

SALUTE HER UK

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# NO MAN'S LAND 2



RESEARCH STUDY TO EXPLORE THE EXPERIENCE  
& NEEDS OF WOMEN VETERANS IN THE UK

Paula Edwards   Tony Wright   Stuart Honor

## Aims and Objectives

The overall aim of this study was to present further evidence in support of the lived experience and hidden narratives of female serving personnel and women veterans since the publication of *No Man's Land* in 2019.

This report provides serving women and veterans with a platform to have their collective voice heard as well as share their experiences. The report recommends the implementation of practical solutions to improve health and social care support for victims/survivors of Military Sexual Assault and associated trauma.

*No Man's Land 2019: An ethnographic research study designed to explore the lived experience and needs of women veterans. The overall aim of the ethnographic study was to obtain detailed information that illustrated the lived experience of women veterans. The 100 women involved were keen to influence the future development of services that could meet the multiple and complex needs of women veterans during and after military service.*

<https://www.forward-assist.com/salute-her-research>

Military Sexual Trauma (MST) refers to a service member's experience of sexual assault or sexual harassment occurring at any point during his or her military service. The following are all examples of MST:

- Forced or coerced sexual encounters.
- Sexual encounters perpetrated while a person is unwilling or unable to give consent.
- Inappropriate sexual jokes or lewd remarks.
- Unwanted physical contact that makes you uncomfortable.
- Repeated sexual advances.
- Offers of something in exchange for sexual favours.

### Trigger Alert

The report that you are about to read contains references to sexual assault and the lived experience of traumatic events.

## Introduction

Many positive changes have happened in the last three years, much of it initiated after publication of what has become known colloquially as the '*Atherton Report*'

<https://committees.parliament.uk/publications/6959/documents/72771/default/>

Similarly, general awareness that women serve in the military has been highlighted by public discussions regarding their participation in close combat roles and historic "firsts" like the first women to pass the eight-week All Arms Commando Training Course and the All Arms Pre-Parachute Selection (AAPPS) courses.

Due to their rarity and distinct standards for grooming and dressing compared to their male counterparts, women have historically been the most noticeable group in the military. Women in the military frequently come under scrutiny from male superiors and colleagues, and many reported that they struggle to fully integrate into their unit, always feeling like an outsider.

However visible they may be during service in the military, women veterans are "invisible" in the civilian world and are not acknowledged as veterans in the same manner as their male

counterparts. Their presence has therefore historically been disregarded, their contributions undervalued, and their needs under-researched and underfunded.

Although the number of research projects examining the needs of women is increasing, the issue remains as only 2% of veteran research mentions women and an even smaller percentage focuses on women. The numerous ways in which this sub-population differs and how these variations may affect women's outcomes must be taken into consideration especially in strategic policy and programme design. Many of the women involved in the No Man's Land (2019) study gave evidence in the Defence Committee Inquiry led by MP Sarah Atherton: (Protecting Those Who Protect Us: Women in the Armed Forces from Recruitment to Civilian Life".) Yet, worryingly, there is little if any academic research in the UK looking into the health and social welfare needs of women, either throughout their military career and/or after they transition into life as a citizen.

What we do know is:

- Women service personnel make up approximately 11% of the British Armed Forces (iNews 2019).
- In a recent study: "Protecting Those Who Protect Us: Women in the Armed Forces from Recruitment to Civilian Life". Found that 62% of the 4,106 respondents experienced inappropriate behaviours. Bullying, harassment, sexual assault, and other criminal sexual offenses.
- Due to the difficulties of balancing service life and family life, serving mothers, often the primary caregivers, make the greatest career sacrifices and sometimes leave the military altogether. Among mid-ranking Officers, 90% of men have children, compared to 10% of women.
- Being female, and from a minority ethnic background can lead to more negative experiences of serving.
- The total population of women Veterans is expected to increase over the next 10 years. Women Veterans currently are and will continue to be an important part of the Veteran community. Yet they remain unrecognised.
- Approximately 2.5 million Veterans are living in the United Kingdom. Women represent about 9.4 percent of the total Veteran population in 2015. Sadly no one knows where they all live, so a proactive approach to service delivery cannot yet be implemented, simply because women do not identify with the term 'Veteran'.
- Women veterans of retirement age are significantly more likely than male veterans of the same age to report having problems with service related muscular skeletal difficulties.
- 21% of all women Veterans had 4 or less GCSE'S in 2019, compared with 40% of non-Veteran women.
- In 2019 women veterans were significantly more likely than male veterans to work in:
  - Health and social work industry.
  - Professional occupations.
  - Administrative and secretarial.
  - Caring, leisure, and other service occupations.

As mentioned earlier, according to Sarah Atherton MP, the Forward Assist-Salute Her UK initiated 'No Man's Land' 2019, research report was pivotal in her initiating one of the most important inquiries in the Defence Committee's history, with the Sub-Committee receiving an unprecedented level of engagement. Around one in ten female personnel currently serving in the Regulars contributed to the inquiry. It is also the first of its kind, with the Ministry of Defence (MoD) lifting the usual restrictions that prevent service personnel from contributing to inquiries.

Women are integral to our military's history and success, yet women in the Armed Forces still face barriers compared to that of their male counterparts, including; but not limited to, being passed by for promotion, issues with families and childcare, abuse and inappropriate behaviours, sexual assault and rape and overrepresentation in the Service Complaints system. Similarly, women veterans face challenges when transitioning into civilian life and have specific needs that are unique to their gender and service related experiences.

### **Research Methodology**

The methodology employed in this research was designed specifically to access those with complex life histories and those most hidden in society. Phenomenological research (aka the study of phenomena) is qualitative research that aims to learn more about people's lived experiences. Qualitative research involves gathering and analysing non-numerical data. It is mostly used to gain a better understanding of people's beliefs, behaviours, attitudes, and experiences.

The interviewers were all women and members of the Salute Her UK staff team. The research management team used the methods below to gather data.

- In-depth surveys.
- Focus groups.
- Interviews.
- Case Studies.

As phenomenological research is a people-focused method, wrap-around care was provided to participants and played a large role in our research project. Women participants were supported before, during, and after the study.

### **The Process**

Forward Assist and Salute Her UK collaborated with Baseline Research and Development Ltd (recognised specialists in the study of hidden populations and hard-to-reach groups). Together we developed an in-depth survey. The survey was advertised and sent throughout our Armed Forces Networks and in-house registered service users. The questions were a mix of open and closed questions to elicit quantitative data as well as qualitative. The data gathered formed the questions for our focus groups and semi-structured interviews.

The final data analysis took an inductive method where literature drove the codes and themes rather than the predefined concepts of researchers. Two researchers coded the emerging themes by annotating the text to avoid bias and improve reliability (Guest, MacQueen and Namey 2012). These enabled researchers to determine similarities between participants' responses and support an accurate representation of the data.

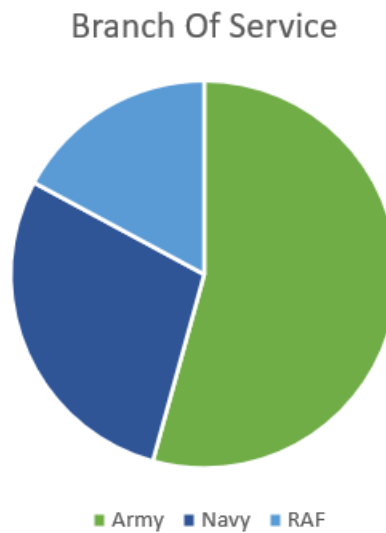
## Findings

Demographics: One hundred and seventy-five women took part in this research. Many of the women had served in the military within the past 15 years. The women interviewed varied in age, this can be seen from the figures below with the majority serving in the British Army.

Table 1

Age	%
20 - 35	29
36 - 45	68
46 - 55	41
57 - 65	37

Table 2



*Note: Out of the 175 women research participants 27% were serving in the British Armed Forces.*

## Interview Findings:

One-third of the UK's population will experience a common mental disorder such as, anxiety or depression in their lifetime. This is more likely among people who are socio-economically disadvantaged, have served in the military, or who are also diagnosed with a physical disability.

Within the past decade, the emerging field of mental illness has focussed mostly on the clinical dimension. Very little work has been done to understand where female serving personnel and women veterans sit in relation to a mental health continuum or incorporate other aspects of well-being i.e.: physical, social and, where appropriate, spiritual. Women Veterans often feel undervalued and do not identify as veterans.



The first question we asked was – How would you rate your quality of life before accessing the support of Forward Assist and Salute Her UK:

*“I was classed as a liar, delusional and a fantasist. I didn’t imagine being raped. I felt everything. I don’t think I will ever yet get over how I was treated.”*

*“What quality of life. I am surviving- I get up get dressed and go to work. I have no friends, no family, I don’t trust anyone.”*

*“I have tried to get help for my mental health, however what I have heard and seen is that the minute you go to the Department of Community Mental Health (**DCMH**) you may as well kiss goodbye to your career.”*

*“I secretly get online therapy. I tried to get help through the military, but nothing was sacred. There really isn’t any confidentiality and word travels fast in the military and I am now known wherever I go as the woman who got raped.”*

To compare and contrast mental health outcomes we asked women to rate their quality of life post intervention from Team Salute Her UK:

*“I am safe, I have never felt safe before. I am not judged; I am listened to and for the first time since being in the military - I know this is not my fault.”*

*“Control, that was taken away from me without my consent. Through therapy I have learned what choices I have in my life, it’s refreshing.”*

*“I am made to feel like I matter, someone cares. I am not a number. Seven months into therapy and I now believe that I have a positive future.”*

*“Thank you. You are the first person, ever to say you believed me when I told you about my rape. It means a lot.”*

The researchers found that 72% of the women interviewed still experienced barriers to accessing services that were not fit for purpose or gender specific. In our experience these are just some of the barriers that exist:

- Other than Salute Her UK tri-service services for women veterans just don’t exist.
- A one size fits all narrative.
- A reinforced and incorrect narrative that only veterans can help veterans.
- Unqualified staff not working in a trauma-informed way.
- A dangerous lack of care planning and/or coordination.
- Non–reciprocal sharing of confidential information.
- Services not working together to meet the needs of women veterans.
- A lack of funding available to fund women veteran specific services.
- A continued military-civilian divide. (the military do not work with outside agencies prior to discharge).

***“Over sixty-eight million people live in the UK. An estimated two million are armed forces veterans. If, as many suggest only veterans can talk to veterans, the opportunity to have millions of positive interactions with highly trained professionals is lost. We need to bin this outdated narrative.”*** Tony Wright: CEO Forward Assist

Many participants described the negative mental health consequences for those that had experienced the service complaints system or the reporting of a serious crime to Military Police. One participant described the military as a ‘*pot of toxic stew*’ that is constantly at boiling point.

***“Men are afraid that women will laugh at them. Women are afraid that men will kill them.”*** Margaret Atwood

*“Despite my service complaint being upheld, one of the perpetrators has been placed in my unit. No one warned me. My assisting officers knew this too; I feel betrayed. Is anyone really on my side?”*

*“I feel so guilty and despise myself that I had sex with a higher ranked officer to save my career. It was a matter of survival.”*

*“Basic & trade training was a living, torturous nightmare. I hated every minute. The position was keeping your mouth shut or risk getting punished worse.”*

*“I am a woman with characteristics that everyone hates. I’m mixed race, bisexual, young & attractive. I’m fair game to everyone. I’m a walking target.”*

*“The compensation scheme system is completely against victims. There is no recognised treatment pathway under NICE guidelines for rape; too late, then punished. Military sexual trauma is not recognised so can’t claim for it... none stop punishment.”*

*“Veterans charities are all well and good, but the majority do not cater for women who have had complex military service experiences. So, we are left alone to suffer.”*

*“I shouldn’t need ‘courage’ to access a mental health service. I need understanding, empathy, and someone to believe me when I say that it wasn’t my fault when I was raped. Services need to be more welcoming & understanding to women in my situation.”*

*“I was sexually assaulted by a colleague off base and at a friends house. I reported the incident as soon as I went back on base. I reported the incident to civilian police as well as Navy Police. I was put on anti-depressants by medics, after a short investigation I was told it was going no further. I was told it would have been better for my case if I had been ‘properly raped’.”*

*“No one is safe, I’m a Senior Officer in the RAF and I couldn’t stop myself from being raped or prevent it.”*

*“Not feeling safe is a feeling I have carried since I was raped, blamed for it happening and then medically discharged. It’s a sensation that has followed me ever since.”*

It has been well documented by the service complaints ombudsman that in 2020 female service personnel raised 32 Service Complaints for every 10,000 female Service personnel: a rate around four times higher than that for male personnel. Many choose not to complain or report what happened to them, many believe that the service complaints process is deliberately stacked against the complainant making it 'corrupt' by design. When it comes to reporting bullying or harassment, and to whom the report must/should/could go to, most participants (72%) would prefer to report it to someone of the same gender.

We asked to participants to describe the service complaints system in three words.

- *Long – Pointless - Humiliating*
- *Maladministered – Abusive - Victimised*
- *Traumatising – Biased – Corrupt*
- *Overwhelming – Terrible – Demoralising*
- *Deter-Delay-Deny*

*“I thought I was doing the right thing. I wasn't, the process nearly destroyed me.”*

*“Although I got a good result that went in my favour, I had to do it all on my own. I was vulnerable and scared with no support during or after.”*

*“The system is set up for you to fail and give up. They don't want you to win as that may help you get compensation.”*

*“The military complaints system is currently the worst it has ever been.”*

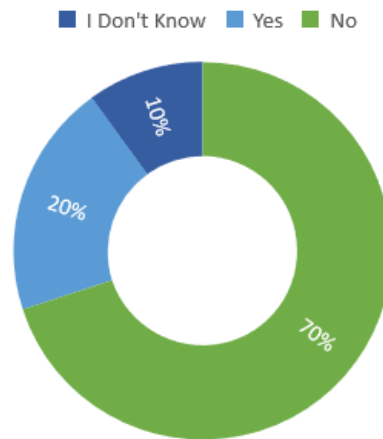
One hundred and twenty-six of the women (serving and veterans) provided comments in our survey that related to the lack of independent victim care and an enforced victim-blaming culture in the Armed Forces. Several comments were made about the Joint Service Publication which contains the Armed Forces Code of Practice for Victims of Crime ('The Code') which came into force on Monday, 16 November 2015.

The guidance contained within the Armed Forces Victims Charter is designed to assist service providers as well as being primarily aimed at assisting 'Victims of crime', Commanding Officers (COs), Victim Liaison Officers (VLOs), Service Police, the Service Prosecution Authority (SPA), the Military Court Service (MCS) and the Military Corrective Training Centre (MCTC).



We asked the women who participated in our focus groups and semi-structured interviews, if they had ever been given a copy of the victim's charter.

### Were You Given A Copy Of The Armed Forces Victims Charter?



*"What victims charter? If the Army has one its kept well hidden."*

*"I know there is one, but I haven't seen one. I don't know where it is or how it impacts my case. I doubt it would change my appalling treatment."*

*"When you join the military, you seem to lose all human rights. If there is a victim charter it's not common knowledge."*

*"I have a copy of it and brought it up at Court Martial. I was denied any special measures. I was terrified and not one person seemed to care or bothered to ask me how they could help me."*

Women involved in our research expressed a high level of understanding and insight into what could be done to help other women going through the service complaints process. Many wanted to help to re-design women friendly support services or train the Military Service Police, Assisting Personnel and Senior ranking officers on how best to deal with bullying, harassment, sexual assault and rape.

*"I was sexually assaulted by my colleague. I was betrayed, abandoned & cast aside after I reported it. This has to stop, when will the military learn".*

*"I am not respected, I am a commissioned officer. I don't get called Ma'am, some don't even salute me. Change needs to come from the top not from the mid-ranks."*

*"The problem has been identified, how clear can it be when 6 out of 10 serving women have experienced sexual harassment, bullying & discrimination? Yet, the most important life-changing decision was voted against. Sexual crimes need to go to civilian organisations."*

*“Surveys, surveys & more surveys. That doesn’t help. We need fair, safe care & support. Not to be treated like we are the ones in the wrong.”*

*“You join the military and you are no longer a person. You lose who you are & never really get it back. The modern military needs to mix military and civilian life together right from the start.”*

*“The military need to make sure that single young women are not placed in an all-male unit. If they can’t guarantee safety, it shouldn’t be happening.”*

*“UK Women veterans are not afforded the same respect, support, opportunities or access to mental and physical health services as their male counterparts.”*

Sadly, participants voiced that those in positions of seniority are often the abuser. Alarming, there was very little anecdotal evidence of peers challenging abusive behaviour when they witnessed it happening. Many participants commented that the very people who could help change the culture are in fact part of the problem as they go out of their way to ignore difficulties and hinder any real change. Simply because it may damage the reputation of the Military or impact their own career.

*“One unexpected experience during training changed me forever. Fellow soldiers seized the opportunity to rape me while I was in a compromised state and I couldn’t say yes or no. I became a member of the 100’s unreported cases of sexual assault in the UK Armed Forces.”*

*“The problem with most military charities is that former officers run the show and they are never going to rock the boat, are they?”*

*“Many people have not served in the military for a long time. How do they know what modern-day issues are & how to overcome them? It’s obvious they don’t.”*

*“The only people we see fighting our (women’s) corner is Sarah Atherton MP, Forward Assist & Salute Her UK. They give us a voice and are not scared to say how it is.”*

*“It’s still an all-boys club, the women who are in the ‘boys club’ betray their gender and protect their career. It’s a toxic and insidious environment to be in and as Madelaine Allbright former US Secretary of State said;” There should be a special place in hell for women who don’t help each other.”*

*“Commanding Officers (CO) hold too much power. The people who can change things & enforce change probably don’t know what’s really going on.”*

*“The new male recruits are coming into this toxic culture & they are just modelling what they see, the abuse, the assaults are a never-ending cycle. There is no training, no one is saying this is wrong. There is no hope for change.”*

*“The marginalisation of women who report sexual assault in the Army is dreadful and it doesn’t get any better when you leave...I’d go as far to say it actually gets worse.”*

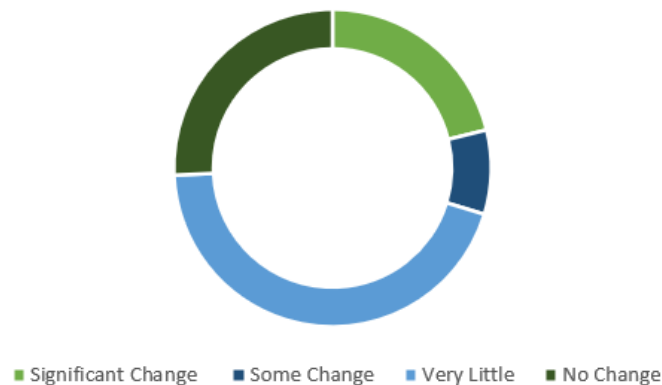
*“My ongoing problems are all related to not reporting my rape. I feel I have let all women survivors down including myself.”*

The Women in the Armed Forces: From Recruitment to Civilian Life Inquiry explored the experience of women service personnel from recruitment to transition and considered whether there were unique challenges.

The inquiry was one of the most important in the Committee's history, with the Sub-Committee receiving an almost unprecedented level of engagement. Around one in ten women personnel currently serving in the Regulars contributed to the inquiry.

While the inquiry report made several recommendations only a handful appear to have been actioned leading us to ask the final question – what if anything has changed since the inquiry?

### How Much Change Have You Seen Since The Armed Forces Inquiry?



*"I have endured bullying, sexual assault, lack of support, no safety, retaliation, sexual discrimination, victim blaming, character assassination, accused of not following procedures & prevented from seeking help. It's too late for me."*

*"I have seen surveys pushed out more, but whether people are honest in these surveys I don't know? I know I wasn't honest."*

*"Welfare officers are trying to give the impression that they are on your side, honestly, they prove time and time again that they feed everything back to the C.O. and use the information against us."*

*"As soon as I reported bullying, I got sent to DCMH to prove that I was stable enough to work. Things are changing but the outcome is the same- I'm being fucked over."*

*"I know you are trying to change things but I don't think the MoD care what happens to victims of rape. My life has been a complete mess since I left the Army and no one has ever got in touch to ask how I am... that says it all."*

When it comes to thinking about what a veteran is, female identity would appear to be lost.

*"Try and mentally visualise a picture of a woman veteran ... it's impossible."*

The ratio of men vs women seeking support has always been disproportionate, and this appears to be a continuing theme in veterans seeking support. Women veterans are much more likely to seek support from their G.P and civilian providers. But it is clear that more work needs to be done to raise awareness and create women friendly confidential services.

*“I attended a veteran’s charity and was asked by a male support worker if I was there to pick up my husband or partner. I left and never went back.”*

*“I contacted a well-known veteran’s charity for help and when I told them I only wanted to work with women they told me they couldn’t provide that as no one had asked for that before. I was told we are all veterans and my gender didn’t matter, but it does matter if you have been raped.”*

*“What many don’t realise is that women veterans try their best to look and act like civilian counterparts, they may have a similar skill set and the same opportunities. However, many find it extremely challenging to fit into the workplace and into civilian society in general. Some of the behaviours and habits that they used to help them fit in during military service are now the very things that make veteran women stand out. Once that happens the questions start like why did you leave? I don’t want to tell people I was raped by a senior officer so I lie and make something up and then I hate myself for not being honest with myself.”*

*“I go out of way to rid myself of any behaviour or military vocabulary that may identify me as someone who has served in the military. I don’t want or need the constant reminder. You rarely, if ever see women veterans walking about in camouflage jackets, do you?”*

Women struggle to let go of the identity that they developed in service life and have difficulty adapting to and assuming traditional gender roles. Many women veterans continue to judge themselves by the same standards that were set during service and these are no longer necessary or at times attainable.

Overall, many women veterans said that they feel that the general public does not understand or recognise their service. This perceived invalidation of woman’s service can feel as if their experiences during or after service, including combat situations, service-related disability, military sexual assault and/or harassment are also not acknowledged or considered.

*“I just want someone to recognise that I served 14 years before I was pushed out of the British Army. At the very least I want my service to this to country matter. I want to matter.”*

*“I was arrested and ended up in a Police Custody suite and when I told them I was a veteran and had PTSD from my service in Iraq they told me to shut up and stop lying.”*

*“Are employers aware that women served in the military too? From my experience absolutely not. Those that do, ignore it or ask you to create a veteran employee group. Like suddenly you are the expert. “*

*“I often wonder what would happen if members of the public knew how women are treated in the military. I doubt they would still send their daughters.”*

*“My pharmacist refused to believe I was a veteran until I took my medals in to show him.”*

*“I started to fill in the Office for Veterans Affairs UK Veterans Survey, but they asked for my name and date of birth. As I get a War Disablement Pension I am frightened they will identify me and stop my pension if I’m critical of the system.”*

### **Women Veterans and Suicide**

From a public health perspective, suicide is generally considered a preventable cause of death. Veteran specific mental health services and providers across multi disciplines have a vital role to play in suicide prevention. While the absolute number of suicides around the globe has been on the rise, the exact figures related to suicide in the women veteran population in the UK is unclear. Researchers often make an immediate correlation that suicide is a direct

result of a poor transition into the civilian world or, combat related PTSD. In reality suicide is complex and multi-faceted for veterans and those within in the intersectional veteran sub populations such as women, BAME and LGBTQ+.

Many of the women veterans who access Salute Her UK appreciate having their mental health screened and addressed in a similar way as their physical health. While culture and attitudes toward mental health are changing the stigma is becoming a thing of the past. Sadly, little has changed when it comes to negative and fearful attitudes and beliefs related to suicide in the veteran community.

As women service personnel transition into the civilian world, existing challenges are compounded by multiple and complex manifestations of unresolved trauma. Women veterans involved in this research also reported that when they leave the military they exit with no social support or community connection, leaving them struggling to deal with complex trauma in isolation often leading to suicide attempts. One participant described trying to end her life on thirty-eight separate occasions and was referred on to a different service each time and was always cited as being 'too complex' to help. She later needed to access to her medical records and told us that she was extremely distressed to read that she was a 'professional patient.' Unresolved trauma, stigma, fear, loss of trust and shame when coupled with bad experiences trying to access organisations that are purported to help veterans (but not women) makes connecting with others even more challenging. For many participants isolation loneliness, self-harming, destructive behaviours and suicidal ideation easily become self-perpetuating.

*"I don't want to be told that I have things to live for and that things will get better. I just want someone to help me get through my day."*

*"When I told my CPN that I wanted to die, the first thing they did was to try and stop me and come up with every reason why I should stay alive. I have learned through work with Salute Her UK that it's normal to have those thoughts and that it is a response to trauma. Having honest conversations, in a safe place, about suicide has helped me want to stay alive. I'm not scared to talk about it now."*

*"What has made me want to die the most is feeling trapped in my own head and not knowing how to deal with those thoughts. Being listened to and believed has been life changing. "*

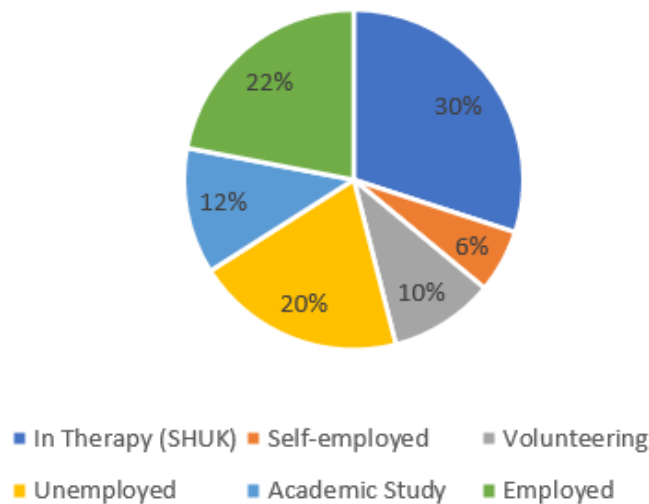
*"Did I really want to die? No of course not, I wanted to die, because I am living in constant pain – you just can't see it."*

*"There's no shame in having to fight to be alive every day, but fighting every day is exhausting. I have now been given the skills to have the ability to fight to stay alive and learn how to deal with my thoughts. It's a daily struggle."*

*"Because of what happened to me during my service back in 70's I've never been able to love anyone and have never been loved. Suicidal and self-harming thoughts happen daily".*

The women that took part in both No Man's Land 1 & 2 recognise the direct benefit of sharing their story. For many it was the first time they had confronted their trauma by both thinking and/or talking about it. All reported finding the process cathartic, rewarding and fulfilling. Participants also said they would like, in participation with Sarah Atherton MP help create a lived experience data depository so that future researchers could access the stories to influence practice, policy and procedures in the Ministry of Defence. Throughout this study participants were made aware of how their contribution has already added to current knowledge, understanding and service provision.

### Research Participant Update



*“I am slowly moving forward, baby steps... I am not putting the same pressure on myself. “*

*“Reading what happened to me in ‘No Man’s Land’ 1 and seeing it in black and white was both terrifying and cathartic.”*

*“I am starting to realise that the broken part of me is still broken, and that’s ok. The hope part of me, is growing stronger by the day.*

*“Taking part in No Man’s Land changed my life. For the first time since leaving the military I was honest about what happened to me and told my family. They didn’t reject me and the amount of support I have received since is mind blowing. “*

*“I have taken part in other research studies since No Man’s Land and believe the only way to change things for female serving personnel is by coming forward “*

*“I was so proud of myself for taking part in ‘No Man’s Land 1 & 2. To know that my contribution helped to shape significant change in the military is comforting.”*



## Conclusion

For now, women remain an invisible minority in the veteran community. Without more research to explore and consider the unique experiences of women serving in the UK military, women will continue to be vulnerable to, or at risk of bullying, harassment and sexual assault than men. It is likely that the 11.5% of women that serve in the UK armed forces will continue to remain voiceless and disenfranchised from assisting in service improvements if forced to accept unsafe working practices within a toxic culture of overt masculinity.

During this research we noticed that the ratio of women who suffered from suicidal ideation seemed higher than in women in the UK general population and many reported that they made repeated attempts to take their own life.

Many are forced to struggle in silence because they do not feel safe accessing services other than Salute Her UK for help with MST. Sexual trauma experienced during military service has far-reaching consequences for survivors. These include, but are not limited to, being forced to access support from the military charity sector where services are designed and delivered by men. The haunting prospect of meeting a former perpetrator or the worry others know why they are trying to access support is just too difficult, overwhelming and for many not worth the risk.

While the Ministry of Defence acknowledges that sexual assault takes place in the military and has now fully committed to implementing and enforcing a Zero Tolerance approach, the sad fact is sexual assaults continue to go unreported. As mentioned in previous reports there is a need to revisit historical offences and offer support to victims/ survivors and if possible track perpetrators after service. Especially given the number of high-profile sex offender/ murderers whose offending may have started in the Armed Forces. Such an initiative should, in our opinion, be called 'Zero Tolerance Plus'.

Numerous women veterans tell us that they did not report their sexual assault because they were fearful of repercussions, being ostracised or that they were overwhelmed by peer pressure, shame, humiliation and intense emotional distress.

There have been several campaigns by women veterans in the UK, such as our in-house #ISaluteHer and the US & UK #MilitaryMeToo movement all aimed at raising awareness. Yet, more needs to be done to draw attention to the widespread problem of Military Sexual Trauma (MST). Without such a Government campaign a significant population of victims/survivors will continue to struggle to assimilate back into civilian life without specialist support.

Organisations such as Salute Her UK and Forward Assist have consistently highlighted that Military Sexual Trauma (MST) is the most prevalent factor affecting women veteran's mental health. Our 2021 survey indicated that women veterans that access to our service had higher rates of depression and PTSD than many male combat veterans. This indicates that years after leaving the military the problems women experience after sexual assault remain unaddressed, multiple and complex.

*We would like to take the opportunity to thank everyone who took part in this research.*

## Recommendations

- Given the recent press coverage of problems identified in the RAF (Red Arrows) and the Royal Navy Submarine Service, perhaps it's time to initiate another Wigston Style Review incorporating a 'Zero Tolerance Plus' approach to support the hidden cohort of historical victims/survivors for whom the Armed Forces Covenant states we all have a duty of care.
- Further develop adapt/adopt prevention strategies and victim support services for MST victims/ survivor's past, present and future.
- An urgent review needs to take place to look at intersectional care pathways, practical approaches to in-service MST training, prevention, care pathways, victim support, anti-discriminatory practice and the safeguarding of victims/survivors. Especially those from diverse and underrepresented backgrounds.
- Promote multi-stakeholder collaboration to advance local, national, and global efforts in favour of good quality trauma informed, mental health care and treatment options for military veterans and serving personnel.
- Increase the number of community based, trauma-informed veteran mental health specialists and train non-specialists to deliver mental healthcare in both military settings and at a community level.
- We recommend that the MOD prioritise implementing the recommendations of the Atherton Defence Inquiry Report (Numbers 28, 36 and 48) while also promoting personal choice and treatment options for MST victims/survivors outside of military settings. It is essential that the MoD understand that healing journeys are unique and presentation of PTSD MST may not occur until months or years after the event.
- The Ministry of Defence should create a robust plan that begins to remove barriers to reporting sexual assault by being trauma informed, validating of experiences, building trust, consulting experts by experience, and by providing choice in treatment options and providers.
- The recent Armed Forces census should make it easier to proactively target and tailor-make support services for veterans and their families. The Government should work to eradicate the anachronistic, 'if you need help?'... just ask.' model. Services should be designed to be proactive and inform all veterans aware of services available and entitlements. (Not just those in receipt of pensions)
- Develop routine mental health screening assessments for all veterans in primary care settings to screen for suicidal ideation.

## About the Authors



**Paula Edwards;** joined Forward Assist in November 2017. Paula has over 16 years of clinical mental health experience across a variety of settings. These include inpatient, crisis intervention, voluntary organisations, and private practice. Qualified as a Clinical and Pastoral Counsellor and CBT and DBT therapist, Paula brings a wealth of mental health expertise to the organisation. She has identified and engaged with over 3000 women veterans and 300 serving personnel, providing women with a safe space to access one-to-one, in-person, and virtual therapy. Paula also sits on the All-Party Parliamentary Group (APPG) on suicide prevention. In May 2022, Paula became CEO of Salute Her UK <https://www.saluteheruk.co.uk/>



**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 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 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.



**Stuart Honor;** Stuart is Co- Founder and Director of Baseline Research and has over 20 years' experience of working with 'hard to reach' groups, both as an ethnographic researcher and as a founder member of a range of community peer-led initiatives.

He developed his formal research knowledge and experience through a Masters in Addictions and has been lead and co-researcher in the delivery of a range of studies across the UK on behalf of Public Health England, the Home Office, the Health Protection Agency and many other community led organisations. Stuart established the award-winning Basement Project in Halifax so has practical experience of developing successful recovery communities in many different areas. His work involving veterans and their lived experiences both during and after service has led to three pieces of ground-breaking research in the area.

## Contact Details

Tony Wright

CEO Forward Assist

Email: [tony@forward-assist.com](mailto:tony@forward-assist.com)

Mobile: 07738 373 590

Paula Edwards

Mental Health Therapist & Project Lead

Email: [paula@forward-assist.com](mailto:paula@forward-assist.com)

Mobile: 07876 787 238

Forward Assist

C/O The John Willie Sams Centre

Market Street

Dudley

Northumberland

NE23 7HS

Landline: 0191 2504877

Stuart Honor

Director of Baseline Research & Development Ltd

Email: [stuarthonor@hotmail.com](mailto:stuarthonor@hotmail.com)

Mobile: 07780702612



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