Mental health stigma and discrimination experienced by ex-service women in Scotland

Evidence review February 2026

Written by the Mental Health Foundation for See Me, as part of a partnership project involving:

See Me
End mental health discrimination

MENTAL HEALTH FOUNDATION

COMBAT STRESS

SAMH
Scottish Action for Mental Health

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See Me

See Me is the national programme to end mental health stigma and discrimination in Scotland. Guided and supported by people with experience of mental health problems, See Me challenges mental health stigma and discrimination. The programme aims to influence changes in attitudes, behaviours, cultures and systems so that people with experience of mental health problems are respected, valued and empowered to achieve outcomes important to them. A priority for the programme is to better understand and address the mental health stigma that is disproportionately experienced by particular groups of people in Scotland.

Mental Health Foundation

The Mental Health Foundation is the UK's leading charity for everyone's mental health. We are home to Mental Health Awareness Week and, with prevention at the heart of what we do, we aim to find and address the sources of mental health problems so that people and communities can thrive. Alongside its role as managing partner, the Mental Health Foundation (MHF) works in partnership with See Me to deliver its research, learning and evaluation functions. This includes the delivery of primary research, evaluation, evidence reviews and knowledge exchange to inform programme development.

Combat Stress

For more than 100 years Combat Stress has been the UK's leading charity for veterans' mental health. Today, the charity's role is to help those of the UK Armed Forces community with some of the most complex and devastating mental health challenges that can arise from military service.

Experts in treating the impact of military trauma, Combat Stress provides proven treatment for veterans from every service and conflict, On average 73% of those who undertake the charity's treatment recover from PTSD. This is an incredible impact and significantly above the recovery rate for PTSD of other mental health services.

Demand for the charity's specialist support remains constant. It's a service that thousands depend on.

SAMH

Around since 1923, SAMH is Scotland's national mental health charity. Today, SAMH operate over 70 services in communities across Scotland, providing mental health social care support, addictions and employment services, among others. Together with national programme work in See Me, respectme, suicide prevention, and physical activity and sport, these services inform SAMH's policy and campaign work to influence positive social change.

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Clarification of definitions

See Me recognises that terminology and labels used to refer to groups marginalised by society is ethically and politically complex, can be harmful and is subject to debate and update. Throughout this report we have mirrored the terminology used within the literature we have reviewed. Wherever possible, we have also tried to use the terminology partners themselves have used to refer to the communities they are led by and work with. We are committed to continually engaging with this critical debate to understand and mitigate harm.

We recognise however that the current research base on UK veterans - especially research framed around “women veterans”- does not meaningfully include trans perspectives. This has resulted in research and recommendations that predominantly reflect the experiences of cisgender ex-service people, with trans and non-binary veterans effectively invisible. Because of this systematic gap in the research, the term ‘woman’ in this review refers exclusively to cis-gendered women. We intend to look at this gap in further research as well as being inclusive of trans experiences in the No More Shame programme of work.

‘Women veterans’ or ‘ex-service women’?

In this literature review, we sometimes use the term ‘women veterans’, as this was the language used in the initiation stages of the project and reflects the language used in much of the literature reviewed. However, through the process of conducting the literature review, it was identified that many women former armed services personnel don’t define themselves as ‘veterans’. Instead, the term ‘ex-service women’ is often preferred by women who have served in the armed forces. Where possible this review and subsequent materials related to the No More Shame project will therefore use the term ‘ex-service women’.

Veterans: Defined by the Office for Veterans Affairs as ‘anyone who has served for at least one day in Her Majesty’s Armed Forces (Regular or Reserve) or Merchant Mariners who have seen duty on legally defined military operations’. [1]

UK Armed Forces: Comprised of three armed forces within the Ministry of Defence’s organisational structure. This includes the Royal Navy, Army, Royal Air Force and reserves.

Military: we recognise that for some, ‘military’ may be perceived as relating purely to the Army however in this report, we use the term to refer to anything ‘relating to or belonging to the Armed Forces’ (Cambridge Dictionary).

Service Justice System (SJS): This provides a legal framework which subjects service personnel from the Army, the Royal Navy and the Royal Air Force to a single disciplinary code wherever they are serving (applying to conduct both within the Uk and abroad). The SJS closely mirrors criminal law in England and Wales, but also enforces rules that are specific to the armed forces, such as misconduct and absence (Brooke-Holland, 2021).

Intersectional Stigma: This term describes how social identities and structural inequities shape and influence each other (Sievwright et al., 2022). This means we cannot understand any one stigma (more often discussed in terms of prejudice when related to other protected characteristics) in isolation from another, which might simultaneously be at play, compounding negative experiences, e.g. of services as well as health outcomes.

[1] Office for Veterans’ Affairs (2020) *Veterans Factsheet 2020*. Veterans Factsheet 2020

Executive Summary

This evidence review provides an analysis of existing evidence on the mental health experiences of ex-servicewomen in the UK, with a particular focus on stigma and discrimination. The review aims to inform the development of **No More Shame**, a partnership project facilitated by **See Me**, **Scottish Action for Mental Health**, **Combat Stress** and the **Armed Forces Covenant Trust** which looks to understand the nature of mental health stigma and discrimination experienced by ex-servicewomen in Scotland, and take forward work on how to tackle it. The review looks at both academic and 'grey' literature which focuses on the mental health experiences of cis-women who have served in the UK armed forces.

Experience of Stigma and Discrimination

Evidence reviewed revealed that ex-servicewomen face unique challenges related to stigma and discrimination when seeking mental health care.

Key Challenges:

Lack of Recognition Ex-service women often do not receive recognition of their veteran status. This lack of recognition extends to both public perception and within healthcare systems, where they are frequently mistaken for family members or friends of male veterans. Lack of recognition has profound implication for ex-servicewomen's mental health and wellbeing. It impacts identity and self-worth, can delay or deter help-seeking, and result in inadequate care and support.

Misconceptions and Gender Bias There are widespread misconceptions about the roles women play in the military, leading to gender bias in service design and delivery. This bias manifests in the form of inappropriate comments linking emotional responses to e.g. menstrual cycles and hormones, and the perception that women are less exposed to combat trauma.

Military Cultural Narratives A hypermasculine culture exists within the military that privileges stereotypically masculine characteristics such as strength and courage over those seen as feminine, like emotionality and caring. This hegemonic masculinity reinforces the undervaluation, marginalisation, and subordination of those who do not fit this ideal, often leading to a culture permissive of sexual violence and discouraging

Demographics and mental health experiences:

There are **20,615** women veterans in Scotland, accounting for **12%** of the total veteran population in the region.

Some studies have indicated that women veterans are more likely to experience mental health challenges such as PTSD, depression, and anxiety compared to their male counterparts

- 10.8% reported PTSD
- 28.6% reported 'common mental difficulties'
- 11.1% reported anger difficulties
- Alcohol misuse was reported by 12.8% of women

(Hendrikx et al., 2021)

help-seeking behaviours among women veterans. As a result, women veterans feel the need to work harder to be accepted, leading to an increased reluctance to seek mental health support. Furthermore, hegemonic masculinity has been found to drive a culture which is permissive to a continuum of sexual violence, from unwanted sexual comments masked as 'banter', to serious sexual assaults and rape (Heriott et al, 2023).

Military Sexual Trauma (MST) MST is a significant issue for ex-servicewomen, with many reporting sexual harassment and assault during their military service. The consequences of MST can differ from non-military sexual assault due to the unique aspects of the military system, such as the inability to easily transfer to another location or quit their jobs. The service justice system is often found by survivors of MST to be an unsatisfactory or retraumatising experience, characterised by low conviction rates for sexual offences, inaccurate recording, and failures in investigations by service justice system prosecutors.

Servicewomen who experience sexual trauma in the military are twice as likely to develop PTSD compared to those who do not experience such trauma.

Intersectional Stigma: Ex-servicewomen face intersectional stigma, with negative experiences often compounded by multiple forms of stigma which are simultaneously at play. An example of this is the experiences of LGBTQ+ discrimination. Until 2000, the historic 'gay ban' prohibited LGBTQ+ people from serving in the UK armed forces. They were often forced to leave very suddenly or unexpectedly, with no time or support in preparing to adjust to civilian life. The ban contributed to significant emotional distress and trauma, and continues to have long-lasting detrimental ramifications for those who were impacted at the time. The ban also meant that LGBTQ+ members of the armed forces lived in fear of being 'found out'.

Types of stigma commonly experienced by ex-service women:

Public Stigma Societal biases frame women as less likely to endure severe military-related trauma, which diminishes their perceived need for mental health support.

Structural / Institutional Stigma Male-dominated healthcare systems fail to adequately address the specific needs of ex-servicewomen, leading to inappropriate or gender-insensitive care.

Self-Stigma Many ex-servicewomen internalise negative gendered stereotypes about mental illness, believing that they should be emotionally strong to fit into a 'male' military culture and that seeking mental health care is a sign of weakness. This self-stigma operates within the context of public and structural forms of stigma, creating a barrier to accessing support.

Impact on Mental Health:

Delayed Help-Seeking The stigma and discrimination faced by ex-servicewomen can lead to delayed help-seeking behaviours and worsened mental health conditions, such as PTSD, depression, and anxiety.

Marginalisation and Misunderstanding Ex-servicewomen can often be made to feel marginalised and misunderstood, which exacerbates the mental health problems they may face. They report feeling less worthy and less deserving of care, particularly in comparison to male veterans. This can contribute to internalised stigma amongst ex-servicewomen. In addition, those who did not serve in combat roles reported feeling less worthy than those who had served in combat, feeding into complexities around identity.

Help seeking:

The challenges faced by ex-servicewomen occur across a range of contexts, including military and civilian healthcare settings.

Military and Veteran-Specific Healthcare Settings Expectations for women to conform to a traditionally masculine culture underpinned by cultural narratives which prize strength and punish weakness can deter ex-servicewomen from seeking help. Ex-servicewomen who would wish to seek help may experience the ‘double burden’ of having both their femininity and help-seeking perceived as ‘weak’. In veterans’ health services, the male-centric environment often results in ex-servicewomen feeling out of place or ignored (Heriott et al, 2023)

Civilian Healthcare Settings In civilian healthcare settings, practitioners often lack knowledge of the unique mental health challenges faced by women in the military, which can lead to feelings of alienation.

Conclusion:

The experiences of stigma and discrimination faced by women veterans are complex and multifaceted. Addressing these challenges requires targeted interventions that promote a more inclusive and supportive environment for women veterans. This evidence review highlights the need for:

- **Gender-specific services** that cater to the unique experiences of ex-servicewomen. These services should include women-only treatment programs, peer support groups, and the provision of gender-specific healthcare providers.
- **Peer support** and gender-sensitive peer mentorship programmes.
- **Increasing Awareness** and promoting support services, which is crucial to encourage uptake among ex-servicewomen. This includes using alternative terms such as 'ex-military' rather than ‘veteran’ to ensure that women who have served in the UK armed forces feel eligible for the support

Finally, further research is needed on the experiences of women who have served in the UK armed forces. It is crucial to acknowledge the limitations of the current research, particularly the lack of representation of ethnically diverse, disabled and/or LGBTQ+ women veterans and intersectional data. Future research should focus on addressing these gaps to ensure that interventions are tailored to the needs of all ex-servicewomen and provide the evidence to facilitate the intersectional approach which is required to address the needs of all ex-service women.

Introduction

The mental health experiences of women[2] veterans are increasingly gaining attention, particularly in relation to the stigma and discrimination they experience. These experiences are crucial to understanding the barriers women face when seeking and accessing mental health support, as well as the effectiveness of and gaps in current interventions. Whilst ex-servicewomen are a growing population, estimated to make up around 11% of the overall veteran population in the UK (12% in Scotland, see box, right), there is a notable under-representation of women receiving support from veteran mental health services in NHS England, at only 4-5% (Godier McBard et al, 2021).

This review aims to explore the causes, settings, and types of stigma and discrimination ex-servicewomen face, its impact on their mental health, and evidence-based interventions that both address the root causes of stigma and mitigate the effects. We will examine the key areas of literature surrounding the stigma experienced by ex-servicewomen, drawing on multiple studies that highlight how intersectional stigma and discrimination, particularly related to sexism and the patriarchy, plays a critical role in their mental health outcomes.

There are **20,615** women veterans in Scotland (2022 census)

This amounts to **12%** of the total number of veterans in Scotland, or **1%** of all women in Scotland.

Women veterans account for **21%** of all veterans in Scotland aged under 20, a far higher proportion than in any other age group.

Veterans tend to live in council areas that contain or are close to military bases. Almost **1/3** of all veterans live in Moray, Angus, Argyll & Bute, Fife, Perth & Kinross and Highland.

Moray has the greatest proportion of women veterans in Scotland. **15%** of veterans in Moray are women.

Box 1: Scottish Census 2022 statistics on the prevalence of women veterans

Methods

The purpose of this review is to inform and guide 'No More Shame' – a project which aims to tackle the stigma and discrimination experienced by ex-servicewomen and support their mental health. This evidence review will support the development of No More Shame by demonstrating key priority areas, challenges and enablers as well as informing best practice for addressing the stigma and discrimination experienced by ex-servicewomen. The review will support the formulation of a peer research project to test these findings and identify key settings to engage with, in addition to exploring the most effective ways to engage with these settings.

[2] Please note that, as set out in the clarification of definitions, this evidence review's use of the term 'women' refers to cis women, unless stated otherwise. The literature base for this review largely uses the term female but does not clarify inclusion of cis and trans experiences. Where referring to or citing publications, we use the language used by these sources.

This evidence review focuses on six key questions:

- Why and how do ex-servicewomen experience intersecting stigmas related to mental health?
- In what contexts/settings do ex-servicewomen experience mental health stigma and discrimination and what impact does this have?
- What is the nature of the intersectional stigma and discrimination they face?
- What interventions would help to tackle the stigma and discrimination ex-servicewomen experience?
- What role could peer support play in supporting ex-servicewomen around mental health?
- What have women said they would find most helpful?

This review draws on a small but rapidly increasing literature base which looks at the experiences of ex-servicewomen in the United Kingdom.

Methodology

This literature review focused on UK-based studies, although did incorporate the findings from a scoping review which used US -based literature.

The following search terms were used and entered into academic search databases including EBSCO and Google Scholar:

- Mental Health
- Veteran
- Women
- Female
- Stigma
- Discrimination
- United Kingdom (UK)
- Trans
- Ex-military

Further articles were then identified by looking through the references from identified relevant articles.

Although this literature review aims to inform an intervention based in Scotland, there is very limited research that specifically isolates the experiences of ex-servicewomen in Scotland, as distinct from the rest of the UK. Therefore, the literature search was broadened to the UK as a whole.

Furthermore, whilst there is plenty of research which looks at the experiences of veterans in the UK, there is very little which looks specifically at the experiences of women within this context. The UK armed forces' continuous attitude survey does not include any details on potential gender or sex differences in responses.

During the development of this literature review, we contacted Lauren Godier-McBard, an academic who has contributed extensively to research on the mental health experiences of women veterans in the UK. Godier-McBard and a colleague Abigail Wood met with the research team and staff members at See Me to discuss the literature and provide further insight and resources. The literature review was

subsequently updated to incorporate discussions and further identified literature, particularly the report by Wood et al (2023).

Findings

This literature review explores the experiences of ex-servicewomen in the UK, and where possible, the experience of ex-servicewomen in Scotland.

Ex-Servicewomen's Mental Health

Research shows that ex-servicewomen in the UK are more likely than their male counterparts to experience mental health challenges including anxiety, depression and PTSD (Hendrikx et al., 2021) and are more likely to experience comorbid mental health conditions (Runnals et al., 2014). The risk factors and impact of mental health conditions are also different for men and women veterans (Runnals et al., 2014), and outcomes for ex-servicewomen have declined in recent decades (Thomas et al., 2016). Scotland-specific data also shows that women veterans are at increased risk of experiencing symptoms of anxiety, more likely to have experienced depression, and at greater risk of suicide compared to male veterans (Bergman, Ross & Mackay, 2022).

Despite the differences highlighted within the literature, ex-servicewomen's mental health remains an under-researched area, with only approximately 2% of veteran's mental health research focused on or including women (Dodds & Kiernan, 2019).

Prevalence rates of mental health outcomes amongst ex-servicewomen in a UK sample (Hendrikx et al., 2021)

- 10.8% reported PTSD
- 28.6% reported 'common mental difficulties'
- 11.1% reported anger difficulties
- Alcohol misuse was reported by 12.8% of women
- Women have high levels of comorbidity of common mental health difficulties and PTSD

Sociodemographic factors associated with poorer mental health outcomes amongst ex-servicewomen

- Aged over 60
- Not working/ retired
- Non-Commissioned Officer / 'other' rank when leaving the military
- Greater levels of:
  - Military adversity
  - Childhood adversity
  - Somatisation
  - Loneliness
- Lower levels of social support

Key Themes in the Literature

Mental Health Stigma and Discrimination Experienced by Ex-Servicewomen

Research consistently demonstrates that women who have formerly served in the UK armed forces face unique challenges related to stigma and discrimination when seeking mental health care. A growing body of UK-based research has highlighted the barriers that ex-servicewomen face when accessing support for their mental health (Wood et al, 2023; Graham, Murphy & Hendrikx, 2022; Godier-McBard et al, 2022; Campbell et al, 2023). The research has shown that these include:

- A lack of recognition of women's status as veterans

- Misconceptions regarding women's roles in the military
- The impact of military cultural narratives of female weakness in accessing support
- Gender discrimination by professionals
- Gender bias in service design
- Poor previous experiences of support
- Caring responsibilities

Whilst ex-servicewomen experience broadly similar levels of mental health problems to their male counterparts, the nature and causes of these mental health challenges are distinct. It is worth noting the findings from *I don't feel like that's for me: Overcoming barriers to mental healthcare for women veterans*, 'mental health challenges were not exclusively related to combat or deployment, but often to gender-related bullying, discrimination, sexual violence, and traumatic experiences and interrogations related to their sexuality for those who served during the historic gay ban' (Wood et al, 2023, pp.04).

It is notable that international studies have shown that the prevalence of adverse childhood experiences (ACEs) are higher in military populations compared to civilian populations, and the difference is more significant for servicewomen. This in turn, has been associated with further subsequent risks of poor mental and physical health (Campbell et al, 2023; McCauley et al., 2015).

Women veterans and identity

Research shows that ex-service women are often not recognised as veterans within mainstream mental healthcare, and often do not recognise themselves as veterans. In the study by Wood et al (2023), it was found that many women did not identify themselves as veterans, and as a result felt that veteran specific services were not for them or that they would not be eligible to access them. Ex-servicewomen gave varied reasons for not identifying with the term 'veteran' These included:

- *"Negative experiences during their military careers"*
- Stereotypical perceptions of a veteran as an older male who had served during specific conflicts
- A sense of not being worthy of veteran-specific support due to short service or occupying non-combat roles.
- *"Other aspects of identity seen as more prominent, i.e., mother, carer, wife, professional identity"*

Godier-McBard et al (2025) also found that many women veterans had a complex relationship with the veteran identity:

"In relation to their own veteran identity, results indicate that while some participants experienced a sense of pride and belonging tied to their veteran identity, others struggled with feelings of unworthiness, especially if they had shorter service periods or non-combat roles. Many participants also described a delayed identification with veteran status due to stereotypical perceptions and negative in-service experiences."
(Godier-McBard et al, 2025)

Many ex-servicewomen also spoke of not being considered veterans by mainstream healthcare professionals, or had their veteran experiences overlooked, the result of which was that they were not referred to veteran-specific mental health support. Furthermore, misconceptions about the nature of their roles - especially that women are less exposed to combat trauma compared to male veterans, reinforce discriminatory attitudes which undervalue their previous roles' 'military contributions' (Jarvis & West, 2023).

Self-stigma plays an important role, operating within the context of public and structural forms of stigma. Many veterans internalise the belief that seeking mental health care is a sign of weakness, which in effect operates as a double burden for women in the military, who are often already perceived as weaker than their male counterparts. An important finding from the literature is that as well as not being recognised publicly as veterans, ex-servicewomen often do not see or readily consider themselves as veterans either (Godier-McBard et al., 2022). This highlights the unique experience of stigma faced by women who have served in the armed forces. In practice, this also creates a barrier for ex-servicewomen accessing services and supports which are designed and marketed as being for veterans – they will be less likely to come forward to access support if they don't consider themselves veterans. Services and supports have typically been designed and marketed towards a stereotypical idea of what a veteran is – often assumed to be white, male, heterosexual and cisgendered. Therefore, the service is designed for people with these characteristics, thus excluding other groups.

Godier-McBard et al. (2022) noted that women often felt the need to work harder to be accepted within the masculine military culture, leading to an increased reluctance to seek mental health support. Ex-servicewomen experience mental health stigma primarily due to gender stereotypes that paint military service as a male-dominated profession where emotional resilience is a marker of competence (Godier-McBard et al., 2022). This narrative often dissuades ex-servicewomen from seeking mental health support, as they fear being perceived as weak or incapable (Graham et al, 2022). The connotations of feminine 'weakness' compounded the stigma related to accessing mental health support for ex-servicewomen:

"There is still so much stigma around the military and mental health. And yeah, so if big boys don't cry, if girls cry, then that can't happen […] You almost have to be doubly stronger than the men to be equal to them, if that makes sense." (Wood et al, 2023)

Ex-servicewomen and experiences of military adversity

Ex-servicewomen reported that during their time in the military they heard inappropriate comments from male colleagues linking their emotional responses to menstrual cycles and hormones (Wood et al, 2023). These attitudes further exacerbate the stigma that women experience related to mental health in the military, with women feeling less able to seek support.

In addition, women reported bullying, sexual harassment, and some also reported sexual assault and rape by colleagues in the military. Where women used formal routes to report bullying and sexual harassment, this was reported to often result in

further poor treatment. Most of the women who had experienced sexual assault and rape during service did not report it due to a lack of faith in the reporting system. Those who did report it encountered hostility, which reduced their willingness to seek help in the future. Due to the impact of these experiences, some ex-servicewomen left the military out of choice or by medical discharge (Wood et al, 2023).

Heriott et al (2024) explain why sexual harassment and assault (SH/A) can be more common in the military, and the difficulties in addressing the problem:

"Military values and norms include a strong focus on obedience to the chain of command, strong group cohesion, and protection of the military organisation over and above the needs of the individual (Herriott et al., 2023). This ingrained culture of silence and notion of 'service before self' has thus been reported to lead to protection of perpetrators of SH/A within the military and creates challenges for those wishing to make a complaint against others within their unit/chain of command, often fearing retaliation and a lack of accountability (Wilson, 2018)." (Heriott et al, 2024)

The role of patriarchal hegemonic masculinity within the military is also highly influential in driving a culture which is permissive of a continuum of sexual violence, from unwanted sexual comments masked as 'banter', to serious sexual assaults and rape (Heriott et al, 2023). Heriott et al illustrate how this functions in practice:

Furthermore, the male-dominated nature of the military environment has often been described as hypermasculine, in which stereotypically masculine characteristics (e.g. strength, courage) are privileged over those portrayed as feminine (e.g. emotionality, caring). This represents a clear example of hegemonic masculinity, in which men's dominant position in society is reinforced via a hegemonic hypermasculine ideal, resulting in the undervaluation, marginalisation, and subordination of those that do not fit this ideal (often women) (Connel and Messerschmidt, 2005). This was evidenced recently by a MOD report, in which qualitative interviews with service personnel and civil servants revealed a 'White Male Prototype', characterised by 'alpha male traits', perceived to be pervasive across UK Defence (Defence Human Capability Science & Technology Centre, 2020). This type of hypermasculine culture has been associated with sexual aggression (Murnen et al., 2002), and increased prevalence of sexual violence (Trade Union Congress, 2016).

Military Sexual Trauma (MST)

Heriott et al (2024) define Military Sexual Trauma as a continuum of violence encompassing acts of sexual harassment and assault:

- Perpetrated by service personnel against other service personnel,
- That take place at and are directed at the individual level,
- Which occur during military service and in a military context
- And have the potential to result in adverse mental, physical and social health outcomes.

Salute Her UK , a charity which supports and advocates for UK women in the Armed Forces, Veterans and Women at Sea, have shed light on the prevalence of military sexual trauma amongst the women veterans they support:

- 1 in 4 women registered with Salute Her UK have reported that they were sexually assaulted while serving in the UK military
- 8 out of 10 perpetrators are men
- 98% of the perpetrators are known to the victim

Other surveys show different figures. It is often hard to get accurate data on such sensitive, complex issues and we know that many women do not report adverse experiences due to fear of consequences for doing so (Hendrikx et al, 2023). However, other research still paints a bleak image of the prevalence of bullying, physical assault, sexual assault and harassment. Hendrikx et al (2023) found that in a survey of women veterans:

- 1 in 5 (22.5%) reported being the victim of sexual harassment during their military career
- 1 in 20 (5.1%) reported being the victim of a sexual assault during their military career.
- 1 in 5 (22.7%) reported emotional bullying
- 3.3% reported physical assault

Their study found that all of these adverse experiences during their time in the military were "significantly associated with probable post-traumatic stress disorder" (Hendrikx et al, 2023). Furthermore, younger women, women who held rank as officer and women in combat-related roles were most at risk of military adversity.

> *As well as the risk of exposure to combat-related trauma, servicewomen can face additional adversities during deployment that can have a serious and long-lasting impact on their mental health and wellbeing. Sexual harassment was significantly associated with physical somatization (where the mental distress causes physical symptoms such as pain or fatigue), sexual assault with alcohol difficulties, and emotional bullying with common mental health difficulties, low social support, and loneliness. (Combat Stress, 2023)*

Furthermore, Heriott et al (2024) explain that certain aspects of the military mean that the experience is all-encompassing, such as living on the military base and relying upon the military institution for accommodation and food. This has the potential to compound the effects of the institutional culture which leads to a

reluctance to report or make complaints about experiences of sexual assault or harassment.

According to Salute Her UK, Military Sexual Trauma is not a term recognised by the Ministry of Defence or the Office for Veterans Affairs in the UK. However, their research has shown that MST is unfortunately a common experience which can affect ex-service women in different ways.

"Although trauma can be a life-changing event, people are often remarkably resilient after experiencing trauma. Many individuals recover without professional help; others may generally function well in their life but continue to experience some level of difficulties or have strong reactions in certain situations. For some veterans, the experience of MST may continue to affect their mental and physical health in significant ways, even many years later." (Salute Her UK, 2022)

Whilst sexual assault can have harmful effects in any setting, it is hypothesised that the consequences of military sexual trauma (MST) may differ from those of non-military sexual assault. Morgan (2022) suggests that this is because ex-servicewomen may have had to continue working with their perpetrator, a situation less common in civilian life. Although all personnel join the UK armed forces voluntarily, military personnel cannot leave their posts without permission and may face disciplinary action if they try to leave. As a result, those who are sexually assaulted in the military cannot easily transfer to another location or quit their jobs, often leading to repeated contact with their assailant. The usual protective unit cohesion in the military may not be available to someone assaulted by a unit member. These unique aspects of the military system might worsen the severity of symptoms after sexual assault, especially since military personnel often experience chronic stress and have limited time to seek treatment or social support (Morgan, 2022). Hendrikx et al (2023) found that ex-servicewomen who experienced sexual trauma in the military were twice as likely to develop PTSD compared with those who did not experience such trauma.

Furthermore, the service justice system has found to be an often unsatisfactory experience for complainants reporting sexual offences, characterised by:

- Low conviction rates
- Inaccurate recording of sexual offences
- Failings in investigations by SJS prosecutors

Heriott et al (2023) noted that an HMICRFS (2022) report concluded that service police forces must improve their handling of sexual offence cases, finding that victim-survivors often feel unsupported and ostracised.

It is worth noting, however, that at the prosecution stage of handling sexual offences, the service justice system does have higher prosecution rates when compared with civilian justice systems.

In general, statistics from the past 5 years reveal that 61% of sexual offences investigations were referred to the Director of Service Prosecutions, and 48% of these resulted in a charge by the service prosecuting authority (MOD, 2015–2020).

For rape, these figures drop to 49% of those investigated being referred, and 44% being charged. Notably, however, these figures do illustrate substantially higher prosecution rates than those seen in a civilian context, whereby rape prosecutions in the year ending September 2021 were just 1.3% and have been coined as the 'effective decriminalisation of rape' (End Violence Against Women Coalition, 2019). In this sense, therefore, SJS data seemingly compare favourably with that of the civilian CJS. (Heriott et al, 2023)

Whilst this is the case, research has shown that the true scale of sexual offences within the military is difficult to ascertain, because there is evidence to suggest that sexual offences are sometimes reclassified under different offences such '*disgraceful conduct of a cruel or indecent kind'*, which risks under-representing the scale of the problem. Furthermore, making direct comparisons between prosecution rates in the SJS and the civilian justice system should be cautioned due to the significant difference in numbers of those reporting.

There are further aspects of the service justice system that are problematic for those who have experienced sexual offences. Victim-survivors can choose to report to either a Commanding Officer, the Service Police, or to a civillian police force. However, research has shown that most female victim-surviviors are not aware that they can choose to go down the civilian justice route (Heriott et al, 2023).

Victim-survivors of serious sexual offences in the service justice system are allowed to express a preference for their case to be heard in a civilian trial (instead of a court martial trial). Whilst the military prosecutor must take this into account, the preference of the victim-survivor is not binding.

Godier-McBard et al (2022) highlight that the challenges outlines above have a deeply detrimental impact on women's confidence in accessing veteran-specific support services.

Settings and Contexts for Stigma and Discrimination

Stigma and discrimination are particularly prevalent within military and veteran-specific healthcare settings. Within military contexts, the expectation for women to conform to a traditionally masculine culture which associates femininity with weakness discourages them from seeking help. A scoping review showed that in veteran health services in the United States, the male-centric environment often results in female veterans feeling out of place or ignored, especially when the services cater predominantly to men (Godier-McBard et al., 2022). Furthermore, the traditionally masculine, heteronormative branding of many veteran services, which frequently uses combat and battle analogies, reinforces the perception that these services are not designed for women (Graham et al., 2022). The perception that these services cater primarily to men further alienated female veterans. Women veterans also reported being mistaken for family members or friends of male veterans, which reinforced feelings of exclusion (Godier-McBard et al., 2023).

In the scoping review by Godier-McBard et al, (2023) women veterans in the United States reported "*a lack of recognition by others that they were veterans and felt less deserving of care as a result".* They felt that veteran mental healthcare did not meet

their needs and that the predominantly male environment was unwelcoming and insensitive to gender-related trauma experienced in service, including military sexual trauma. Rural and Native American women veterans reported negative experiences with mental health services, including feeling humiliated and discriminated against because of sexism and racism. (Godier-McBard et al., 2023).

However, stigma and discrimination are not limited to veteran health services. Whilst women veterans are far more likely to access NHS mainstream mental health services (not veteran-specific) than male veterans, in these civilian healthcare settings women veterans report that practitioners often lack knowledge of the unique mental health challenges faced by women in the military, leading to feelings of alienation. (Godier-McBard et al., 2022).

Studies also show that intersectional factors such as racism and homophobia exacerbate the stigma in both civilian and military settings, particularly for LGBTQ+ women veterans, who experience intersectional discrimination (Godier-McBard et al., 2023). The historic 'gay ban' in the military was shown by Wood et al (2023) to continue to have detrimental ramifications for those who were impacted at the time. Biscoe et al (2023) found that female lesbian, gay and bisexual veterans who had served under the 'gay ban' experienced significant emotional distress, fear of being 'found out' and negative treatment during service due to both sexism, homophobia and biphobia.

Types of Stigma Experienced by Women Veterans

The types of stigma experienced by women veterans include self-stigma, public stigma, and structural stigma. Graham et al. (2022) highlighted instances where female veterans were told by healthcare professionals that they could not have Post-Traumatic Stress Disorder (PTSD) because they did not serve in combat roles. Furthermore, Campbell, et al (2023) also recounted the experiences of multiple women veterans who participated in their qualitative study, who had their experiences of trauma invalidated or belittled by healthcare professionals or in other therapeutic environments. This in turn, led to the women feeling unworthy of care and support for their mental health.

This type of gender-based stigma reflects a lack of understanding among healthcare providers about the full range of roles women veterans fill, the traumas they may experience, and the ways in which PTSD can manifest for them.

The stigma and discrimination female veterans face can be categorised into three main types:

- Public Stigma: Societal biases which mean women are less likely to be perceived as veterans and frame women as less likely to endure severe military-related trauma, which diminishes their perceived need for mental health support.
- Structural/Institutional Stigma: Male-dominated healthcare systems do not take an intersectional approach and therefore fail to adequately address the specific needs of female veterans. Services do not take an intersectional

approach and are often tailored to male veterans, leading to inappropriate or gender-insensitive care, particularly for issues such as military sexual trauma (MST) (Jarvis & West, 2023).

- Self-Stigma: Many women veterans internalise negative gendered stereotypes about mental illness, believing that they should be emotionally strong to fit into a 'male' military culture, which dissuades them from seeking help (Godier-McBard et al., 2022).

We know that different forms of stigma are inter-related and it is likely that public stigma, structural stigma and self-stigma can reinforce one another, resulting in a negative cycle of stigma. For example; public stigma which falsely characterises women's military trauma as less severe, has the potential to feed into the structures of healthcare and support systems which do not take a gender-sensitive approach to supporting the health and well-being of ex-service personnel. This structural stigma reinforces the beliefs of many ex-service women that they aren't 'proper' veterans, and that help-seeking is classified as 'weak'.

Campbell, Williamson and Muphy (2023) identified that self-stigma was a key barrier to accessing support, whilst public stigma was less of a barrier for women who were no longer in the military:

> *"Although the need to overcome internalized stigmatizing views on mental ill health were evident in the present study, the concept of public stigma—namely perceived negative views of those with mental health problems—was less evident (V. Williamson et al., 2019). Although fears around a lack of confidentiality, negative career outcomes, and disadvantageous treatment in a military context persisted into life as a veteran, there was no mention of participants holding a negative perception by others of veterans with mental ill health once outside the military environment. Significant strides have been made in correcting negative views about both veterans and mental health, both within a military context and in wider society. Therefore, it is possible that respondents are viewing their experiences of help-seeking in a more broadly understanding contemporary context."*

This also shows that work to tackle public stigma can be beneficial in helping women veterans to feel more comfortable in seeking support for their mental health.

The Impact of Stigma on Women Veterans' Mental Health

The effects of stigma and discrimination on female veterans are profound, leading to delayed help-seeking behaviours, and worsened mental health conditions, such as PTSD, depression, and anxiety (Graham et al., 2022).

Wood et al (2023) highlight the impact of unplanned transitions from the military to civilian life as being particularly challenging for the mental health of women veterans. The reasons for the unplanned transitions included medical discharge and also homophobia during the historic 'gay ban'. Women were not able to plan their transition to civilian life, and experienced feelings of anger and betrayal over their treatment.

More generally, transitions to civilian workplaces were particularly challenging for women veterans:

> *"Some struggled to adapt to societal expectations of women in the workplace, particularly around gendered communication styles. Some experienced further gender-based discrimination, sexual harassment, and bullying in the civilian workplace. Overworking and burnout was common, a legacy of their desire to prove themselves as women in a male-dominated military environment." (Wood et al, 2023)*

According to Wood et al (2023), a lack of social support post-military exacerbated the negative experiences of women veterans. Intersecting stigma plays a key role in this:

> *"Women felt that they didn't fit in with the gendered expectations of either the civilian or veteran communities. Many women chose not to engage with veteran events or groups because they were perceived as male spaces or they didn't identify with being a veteran". (Wood et al., 2023)*

The underutilisation of veteran-specific services is linked directly to stigma and discrimination experienced by women veterans. 35% of women veterans said that their gender (more specifically, the role of stigma and sexism) had impacted on their intention to seek help for their mental health post-discharge (the figure for male veterans was 17.5%).

UK servicewomen are significantly more likely to experience MST than servicemen (Combat Stress). In one study by Hendrikx et al (2023), 22.5% of UK women veterans said they had experienced sexual harassment and 5.1% had experienced sexual assault, and these forms of military adversity were associated with a greater risk of PTSD. Women veterans who have experienced military sexual trauma (MST) often report that healthcare professionals downplay or dismiss their experiences, further contributing to their reluctance to seek care (Godier-McBard et al., 2023).

Stigma and discrimination significantly affect the mental health of women veterans, contributing to the underutilisation of mental health services. Research shows that women veterans are at greater risk of experiencing mental health issues such as PTSD, depression, and anxiety compared to their male counterparts. However, the stigma associated with mental health issues, coupled with discrimination from healthcare providers, results in lower engagement with available services. Women veterans also report feeling less deserving of care, particularly in comparison to male veterans, which further inhibits help-seeking behaviour.

Interventions to Address Stigma and Discrimination Amongst Women Veterans, and What They Find Helpful

Sexism and other forms of prejudice within the armed forces are born out of the wider patriarchal system which exists in civilian life, however rigid military structures and cultures can reinforce sexism and its impacts for women in the armed forces. It is important to ensure that efforts are put into tackling the causes (including stigma and discrimination) which can lead to trauma for women in the armed forces. It is also important to ensure that there is appropriate support available to ex-

servicewomen who have experienced stigma and discrimination. Several interventions have been proposed to mitigate the stigma and discrimination faced by ex-servicewomen.[3]

Godier-McBard et al. (2023) highlighted the importance of gender-specific services, such as female-only treatment programs, peer support groups, and the provision of female healthcare providers. Women veterans expressed a preference for gender-sensitive environments that recognise their unique experiences, including those related to MST.

Campbell et al (2023) found that care and support which recognises the specific context for women veterans was crucial:

> *Acknowledging the uniqueness of women veterans was seen as important for participants in accessing and engagement with therapeutic interventions… The unique needs and experiences of women veterans were comprised of two subthemes, centered on the individual's position in relation to other contrasting identities: (a) military versus civilian and (b) woman veteran versus man veteran. Women veterans were found to straddle multiple roles and histories as they ''have the normal life experiences of civilian females but we also have the male element of the going on [military] deployment'' (P12). These competing identities were bound together by a need for health services to address the distinctiveness of women veterans and counter any feelings of isolation or lack of belonging that could arise" (Campbell et al, 2023)*

Furthermore, Campbell et al (2023) found that women veterans often minimised the traumatic experiences that they and other women veterans had experienced, which reduced their perceived worthiness of accessing and receiving healthcare and support. This was often connected with their unique experience as a woman in the armed forces, related to their complex experiences of women veteran identity and gender-insensitive treatment. However, their study found that showing understanding, validation and acknowledgement for the experience of ex-military women went a long way to help them feel able to access support for their mental health.

> *"Legitimizing women veteran participants' accessing of care and support was contingent on two factors. First, a recognition by both others and the veterans themselves that servicewomen were indeed exposed to combat-type traumas. Second, acknowledging and understanding that servicewomen faced what one participant (P12) characterized as military service colored by ''verbal abuse, physical abuse, bullying, harassment, [and] victimisation.'' Accordingly, P16 said it needed to be acknowledged that ''PTSD is not just about being on the frontline, being in a war zone. PTSD can happen through . . . bullying.'' This acknowledgment of the specifics of the experience for servicewomen by others, also overlapped with the positive*

[3] While this report includes gender-specific recommendations to address the unique experiences of ex-servicewomen, it is important to emphasise that these recommendations are intended to be inclusive of all individuals who identify as women, including transgender women.

impact of group belonging inherent… and a need to feel worthy of help..." (Cambell, Williamson and Murphy, 2023)

Promotion and increasing awareness of support also needs to be prioritised to encourage uptake amongst women veterans. Women veterans have highlighted the need to make it explicitly clear in the promotion and advertising of veteran mental health services that women are eligible for the support. Furthermore, since it has shown that many women veterans don't often identify with the term 'veteran' – it has shown that using alternative terms such as 'ex-military' can be more effective. (Godier-McBard et al, 2023).

Trauma-informed support is highlighted as being fundamental to effective mental healthcare (Wood et al, 2023, pp.14). The key tenets of this include:

- Taking time to discuss emotional topics and experiences
- Avoiding re-traumatisation by ensuring familiarity with women's medical notes
- Communicating with women about why they are being asked to reshare their stories if this is necessary
- Creating a welcoming, supportive environment
- Validating women's experiences during military service

Furthermore, findings by Wood et al (2023), highlighted that for women veterans it was important that mental healthcare professionals demonstrated a good level of understanding of the military, of women's experiences of service (including the prevalence of sexuality-based discrimination, sexual harassment and sexual assault), and women's health needs and the impact these can have on mental health.

Ex-servicewomen have emphasised the importance of peer support and female-specific services in addressing mental health challenges. The availability of flexible, convenient mental health services and increased awareness of treatment options were also identified as crucial facilitators of mental healthcare engagement. Holistic treatments, such as yoga and mindfulness, have been noted as effective for women dealing with MST-related PTSD, as these approaches may be better aligned with women veterans' preferences compared to traditional mental health programs (Godier-McBard et al., 2023). Women also expressed a desire to be offered outdoor group activities as part of mental health support, such as cycling, hiking and construction courses (Wood et al, 2023). Godier-McBard's scoping review found that in the US, studies on interventions for women veterans had highlighted accessibility issues as an important factor for uptake and success. This included childcare issues, not knowing where to access help, and difficulty scheduling appointments due to lack of availability.

Ex-servicewomen also indicated that they would benefit from gender-specific services that include female practitioners and offer peer mentorship programmes (Godier-McBard et al., 2022). They emphasise the need for flexible and accessible services, particularly telehealth options and comprehensive outreach efforts that ensure they are aware of available resources (Jarvis & West, 2023). Trauma-informed practices that validate their experiences, as well as gender-inclusive

branding of veteran services, are seen as critical in creating a supportive environment (Graham et al., 2022).

In a qualitative study, Campbell et al (2023) findings further validated existing evidence around the key challenges or barriers commonly faced by ex-servicewomen when trying to access support for their mental health, and potential solutions to these barriers. This is articulated in a table:

Table 1: Challenges Faced by Women Veterans and Potential Responses (Cambell, Williamson and Murphy, 2023)

Challenges faced	**Potential responses/ mitigations**
Women do not always identify as a veteran	Education and targeted awareness raising for women veterans
Women veterans do not always feel worthy of support	Proactive outreach by health care professionals
Women not typically seen as veterans	Increased education for health care professionals on women veterans
Lack of understanding on gender-linked military challenges	Increased professional education on prevalence of MST and other gender-related experiences
Formal support may not be seen as welcoming, as a veteran and as a woman	Establishment of women veteran-only support groups and networks; further provision of remote/tele-health delivery
Treatment seen as not applicable to experiences	Additional research into gender-linked interaction with trauma, to further inform service provision (including MST and menopause)
Treatment seen as too narrow and military-focused	Greater incorporation of veteran health care knowledge in mainstream services to avoid siloed ‘‘military-only trauma’’ care

It is essential that support service for ex-servicewomen are adequately promoted to ensure uptake, with positive outreach so that ex-servicewomen know that the support is ‘for them’, if they wish. Furthermore, establishing welcoming and trauma-informed peer support networks for ex-servicewomen can overcome the lack of support available to ex-servicewomen.

Limitations

It is important to highlight that the research reviewed on ex-servicewomen is very limited in terms of ethnic diversity and gender identity. Therefore, we lack in-depth insight into the intersectional discrimination experienced by women who have served in the armed forces. We could not identify any research into the specific experiences of trans ex-servicewomen and those from racialised communities. This constitutes a **systemic research gap** across UK veteran and military research. This gap appears at the level of study design, data collection, analysis, and policy interpretation, resulting in research and recommendations that predominantly reflect the experiences of **cisgender, ethnic majority veterans**, with trans, non-binary and minority ethnic veterans effectively invisible.

Future research must explicitly include trans and non-binary veterans and look in detail at the experiences of non-white populations. Research must adopt inclusive demographic measures, and integrate gender and racial identity into intersectional and policy analyses to ensure services and policy more fully reflect the veteran population.

There is also a notable gap in the research on the experiences of ex-servicewomen in Scotland, with existing research capturing the experiences of ex-servicewomen living in England and Wales. The military is not devolved per nation, therefore it seems unlikely that there will be any major differences for those living in Scotland. However, it is worth nothing that there are differences within healthcare service provision between Scotland and other UK nations, therefore it is possible that services and patient experience may vary between Scotland and other UK nations.

This report summarises the findings of a review which followed a pragmatic scoping review methodology. Whilst this approach was considered proportionate, it does not represent a systematic review of the literature. We recognise therefore that there may be some relevant research and themes that do not appear within this review.

Conclusions

The evidence review on the mental health experiences of ex-servicewomen in the UK highlights several critical findings and recommendations. Women who have served in the armed forces face unique challenges related to stigma and discrimination when seeking mental health care. These challenges are multifaceted and occur in various contexts, including military and civilian healthcare settings.

The stigma and discrimination faced by ex-servicewomen often includes a lack of recognition of their veteran status, misconceptions about their roles in the military, and gender bias in service design. The stigma experienced by ex-servicewomen is often compounded by gender stereotypes that paint military service as a male-dominated profession. Whilst the military culture prizes strength and masculinity, vulnerability is seen as 'weak' and discourages help-seeking behaviour.

Ex-servicewomen face particular challenges around bullying, harassment and sexual trauma which can lead to long-lasting detrimental impacts on health and wellbeing. Military Sexual Trauma (MST) is a concerning issue faced by a significant number of

ex-servicewomen, with 1 in 4 women registered with Salute Her UK reporting sexual assault during their military service. The consequences of MST can differ from non-military sexual assault due to the unique aspects of the military system. The service justice system can be fraught with problems for victim-survivors of sexual offences, characterised by low conviction rates and inaccurate recording.

The stigma and discrimination faced by women who have served in the military can lead to delayed help-seeking behaviours and worsened mental health conditions. Ex-servicewomen can be made to feel marginalised and misunderstood by society, which exacerbates their mental health challenges. Addressing these challenges requires targeted interventions that promote a more inclusive and supportive environment for ex-servicewomen.

It should be noted that whilst support should be in place for ex-servicewomen who have experienced stigma and discrimination, it is vital that a preventative approach is also put in place to tackle the root causes of stigma and discrimination in the armed forces in the first place. This review highlights the need for gender-specific services that cater to the unique experiences of ex-servicewomen. These services should include women-only treatment programmes, peer support groups, and the provision of gender-specific facilitators. Promoting peer support is essential in addressing mental health challenges. Ex-servicewomen have emphasised the importance of peer mentorship programmes and gender-sensitive environments. Enhancing mental health literacy among veterans and healthcare professionals is vital. This includes increasing awareness of available mental health resources and promoting a more inclusive healthcare system. Promoting and increasing awareness of support services is crucial to encourage uptake among women veterans. This includes using alternative terms such as "ex-military" or “ex-servicewomen” to ensure that women feel eligible for the support.

In conclusion, the evidence presented in this review underscores the pressing need to address mental health stigma and discrimination experienced by ex-servicewomen.

The No More Shame project seeks to understand the barriers and enablers to ex-servicewomen feeling able to talk about their mental health and access appropriate support that is suited to their needs, as well as exploring the impact of intersections of other oppressive systems of power such as sexism, racism and homophobia. No More Shame will build on this evidence review through a multi-layered programme of work which will emphasise lived experience leadership, campaign to raise awareness and advocate for systemic change.

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