes addressing cultures.
- Providing a mandate to join-up tri-service oversight and action would encourage sharing of good practice and align programmes.

**1b) Recommendation:** All organisations offering support to the Armed Forces community to review how accessible, appealing and tailored/adapted their service is for service/ex-servicewomen, with the aim to address exclusionary branding/publicisation, and assess cultures in their services to increase inclusion and uptake of support.

### **Evidence of need from SUSTAIN:**

✔ Systematic Review; ✔ Stakeholders; ✔ Qualitative; ✔ Scoping of interventions

### **Who is the recommendation for?**

♦ Armed Forces NHS provision and devolved nation equivalents; ♦ OVA; ♦ MoD/Tri-service;  
♦ Armed Forces Charities

### **Potential benefit**

- Adaptation and tailoring of interventions and support for ex-servicewomen would provide more effective services for women.
- Increase an environment of inclusion for service/ex-servicewomen and increase uptake of support services.

## 2. PREPARING FOR TRANSITION

**2a) Recommendation:** Introduce service personnel to the prospect of leaving as early as possible and provide more regular opportunities to prepare practically and psychosocially for life after service. The training/sessions throughout a career regarding transition should be adapted to address specific issues related to ex-servicewomen.

### **Evidence of need from SUSTAIN:**

✔ Stakeholders; ✔ Qualitative; ✔ Scoping of interventions

### **Who is the recommendation for?**

♦ MoD/Tri-service; ♦ OVA; ♦ Armed Forces Charities

### **Potential benefit**

- Currently initial resettlement information is provided, and an interview or briefing is mandatory for all personnel within three months of entering the final two years of full career service, or within one month of giving notice or on notification of discharge or as soon as possible thereafter. Hence the SUSTAIN report identified that resettlement preparation needs to be initiated earlier than this and could be a more regular process throughout a career where sessions and training are offered from joining.
- This may ease the transition burden by having in place resources both practical (childcare, assets, accommodation) and social (networks outside of the military).

**2b) Recommendation:** Measure psychosocial readiness to leave service and direct individuals who indicate more difficulties regarding transition to support that could include coaching, peer to peer support, mental health support, third sector programmes/services.

### **Evidence of need from SUSTAIN:**

✔ Stakeholders; ✔ Qualitative; ✔ Quantitative; ✔ Scoping of interventions

### **Who is the recommendation for?**

♦ MoD/Tri-service; ♦ OVA; ♦ Third sector

### **Potential benefit**

- Early intervention and planning.
- Addresses identifying emotional aspects of transition and directing to support.
- Transition measures exist (e.g. M-CARM and MT-Ready in Australia) that could be adapted for UK context.

## 2. PREPARING FOR TRANSITION

**2c) Recommendation:** Institute a more individualised approach to skills/career development in-service that is adapted to the career aspirations of servicewomen and provides qualifications and experience directly relevant to future civilian careers that servicewomen are interested in. Servicewomen should be engaged to shape the formulation of future offers.

### **Evidence of need from SUSTAIN:**

✔ Stakeholders; ✔ Qualitative; ✔ Quantitative; ✔ Scoping of interventions

### **Who is the recommendation for?**

♦ MoD/Tri-service (pan Defence Skills Framework role); ♦ OVA; ♦ Career Transition Partnership

### **Potential benefit**

- Preparing for transition throughout service.
- Develop and deepen types of qualifications and skills that might more directly be attuned to women's aspirations and needs.

**2d) Recommendation:** Transition support such as resettlement courses and careers advice be made available at the point of need rather than within the set timeline.

### **Evidence of need from SUSTAIN:**

✔ Stakeholders; ✔ Qualitative; ✔ Scoping of interventions

### **Who is the recommendation for?**

♦ MoD/Tri-service; ♦ OVA; ♦ Career Transition Partnership

### **Potential benefit**

- This will support women throughout their service career and beyond into civilian life making this support more flexible to fit with service and ex-servicewomen's needs taking account of breaks needed post children and those with medical needs post-service.

### 3. FAMILY POLICIES IN-SERVICE

**3a) Recommendation:** Review of all family policies in-service with the aim to align between service branches and improve uptake of entitlements and investigate how more support could be offered to retain women with families

– this should include attention to:

- Parental leave policies
- Childcare support
- Current support for dual serving and sole parents
- Other types of leave such carers leave, parental bereavement and bereavement leave.

**Evidence of need from SUSTAIN:**

✔ Systematic Review; ✔ Stakeholders; ✔ Qualitative; ✔ Quantitative; ✔ Scoping of interventions

**Who is the recommendation for?**

♦ MoD/Tri-service

**Potential benefit**

- Address barriers to uptake of provision in policies.
- Better retention of women (and men) in service.
- Better recruitment offers to potential recruits in a competitive labour market.
- Provide an inclusive environment for family's in-service.
- Increase operational effectiveness by supporting families (evidence indicates that service personnel have better health/wellbeing when family relationships are supported).

**3b) Recommendation:** Establish a joint board between MoD and external experts/Chair to review career progression post-parental leave (3 month or 6-month post return). This should be implemented for both women and men.

**Evidence of need from SUSTAIN:**

✔ Systematic Review; ✔ Stakeholders; ✔ Qualitative; ✔ Quantitative; ✔ Scoping of interventions

**Who is the recommendation for?**

♦ MoD/Tri-service

**Potential benefit**

- Information gathered from the review board can assess changing needs of serving members due to family obligations. This can also assist with identifying if there has been some bias against the returning family and what further family support is needed.

**3c) Recommendation:** Monitor and collate tri-service data on individuals' reasons for leaving service with specific attention given to servicewomen's areas of need identified in SUSTAIN including cultures, family, health, sexual assault and career concerns..

**Evidence of need from SUSTAIN:**

✔ Systematic Review; ✔ Stakeholders; ✔ Qualitative; ✔ Quantitative; ✔ Scoping of interventions

**Who is the recommendation for?**

♦ MoD/Tri-service

**Potential benefit**

- Whilst certain surveys exist that monitor service personnel's reasons for leaving service like the Armed Forces Continuous Attitudes Survey, these could be adapted to measure reasons for leaving that are specific to servicewomen.
- Be able to measure and monitor whether progress is being made in experiences in-service and retention of women and men.

## 4. HEALTH IN-SERVICE AND POST-SERVICE

**4a) Recommendation:** Continued assessment of equipment and environment, and assurance that it fits the physical needs of women. This should include instituting a reporting system where servicewomen can feedback to highlight areas of deficiencies. In addition, the review of uniform should be expanded beyond body armour to maternity uniform and smart uniform (for weddings, receiving awards).

### Evidence of need from SUSTAIN:

✔ Systematic Review; ✔ Stakeholders; ✔ Qualitative; ✔ Quantitative; ✔ Scoping of interventions

### Who is the recommendation for?

♦ MoD/Tri-service

### Potential benefit

- Ensure new uniform and equipment are fit for purpose.
- Provide an on-going system of feedback where new and changing needs of women can be highlighted and monitored.

**4b) Recommendation:** Further upskilling of medical professionals both in-service and through civilian GP training programmes about differences in ex-servicewomen's health needs compared to men to encourage early identification of health needs. For example, this should continue to specifically focus on:

- Reproductive and gynaecological healthcare
- Impact of periods, pregnancy, perimenopause and menopause
- (Prevention of) osteoarthritis
- Depression, anxiety, somatic symptom.

### Evidence of need from SUSTAIN:

✔ Systematic Review; ✔ Stakeholders; ✔ Qualitative; ✔ Quantitative; ✔ Scoping of interventions

### Who is the recommendation for?

♦ MoD/Tri-service; ♦ OVA; ♦ Armed Forces NHS provision and devolved nation equivalents;  
♦ Armed Forces Charities

### Potential benefit

- Better knowledge and skills in medical professionals to identify and treat key health needs in service/ex-servicewomen.
- Create better environment of inclusion.
- Prevent illness and injuries in women and/or early identification of need.

## 4. HEALTH IN-SERVICE AND POST-SERVICE

**4c) Recommendation:** Need to enhance expertise both in Defence Medical Services (DMS) and services such as Op RESTORE and Op COURAGE (or equivalent devolved NHS services) to have adequate medical expertise to provide for ex-servicewomen's specific healthcare needs.

### Evidence of need from SUSTAIN:

✔ Systematic Review; ✔ Stakeholders; ✔ Qualitative; ✔ Quantitative; ✔ Scoping of interventions

### Who is the recommendation for?

♦ Defence Medical Services; ♦ OVA; ♦ Armed Forces NHS provision and devolved nation equivalents of services such as Op RESTORE and Op COURAGE

### Potential benefit

- Better knowledge and skills in specific Armed Forces' healthcare provision to identify and treat key health needs in service/ex-servicewomen.
- Create better environment of inclusion.
- Earlier identification of need.

**4d) Recommendation:** Training for all DMS staff as to how to ask about sexual assault and how to support those who have experienced it. In addition, we advise a specific health code may be beneficial to identify sexual assault experienced in the military environment on medical records that could be utilised in aggregate form to report on prevalence (of those seeking help).

### Evidence of need from SUSTAIN:

✔ Systematic Review; ✔ Stakeholders; ✔ Qualitative; ✔ Quantitative; ✔ Scoping of interventions

### Who is the recommendation for?

♦ Defence Medical Services

### Potential benefit

- DMS would have a way to code on individuals' records when sexual assault had occurred in-service and provide vital information to improve healthcare for that individual.
- The confidentiality of medical records should be paramount and should be recorded with the individuals' consent; however, the MoD could aggregate this data (as is done with other exposures/outcomes) to have an aggregate way to measure those who had experienced sexual assault in the military environment and were seeking help. This may aid understanding of prevalence of this exposure (of those seeking help).

## 5. PROBLEMATIC BEHAVIOURS AND SEXUAL ASSAULT

**5a) Recommendation:** Support and extend tri-service education and awareness to address micro-aggressions/ sexist inappropriate banter and sexist behaviours to improve cultures of inclusion in-service.

### Evidence of need from SUSTAIN:

✔ Systematic Review; ✔ Stakeholders; ✔ Qualitative; ✔ Quantitative; ✔ Scoping of interventions

### Who is the recommendation for?

- MoD/Tri-service

### Potential benefit

- Consistent programmes across service branches to ensure a level of education and awareness.
- Address lower-level problematic cultures/behaviours.
- Begin a dialogue to talk about potentially problematic behaviours to bring service personnel and leaders along with the programme as the zero-tolerance policy may shut down open conversations.
- May be beneficial to learn from other organisations (such as the Ambulance service) currently tackling these negative sexist behaviours.

**5b) Recommendation:** Tri-service mandatory education for all personnel in leadership positions (including junior leadership positions) in-service to understand, identify and know how to address and report inappropriate behaviours of sexism, misogyny, sexual harassment and assault.

### Evidence of need from SUSTAIN:

✔ Systematic Review; ✔ Stakeholders; ✔ Qualitative; ✔ Quantitative; ✔ Scoping of interventions

### Who is the recommendation for?

♦ MoD/Tri-service

### Potential benefit

- Consistent training and programmes across service branches.
- Leaders upskilled in knowledge and processes regarding problematic behaviours.
- Leaders encouraged to role model inclusive cultures and trusted individual in units for ranks to report abuses.

**5c) Recommendation:** Improved process of reporting and prosecuting sexual assault in-service that is trauma-informed so that individuals are not re-traumatised.

### Evidence of need from SUSTAIN:

✔ Systematic Review; ✔ Qualitative; ✔ Quantitative; ✔ Scoping of interventions

### Who is the recommendation for?

♦ MoD/Tri-service

### Potential benefit

- Increase ability of service personnel to report sexual assault.
- Decrease trauma experienced by those reporting sexual assault.
- Upskill individuals in the reporting chain and legal system in how to reduce trauma and support victims effectively.

## 5. PROBLEMATIC BEHAVIOURS AND SEXUAL ASSAULT

**5d) Recommendation:** Consider an Armed Forces wide adverse event reporting system. The system can receive anonymous or identifiable reports of problematic behaviours (if people chose to be identified). This is different to a support helpline in that individuals can be anonymous, and it provides a reporting system of the time/place/unit of adverse events related to sexism, bullying, harassment, assault or ethical lapse. It can provide a heat map of areas of problems as well as offer signposting/support to those who want it.

### **Evidence of need from SUSTAIN:**

✔ Systematic Review; ✔ Stakeholders; ✔ Qualitative; ✔ Quantitative; ✔ Scoping of interventions

### **Who is the recommendation for?**

• MoD/Tri-service

### **Potential benefit**

- Measuring and monitoring of problematic behaviours so an evaluation can be made against new programmes to improve cultures.
- Provide a heat map identifying areas of problems.
- Can offer signposting/support to those who want it.

**5e) Recommendation:** Commission additional resources and expertise embedded with services such as Op COURAGE (and devolved nation equivalents) to provide mental health support for service and ex-service personnel who have experienced sexual harassment and assault – this should include services for both men and women, with provision for women only safe spaces.

### **Evidence of need from SUSTAIN:**

✔ Systematic Review; ✔ Stakeholders; ✔ Qualitative; ✔ Quantitative; ✔ Scoping of interventions

### **Who is the recommendation for?**

• OVA; • Armed Forces NHS provision and devolved nation equivalents; • Armed Forces Charities

### **Potential benefit**

- Upskilling of mental health support services and clinicians/staff to know how to provide effective care and treatments for those who have experienced sexual assault.
- Increase confidence of ex-servicewomen (and men) to access these services if they have experienced sexual assault.

## 6. ECONOMIC OPPORTUNITIES

**6a) Recommendation:** Extend and facilitate the offer of mentorship programs pairing new ex-servicewomen with other ex-service personnel and/or civilians.

**Evidence of need from SUSTAIN:**

✔ Systematic Review; ✔ Stakeholders; ✔ Qualitative; ✔ Quantitative; ✔ Scoping of interventions

**Who is the recommendation for?**

• Career Transition Partnership; • OVA; • Armed Forces Charities

**Potential benefit**

- Connecting ex-servicewomen with ex-service personnel who can help aid employment transition issues and provide practical and social support.
- Connecting ex-servicewomen with civilians will also allow for broader integration as well as employment mentoring.
- Ex-servicewoman will feel more supported with better knowledge inform their career decisions.

**6b) Recommendation:** Develop new relationships with employers and career routes that are of interest to ex-servicewomen (i.e. not necessarily corporate options). Provide a wider range of workshops and career support at the point of need suited to ex-servicewomen's aspirations, particularly for those who may have had pregnancies or medical discharge.

**Evidence of need from SUSTAIN:**

✔ Qualitative; ✔ Quantitative; ✔ Scoping of interventions

**Who is the recommendation for?**

• Career Transition Partnership; • OVA; • Armed Forces Charities

**Potential benefit**

- New relationships may increase employment and career options that are appropriate for women.
- Specific and longer-term support that recognises impact of pregnancies/families and illness/injury.

**6c) Recommendation:** Job retraining programs, matched to civilian environments that require additional labour and skills (social work, allied health, education, civil service) to take account of the skills and experience of ex-servicewomen.

**Evidence of need from SUSTAIN:**

✔ Qualitative; ✔ Quantitative; ✔ Scoping of interventions

**Who is the recommendation for?**

• Career Transition Partnership; • OVA; • Armed Forces Charities

**Potential benefit**

- Provide job training that would directly help with certain career paths in the public sector.
- Provide individuals with the skills to be able to benefit from certain career pathways such as 'Great Place to Work for Veterans Scheme' in the civil service for example.

## 7. RECOGNITION OF SERVICE AND EX-SERVICEWOMEN

**7a) Recommendation:** Improve visual representation of women in military marketing and communications.

**Evidence of need from SUSTAIN:**

✔ Systematic Review; ✔ Stakeholders; ✔ Qualitative; ✔ Scoping of interventions

**Who is the recommendation for?**

♦ MoD/Tri-service; ♦ OVA; ♦ Armed Forces NHS provision and devolved nation equivalents; ♦ Career Transition Partnership; ♦ Armed Forces Charities

**Potential benefit**

- Increase inclusion and representation.

**7b) Recommendation:** Increase visibility of women in senior leadership positions in-service.

**Evidence of need from SUSTAIN:**

✔ Systematic Review; ✔ Stakeholders; ✔ Qualitative; ✔ Quantitative; ✔ Scoping of interventions

**Who is the recommendation for?**

♦ MoD/Tri-service

**Potential benefit**

- Increase inclusion and representation.

**7c) Recommendation:** Better represent and include service and ex-servicewomen in celebration and education days such as Remembrance, 'Armed Forces Day' and 'Reserves Day'. Specific attention should be given to represent the historical contributions of women to the Armed Forces and recognise achievements of those currently serving/who have served.

**Evidence of need from SUSTAIN:**

✔ Systematic Review; ✔ Stakeholders; ✔ Qualitative; ✔ Quantitative; ✔ Scoping of interventions

**Who is the recommendation for?**

♦ MoD/Tri-service; ♦ OVA; ♦ Armed Forces Charities

**Potential benefit**

- Increase inclusion and representation.

## 8. MONITORING, MEASUREMENT AND EVALUATION

**8a) Recommendation:** Need for MoD/OVA to assess what mandatory reporting indicators may be necessary to provide evidence on progress with regards to supporting service and ex-servicewomen in-service, through transition and into civilian life. These could include retention/recruitment targets (noted these are already collected), promotion data, sense of belonging/inclusion indicator, bullying/harassment experiences, healthcare needs, support post pregnancy, women's reasons for leaving service etc.

### **Evidence of need from SUSTAIN:**

- ✔ Scoping of interventions

### **Who is the recommendation for?**

♦ MoD/Tri-service; ♦ OVA

### **Potential benefit**

- Key indicators collected over time would provide evidence with which to monitor progress or areas that may need more development.
- The process should be jointly owned by MoD and OVA to ensure that the life cycle of service to civilian life is captured and issues affecting transition are targeted, specifically focusing on prevention in-service of negative outcomes.

**8b) Recommendation:** Need for all organisations providing interventions that support service/ex-servicewomen to assess interventions that could benefit from adaptation for women's needs or evaluation. This would provide evidence of progress in supporting service/ex-servicewomen through the life cycle of service, transition and civilian life.

### **Evidence of need from SUSTAIN:**

- ✔ Scoping of interventions

### **Who is the recommendation for?**

♦ MoD/Tri-service; ♦ OVA; ♦ Armed Forces NHS provision and devolved nation equivalents; ♦ Career Transition Partnership; ♦ Armed Forces Charities

### **Potential benefit**

- Prioritising interventions that would benefit from adaptation and/or evaluation would use resources wisely and provide vital evidence on progress and efficacy of interventions supporting service and ex-servicewomen.



*Defence Imagery: Photographer - Cpl Danny Houghton, 2022*

# References

1. Ahern J, Worthen M, Masters J, Lippman SA, Ozer EJ, Moos R. The Challenges of Afghanistan and Iraq Veterans' Transition from Military to Civilian Life and Approaches to Reconnection. *PLoS One*. 2015;10(7):e0128599.
2. Morin R. *The Difficult Transition from Military to Civilian Life*, 2011.
3. Godier-McBard LR, Cable G, Wood AD, Fossey M. Gender differences in barriers to mental healthcare for UK military veterans: a preliminary investigation. *BMJ Mil Health*. 2022-02-01;168(1).
4. Parry EB, Valentina; Williams, Matthew; Robinson, Dilys; Takala, Helena. *Female Service Leavers and Employment*. Cranfield University and Institute for Employment Studies; 2019.
5. Godier-McBard LR, Gillin N, Fossey MJ. 'Treat everyone like they're a man': Stakeholder perspectives on the provision of health and social care support for female veterans in the UK. *Health & Social Care in the Community*. 2022/11/01;30(6).
6. Lafferty M, Winchell K, Cottrell E, Knight S, Nugent SM. Women of the Gulf War: Understanding Their Military and Health Experiences Over 30 Years. *Mil Med*. 2023;188(9-10):3191-8.
7. Godier-McBard LG, Nicola; Fossey, Matt. *We Also Served: The Health and Well-Being of Female Veterans in the UK*. 2021.
8. GOV.UK. *Veterans News and Communications Hub - What is a Veteran? 2020* [Available from: [https://www.gov.uk/guidance/veterans-news-and-communications-hub#what-is-a-veteran.](https://www.gov.uk/guidance/veterans-news-and-communications-hub#what-is-a-veteran)]
9. Barnett A, Savic M, Forbes D, Best D, Sandral E, Bathish R, et al. Transitioning to civilian life: The importance of social group engagement and identity among Australian Defence Force veterans. *Aust N Z J Psychiatry*. 2022;56(8):1025-33.
10. Barrington LJ, Bland AR, Keenan J. Courage, camaraderie and compassion: a qualitative exploration into UK military veterans' experiences of self-compassion within the context of alcohol use disorders and recovery. *BMJ Mil Health*. 2023.
11. Boros P, Erolin KS. Women Veterans after Transition to Civilian Life: An Interpretative Phenomenological Analysis. *Journal of Feminist Family Therapy*. 2021;33(4):330-53.
12. Burkhart L, Hogan N. Being a Female Veteran: A Grounded Theory of Coping With Transitions. *Soc Work Ment Health*. 2015;13(2):108-27.
13. Daphna-Tekoah S, Harel-Shalev A, Harpaz-Rotem I. Thank You for Hearing My Voice - Listening to Women Combat Veterans in the United States and Israeli Militaries. *Front Psychol*. 2021;12:769123.
14. Demers AL. From Death to Life: Female Veterans, Identity Negotiation, and Reintegration Into Society. *Journal of Humanistic Psychology*. 2013;53(4):489-515.
15. Eichler M. Making military and Veteran women (in)visible: The continuity of gendered experiences in military-to-civilian transition. *Journal of Military, Veteran and Family Health*. 2022;8(No. S1).
16. Guthrie-Gower S, Wilson-Menzfeld G. Ex-military personnel's experiences of loneliness and social isolation from discharge, through transition, to the present day. *PLoS One*. 2022;17(6):e0269678.
17. Koenig CJ, Maguen S, Monroy JD, Mayott L, Seal KH. Facilitating culture-centered communication between health care providers and veterans transitioning from military deployment to civilian life. *Patient Educ Couns*. 2014;95(3):414-20.

18. Leslie LA, Koblinsky SA. Returning to civilian life: Family reintegration challenges and resilience of women veterans of the Iraq and Afghanistan wars. *Journal of Family Social Work*. 2017;20(2):106-23.
19. Libin AV, Schladen MM, Danford E, Cichon S, Bruner D, Scholten J, et al. Perspectives of veterans with mild traumatic brain injury on community reintegration: Making sense of unplanned separation from service. *American Journal of Orthopsychiatry*. 2017;87(2):129-38.
20. Mankowski M, Tower LE, Brandt CA, Mattocks K. Why Women Join the Military: Enlistment Decisions and Postdeployment Experiences of Service Members and Veterans. *Soc Work*. 2015;60(4):315-23.
21. Murray SJ, Cancio LC. The Phenomenon of Community Reintegration for Veterans with Burn Injury: Supportive Communities and Future-Oriented Thinking. *J Burn Care Res*. 2023;44(3):555-62.
22. Orazem RJ, Frazier PA, Schnurr PP, Oleson HE, Carlson KF, Litz BT, et al. Identity adjustment among Afghanistan and Iraq war veterans with reintegration difficulty. *Psychol Trauma*. 2017;9(Suppl 1):4-11.
23. Raabe J, Eckenrod MR, Cooper E, Crain JA. Facilitating United States Service Members' Transition Out of the Military: A Self-Determination Theory Perspective. *Journal of Career Development*. 2023;51(1):40-59.
24. Rattray NA, Flanagan M, Mann A, Danson L, Do AN, Natividad D, et al. Conceptualizing care partners' burden, stress, and support for reintegrating Veterans: a mixed methods study. *Front Public Health*. 2023;11:1295627.
25. Sayer NA, Orazem RJ, Mitchell LL, Carlson KF, Schnurr PP, Litz BT. What the public should know about veterans returning from combat deployment to support reintegration: A qualitative analysis. *Am J Orthopsychiatry*. 2021;91(3):398-406.
26. Northumbria University. New project to improve data on veteran health and social care provision in the UK [press release]. 2023. [<https://newsroom.northumbria.ac.uk/pressreleases/new-project-to-improve-data-on-veteran-health-and-social-care-provision-in-the-uk-3282073>]
27. Directory of Social Change. Armed Forces Charities Research 2024 [Available from: <https://worldpay.dsc.org.uk/category/armed-forces-charities-reports/>].
28. GOV.UK. Support for veterans and their families [<https://www.veteransgateway.org.uk/>]
29. GOV.UK. HMPPS Offender Equalities Annual Report 2022-23 2024 [Available from: [https://www.gov.uk/government/statistics/hmpps-offender-equalities-annual-report-2022-to-2023/hmpps-offender-equalities-annual-report-2022-23#:~:text=Proportionally%20males%20make%20up%2096,\(78%2C802%20to%2081%2C057%20prisoners\)](https://www.gov.uk/government/statistics/hmpps-offender-equalities-annual-report-2022-to-2023/hmpps-offender-equalities-annual-report-2022-23#:~:text=Proportionally%20males%20make%20up%2096,(78%2C802%20to%2081%2C057%20prisoners))]
30. GOV.UK. Access Op NOVA: Supporting veterans in the justice system 2024 [Available from: <https://www.gov.uk/support-for-veterans/op-nova.>]
31. Castro C, Dursun S. Military veteran reintegration: Approach, management, and assessment of military veterans transitioning to civilian life: academic press; 2019.
32. Campbell R, Wasco SM. Feminist approaches to social science: Epistemological and methodological tenets. *American journal of community psychology*. 2000;28:773-91.
33. Curry A, Wood B, Passmore C, Atkins N. Continue to Work: The Transition Mapping Study 2017. 2017.
34. Cooper L, Caddick N, Godier L, Cooper A, Fossey M, Engward H. A model of military to civilian transition: Bourdieu in action. *Journal of Military, Veteran and Family Health*. 2017;3(2):53-60.

35. Thompson JM, Lockhart W, Roach MB, Atuel H, Bélanger S, Black T, et al. Veterans' identities and well-being in transition to civilian life-a resource for policy analysts, program designers, service providers and researchers: Report of the veterans' identities research theme working group: Veterans Affairs Canada, Charlottetown (PE); 2017.
36. Thompson JM, Vogt D, Pedlar D. Success in life after service: A perspective on conceptualizing the well-being of military Veterans. *Journal of Military, Veteran and Family Health*. 2022;8(3):129-39.
37. Castro CA, Kintzle S, Hassan A. The state of the American veteran. Los Angeles, CA: Center for Innovation and Research on Veterans and Military Families, School of Social Work, University of California. 2017.
38. Pedlar D, Thompson JM, Castro CA. Military-to-civilian transition theories and frameworks. *Military veteran reintegration*: Elsevier; 2019. p. 21-50.
39. GOV.UK - UK Armed Forces Biannual Diversity Statistics: April 2024.
40. Baker C. 'Can I Be Gay in the Army?': British Army recruitment advertising to LGBTQ youth in 2017-18 and belonging in the queer military home. *Critical Military Studies*. 2023;9(3):442-61.
41. Jester N. Army recruitment video advertisements in the US and UK since 2002: Challenging ideals of hegemonic military masculinity? *Media, War & Conflict*. 2021;14(1):57-74.
42. Glick P, Berdahl JL, Alonso NM. Development and validation of the masculinity contest culture scale. *Journal of Social Issues*. 2018;74(3):449-76.
43. Haslam SA, Jetten J, Postmes T, Haslam C. Social identity, health and well-being: An emerging agenda for applied psychology. *Applied Psychology-an International Review-Psychologie Appliquee-Revue Internationale*. 2009;58(1):1-23.
44. McNamara KA, Gribble R, Sharp M-L, Alday E, Corletto G, Lucas CL, et al. Acceptance matters: Disengagement and attrition among LGBT personnel in the US military. *Journal of Military, Veteran and Family Health*. 2021;7(S1):76-89.
45. Besnier E, Thomson K, Stonkute D, Mohammad T, Akhter N, Todd A, et al. Which public health interventions are effective in reducing morbidity, mortality and health inequalities from infectious diseases amongst children in low-income and middle-income countries (LMICs): protocol for an umbrella review. *BMJ open*. 2019;9(12):e032981.
46. Skivington K, Matthews L, Simpson SA, Craig P, Baird J, Blazeby JM, et al. A new framework for developing and evaluating complex interventions: update of Medical Research Council guidance. *bmj*. 2021;374.
47. Lockwood C, Munn Z, K. P. Qualitative research synthesis: methodological guidance for systematic reviewers utilizing meta-aggregation. *Int J Evid Based Healthc*. 2015(3):179-87.
48. Gale NK, Heath G, Cameron E, Rashid S, Redwood S. Using the framework method for the analysis of qualitative data in multi-disciplinary health research. *BMC Medical Research Methodology*. 2013;13(1):117.
49. Braun V, Clarke V. Using thematic analysis in psychology. *Qualitative Research in Psychology*. 2006;3(2):77-101.
50. Braun V, Clarke V. Reflecting on reflexive thematic analysis. *Qualitative Research in Sport, Exercise and Health*. 2019-8-8;11(4).
51. Sharp M-L, Jones M, Leal R, Hull L, Franchini S, Molloy N, et al. Health and well-being of serving and ex-serving UK Armed Forces personnel: protocol for the fourth phase of a longitudinal cohort study. *BMJ Open*. 2023;13(10):e079016.
52. Allen N, Sudlow C, Downey P, Peakman T, Danesh J, Elliott P, et al. UK Biobank: Current status and what it means for epidemiology. *Health Policy and Technology*. 2012;1(3):123-6.
53. Office for National Statistics. Annual Population Survey, October 2022 - September 2023. [data collection]. UK Data Service, 2023 [Accessed 27 August 2024]. Available from: DOI: <http://doi.org/10.5255/UKDA-SN-9188-1>.

# Appendices

## APPENDIX 1 – WORK PACKAGE METHODS

### Work Package 1: Scoping reviews

WP1 comprised three scoping reviews (1A, 1B, 1C). Review 1A synthesised the existing research around ex-servicewomen's transition experiences, exploring factors that facilitate or hinder this process. Review 1B examined UK charitable and statutory services that either exclusively support ex-servicewomen or offer tailored elements for them within broader services for ex-serving personnel. For review 1C, we engaged with stakeholders to understand common facilitators and barriers to successful transition for ex-servicewomen.

The overall objective of each of these reviews was to develop an overview of UK services specifically targeting or tailored to ex-servicewomen and to identify barriers and facilitators to their successful transition.

#### WP1 Part A – Scoping review of existing literature

##### Scope and aims

The scoping review synthesised qualitative literature examining the experience of military to civilian transition, focusing on the impact of gender. The review aimed to identify barriers and facilitators experienced by ex-servicewomen in achieving a successful transition.

##### Procedure

A comprehensive search strategy was designed in tandem with a research librarian. Peer-reviewed literature was drawn from a multi-database search, limited to qualitative studies.

##### Search strategy

- ♦ Databases: Medline, Embase, PsycINFO, Pubmed, Global Health, Web of Science, and EBSCO
- ♦ Search terms: variations of 'females', 'veterans', 'ex-military', 'ex-service' and 'transition'
- ♦ Initial search: February 2023; Updated: February 2024

##### Inclusion criteria

- ♦ Peer-reviewed qualitative or mixed methods studies
- ♦ Female participants, age 18+
- ♦ Ex-service personnel from Five Eyes countries (Australia, Canada, New Zealand (NZ), UK, United States (US))
- ♦ English language publications

##### Quality assessment

- ♦ Joanna Briggs Institute (JBI) Qualitative Critical Appraisal Checklist (47).

#### WP1 Part B – Review of support services targeted for ex-servicewomen

##### Scope and aims

The review provided a comprehensive overview of the support landscape available to ex-servicewomen in the UK from charitable and statutory services, highlighting both organisations specifically dedicated to ex-servicewomen and those offering tailored services for ex-servicewomen. The review focused on services offering support in areas such as mental health, employment, housing, and finance.

Services that met the following criteria were included in the review:

#### Inclusion Criteria

- A UK charity registered on the Charity Commission Register OR a statutory service in the UK such as the National Health Service (NHS).
- An organisation designed solely for ex-servicewomen.
- Have a component or service tailored specifically to ex-servicewomen.

#### Procedure

The review employed a two-stage approach:

- **Online search:** We searched publicly available resources, including the Charity Commission register, Veterans' UK website and the Veterans' Gateway, to gather information about support services available to ex-servicewomen in the UK. Additionally, we used generic search engines such as Google to search for further services. This search was conducted in October 2022 and updated in June 2024.
- **Stakeholder and advisory group discussions:** Further organisations were identified through discussions with service providers and those who work in relevant policy areas (called stakeholders from this point onwards) and the SUSTAIN ex-servicewomen advisory group.

#### **WP1 Part C - Stakeholder discussions about the experiences and needs of ex-servicewomen and the current service provision.**

Stakeholder engagement was also utilised to understand common facilitators and barriers to successful transition for ex-servicewomen.

#### Participants

Stakeholders were identified from the professional networks of both KCMHR and FiMT and were contacted directly with

invitations to take part in an individual interview. In addition, two round table discussions were advertised via social media and the COBSEO newsletter.

#### Inclusion criteria

To be eligible to take part in these discussions, individuals needed to be employed in veteran support service; either a third-sector organisation that provided any form of support or advice to ex-service personnel or the NHS. Alternatively, they needed to work for the government conducting policy work that pertained to the UK Armed Forces.

#### Procedure

Interviews and roundtable discussions were held online. At each roundtable discussion, there were 10 attendees in addition to the group facilitators.

#### Study materials

A semi-structured interview guide (Table 34) for the individual interviews was co-developed by the research team and the SUSTAIN ex-servicewomen advisory group.

#### Analysis

The stakeholder discussions were analysed using a type of thematic analysis known as framework analysis (48).

## **Work Package 2: Qualitative interviews with ex-servicewomen**

#### Scope and aims

In-depth interviews with 31 ex-servicewomen were conducted between October 2023 and February 2024 to better understand the specific barriers and facilitators women faced when making a successful military to civilian transition. We also explored how ex-servicewomen defined a successful and sustainable transition.

**Table 34: Topic guide used for stakeholder interviews and roundtable discussions**

Topic	Questions and prompts
<b>Successful and sustainable transition</b>	<ul style="list-style-type: none"> <li>• What do you think successful transition looks like for ex-servicewomen?</li> <li>• What factors do you think are most important for successful transition?</li> <li>• Do you think this differs for men and women?</li> <li>• What do you think would make it sustainable or long-lasting?</li> </ul>
<b>Support needs</b>	<ul style="list-style-type: none"> <li>• What do you think are the common support needs for ex-servicewomen during transition?</li> <li>• What do you think can block successful transition?</li> <li>• Is there a common barrier you see with the ex-servicewomen you work with?</li> <li>• What do you think can help promote successful transition?</li> </ul>
<b>Service provision</b>	<ul style="list-style-type: none"> <li>• How do you think the current service provision meets these support needs?</li> <li>• Where are there unmet needs or a need for new services?</li> <li>• Where do services not fulfil their potential / need improvements?</li> <li>• What do you think would be best practice for services who support ex-servicewomen?</li> </ul>
<b>Women-specific service provision</b>	<ul style="list-style-type: none"> <li>• What do you think about services which are exclusive to ex-servicewomen?</li> <li>• Do you think there is a need and what value do you think they would add?</li> <li>• How practical do you think these services are/ would be?</li> <li>• Any lessons learnt from civilian women services which could translate?</li> </ul>

#### Procedure

In-depth qualitative interviews were held remotely, either by telephone or video call. Interviews lasted on average 70 minutes, ranging between 20 minutes to 120 minutes and were audio-recorded with explicit consent. Interviews were then transcribed and analysed using a thematic analysis (49,50). All participants were provided with a £25 voucher to thank them for their time.

#### Eligibility criteria

- Identified as a woman
- Over 18 years old
- Previously served in the UK Armed Forces

#### Recruitment

Most participants (n=28) were recruited via email, telephone, or post from Phase 4 of the KCMHR Health and Wellbeing Cohort study (51), a long-term study investigating the health and wellbeing of UK service personnel who served during the conflicts of Iraq and Afghanistan. For the analysis, only ex-servicewomen who had previously served as Regulars in the UK Armed Forces were included in the qualitative study. Additionally, further ex-servicewomen (n=3) were included as they had directly contacted the research team and met the eligibility criteria.

## Study materials

The interview guide was informed by the findings from WP1 (parts A and C), the scoping review of the literature and the discussions with stakeholders. To ensure the effectiveness and relevance of the interview guide, we implemented a two-stage pilot testing process. First, we sought input from our colleagues at KCMHR who had military backgrounds or extensive experience working with ex-servicewomen. Second, we utilised input from the SUSTAIN ex-servicewomen advisory group. Their lived experiences offered valuable perspectives, ensuring our questions resonated with the real-world challenges of transitioning to civilian life.

This careful development and testing process resulted in an interview guide well-grounded in current research and tailored to effectively explore the experiences of ex-servicewomen during their transition (Table 35).

## Work Package 3: Quantitative investigations comparing outcomes of ex-servicewomen with ex-servicemen and civilian women

### Scope and aims

The quantitative investigations proceeded in two parts (A & B). In part A, we aimed to identify if ex-servicewomen experienced any unique challenges when making a successful transition to civilian life and if they were at a particular disadvantage compared to their male counterparts. We aimed to answer the following research questions:

- ♦ Is there a difference in socioeconomic outcomes (housing status, financial difficulties, employment rates) and in the health (mental and physical) between ex-servicewomen and ex-servicemen who have left the UK Armed Forces?
- ♦ Do these outcomes (health and socioeconomic) vary for ex-servicewomen across sub-groups of ex-servicewomen?

**Table 35: Interview guide for ex-servicewomen interviews**

Topic area	Topics covered
<b>Lived experience from their time in service</b>	<ul style="list-style-type: none"> <li>♦ Decisions to join and leave the military</li> <li>♦ Unique experiences as a woman in the military</li> <li>♦ Perceptions of potential risks whilst in-service (both physical and mental)</li> </ul>
<b>Lived experience as ex-service personnel</b>	<ul style="list-style-type: none"> <li>♦ Community and relationships; employment; education and skills; finance and debt; health and wellbeing; making a home in civilian society; experiences with the justice system if applicable</li> <li>♦ Views on what is considered a sustainable and successful transition</li> <li>♦ Draw out each ex-service personnel's core support needs for now and in the future</li> </ul>
<b>Mapping support needs to awareness of existing support services</b>	<ul style="list-style-type: none"> <li>♦ Awareness of support services by support need</li> <li>♦ Perceived/actual gaps in support provision</li> </ul>
<b>Barriers and facilitators to engaging with support services</b>	<ul style="list-style-type: none"> <li>♦ Barriers</li> <li>♦ Existing facilitators</li> <li>♦ Potential facilitators</li> </ul>
<b>Experience of existing support services</b>	<ul style="list-style-type: none"> <li>♦ Areas to maintain</li> <li>♦ Areas to improve</li> <li>♦ Areas to develop</li> </ul>

In part B, we aimed to identify if ex-servicewomen experienced any unique challenges when making a successful transition and if they were at a particular disadvantage compared to civilian women. We aimed to answer a similar set of questions.

- Is there a difference in socioeconomic outcomes (housing status, financial difficulties, employment rates) and in the health (mental and physical) between ex-servicewomen and civilian women?

By examining differences in outcomes first between ex-servicewomen and men, and subsequently between ex-servicewomen and civilian women, we can better understand the unique experiences and challenges faced by ex-servicewomen who have served in the UK Armed Forces.

#### Data sources used

We approached these aims in part A and part B using three datasets: the KCMHR Health and Wellbeing Cohort Study (2022-2023) (51), the UK Biobank (2006-2015) (52), and the Annual Population Survey (2022) (53) (Table 36). A more detailed description of each of these data sources is available in Appendix 2.

#### King’s Centre for Military Health Research (KCMHR) Health and Wellbeing Cohort Study (2022-2023)

The KCMHR Health and Wellbeing Cohort Study (KCMHR Cohort) was initiated in 2003 and has followed individuals serving in the regular forces and reserves through four phases [Phase 1: 2004–2006, Phase 2: 2007–2009, Phase 3: 2014–2016, and Phase 4: 2022–2023]. The cohort provides valuable insights into the health and wellbeing of UK service and ex-service personnel, including Regulars and Reservists who served during operations in Iraq

(Operation TELIC) and Afghanistan (Operation HERRICK). For our analysis, we focused on service personnel discharged from the Armed Forces who had previously served in the Regular forces.

#### UK Biobank Data (2006-2015)

The UK Biobank is a large-scale, prospective cohort study encompassing approximately 500,000 individuals from England, Scotland, and Wales. Recruitment took place between 2006 and 2010, targeting adults aged 40 to 69. The study collected extensive baseline data, including sociodemographic information, health and medical histories, lifestyle and environmental factors, family history, and psychosocial variables. In addition, physiological measurements (e.g., spirometry, bone density, blood pressure, hearing), cognitive function assessments, and biological samples (saliva, blood, and urine) were gathered. The UK Biobank is also linked to healthcare records and registries, enabling us to explore the complex interactions between environmental, behavioural, and occupational factors and health outcomes.

#### Annual Population Survey (2022)

The APS is a continuous household survey of approximately 320,000 individuals in the UK. It integrates data from the Labour Force Survey, facilitating the exploration of demographics, housing, employment, and educational variables. Additionally, the survey provides vital socioeconomic data between the decennial censuses.

#### Statistical analysis

In part A, we compared ex-servicewomen to ex-servicemen using the KCMHR cohort and the UK Biobank.

**Table 36: Datasets used to examine differences between ex-servicewomen and men and civilian women**

Part A: Ex-servicewomen versus ex-servicemen	Part B: Ex-servicewomen versus civilian women
UK Biobank (2006-2015)	UK Biobank (2006-2015)
KCMHR Health and Wellbeing Cohort Study (2022-2023)	KCMHR Health and Wellbeing Cohort Study (2022-2023) + Annual Population Survey (2022)

For part B, we compared ex-servicewomen to civilian women using The KCMHR cohort matched to the Annual Population Survey 2022 (civilian

women matched on sex and age). We also used the UK Biobank, which included ex-service personnel and civilian comparators (Table 37).

**Table 37: Datasets and variables included in the analysis**

<b>King's Centre for Military Health Research (KCMHR) Health and Wellbeing Cohort Study (2022-2023)</b>	<b>UK Biobank (2006-2015)</b>	<b>UK Annual Population Survey (2022)</b>
<b>Part A and Part B</b> Sample: ex-servicewomen and ex-servicemen	<b>Part A and Part B</b> Sample: ex-servicewomen, ex-servicemen, and civilian women	<b>Part B</b> Sample: civilian women
	<b>Variables</b>	
<b>Demographics</b> Age Sex Children Relationship status Nation Education	<b>Demographics</b> Age Sex Children Ethnicity Education Area level material deprivation	<b>Demographics</b> Age Sex Children Nation Education
<b>Military Characteristics</b> Years in service Years since transition Rank Service branch Deployment Method of leaving service Reason for leaving service	<b>Military Characteristics</b> Years in service Years since transition	
<b>Economic/Housing</b> Housing Employment Work satisfaction	<b>Economic/Housing</b> Housing Employment	<b>Economic/Housing</b> Housing Employment
<b>Physical health</b> General health status Current physical health conditions Physical health symptoms (PHQ-15)	<b>Physical health</b> General health status Musculoskeletal disorders	
<b>Mental health</b> Common mental health conditions (GHQ-12) PTSD (PCL-5) Complex PTSD (ITQ) Alcohol use (AUDIT)	<b>Mental health</b> Anxiety Depression Alcohol consumption (AUDIT-C) Trauma exposure	

*PHQ-15: The Patient Health Questionnaire, GHQ-12: General Health Questionnaire, PCL-5: Post-Traumatic Stress Disorder (PTSD) Checklist for DSM-5, ITQ: International Trauma Questionnaire, AUDIT: Alcohol Use Disorders Identification Test. AUDIT-C: Alcohol Use Disorders Identification Test- Consumption.*

For more detailed information on variables utilised please see Appendix 2

### Statistical approach

For the subsequent analyses, we examined the distribution of socioeconomic and health outcomes of interest across our samples using Chi-square ( $\chi^2$ ) tests for categorical variables (e.g. sex, education) and independent t-tests for continuous variables (e.g. age). The Chi-square ( $\chi^2$ ) test allows us to determine if there is a significant difference in how these categories are distributed among different groups. The independent t-test allows us to determine if the average value of these measurements is significantly different between two groups.

We subsequently conducted logistic regression analyses and presented the adjusted odds ratios (aOR) with associated 95% confidence intervals. All statistical tests used are detailed in Table 14 in the main text.

## Work Package 4: Triangulation of findings

WP4 is the culmination of each of our work packages, integrating findings from the previous three work packages. It triangulates data from the scoping review of services and existing literature (WP1), qualitative interviews with ex-servicewomen (WP2), and quantitative analysis of health and socioeconomic outcomes of ex-servicewomen compared to ex-servicemen and civilian women (WP3). By integrating and synthesising these diverse work packages and data, we gain a comprehensive understanding of ex-servicewomen's experiences. Results from each part of the project were integrated to build an overall understanding of both the characteristics of successful and sustainable military to civilian transitions and negative characteristics of military to civilian transition experiences for ex-servicewomen (Figure 17).



*Defence Imagery: Photographer - LPhot Bill Spurr, 2023*

**Figure 17: Triangulation of SUSTAIN work packages**



## Work Package 5: A strategic roadmap for impact and influence

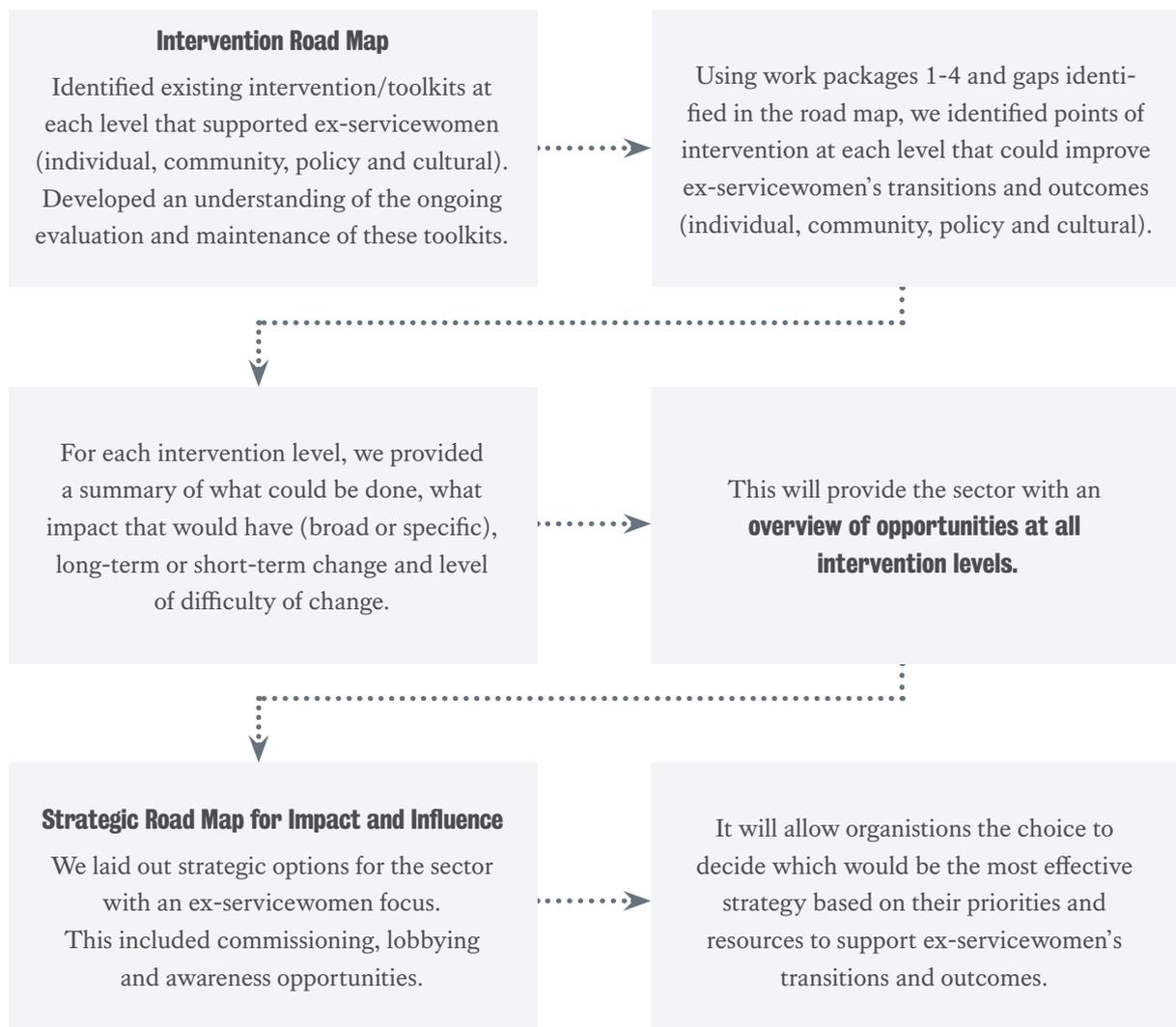
Once the results of the previous work packages were triangulated, a series of recommendations were developed in combination with WP5. The overall aim of WP5 was to:

- ♦ Develop a strategic road map for impact and influence which the sector can use. The road

map presents an overview of current gaps in support and opportunities for organisations to commission, lobby, or raise awareness at all intervention levels (individual, community, policy and structural) to improve transition experiences for ex-servicewomen.

Figure 18 details the steps that were taken to do this.

**Figure 18: Work package 5 activities**



## APPENDIX 2 – DESCRIPTION OF VARIABLES UTILISED FOR QUANTITATIVE ANALYSES

### Selected variables from the KCMHR Cohort

#### Military Characteristics:

- Years in service
- Years since transition
- Rank (Senior Commissioned Officer, Commissioned Officer, Senior Non-Commissioned, Junior Non-Commissioned, Other Ranks)
- Service branch (Naval Services, Army, RAF)
- Deployment to Iraq or Afghanistan on most recent deployment (yes/no)
- Method of leaving service (completed term of service, premature voluntary release, medical discharge, disciplinary discharge, voluntary/compulsory redundancy, other method of leaving)
- Reason(s) for leaving service

#### Economic and Housing:

- Current employment status (full-time, part-time, self-employed, unemployed, retired)
- Overall work satisfaction, pay satisfaction, overtime satisfaction, and job security (0-7 scale, 0 = unsatisfied, 7 = fully satisfied)
- Housing tenure (owned, rented, other)

#### Physical Health:

- Self-reported general health (excellent, very good, good, fair, poor)
- Current physical health conditions (diabetes, heart problems, high blood pressure, respiratory problems, liver or kidney problems, gastrointestinal/digestive problems, chronic pain, poor mobility, musculoskeletal problems, cancer, other)
- General physical discomfort or somatic symptoms (Patient Health Questionnaire (PHQ-15), score  $\geq 10$  indicating a positive case)

#### Mental Health:

- Common Mental Disorders (12-item General Health Questionnaire (GHQ-12), score  $\geq 4$  indicating probable depression or anxiety)
- Post-Traumatic Stress Disorder (PTSD) and complex PTSD (PTSD Checklist for DSM-5 (PCL-5), score  $\geq 38$  indicating probable PTSD; International Trauma Questionnaire (ITQ))
- Alcohol Use Disorders Identification Test (AUDIT), score  $\geq 8$  indicating hazardous drinking, score  $\geq 16$  indicating alcohol misuse

### Selected variables from the UK Biobank

#### Military Characteristics:

- Years in service
- Years since transition

#### Economic and Housing:

- Employment status (full-time, part-time, unemployed, or economically inactive)
- Housing tenure (owned outright, owned with mortgage, rented, other)
- Area-level deprivation (English Indices of Deprivation 2010)

#### Physical Health:

- Self-reported general health (excellent, good, fair, poor)
- Diagnosed musculoskeletal disorders, including back problems and osteoarthritis

#### Mental Health:

- Previously diagnosed mental health conditions (depression, anxiety, PTSD). Mental health conditions identified through self-reporting, ICD-10 diagnostic codes from hospitalizations, or symptom criteria based on the Composite International Diagnostic Interview – Short Form (CIDI-SF)

- ♦ Alcohol Use Disorders Identification Test (AUDIT-C), score  $\geq 6$  indicating high-risk drinking, score  $\geq 8$  indicating severe-risk drinking
- ♦ Trauma exposure identified through self-report (Intimate partner violence, sexual assault, witnessed violent death, victim violent crime, combat exposure)

### Selected variables from the APS

In the APS, demographic and socioeconomic indicators were harmonized with the KCMHR Cohort on selected demographic, economic and housing tenure indicators.

## APPENDIX 3 – STRENGTHS AND LIMITATIONS OF THE SUSTAIN PROJECT

- ♦ **Strengths** include that this project utilised a mixed-methods approach drawing on a wide range of sources such as literature, discussions with experts and stakeholders, lived experience interviews and robust data analysis. The recommendations are therefore drawn from several pieces of confirmatory information.
- ♦ This mixed-method approach also allowed us to mitigate some of the limitations of individual work packages. For instance, most of the participants in the qualitative interviews with ex-servicewomen were from England. To ensure we had perspectives from all four nations, we ensured we had representation from Scotland, Wales and Northern Ireland in the stakeholder discussions.
- ♦ We used three quantitative datasets which allowed us to describe outcomes across different generations, where we were also able to control for confounders such as age and education to estimate the true size of the effect.
- ♦ In addition to stakeholder engagement, our advisory group of ex-servicewomen has shaped the project, helping us to interpret the findings and form the recommendations.

- ♦ **Limitations** include the older age of our sample. Despite using three databases, our sample is still relatively older (the KCMHR cohort average is 47 years old, and the BioBank average age is 55 years old). Similarly, in the qualitative work package, we did interview six individuals who had left service in the last 1-2 years, but again, this sample was limited in that it comprised mainly Officers. Therefore, our findings may not be generalisable to all ex-servicewomen and may underrepresent the experiences of those with shorter lengths of service, and those from lower ranks.
- ♦ Whilst every effort was made in the scoping review of services and interventions (WP1B/WP5), it is possible that the team did not identify all services/interventions due to the large amount of work that is going on in this area.
- ♦ Similarly, we have tried to make sure that our recommendations do not duplicate work that is already ongoing, and we have highlighted what is already being done in that area. Although we have had open and frank conversations with representatives from government organisations, there will be information that was not appropriate to share publicly and, therefore there may be ongoing policy developments that we are not aware of.

