

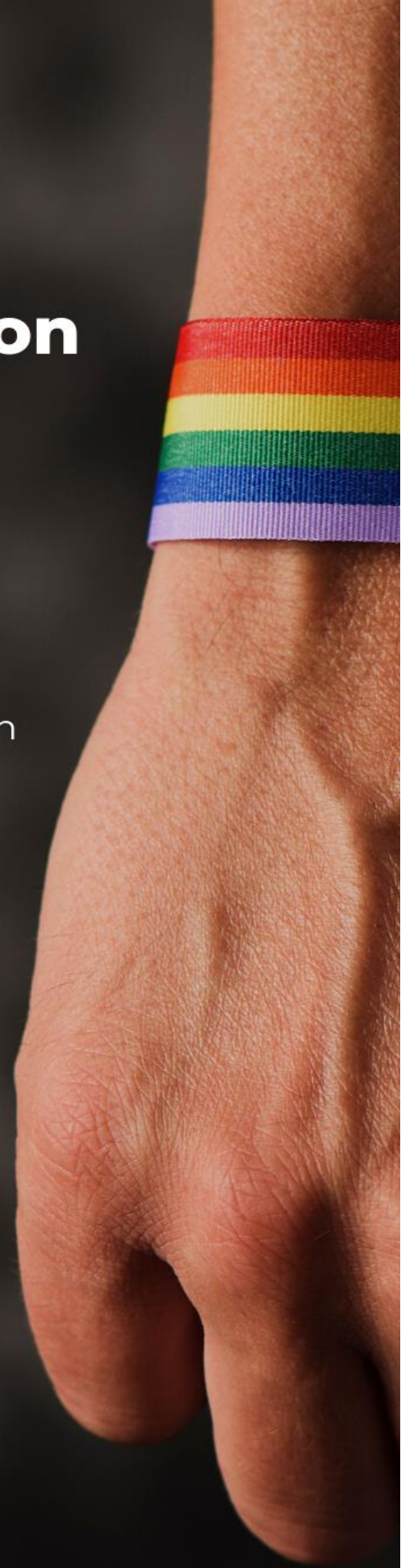
Forward Assist & Salute Her UK

LGBTQ+ Veterans Consultation Report

2022

Hidden Voices of the LGBTQ+ Veteran
Community.

Prepared by:
Nicole Dodds
Paula Edwards
Tony Wright





FORWARD ASSIST

FORCES - VETERAN - CITIZEN



FORWARD ASSIST
FAMILY FIRST
VETERAN PROJECT

Who We Are

Forward Assist is a registered charity based in the North East of England. The charity offers practical support and guidance to former service personnel of all ages as they adapt and adjust to civilian life. Forward Assist promote the concept of 'service to others' and encourage involvement in healthy activities that help reduce social isolation and loneliness. The team provide proactive outreach to those in need and facilitates active engagement in 'community benefit' projects that help connect individuals to the wider community. The charity offers gender specific services which include both virtual and face to face contact with a qualified trauma informed therapist as well as specialist information advice and guidance via online group sessions. All our service users can access, life coaching, employment advice, vocational skills training and volunteering opportunities. Forward Assist has five full-time staff, two part-time and a plethora of active volunteers, all of whom bring a wealth of experience to the team. Forward Assist welcomes all Veterans, families, and carers including diverse gender identities and sexual orientations. We have over two hundred veterans who identify as being part of the LGBTQ+ community. We use the term "LGBTQ+" which refers to lesbian, gay, bisexual, transgender, and queer identities. The "+" sign captures identities beyond LGBTQ, including but not limited to questioning, pansexual, asexual, agender, gender diverse, nonbinary, gender-neutral, and other identities.

Equality and Diversity runs like a golden thread though all our interventions. We value the unique experience every individual brings and in recognising not every individual faces the same barriers, we have adopted an intersectional approach to our work.

Salute Her UK offers confidential 'gender specific' trauma informed care and support to women veterans from all three services, this includes a dedicated service for LGB minority groups, especially those suffering from the long-term impact of Military Sexual Assault (MSA) and Military Sexual Trauma (MST). Forward Assist & Salute Her UK are co-located in the same building and work together to provide 'gender specific' services to both serving personnel and armed forces veterans.

We believe that military veterans are the civilian communities' greatest asset. Our life enhancing, totally inclusive, research, education, complex treatment, advocacy and support projects promote inclusion and facilitate the learning of new skills. We actively promote and deliver activities that enhance mental and physical wellbeing. Our best in class 'trauma informed' interventions improve the quality of life of all those referred to our service and rekindle citizenship.

To meet the needs of LGBTQ+ Veterans we have employed a dedicated LGBTQ+ Veteran Care Co-Ordinator and Veterans Family worker.

Background of Authors:

Tony Wright: Founder & Chief Executive of Forward Assist joined the Royal Marines in 1978 and was medically discharged in 1981 after seriously injuring his shoulder during basic training.

Tony established Forward Assist & Salute Her UK following a Winston Churchill Memorial Trust Travelling Fellowship changed his direction of travel in 2011. As an Early Service Leaver (ESL) he has first-hand knowledge of how difficult it is for many former servicemen and women to re-establish themselves back into the civilian community after discharge from the Armed Forces. He is particularly supportive of those veterans that have survived Military Sexual Trauma (MST) and now suffer from Moral Injury, Post Traumatic Stress or other difficulties relating to service related trauma and/or adjustment and assimilation. A Qualified and Registered Social Worker, Former Probation Officer and Home Office Adviser, Tony describes himself as a political activist and social justice change agent. He has vast experience of working with veterans with multiple-complex needs. He lives a life led by sobriety, commitment, compassion and being of service to others.

Paula Edwards: joined Forward Assist in November 2017. Paula has over 15 years' clinical mental health experience across a variety of settings.

These include inpatient, crisis intervention, large voluntary organisations and private practice. Qualified as a Clinical and Pastoral Counsellor and CBT therapist, Paula bring a wealth of mental health expertise to the organisation. Paula Edwards is the 'Salute Her' project lead. She has identified and engaged with a core group of 500 women veterans providing women only group activities and one-to-one consultation sessions and virtual support. Paula also sits on the All-Party Parliamentary Group (APPG) on suicide prevention. In 2021 she will be facilitating 'gender specific' residential therapeutic retreats, actively engaging in politics and campaigning, promoting access to sexual health services, child-care support, leadership and British Parliamentary Debate Training. She will also create National peer-led support groups and therapeutic art and social crafting groups for those impacted by trauma relating to active service, post-traumatic stress (PTS) and Military Sexual Trauma (MST) and Moral Injury.

Nicole Dodds: joined Forward Assist in October 2021. Nicole is employed as the teams 'Family First' Support Worker. Nicole graduated from Sunderland University in 2017 with a Childhood Studies BA (Hons). Nicole has over five years' experience of working with families and their children across a variety of social care settings.

Nicole and the team have adopted a 'Think Family' approach to service delivery and she has engaged with over twenty military families since she started work in late 2021. Nicole works in partnership with a host of other organizations & regularly hosts virtual family career workshops. Nicole is keen to support as many Military Young Carers as she can and as there are an estimated 1.4 million veteran dependent children & young people in the UK. It is imperative that this hidden population are supported and Nicole's liaison work with local schools & military charities has led to her developing consultation groups with parents and children making the transition to civilian life. Nicole is also particularly interested in supporting the military/veteran LGBTQ+ community and recently became the charities LGBTQ+ **Veteran Care Coordinator**.

Introduction

It wasn't that long ago when serving members of the LGBT+ community could be dismissed from all branches of the UK Armed Forces on the basis of their sexuality. Approximately 250 members of Her Majesties Armed forces were thrown out each year because of their sexuality, and frequently had their service medals withdrawn and pension rights rescinded. In some cases, medals were physically ripped from a service person's uniform after a conviction at Court Martial. Those found guilty of identifying as being lesbian, gay, bisexual or transgender sometimes went on to serve a prison term, typically several months long.

Soldiers often faced prolonged exposure to prejudice, discrimination, homophobic abuse, humiliation and for some, physical violence and sexual assault. To combat retaliation soldiers often lived a double life hiding their sexuality out of fear.

There are no accurate statistics to indicate how many lesbian, gay, bisexual and transgender veterans there are in the UK. However, what we do know from countries like the United States and Canada is that LGBT Veterans are at a disproportionate risk for suicide and other poor health outcomes (Mereish, et al., 2012), due in part, to barriers in accessing services and lack of social support. Sexual and gender minority veterans continue to face stigma and discrimination, which can negatively affect their confidence and self-esteem for the rest of their natural life. Similarly, research in the USA and Canada indicates that LGBTQ+ Veterans are more likely to report poor physical and mental health. Recent data shows minority women veterans have more chronic health conditions and report worse health compared to heterosexual women veterans and non-veterans. They are also more likely to be smokers, engage in excessive drinking, feel sad isolated and lonely. Additional research in the USA found that LGB women Veterans were at higher risk of military sexual assault and intimate partner violence after service.

Consultation Exercise

Forward Assist has always encouraged and welcomed members of the LGBTQ+ community to access its services. We regularly facilitate consultation exercises so we can ensure our services are needs led, person centred, current and fit for purpose. To ensure that we meet the needs of the LGBTQ+ military community, we ran a weekly consultation session for a six-week period. In total, we consulted with 33 LGBTQ+ Veterans. In total we had 30 women, 2 men and 1 and one person who is transgender. The consultation exercise allowed the voices of veterans to be both heard and help us better tailor support to this unique community of veterans.

The majority of those interviewed served in the Army (15) followed by the Navy (10) and lastly the Royal Air Force (8). The average length of service was 6 years.

To build a thematic analysis frame work we asked a baseline question:

Can you describe your personal experience prior to your discharge from the military?

"It was the worse time of my life, someone discussed my private relationship with others in the camp and it just kind of grew legs. A SIB officer rang my parents and told them that I was in a relationship with another women. It broke my Mum's heart."

"I was stripped searched and interrogated for 8 hours. I was made to feel like I was dirty and scum. I never thought for one minute that my career would come to a traumatic end."

“Sexual orientation shouldn’t matter when it comes to operational effectiveness. For me that’s what it came down to, I got told we can’t have a bunch of faggots running around with guns. Within two days I was gone and lost everything. “

“Rumours had been going around the unit for months, everyone was gossiping saying I was a dyke. One night I was cornered by an officer who raped me, to add insult to injury I was later dishonourably discharged. Yet when I reported my rape nothing was done “

“To survive you had to lead a double life. I married a male to hide my sexuality. I started having an affair with a woman and someone saw us together. I was quickly investigated and found guilty. I lost my career, reputation and children. “

The transition from soldier to citizen impacts every member of the family and requires the entire family's support. Families need information, advice and guidance, but more importantly, they need tangible support, delivered in a timely way.

We know that veterans rely on loved ones for so much support, they have endured long separations, frequent moves and ongoing anxiety about their service member's safety and well-being. The process for families getting assistance is extremely lengthy, complex and anxiety provoking. Lots of families have voiced feeling overwhelmed by not knowing a specific point of contact to seek help. Leaving many families suffering in silence.

The second question we asked was:

How can we support families and loved ones of LGBTQ veteran community, what would be helpful?

“It isn't easy. There are times when I have been desperate, exhausted and miserable. But overall, I think we're stronger, more honest and more resilient as a couple. I received amazing family support from the Forward Assist Family First Team " (Male, 57 years old)

“We received no help or support. Because of my mental health and suicidal thoughts, we were referred to children’s services. They didn’t understand what I had been through and worse they sent someone who had served in the military. They didn’t even ask if this was ok “(Female, 49 Years old)

“We asked for help on numerous occasions and got no help what so ever. We needed a family intervention or counselling. Apparently, there is no funding left for that type of help. My behaviour nearly destroyed us “(Male, 59 years old)

“My children cared for me when I couldn’t care for myself. Unbeknown to me they thought they would catch Mummy’s mental illness. I carried that guilt around for a number of years. No family support was ever offered “ (Female, 60 years old)

The Ministry of Defence and the NHS, in recent years have made significant commitments to support the men and women who have served on the front lines of the conflict. Over two thousand military charities have contributed countless hours of support — assisting veterans and their families. However, few question the propriety of the efforts. Far too little attention is paid to whether these efforts might actually be doing more harm than good? There is reason to believe that, in many cases, well-intentioned programs to support veterans are instead preventing them from enjoying healthy, productive civilian lives after they return to civilian life. The only veterans can help veteran’s mantra is not helpful. Regrettably, there has not been any meaningful research into the efficacy of peer support within the wider military veteran community or indeed minority groups. Most of the indicators we have are anecdotal, or inferred from other sources. This lack of data led us to ask the following question.

To what extent do you agree with the concept of civilian staff vs veterans performing in the below roles?

(We used a numerical scoring system, the number one represented strongly agree and five represented strongly disagree.)

Diagram 1 – Civilians delivering care and support

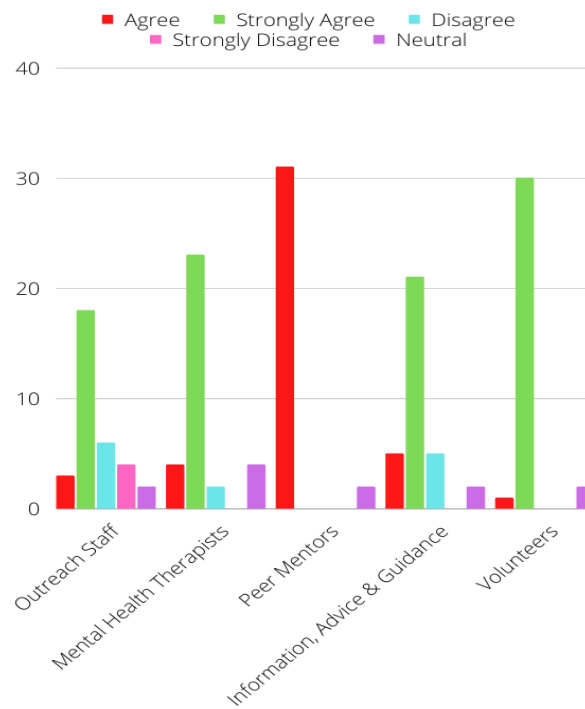
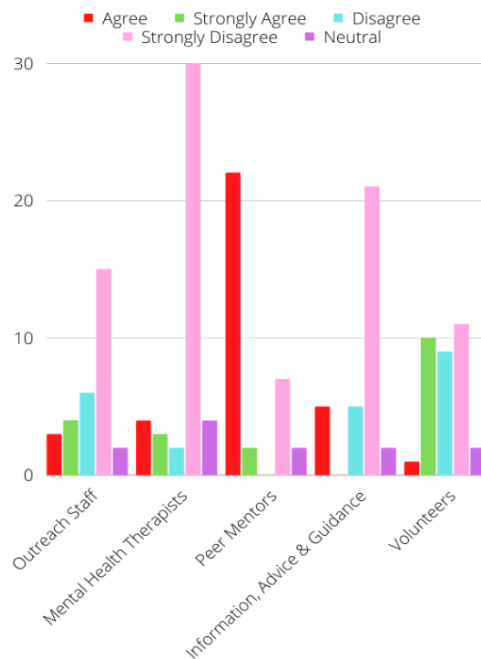


Diagram 2 –Veterans delivering care and support



Because peer support is based on relationships, finding a person or group that individuals felt comfortable and safe within was incredibly important. Many believed that peer mentors could be useful in helping with the initial contact with services or sign posting to attend groups.

Others were pushed to join peer support projects and initiatives because of cuts to existing services or as a pathway out of secondary care.

The suggestion to “*check out military support groups*” seemed to be offered to veterans in the hope that it created a safety net to offset long waiting lists for therapy. Veterans generally considered support groups to be a reliable and valid recommendation and many claimed they’ve been helpful to them in dealing with their PTSD related to their military service. Veteran led initiatives can provide many potential benefits, i.e. easy to access as they are available in many communities, they usually have no associated cost, and require little commitment from attendees.

“I felt pretty destroyed after my discharge. I didn’t want to talk to anyone or be around anyone. In the end, my life had come to a standstill until I was acknowledged as a human being by my peers. They helped me to access the care and treatment that I needed (Male, 54 years)”

“I met with a veteran community navigator who served in the Navy around the same time as me. She understood my experience as she had also suffered bullying and harassment (Female, 49 years old)”

“I felt safe with someone who had also served in the military. I could be myself” (Female, 67 years old)”

Nevertheless, the group also told us about unpleasant situations or conversations with members of their social network, peer support workers, or mental health staff who had previously served in the military. We found patterns that are best represented in two interrelated categories:

- unwanted confrontation
- undesirable reactions.

It was common for those that attended groups to feel discouraged, and frustrated. Over half of the group said they attended support groups looking for guidance, hope and reassurance. Many were looking for evidence that things would get easier. Sometimes, attending groups with this expectation often led to feelings of hopelessness when others in the group, especially those further along in their transition, were still expressing pain, frustration, negativity and bitterness.

“I was allocated a community mental health nurse from a well-known military charity. I opened up and told them I had been raped whilst serving and the response I received upset me and left me not wanting to access any help. She said – Are you sure that’s what happened, sometimes we get mixed up” (Female, 56 years old)

“I won’t access help again, the person I was given to help me knew my perpetrator and said - I can’t believe they did that, they were such a nice person”. (Female, 56 years old)

“Military support groups seem to be a pissing competition between attendees. I want help not to feel like I am still in the military “(Male, 65 years old)

While Social support is considered an important resource in coping with chronic mental health conditions. We got the impression that whilst there is value placed on peer support it could also be a source of stress and strain and for some, cause them to be re-traumatised.

“I have moved on from the trauma that was caused by my military career, I don’t want to be reminded of it by the person who is meant to be helping me. “(Female, 56 years old)

“I don’t want to talk to someone who might say their career was amazing and not relate to what I went through. I want to talk to someone who I know is safe and won’t share my story “(Female, 61 years old)

“I have isolated myself from all military groups that are run by officers or peers. Having been to a couple I have come to realise that they are just as toxic as the Navy “(Male, 59 years old)

The majority of participants voiced that they wanted therapy to be delivered by civilian staff.

“I need to be seen by a therapist who has no ties to the military. I need to feel safe not question what agenda the therapist has “(Female, 62 years old)

“Lots of veteran therapists are neuro linguistic therapists or are hypnotists. I want to be seen by someone who is qualified to deal with complex trauma.” (Male, 58 years old)

Over half of the men and women who took part in the consultation suffered military sexual assault. The shame, guilt and subsequent dismissals negatively impacted on not only, the mental health of the service members, but also their relationships with significant others, especially after they re-entered civilian life. Most suffered from complex mental health disorders that required them to seek help from either military charities or NHS mental health services.

The evidence suggests that many civilian and military charities and support groups are not able to meet the unique, complex needs that veterans present with. Unfortunately, when survivors do talk to healthcare professionals about abuse and mental ill health, the response is not always helpful. Victim-blaming, disbelieving attitudes and inappropriate responses are significant barriers to accessing support. It is also important to understand the context of oppression (including multiple intersecting forms of inequality and discrimination) in which survivors are experiencing institutional betrayal.

We then asked:

What could services do better?

“I waited over a year and a half to be seen by a veterans specific mental health service. When I was eventually seen they told me that all they do is refer me on. I decided that there was no point in asking for help. It would be helpful if we were told at the point of referral what the next steps would be including waiting times” (Male, 59 years old)

“I would like to see a regular newsletter that is based on how to access – compensation, benefits etc. Instead of having to search the internet”

“I don’t want to access a sexuality-based group, but I do want to access women only groups that looks at the issues women face, not just veterans” (Female, 61 years old)

“Although I struggle with my mental health, being employed really helps me feel like I am doing something useful. It feels like I am being punished all over again when services don’t offer out of hours treatment “(Male, 58 years old)

“I want to have access to lifelong care. What happened to me is not going to disappear and I have to live with it for the rest of my life” (Female, 58 years old)

In recent years the MoD has accepted that its policy had been ‘discriminatory and unjust. However, it is still extremely difficult to bring a legal claim for the restoration of a lost pensions, earnings or other financial compensation. Many LGBT+ veterans did not know or understand that they may have had a claim at the time of their dismissal or shortly after the ban was lifted. It is true to say, that justice is subjective to the individual. Many of the veterans we work with want some sort of justice as they believe this could provide closure.

“I don’t want my fucking medals back, they are tainted and will always remind me of a great wrong doing. Its humiliating to see veterans beg for their medals back” (Male, 52 years old)

“Justice for me means helping the military to understand how they SHOULD be treating soldiers and how to support individual differences in a positive, inclusive way” (Female, 57 years old)

“There is a time limit placed on military civil cases that means that for historical cases we have no way of getting compensated. The time limit needs to be changed. I deserve that money and it would make a huge difference to my life” (Female, 62 years old)

“An apology is not enough, it means nothing they are just words that anyone can say. I want my pension and my lost career back” (Male, 55 years old)

Conclusion

The data from the consultation suggests that LGBTQ+ veterans experiences are varied with some making the transition to civilian life without any problems whilst others exhibit high rates of mental health problems due to unresolved trauma. Whilst the narrative within this consultation is framed from a historical context, there are clear themes emerging for those traumatised by sexual assault bullying and discrimination whilst serving in Her Majesty's Armed Forces. Almost all are left psychologically scarred long after they have left the military and struggle to adjust and assimilate successfully back into civilian life. Many have jobs, but struggle to access therapy leading to feelings of powerlessness or a sense of being punished all over again by not being able to find closure. The majority of participants describe living in a perpetual grief cycle that they felt powerless to stop. The lack of belonging and a sense of worthlessness led to social isolation, loneliness and suicidal ideation.

For the LGBTQ+ veterans that were discharged from the military, just trying to come to terms with that trauma and has been difficult, especially for those dishonourably discharged.

For many the belief that their service, sacrifice and contribution did not matter was devastating. Many felt they had no value and their rejection from the Armed Forces was presented as their fault due to their sexuality and they were also made to believe that the responsibility for their rape or sexual assault was their fault as the responsibility for the rape was not located with the perpetrator.

It is not surprising that some of the participants experienced outbursts of uncontrolled anger stemming from perceived violation by the military. To make matters worse, many witnessed what would happen if their sexuality was discovered leading to living in a constant state of fight or flight. For years many LGBTQ+ veterans felt that both the Ministry of Defence and Government were completely indifferent to their needs. It is only since the establishment of LGBTQ+ Independent Review that awareness of the level of inequality, financial disadvantage and discrimination faced by LGBTQ+ veterans have become public. However, for LGBTQ+ veterans there is still a long way to go to compensate survivors.

Take Home Messages from The Veterans That Participated in This Consultation.

- LGBTQ+ Veterans deserve to be given options that are both trauma-informed and gender specific.
- Non-discrimination policies need to be developed that celebrate LGBTQ+ veteran inclusivity.
- Do not ask LGBTQ+ Veterans to educate you on LGBTQ+ Health and Social disparities.
- Do not jump to conclusions & think that veterans want to see other veterans.
- LGBTQ+ veterans deserve to be spoken to with the correct inclusive language. For example, preferred name, correct pronouns.
- Charities & organisations should ensure that their environment is inclusive by giving out resource materials and signage to engage LGBTQ+ veterans.
- LGBTQ+ veterans presenting with complex trauma need access to appropriately qualified professionals.
- Peer support groups need to be facilitated by independent qualified professionals.
- Specialist training for both military and civilian providers should be commissioned to raise awareness and educate services on the distinct needs relating to the issues that LGBTQ+ veterans face. Both during and after service.

- It is important to recognise that many LGBTQ+ veterans asked to take part in the Governments LGBTQ+ Review will be triggered/ traumatised by recalling past events and injustices and appropriate support should be provided during and after the review's lifespan.



At Forward Assist & Salute Her UK we pride ourselves in ensuring we have an LGBTQ+ Inclusive Environment.

At Forward Assist & Salute Her we deliver a variety of projects to support the LGBTQ+ Veterans community.

FOR MORE INFORMATION
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Forward Assist & Salute Her
UK

LGBTQ+ Veterans Consultation Exercise

We are conducting a consultation exercise around the LGBTQ+ communities experience of serving in the UK military & life after service.

The outcome of this research is to influence needs led service provision by providing a person centred service that meets the needs of the LGBTQ+ community.

If you are a Veteran of the LGBTQ+ community & would like to be apart of this consultation, please email nicole@forward-assist.com

