



Exploring the impact of gender-specific challenges during and after military service on female UK Veterans

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ABSTRACT

Introduction: Women represent a modestly increasing proportion of the UK Armed Forces. Despite this, little research in the United Kingdom has examined the experiences of female Veterans. The current study aimed to explore gender-specific challenges that women may face during and after military service. **Methods:** A sample of 750 female UK Army Veterans were surveyed in a cross-sectional study. Participants completed a survey with a list of potential gender-specific challenges that women may face during military service and as Veterans. The survey also collected socio-demographic and military history data. Participants completed psychometric measures that assessed for symptoms of posttraumatic stress disorder (PTSD), common mental health disorders (CMDs), alcohol use, physical health, and loneliness. **Results:** Findings indicated that demographics such as non-voluntary discharge from service, having a first child during military service, or not currently being employed were associated with reporting a greater number of challenges during military service. Experiencing PTSD, CMDs, physical health difficulties, or loneliness was also significantly associated with experiencing more challenges while in the military. Reporting experiences of female Veteran challenges was associated with holding a lower rank during service, leaving the military against their will, currently not working, living in a rural area, and currently experiencing loneliness. **Discussion:** Findings suggest that female Veterans experience gender-related challenges associated with health difficulties during service and as Veterans. Future research is needed to explore the needs of female Veterans and servicewomen.

Key words: challenges during and after military service, female gender, loneliness, mental health difficulties, military, military sexual trauma, PTSD, UK Armed Forces, Veteran

RÉSUMÉ

Introduction : Les femmes représentent une proportion des Forces armées britanniques en légère croissance. Pourtant, peu de recherches ont été réalisées au Royaume-Uni sur les expériences des vétérans. La présente étude visait à explorer les difficultés propres au genre que les femmes peuvent affronter pendant et après le service militaire. **Méthodologie :** Les chercheurs ont étudié un échantillon de 750 vétérans de l'armée britannique dans une étude transversale. Les participantes ont rempli un sondage contenant une liste de difficultés potentielles propres au genre qu'elles peuvent affronter pendant le service militaire et à titre de vétérans. Le sondage contenait également des données sociodémographiques et sur l'histoire militaire. Les participantes ont fourni des mesures psychométriques qui évaluaient les symptômes de trouble de stress post-traumatique (TSPT), les troubles de santé mentale fréquents (TSMF), la consommation d'alcool, la santé physique et la solitude. **Résultats :** Selon les observations, des caractéristiques comme la démobilisation non volontaire du service militaire, la naissance d'un premier enfant pendant le service militaire ou une situation de chômage en cours étaient associées au signalement d'un grand nombre de difficultés pendant le service militaire. Un TSPT, des TSMF, des problèmes de santé physique ou la solitude étaient également associés de manière significative au maintien d'un grade inférieur pendant le service, à la démobilisation contre leur gré, au chômage, à la résidence en milieu rural et au sentiment de solitude. **Discussion :** Selon les observations, les vétérans éprouvent des difficultés liées au genre associées à des problèmes de santé pendant le service militaire et à titre de vétérans. D'autres recherches devront être réalisées pour explorer les besoins des vétérans et des femmes militaires.

Mots-clés : armée, difficultés pendant et après le service militaire, Forces armées britanniques, genre féminin, solitude, traumatisme sexuel en milieu militaire, troubles de santé mentale, TSPT, vétéran(e)

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LAY SUMMARY

Currently, research on the experiences and challenges of being female in the UK Armed Forces is lacking. The current study aimed to explore some of the challenges and obstacles women have experienced both during their military service and as Veterans. In total, 750 female Veterans from the army were surveyed on their experiences during their military service and as Veterans and on their current physical and mental health problems. The results indicate that women experience several gender-based challenges, such as sexism and discrimination, during military service and as Veterans, and these challenges are linked to current physical and mental health difficulties.

INTRODUCTION

To date, few articles have focused on the needs of female Veterans who have served in the UK Armed Forces, even though women make up a sizeable minority of the Veteran population.¹ A 2020 report from the Ministry of Defence shows that, currently, 10.9% of the UK Armed Forces are women — a modest increase over the previous 20 years.¹ Historically, servicewomen have faced unique challenges that could have serious impacts on their careers. For example, until 2016, women were excluded from serving in ground close combat roles in the UK military, married women were historically not allowed in the military, and until 1978, it was policy to actively discharge pregnant women.²⁻⁴

While serving in a male-dominated profession, women face unique challenges. Despite little empirical literature, internal reports from the U.S. military indicate that women's level of career progression may be lower than men's.⁵ A study by Leiter et al. found that Canadian servicewomen reported less support from peers and supervisors and less cohesion during their military service than did their male counterparts.⁶ In addition to low social support and career progression, women appear to be at increased risk of experiencing sexual harassment during military service.⁷ A workplace and gender-related survey of active duty members of the U.S. military observed that one-third of the female participants reported having experienced unwanted sexual contact during deployment.⁸⁻¹⁰

Despite gender differences in experiences during deployment, the literature appears to have mixed results regarding posttraumatic stress disorder (PTSD) among male and female Veterans. Some studies suggest that women are more at risk of developing PTSD,¹¹ and others argue that there is no difference between men and women in PTSD presentation.^{12,13} However, studies have shown that women are more likely to have experienced military sexual trauma.¹⁴ Similar to the general public, female service personnel appear to be more likely to experience common mental health disorders (CMDs; e.g., anxiety and depression) than their male

counterparts.¹³ There is also some evidence that female service personnel are more likely to experience higher rates of functional impairment. For example, a study by Vogt et al. found a stronger association with interpersonal stressors among military women than men.⁷ Such stressors were related to low social support and family and relationship stressors. Moreover, these stressors had a significantly greater detrimental impact on women's mental health than on men's.⁷ Other sources of stressors, such as work-related relationship problems and being away from the family, were reported more often among female service members.¹⁵ This finding suggests that female military personnel face numerous challenges during service, and some of these challenges appear to persist after service.

The challenges some women experience during deployment may have a significant impact on the transition to Veteran status and Veteran experience. Reports from the UK Armed Forces indicate that women represent 8.6% of all those who leave the UK Regular Forces.^{1,16} Right to leave service is four years after basic training, and leaving before is only possible in the case of medical discharge, dishonorable discharge, and the like. In general, the main reason for leaving service is its impact on personal and family life.¹⁷ In a qualitative study, Dichter and True interviewed 35 female U.S. Veterans on their decision to leave the military.¹⁸ The main themes from their study showed that the need to prematurely discharge from service was associated with experiencing harassment or interpersonal violence and caregiving, indicating the significant career-related consequences of being female with interpersonal stressors during military service and the transition to civilian life.

Studies from both the United Kingdom and the United States have found similar help seeking behaviour between male and female Veterans, with male Veterans also reporting barriers to seeking help because of mental health stigma.¹⁹ However, U.S. women also described barriers to accessing services considered to be predominantly male dominated.^{13,20} Qualitative findings indicate that women did not feel welcome in Veteran and

military service organizations and therefore did not engage with some U.S. Veteran organizations.²¹ To date, studies suggest that female service members and Veterans experience distinct challenges; however, little empirical research has been conducted on UK service members and Veterans.

To the authors' knowledge, no studies in the United Kingdom have examined military- and Veteran-related challenges experienced by female Veterans in the UK Armed Forces. Therefore, this study aimed to 1) identify the most frequent challenges experienced by female Veterans during and after service and 2) examine the associations between challenges experienced during and after service and socio-demographic factors and health factors.

METHODS

Settings and participants

Participants were recruited from the Women's Royal Army Corps (WRAC) Association database of registered members. The WRAC Association is a UK charity that supports female Veterans who served in the army through grant giving, campaigning for the needs of female Veterans, and providing peer support. The sample consisted of female UK Veterans from the WRAC Association database who provided both consent to be contacted and a working email address. A sample of 1,911 female Veterans was identified, and 231 were excluded because of invalid email addresses. The final sample of 1,680 participants was contacted via email invitation a total of four times over a six-week period. In total, 750 (44.6%) female Veterans completed the survey.

Materials

The data were collected through an online survey via the digital survey generator SurveyMonkey (SurveyMonkey, San Mateo, CA). Identified eligible participants were contacted via an email invitation, which included a survey link, an information sheet about the study, and a consent form. The survey was divided into core subsections: socio-demographic, pre-service information, military factors, health and well-being outcomes, and two lists of military and Veteran challenges.

Measures

Data on demographics and military-related factors were collected, including number of dependents, sexuality, relationship status, employment status, living arrangement, rank, and reasons for leaving military service.

Primary outcome: measure of challenges

A measure of potential challenges faced by women compared with their male peers during military service and after leaving the military was generated. The identified challenges were generated on the basis of a review of the research literature and created through a co-production with a patient and a public involvement group of female Veterans recruited from the WRAC Association. The process involved clinicians and researchers working in the field of military mental health and female Veteran service users to identify the most common challenges female Veterans may have experienced, or currently experience, both during and after service. The challenges identified are listed in Tables 1 and 2.

Secondary outcome: physical and mental health outcome data

Participants completed a range of physical and mental health measures indicating their experiences of

Table 1. Proportion of the sample endorsing experiencing challenges during their service (N = 750)

Challenge	n (%)
Felt sexist assumptions were made about you	320 (42.7)
Felt had to be better than male colleagues to get same recognition	305 (40.1)
Felt female qualities were less valued than male qualities	271 (36.1)
Felt disadvantaged from opportunities to further career	254 (33.9)
Felt were treated with less respect by the chain of command	223 (29.7)
Felt disadvantaged when it came to promotions	198 (26.4)
Felt was made to leave military due to having children [†]	158 (38.9)
Felt pressure to fit into units	151 (20.1)
Felt treated differently, which led to loss of self-confidence	149 (19.9)
Felt there were more barriers when seeking help for mental health	115 (15.3)
Felt there were more barriers when seeking help for physical health	112 (14.9)
Felt physically intimidated by colleagues	103 (13.7)
Experienced bullying	100 (13.3)
Felt excluded from unit	95 (12.7)
Felt treated differently because of child care responsibilities [*]	26 (44.1)

^{*}Restricted to participants (n = 59) who reported having their first child during their military service.

[†]Restricted to participants (n = 406) who reported having had children.

Table 2. Proportion of the sample endorsing challenges after leaving the military (N = 750)

Challenge	n (%)
Felt less comfortable attending military Veteran events	368 (49.1)
Found it more difficult to establish a social life outside the military	219 (29.2)
Felt that transition to civilian life was harder	166 (22.1)
Found it harder to access Veteran organisations for welfare support	151 (20.1)
Found it harder to access NHS/charities for physical health needs	134 (17.9)
Experience challenges with housing after leaving the military	112 (14.9)
Resettlement advice didn't take into account family responsibilities	107 (14.3)
Found it harder to access NHS/charities for mental health needs	103 (13.7)
Found it harder to gain civilian employment	102 (13.6)
Did not receive any resettlement advice on leaving	0 (0)

NHS = National Health Service.

symptoms. The 15-item Patient Health Questionnaire (PHQ-15) was used to assess physical health symptoms.²² Scores range from 0 to 30, with a caseness of 15 or more. The UCLA Three-Item Loneliness scale (UCLA-3) is a revised, shortened version of the original 20-item questionnaire that assesses loneliness.²³ A higher score indicates a greater degree of loneliness. The Alcohol Use Disorders Identification Test (AUDIT) screens for alcohol misuse, with a cut-off score of 8 indicating hazardous levels.²⁴ The 12-item General Health Questionnaire (GHQ-12) assesses CMDs,²⁵ with a cut-off score of 4 or higher indicating meeting case criteria. The 20-item PTSD Checklist for DSM-5 (PCL-5) screens for symptomatology of PTSD,²⁶ with a cut-off score of 34 being indicative of PTSD.²⁷

Procedure

Data were collected between August and October 2020. Study invitations were emailed to the sample in four waves over a period of six weeks. Data were collected as part of a wider study exploring the unique needs of female Veterans.²⁸ Throughout this article, the authors refer to female gender and not sex because, during data collection, participants were only asked to self-define their gender. Ethical approval was granted by the Combat Stress ethics committee.

Analysis

The initial stage of analysis was to explore the socio-demographic and military characteristics of the sample. After this, the proportion of participants who endorsed each challenge was calculated. The next stage of the analysis was to fit regression models to explore the associations between the socio-demographic and military characteristics and endorsing increasing numbers of challenges faced either during military service or after leaving service. The final stage of analysis was to fit logistic regression models to calculate associations between meeting case criteria on a number of health and well-being outcomes and endorsing military or Veteran challenges. All analyses were conducted using STATA version 13.0 (StataCorp, College Station, TX).

RESULTS

The study participants are described in Table 3. The majority of participants were working or retired (90.62%;

Table 3. Description of sample (N = 750)

Variable	n (%)*
Employment status (n = 693)	
Working or retired	628 (90.62)
Not working	65 (9.38)
Relationship status (n = 684)	
In a relationship	434 (63.45)
Not in a relationship	250 (36.55)
Sexuality (n = 549)	
Heterosexual	415 (75.59)
LGBTQIA2S+	134 (24.41)
Reasons for leaving the military (n = 661)	
Voluntary	487 (73.68)
Non-voluntary	174 (26.32)
Had first child (n = 406)	
After service	347 (85.47)
During service	59 (14.53)
Early service leaver (n = 663)	
No	503 (75.87)
Yes	160 (24.13)
Last rank (n = 677)	
Officer	129 (19.05)
Other rank	548 (80.95)

Note: Frequencies do not total 750 because of missing values.

*Unless otherwise indicated.

LGBTQIA2S+ = lesbian, gay, bisexual, transgender, queer or questioning, intersex, asexual, two-spirit+

9.38% not working), older than age 50 years (93.8% vs. 6.2% age 20-50 y), in a relationship (63.45% vs. 36.55% not in a relationship), heterosexual (75.59% vs. 24.41% lesbian, gay, bisexual, transgender, or other), voluntarily left the military (73.68% vs. 26.32% left non-voluntarily), had a first child after service (85.47% vs. 14.53% had a first child during service), did not leave service early (75.87% vs. 24.13% left service early), and had a rank other than officer (80.95% vs. 19.05% officers).

The proportion of the sample who experienced challenges during service is shown in Table 1. The most frequently experienced challenges during service were feeling they were treated differently because of child care responsibilities (44.1%), feeling that they were made to leave the military because they had children (38.9%; restricted to participants who also reported having a child), feeling sexist assumptions were made about them (42.7%), feeling they had to be better than male colleagues to get the same recognition (40.1%), and feeling that female qualities were less valued than male qualities (36.1%). These results suggest that the most frequently endorsed gender-specific challenges during military service were associated with career impacts, such as feeling disadvantaged when it came to promotions and opportunities to further a career.

Table 2 outlines the proportion of the sample who endorsed challenges after leaving the military. The most frequently endorsed challenges after leaving the military were feeling less comfortable attending military Veteran

events (49.1%), finding it more difficult to establish a social life outside the military (29.2%), feeling that the transition to civilian life was harder (22.1%), finding it harder to access Veteran organizations for welfare support (20.1%), and finding it harder to access National Health Service or charities for physical health needs (17.9%).

The associations between socio-demographic characteristics and reporting more challenges during and after service are reported in Table 4. The findings suggest that leaving the military against one's will, having a first child during military service, and not currently working were associated with reporting more challenges during military service. Conversely, being an early service leaver appeared to reduce the number of challenges reported. After adjustment, only leaving the military against one's will, having a first child during military service, and not currently working remained significantly associated with reporting more gender-specific challenges during military service.

With respect to Veterans, the findings suggest that not currently working, having a lower rank, leaving service early, and leaving the military against one's will were associated with reporting more challenges. After adjustment, non-voluntary discharge from military, having a lower rank, not currently working, and living in a rural area were significantly associated with reporting more Veteran-specific challenges.

Table 4. Associations between socio-demographic characteristics and reporting more challenges during and after military service

Socio-demographic characteristics	β (95% CI)			
	Military challenges		Veteran challenges	
	Unadjusted	Adjusted*	Unadjusted	Adjusted*
Non-voluntary discharge from military	0.78 (0.11 to 1.45) [†]	1.09 (0.06 to 2.12) [†]	0.57 (0.23 to 0.91) [†]	0.55 (0.01 to 1.10) [†]
Had first child during military service	2.89 (1.80 to 3.97) [†]	2.34 (1.00 to 3.69) [†]	0.40 (-1.72 to 0.98)	0.12 (-0.59 to 0.83)
Early service leaver	-0.91 (-1.61 to -0.21) [†]	-0.77 (-1.74 to 0.19)	0.38 (0.04 to 0.73) [†]	0.21 (-0.30 to 0.73)
Lower rank	-0.43 (-1.19 to 0.32)	-0.53 (-1.72 to 0.65)	0.77 (0.39 to 1.14) [†]	0.69 (0.06 to 1.32) [†]
Not currently working	2.52 (1.54 to 3.51) [†]	2.53 (1.02 to 4.05) [†]	1.64 (1.15 to 2.13) [†]	1.38 (0.58 to 2.18) [†]
Living in a rural area	0.36 (-0.34 to 1.05)	0.88 (-0.14 to 1.91)	0.30 (-0.05 to 0.66)	0.67 (0.13 to 1.21) [†]
Not currently in relationship	-0.85 (-1.46 to -0.24) [†]	-0.33 (-1.28 to 0.61)	-0.02 (-0.33 to 0.29)	-0.08 (-0.58 to 0.42)
Non-heterosexual orientation	0.53 (-0.24 to 1.31)	0.40 (-1.29 to 2.08)	-0.14 (-0.53 to 0.25)	0.34 (-0.55 to 1.24)

* β coefficients adjusted for all variables in table.

[†] $p < 0.000$.

CI = confidence interval.

Table 5. Associations between health outcomes and reporting more challenges during and after military service

Health outcome (measure)	OR (95% CI)			
	Military challenges		Veteran challenges	
	Unadjusted	Adjusted*	Unadjusted	Adjusted*
PTSD (PCL-5)	4.33 (1.70-11.0) [†]	3.42 (1.32-8.89) [†]	2.87 (0.98-8.11)	2.26 (0.79-6.51)
CMD (GHQ-12)	1.93 (1.19-3.11) [†]	2.45 (1.52-3.95) [†]	1.41 (0.82-2.43)	1.44 (0.83-2.48)
Alcohol misuse (AUDIT)	1.22 (0.62-2.41)	1.41 (0.72-2.76)	0.94 (0.44-2.03)	1.07 (0.50-2.28)
Physical health (PHQ-15)	3.87 (1.35-11.1) [†]	3.81 (1.33-10.9) [†]	1.20 (0.48-2.95)	1.04 (0.42-2.61)
Loneliness (UCLA-3)	2.37 (1.56-3.61) [†]	2.77 (1.82-4.21) [†]	1.99 (1.21-3.26) [†]	1.99 (1.21-3.28) [†]

Note: Prevalence of outcomes: PTSD 10.8%, CMD 28.6%, alcohol misuse 12.8%, physical symptoms 10.3%, loneliness 39.3%.

*Adjusted reason for discharge, employment status and rank.

[†] $p < 0.000$.

OR = odds ratio; CI = confidence interval; PTSD = posttraumatic stress disorder; PCL-5 = PTSD Checklist for DSM-5; CMD = common mental health disorders; GHQ-12 = 12-item General Health Questionnaire; AUDIT = Alcohol Use Disorders Identification Test; PHQ-15 = 15-item Patient Health Questionnaire; UCLA-3 = revised UCLA Loneliness Scale.

The associations between health outcomes and reporting more challenges during and after military service are reported in Table 5. These findings suggest that experiencing current PTSD, CMDs, physical health problems, and loneliness were associated with experiencing more military challenges. Similar results were found when adjusted. These findings, both unadjusted and adjusted, suggest that loneliness is significantly associated with Veteran challenges.

DISCUSSION

This study explored the challenges experienced by female Veterans during and after service. Specific service and Veteran challenges were identified. The results showed that female Veterans who met criteria for experiencing current mental health difficulties were significantly more likely to report experiencing challenges while serving in the military. Women were also more likely to report experiencing challenges in the military if they had their first child during service, were currently not working, or reported a non-voluntary discharge from the military. Veteran challenges were significantly associated with experiencing current loneliness, non-voluntary discharge, and current unemployment, but they did not appear to be associated with current mental health.

These findings demonstrate an association between mental health difficulties and having experienced gender-related military challenges outside combat-related trauma during military service. Previous studies have investigated the mental health consequences of experiencing gender-related stressors. One study found

that women are significantly more likely to engage in substance misuse when reporting gender-related stress in the military,¹⁵ whereas this study found no significant association between alcohol misuse and gender-based challenges. Another stressor found in this study was related to discrimination. Previous research has shown that experiencing discrimination is linked to a risk of adverse mental and physical health difficulties,²⁹ and women are more likely to experience gender-related discrimination.⁷ Experiencing gender-related stressors may have a significant impact on mental health, especially in a combat-related situation in which the need for close, interpersonal bonds and group cohesiveness is crucial to work-related effectiveness. However, there seems to be no difference between men and women in level of mental health difficulties when exposed to combat-related trauma.^{13, 30} This suggests that although there may be no difference in mental health presentations between men and women with trauma exposure, women may experience additional, unique gender-related stressors that also affect their mental health.

The UK Armed Forces is a male-dominated profession. Despite women having served in the British military since the First World War, women in the UK Armed Forces have systematically been discriminated against on the basis of gender.¹³ The fact that women experience gender-related discrimination in the workplace is nothing new. Experiences such as gender pay gaps, sexual harassment, and unequal opportunities are only a small fraction of what women experience in the civilian workplace. However, in male-dominated

professions such as the armed forces, these gender differences are often exacerbated. For example, literature from the U.S. military shows that female service members report higher frequencies of sexual harassment and assault,⁹ gender harassment,⁸ and lack of social support.⁷ Heilman et al. found that women working in male-dominated environments experience what may be described as a double-edged sword,³¹ meaning that women with successful careers may be perceived as unsociable and difficult to work with. This may also apply to women in the military, who may experience further career-related challenges even if they are successful in their roles. This study's findings suggest that women in the UK Armed Forces experience difficulties similar to those among the general population and are not given the same opportunities as their male peers.

One theme that stands out from the challenges described in the current study is career-related challenges for women, such as feeling discriminated against in promotion and in furthering their careers. This was also related to experiencing a lack of support with child care, with little flexibility in career pathways for women with additional child care responsibilities. Overall, women are more likely than men to be the primary caregiver,³² take on part-time roles,³³ and miss out on career progressing experiences because of their unpaid caregiving roles.³⁴ Female service members are also more likely to have military partners,³⁵ which therefore further affects their career progression opportunities in the military — for example, as reported in this study, having to leave the military prematurely as a result of child care responsibilities. Future research should empirically investigate the gender-related consequences of women's careers in the armed forces.

A second theme identified was the experience of sexism or sexual harassment in the military. During service, women are more likely than men to experience interpersonal stressors related to sexual harassment, assault, and gender-based harassment.³⁶ Although this study only sampled women, and thus could not compare the genders, the results indicate that women experienced levels of harassment and sexism in the military that are associated with worse physical and mental health outcomes.

A study by Lipari et al. also found that,⁸ at some point in their military careers, 54% of women experienced direct sexist behaviour, with insults and condescending attitudes based on their gender. Although the current study did not assess for specific types of trauma,

previous studies suggest that the majority of female service members with PTSD experienced sexual-related trauma, whereas male service members experienced ground close-combat-related trauma.⁹ These stressors identify a gender-related narrative, where women are at an increased risk of developing mental health difficulties because of a toxic military culture that involves sexual harassment and sexual assault. Future research should aim to empirically examine the experiences of gender-based harassment in the UK Armed Forces.

Research has shown that female serving personnel and female Veterans are more likely to seek support and treatment than their male counterparts.¹³ Despite increased treatment utilization, female Veterans report a more challenging transition to civilian life. In line with findings from this study, other studies have shown that women report feeling less welcome at Veteran-related events and Veteran mental health organizations.²¹ Some potential explanations for why women may not seek out help from Veteran mental health services include the following: women seek help more quickly, may seek out civilian mental health services, and may not require Veteran-specific mental health care. Another potential explanation is that women seeking mental health support may have experienced a higher rate of sexual-related trauma and, therefore, may not feel comfortable accessing Veteran-specific services that may cater to a higher proportion of male Veterans. Additionally, considering service and Veteran service utilization, a large proportion of respondents in the current study found it difficult to attend Veteran events, although what types of events these included was not specified. Similar findings have been reported in previous studies, suggesting that this is due to a lack of services designed for and delivered to women or with women in mind.²¹

Limitations

The main limitations of the current study included the cross-sectional design that did not allow an investigation into the causation of the findings. The participants were all women from the army, which did not allow for a comparison with men's experiences or those in other services in the UK Armed Forces. Despite this, the current study's sample size is the largest sample size, to date, of female Veterans in the United Kingdom. The majority of participants were generally older and consisted of female Veteran members of the WRAC Association and therefore may not be generalizable to the wider female Veteran community. This could potentially have

generated a sampling bias, in which the current participants may have been more inclined to engage with peer support than other female Veterans who have not engaged with organizations such as the WRAC Association.

Finally, the list of challenges was predetermined, and some challenges experienced by female Veterans may have been missed. It is also worth noting that participants did not have the opportunity to specify or add details; therefore, the list of challenges has a qualitative focus. Despite this, the list was developed by a panel of female Veterans, researchers, and patrons with expertise, knowledge, and experience of the general challenges faced by female Veterans.

Conclusion

The current study identified numerous challenges experienced by female Veterans, both during service and after. Findings suggest that experiencing mental health difficulties, such as PTSD and CMD, or experiences such as being prematurely discharged from the military, having a first child during service, or not currently working had a significant association with challenges experienced during military service. In addition, non-voluntary discharge from the military, not currently working, living in a rural area, or experiencing loneliness were all associated with experiencing challenges as Veterans. Future studies should focus on identifying the needs of serving female military personnel and Veterans and developing interventions to tackle gender-based challenges in the UK Armed Forces.

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COMPETING INTERESTS

The authors have nothing to disclose.

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