

Forward Assist & Salute Her UK
Privileged Access Interview Report

'EXIT WOUNDS'

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Members of the LGBTQ+ Community
share their lived experiences of life
before, during and after service in the UK
Military

2022

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Acknowledgements: We would like to thank all the individuals from the LGBTQ+ veteran community that took part in this research and bravely shared their stories. To truly validate a lived experience we must first consult and listen to those disenfranchised and marginalised by both society and in this case, the institution they so wanted to belong to when they joined the British Armed Forces. It is our responsibility as a registered charity to co-design 'needs led' and 'person centred' services that safeguard and place the welfare of those accessing our support as a priority above all else, whilst ensuring they are both fit for purpose and designed for demand.

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Section One: Background and Methodology

1.1 Who We Are

Forward Assist is a registered charity based in the North East of England. The charity offers practical support and guidance to former service personnel of all ages as they adapt and adjust to civilian life. Forward Assist promote the concept of 'service to others' and encourage involvement in healthy activities that help reduce social isolation and loneliness. The team provide proactive outreach to those in need and facilitate active engagement in 'community benefit' projects that help connect individuals to the wider community. The charity offers gender specific services which include both virtual and face to face contact with a qualified trauma informed therapist as well as information advice and guidance via online group sessions. We have a dedicated LGBTQ+ Veteran Care Co-Ordinator and Veterans Family worker. All our service users can access, life coaching, employment advice, vocational skills training and volunteering opportunities. Forward Assist has five full-time staff, two part-time and 30 active volunteers, all of whom bring a wealth of experience to the team.

Forward Assist has always promoted diversity and Inclusivity in its everyday practices and has welcomed military veterans from the Black & Minority Ethnic (BAME) and LGBT+ Community since its conception. Salute Her UK offers confidential 'gender specific' trauma informed care and support to women veterans from all three services, especially those suffering from the long-term impact of Military Sexual Assault (MSA) and Military Sexual Trauma (MST).

Forward Assist & Salute Her UK are co-located in the same building and work together to provide 'gender specific' services to both serving personnel and armed forces veterans. As mentioned earlier, we have always been interested in providing inclusive dedicated support services to military veterans and our wheel chair accessible minibus and Operational HQ is wheelchair friendly throughout. We have always supported LGBTQ+ veterans, past and present. Quality and Diversity runs like a golden thread though all our interventions. We value the unique experience every individual brings and in recognising not every individual faces the same barriers, we have adopted an intersectional approach to our work and interventions.

We believe that military veterans are the civilian communities greatest asset. Our life enhancing, totally inclusive, research, education, advocacy and support projects promote inclusion and facilitate the learning of new skills. We actively promote and

deliver activities that enhance mental and physical wellbeing. Our best in class 'trauma informed' interventions improve the quality of life of all those referred to our service and rekindle citizenship.

Background

It wasn't that long ago when serving members of the LGBT+ community could be dismissed from all branches of the UK Armed Forces on the basis of their sexuality. Prior to 2000, if members of the UK military were found to be lesbian, gay or bisexual they could face court martial, be expelled from the military losing medals, pension rights and/or face incarceration, and to add insult to injury, a criminal record. At the very least they would face prejudice, discrimination, homophobic abuse, humiliation and for some, physical violence and sexual assault.

Bizarrely there are no exact figures, but it is estimated that thousands were dismissed from the UK military on account of their sexuality. Figures are masked because many were medically discharged, as 'homosexuality' was at that time, classed as a mental health disorder until that definition was repealed by the World Health Organisation in 1990.

For those individuals discharged from the UK armed forces because of their sexuality, the trauma is both enduring and hurtful, for others their lives have been traumatically defined by the additional experience of being physically and sexually assaulted and in some cases raped, by colleagues in a twisted, barbaric and brutal attempt to change their sexual orientation. Those traumatised by such experiences struggle to come to terms with these events and experience shame, guilt and the destruction of their sense of self, which in turn destroys their loyalty and affiliation with an institution that has both abused and betrayed their trust.

Research in the USA and Canada suggests that the prevalence of trauma exposure and Post-traumatic Stress Disorder (PTSD) are elevated among lesbian, gay, bisexual, and transgender (LGBTQ+) veterans compared to heterosexual veterans. The high rates of a diagnosed mental health condition among LGBTQ+ veterans stem from several factors, including higher levels of trauma and adverse childhood experience (ACE) Data indicates that a staggering 1 in every 4 serving personnel experience some form of sexual assault during deployment.¹ That's almost 3x the rate of sexual assault incidents reported within the heterosexual gender population. Women who identify as being gay in particular are disproportionately affected by sexual assault, with over 57% reporting incidents of abuse. These escalated numbers among the LGBTQ+ community equate to a greater chance that veterans will develop PTSD and/or depression later in life.

Team Forward Assist and Salute Her UK are committed to offering person centred, needs led, clinical support services to traumatised Veterans with LGBTQ+ and related identities. All our interventions are delivered by a professionally qualified practitioners.

Sadly, research into the lived experience of those affected by Military Sexual Assault and associated trauma is currently non-existent in the UK.

This report presents the findings of our research study which was carried out between October 2020 and Jan 2022.

1.2 Aims and Objectives

The aim of this study is to empower members of the LGBTQ+ veteran community and give them a platform by which they can safely and anonymously share their experiences, whilst simultaneously generating a meaningful discussion around service improvement and safeguarding practices for future generations. Those involved were not only brave enough to speak up but were keen to influence the future development of services that could meet the multiple and complex needs of traumatised veterans after military service.

We hope to identify barriers to seeking help, look at correlations between Military Sexual Trauma and poor mental health outcomes, long after victims/ survivors leave the military. We intend to recommend practical solutions to facilitate systemic change and improve health and social care support to the LGBTQ+ community during and after military service.

We also intend to initiate an open debate on the rights and wrongs of the draconian purge policy and review current practice in response to current and historical service complaints and investigations for this disenfranchised group of veterans.

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

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

It's fair to say that the literature on sexual assault during military service amongst LGBTQ+ individuals in the UK is non-existent. Although some information about the impact of sexual assault in civilian contexts may apply to the psychological treatment of those with lived experience of **Military Sexual Assault**, the unique aspects of

sexual assault in a military context and the bizarre expectation that the victim must continue to work and/or live in close proximity with the perpetrator has a unique influence on how trauma and the inevitable fundamental feelings of betrayal manifest themselves during and after military service.

1.3 Research Methodology

The methodology employed in this research was designed specifically to access so-called hidden populations or hard to reach groups.² Hidden populations is an expression applied to marginalised and excluded groups.

The privileged access interviews were carried out by a qualified and trained mental health therapist. This approach addresses the best practice guidelines in that approaches should include 'consultation with service users and/or experts through experience'. It is also important to note that this method enables service users to have a voice and is thereby consistent with the wider governmental approach to personalisation outlined in the publication *Putting People First*. This report emphasised the vital role of individuals in determining, needs led, person centred support and the need to give people greater choice, control and power over the services they receive.³

As the aim of this research was to represent the views of a hidden population and by doing so improve awareness of LGBTQ+ veterans whom had been impacted by MST, the source of our information was LGBTQ+ veterans. They are, in many ways, a marginalised and disenfranchised subset of civilian society and indeed the veteran community. As mentioned earlier, there is little if any academic research in the UK looking into their health and social welfare needs of LGBTQ+ veterans after service.

The American social scientist Howard Becker coined the expression 'the hierarchy of credibility' to describe the ways in which 'credibility and the right to be heard are differentially distributed through the ranks of the (social) system'.⁴

It is important that we listen to the views of any highly marginalised group whose voices are almost never heard. Their complaints and views are accorded credence, recorded objectively and treated non-judgmentally.

To say this may sound as though the research is partisan in design, however, as Becker suggests one can never avoid taking sides in research. The point is that the experiences, lifestyles and behaviours of any hidden group who sit at the very bottom of our society's social hierarchy and hierarchy of belief are represented in as accurate and undistorted way as possible.

The beneficiaries of this approach are not only the commissioners or service providers, but also, and more importantly, the end users who benefit both from their involvement in the research and any developments it may help shape alongside their partners, family and friends.

For this study, as is often the case for many similar studies, the sample size has been somewhat dictated by those that already access our caseload.

If carefully and sensitively managed, privileged access interviewing is a powerful research tool for studying hidden populations. It allows researchers to access groups whose existence is hidden from official view. We believe it offers a way of overcoming the fact that self-report data can be subject to interviewer bias effects.

1.4 The Process

Forward Assist partnered with Baseline Research and Development Ltd (recognised specialists in the study of hidden populations and hard to reach groups).

Following the collection of the data, statistics were generated by the Baseline team, and a thematic analysis conducted on qualitative data. Thematic analysis (TA) is a method of data analysis which identifies themes within literature.⁵ The analysis took an inductive method where literature drove the codes and themes rather than pre-defined concepts of researchers. Baseline Research coded the emerging themes by annotating the text to avoid bias and improve reliability.⁶ This enabled them to determine similarities between participant responses and support an accurate representation of the data collected.

1.5 Strengths and Weaknesses

Research using ethnographic interview methods often utilise long interviews drawing on the cultural context of the interview subject. Long interviews provide deep and incisive interrogation of the cultural context of sexual assault. The interviews describe the associated circumstances and factors surrounding the assault and the institutional responses to the assault. This is important for higher risk research areas where accessing the population is difficult and disclosure is a significant barrier to research participation. It is also an environment where robust safety and care processes must be in place. A smaller sample of in-depth interviews breaks new ground in a poorly understood research area and tills the environment for future wider research design options. A strength of this research design is that it is not institutional therefore presenting an element of safety for the interview participants to

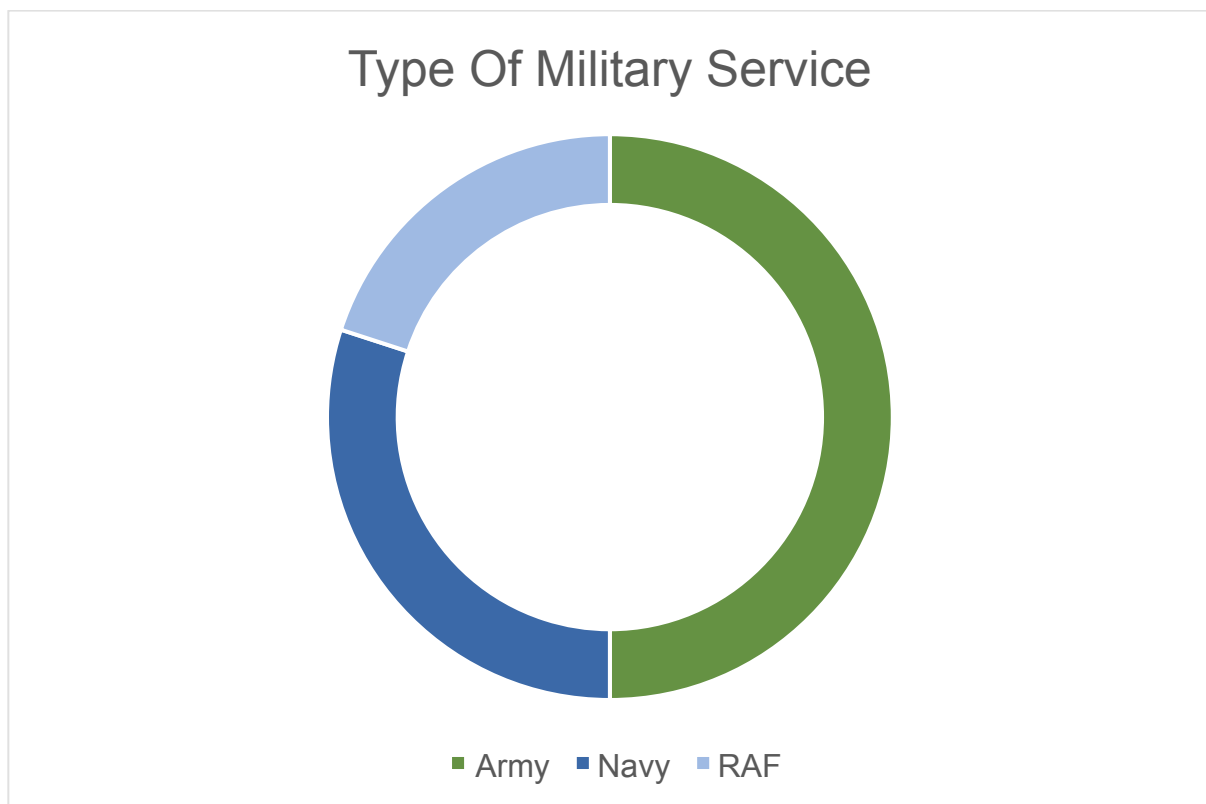
speak freely, especially given the finding that speaking out brings significant opprobrium in the military.

The limitation of this approach is that the findings are indicative but not representative or generalisable in this context. They don't seek to be, but addressing sexual assault requires associated extensive research designs to widen our understanding of the incident and its context. Another limitation is that the interviews only describe a proportion of sexual assault events and thus our understanding of where sexual assault occurs, when, and how is limited. This report presents the findings of our research study which involved in-person interviews with veterans willing to share their stories.

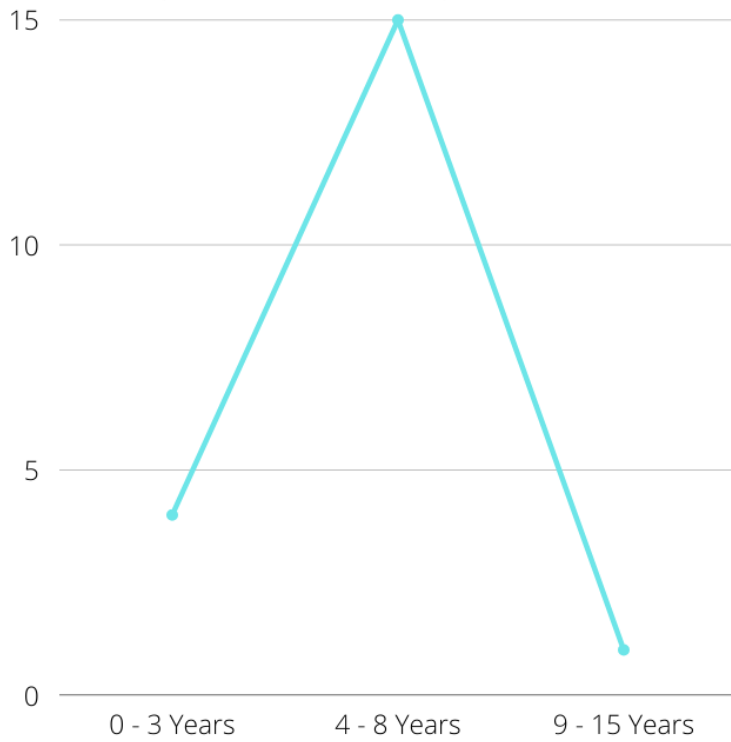
Section Two: Findings

2.1 Demographics

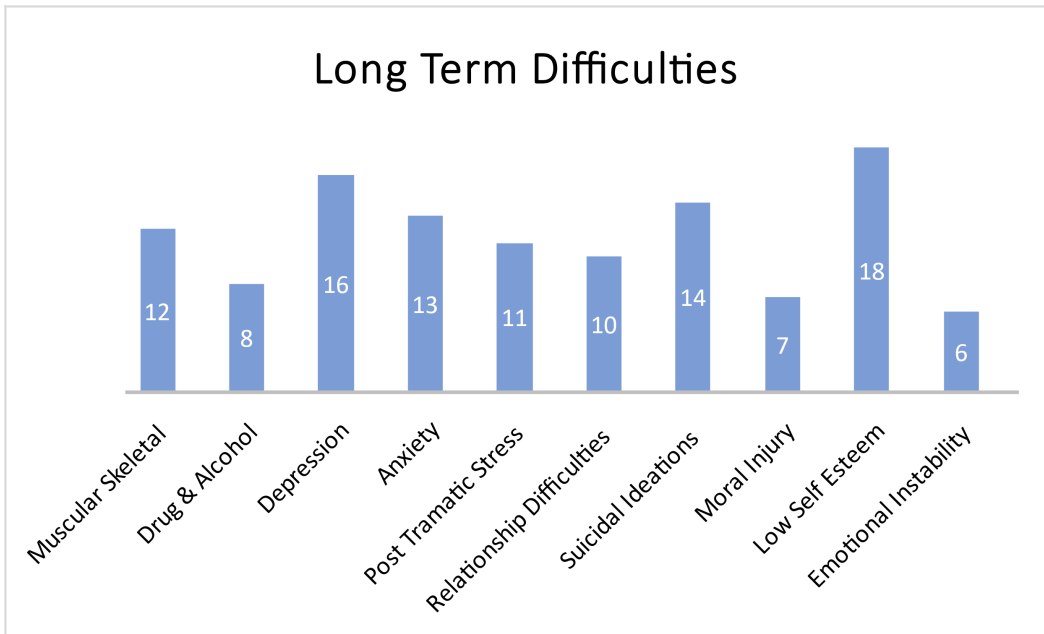
In total we interviewed 20 LGBT survivors of MSA aged between 43 and 67 years. The majority of those interviewed had served in the Army 50%, (n10) with 30% (n6) serving in the Royal Navy 20% (n4) Royal Air Force Average length of service across the sample was 8 years



Length of Military Service



Long Term Difficulties



Warning Trigger Alert

The report you are about to read contains references to sexual assault and associated trauma.

2.2 Before Military Service

As of 2021, the British Army comprises 82,230 regular full-time personnel and 30,030 reserve personnel.⁷ Of those serving it is not known how many are LGBTQ+. Across the board very little research has been carried out on the childhood experiences of those that serve or indeed why individuals decide to serve in the military. The individuals interviewed for this study 50% reported Adverse Childhood Experiences (ACE's):

“Born in London as a twin. Parents were wealthy and we had quite a good childhood for a number of years. Dad died and things started going wrong. Sexually assaulted from the age of seven for a number of years”.

“I can’t remember much of my childhood. It is all a bit of a blur. I was brought up by my grandparents in a mining village. They were very strict and I felt suffocated a lot of the time, my mum had a drug problem and couldn’t look after me”.

“I was brought up in foster care in Devon. It was horrendous, my Mum gave me up and social services couldn’t find me a long term placement. I lived in fifteen different homes by the age of seventeen”.

“I was brought up in Aberdeen, by my Grandad. I had to move there after my parents couldn’t cope with looking after me. I was blamed for my Mum’s post-natal depression”.

“I was born in South Africa my parents had a ‘Bed & Breakfast’. I worked in the B&B from a very young age I would clean rooms and at the age of ten one of the guests trapped me in a room and sexually assaulted me, I did tell my Mum but she didn’t believe me.”

“My parents didn’t work, we had to constantly go out and ask a neighbour for food. We all lived and slept in one room to keep warm. We were always dirty and called tramps etc. We would also go begging for scraps of food at our local shops”.

“My father died of lung cancer. My Mam immediately found another man as she couldn’t cope financially. He would hit her all the time. Me and my brother stayed at home to defend her as we always thought he would kill her”.

2.3 Experience Whilst Serving

Though many of those interviewed knew they were gay prior to serving in the military, others only realised this after joining the forces:

“I knew I was gay before I joined up. There were lots of people who got set up. If there was even a whiff of someone being gay, SIB would plant officers in the unit. That person would try it on with you and if you responded you would get arrested and kicked out”.

“I got caught in bed with another women. I had been seeing her for about a year. I was being watched for a long time after rumours started about me”.

“I didn’t know I was gay until a night out when a female recruit kissed me. It really made me feel lust for the first time and I knew I was different from everyone else”.

“I knew I was gay from being about 15. When I joined the Navy I became good friends with my roommate. She was gay and told me not to tell anyone or to give the impression that I was gay, as other women and men had been kicked out. All the women on ship were there to entertain the men, we were like pieces of meat”.

Of those interviewed, all reported being sexually assaulted whilst serving. Though graphic in nature, below are details of the trauma they experienced:

“We all went on a night out. Everyone was drunk, one of the guys said he would walk me back to the bunk. He told me he knew I was a lesbian and that he would ‘fuck me until I was straight’ He raped me and walked away like nothing happened”.

“The first time I was assaulted was when I went for my medical. The Dr groped me and said, ‘...it is just what happens at medicals’. In PT I was lifted up by a group of five men and they groped me and wouldn’t let me go, I was terrified. They said they would make me straight”.

“I was arrested and while I was arrested I was raped. I think it was to punish me for being gay. I didn’t stand a chance”.

“I wasn’t found out for being gay. But I was sexually assaulted by another two women. They held me down in our dorm, everyone was out and we had stayed behind. They told me that I enjoyed it and that if I told anyone they would make sure I was kicked out and that my career would be ruined”.

“We docked and went out drinking at a port. One of the guys had been trying to grope me all night. I was getting quite frustrated and upset. No one helped me. In the end I decided to go back to our ship. On the way back the guy who had been groping me dragged me into a back lane. I couldn’t fight him off I just froze. He sexually assaulted me and kept saying to me I was a frigid lesbian”.

“It was a complete culture shock being in the military. I really thought I knew what it was like. I felt on edge all the time and was made to feel like I shouldn’t be there. One particular officer would keep trying to get me on my own. I was in a stores cupboard and he came in blocking my way out. He wouldn’t let me leave until I showed him my breasts”.

“I was bullied and harassed throughout my career for being very masculine. People would take the mick out of me and get me to show them that I didn’t have a penis. No one wanted to be alone with me”.

“I was happy to be in an all women unit, what I didn’t think was that, I would be jumped on by a group and told that I had to perform oral sex on them ...and that was my initiation”.

“On this particular night the Doctor working was one I hadn’t met before. He tried to kiss me and said he would make me straight. I said no but he wouldn’t listen. He ripped my uniform and I remember feeling outrage. There was a paperweight on the desk, I grabbed it and smashed it off his head”.

“I was raped by a medic. He overpowered me and I screamed but no one heard me. He keep saying to me I know you like it. It was painful and I remember looking at the moon and losing myself. it was like having an out of body experience. He told me if I said anything, he would ruin my career and tell everyone I was a lesbian and I believed him”.

“I felt lonely and vulnerable. I was homesick and really struggled to make friends. One of the older women befriended me and took me under her wing. At first I thought she was being kind but then she started wanting sexual favours in return for being my friend. I knew it was wrong but I didn’t know

how to stop it. She told me she would have me finished for being gay if I told anyone”.

“I would get tripped over, bumped into and it steadily escalated. One morning I was dragged naked into the bathroom, held down, raped and nearly drowned. I fought back and ended up with a fractured wrist and severe bruising”.

Despite the entire sample experiencing the traumas referenced above only 15% (n3) of individuals reported this at the time. Of the remaining 85% the majority either didn't trust the process or were fearful of recriminations.

“I couldn't report the assault, I was too scared that if I did, it would come out that I was gay”.

I did report the assault, however the person I reported it to told the chain of command that I was a lesbian. I was interrogated for seven hours by the Special Investigation Branch.(SIB) My court-martial led to a dishonourable discharged. I had my medals taken away and my uniform was ripped off me leaving me in my underwear.

“I couldn't report the assault ...the people who I could report it to all worked for SIB and some of them were gay too, there was nowhere safe”.

“I didn't report anything - you couldn't, in the military's eyes I was committing a criminal offence”.

“I was too scared to report it and believed everything they (the perpetrator) said”.

“I have never reported it. The only person who knows is my wife. I never had confidence in the system at all. I had seen friends kicked out for coming out as gay so I knew the consequences”.

‘I did report it at the medical centre, as I couldn't cope any longer with the constant taunts. I felt like I didn't belong. They didn't believe me so there was no point.’

“We didn't report it as we knew we would be humiliated and everyone would find out we were both gay”

“It was my word against his. I was charged with assault. No one believed me over a Doctor. He said I assaulted him for no reason”.

“I was betrayed by the people who I was meant to trust. I couldn’t go to them for help”.

“I reported the bullying and the person was moved from the unit. Compared to some of my friends I had a good experience and felt supported through the whole investigation”.

“ I was told I would be stripped to see if I had love bites on my body.”

“ The SIB searched and ransacked room looking for any evidence that would implicate me, they even took down a poster of Tina Turner as they said it was evidence I was a lesbian.”

2.4 Impact of MST.

We know that Military Sexual Trauma is associated with poor mental health, interpersonal, and physical relationship difficulties and appears to be more influential in the development of post-traumatic stress disorder (PTSD). What is particularly traumatic for the LGBTQ+ veterans is that not only were they abused (often deliberately targeted because of their sexuality) but blackmailed not to report it and if they did, they were dishonorably discharged. A ‘Faustian Catch 22’ as one veteran described it.)

The assaults, shame, subsequent dismissals negatively impacted on not only the mental health of the service members, but also their relationships with significant others, especially after they re-entered civilian life. As we heard in the last section the unique ways in which LGBTQ+ individuals may experience MST, in both the short term and long term, can negatively affect their quality of life for years to come.

Consequences:

“I wasn’t caught for being gay, but many were. I felt so much guilt that I had survived not being caught. The scars still haunt me and never go away”.

“I got a fellow soldier to break my wrist so that I could go to hospital and get away from the investigation. I couldn’t cope. In the end I was discharged and found guilty”.

“I got dishonourable discharged and marched off the camp. I was so ashamed having to walk past everyone. I will never forget how that made me feel”.

“It is complicated. I had to hide who I was for such a long time. I still conceal who I am. The consequence of my sexuality is that I don’t know who I am anymore. Loss of career and the humiliation will never go away. How can you tell friends and family you were dishonourably discharged”.

“I have been damaged for the rest of my life. There is emotional damage and physical internal damage. I can’t be fixed. I can’t explain how degrading it was”.

“I believe I was raped because he thought I was a lesbian. It was like he wanted to show me what I was missing. Nobody believed me”.

“I was discharged and they rang my foster parents and told them. My world crumbled”.

“I was posted to a different unit. I was made to feel like I was in the wrong. I was classed as a trouble maker”.

“I was disgraced - I went to the medical centre to report what was happening. One of the officers who was the main bully said I was retaliating and that I was coming on to her. They sent me home and phoned my Grandad and told him. When I got home he had packed my bags. I had no one and nothing”.

“Somebody said they saw us kissing. We were immediately split up and were not allowed to see each other for a week. In the end we were both kicked out”.

“SIB were called to camp to search peoples rooms over allegations relating to lesbianism. They found letters from my girlfriend back home. Ten of us were kicked out the same day. We were all told to get our shit together and get out”.

“I was always scared that I would get caught. I had seen so many investigated for being gay and I really believed that I would be next”.

“After a six months investigation I was discharged from the Navy. I did nothing wrong apart from fall in love with a colleague”.

“In the end I was medically discharged, I was no longer capable of doing my job”.

Impact on Mental Health:

“From the moment of being raped I developed an obsessive compulsive disorder (OCD). Everything has to be cleaned until my hands bleed. I also feel numb”.

“I have tried to end my life on numerous occasions . I have an eating disorder which is always out of control. I have also had two heart attacks. I fast for weeks at a time”.

“I lost everything, how do you come back from that? The constant embarrassment and shame. I let my family down and myself”.

“I hide everything from everyone. I keep myself to myself as I don’t want to get hurt. I am really lonely because of this”.

“I try to keep myself busy so that I don’t think about it. But it doesn't help in the long run, I am just avoiding reality”.

“I drink and smoke cannabis to help me cope with how I feel. I can go on full day benders”.

“I live in supported accommodation. I feel suicidal every day and want to die. I have tried to hang myself quite a few times”.

“I have OCD everything is cleaned and sanitised. I brush my teeth at least 10 times a day”.

“I fast and make myself sick I have bulimia which is under control at the minute but it won’t be for long. When I am triggered it kicks it off again”.

“Alcohol really got a hold of me – I’d go to work, do my job and then come home and drink on my own. It was my partner at the time who said I needed to get help. There were a couple of occasions when I lost it with her”.

“I am starting to try and trust people but it has taken me over five years. I avoided all social situations”.

“I have scars all over my thighs and some on my wrist through self-harming. I am embarrassed and cover up as much as possible”.

“I push myself physically, I do triathlons and run every day. In one way it keeps me fit - really I am punishing myself. I run until it hurts”.

“I was bullied throughout my entire career. I don’t trust anyone anymore. I get passed from pillar to post. I have had over fifty professionals involved, trying to help me, but I get the feeling that no one can help me. I am too broken”.

“I have good and bad days. I often wonder what my life would have been like if I hadn’t been caught. I drink quite a lot to help me block out what happened”.

“Feel disgusted with myself but after being in civvy street for a year I decided to tell everyone the truth about my sexuality and what happened to me. I have regular counselling sessions and that helps me cope with my dark thoughts”.

“I do have flashbacks and I'm triggered by a particular aftershave”.

“I have the diagnosis of personality disorder. I am on medication but nothing is helping. I find it difficult to open up to therapist”.

“I have PTSD, anxiety and depression. I rarely leave the house. I struggle to look after myself and have no energy for anything”.

“I don’t have any self-worth. I don’t know what I have to contribute to life. I have had hypnotherapy, Eye Movement Desensitization and Reprocessing (EMDR) and Cognitive Behavioral Therapy (CBT) but nothing works! I can still taste them in my mouth. I have even poured bleach in my mouth”.

“I have been admitted several times to, ‘eating disorder’ mental health units. I have been forced to have tube feeding . Being there just keeps me alive nothing more”.

“I have Post Traumatic Stress Disorder (PTSD) and suffer from hypervigilance so much that I hate going out on my own. I have panic attacks on a regular basis they come from nowhere and consume me. I freeze and can’t do anything, this has happened in dangerous places like when crossing the road”.

“My Dr says I am bi-polar. I take mood stabilisers but they make me feel numb. I am not happy or depressed. I am nothing”.

“I have never accessed any help for my mental health. Everything is buried deep. I don’t want it to come out. I am never myself. I don’t know who I am any more. I lose days to disassociation”.

“I live in supported accommodation. I feel suicidal every day and want to die. I have tried to hang myself quite a few times I lost everything, how do you come

back from that ? The constant embarrassment and shame... I let my family down and myself".

5. What Would Help?

We asked all those interviewed to tell us what they would like to happen in order to move forward with their lives.

“Psychological support to help cope with loss and grief and the lack of justice”.

“Somewhere for LGBTQ+ soldiers to go to away from the military where you are not judged and taught how to cope or accept what happened to you”.

“I need a safe place where I don’t feel judged. When I have been to different places for help, they don’t understand what it is like to lose everything”.

“Not sure what happens now, but everyone should get training on sexuality and diversity”.

“Doctors need to be trained to understand trauma”.

“There should be a way to get compensation for loss of career from a historical point of view”.

“Change has to come from the top down, there needs to be greater consequences and better care of victims”.

“A safe place to go that doesn’t judge and helps you to accept what has happened”.

“We need justice. What was done to us was horrendous and lots of people got away with these crimes”.

“The person who sexually assaulted me was promoted.”

“I would like someone to say I believe you and I am sorry we allowed this to happen to you... I don’t think that is too much to ask.”

“I went through an investigation when I reported the perpetrator for a sexual assault and rape, to be honest it was just as traumatising as the rape. I was made to feel as if I was to blame for everything. The MOD need to understand that!”

Section Three: Conclusion

Whilst the 'lived experience' narrative within this report is historical in context, there are clear themes emerging for those traumatised by sexual assault whilst serving in Her Majesty's Armed Forces. Almost all are left psychologically scarred long after they have left the military and struggle to adjust and assimilate successfully back into civilian life.

Job insecurity, having to live in areas of multiple deprivation, the loss of possibilities, the lack of belonging, hopelessness, and social disconnection lead to negative emotions including loneliness, unhappiness, worry, self-medication with drugs and alcohol, depression, anxiety and for some, suicidal ideation.

There is a well-documented correlation between income and health and most veterans experience a psychological and financial disparity between who they once were and who they are now.

For the LGBTQ+ veterans that were expelled from the military, just trying to come to terms with that trauma and be their authentic selves has been fraught with difficulty, especially those dishonorably discharged. It is as if their sense of self identity was fractured when their careers ended.

It could be argued that for some veterans there is a clear and well-trodden 'pathway to despair' when transitioning back to 'Civvy Street'. Individuals frequently get jobs with low pay and little prospects. For those veterans without a university degree, many face a bleak social and economic future and struggle to reinvent themselves and/or acquire a positive professional identity. When coupled with the loss of social support networks, the lack of opportunity, growing inequalities, a breakdown in personal relationships and a the lack of camaraderie and/or communal spirit, loneliness and social isolation prevail. For those dishonorably discharged, because of their sexuality, the lack of specialist, community based, coordinated support for LGBTQ+ MST victims/survivors can further compound feelings of isolation and emotional insecurity.

For many the belief that their service, sacrifice and contribution did not matter can be devastating. Many felt they had no value and their rejection from the Armed Forces was presented as their fault due to their sexuality and they were also made to believe that the responsibility for their rape or sexual assault was their fault as the responsibility for the rape was not located with the perpetrator. Not surprisingly, this has caused significant emotional distress and long term psychological harm. For years many LGBTQ+ veterans felt that both the Ministry of Defence and Government were completely indifferent to their needs. It is only since the establishment of the charity Fighting with Pride in 2021, that awareness of the level of inequality, financial disadvantage and discrimination faced by LGBTQ+ veterans has become public

knowledge and the situation is much improved.⁸ However, for LGBTQ+ veterans who were also the victim of bullying, harassment, sexual assault and rape there is still a long way to go to compensate survivors and their families.

“Some researchers have labelled deaths from alcohol, drugs and suicide collectively as “deaths of despair”, stemming from the protracted and cumulative effects of deteriorating employment market opportunities, weakening of traditional social structures and, fundamentally, the loss of things that give life a meaning.”⁹

In an attempt to move the agenda forward, Salute Her UK and Forward Assist are impressed with the outstanding consultation and research being carried out in the USA, Canada and Australia to develop dedicated and distinct services to the military and veteran LGBTQ+ community.

As such, we have now created a role within the Veterans ‘Family First’ Team for a LGBTQ+ Veteran Care Coordinator whose role is to:

- Create a welcoming environment (e.g., visible signs that LGBTQ+ people are expected and safe here).
- Promote staff sensitivity and training.
- Use respectful, inclusive language (e.g., preferred name, pronouns, mirror the patient’s language).
- Become knowledgeable about LGBTQ+ health disparities.
- Assess for exposure to violence, including intimate partner violence. • Provide individually tailored, person-centered care.
- Acknowledge that LGBTQ+ Veterans may have unique mental health and care needs.
- LGBTQ+ people deserve respectful, culturally appropriate health care
- Resource materials and signage inform and engage LGBTQ+ patients.^{9a}

3.1 Observations and Recommendations

We offer the following observations and recommendations for service providers and commissioners of Military Service charities:

1. The UK Office for Veterans Affairs should bring together veterans who are experts through experience, researchers, and appropriate organisational leaders to discuss key issues facing members of the LGBTQ+ community.

2. The UK Office for Veterans Affairs should commission research into the plethora of fragmented services that increase the feelings of chaos, uncertainty and impersonality that can further isolate LGBTQ+ individuals and their families.
3. The Office of Veterans Affairs should tackle the issues of under-qualified or inexperienced workers who lack the skills and insight to have a positive effect or to adequately support LGBTQ+ veterans with lived experience of military sexual trauma and suicidal ideation.
4. Invite 'experts by experience' to share experiential knowledge during military diversity training programmes and recognise that meaningful contributions come from a broader range of perspectives and individuals with lived experience.
5. The sexual abuse of LGBTQ+ service personnel in Her Majesty's Armed Forces is both a hidden and underreported offence. Significant, large scale academic research is needed to further examine, the long term impact on LGBTQ+ victims/survivors traumatised by Military Sexual Assault and Military Sexual Trauma and associated moral injury.
6. The term Military Sexual Trauma (MST) should be adopted and recognised by the Ministry of Defence as a experiential symptom of Military Sexual Assault.
7. The UK Government should initiate an independent and robust reporting system for LGBTQ+ victims/survivors who wish to report and be compensated for historical abuse.
8. Every NHS England Regional Team should have a dedicated LGBTQ+ Military Sexual Trauma Veteran Care coordinator who serves as a single point of contact for all LGBTQ+ Health and Military Sexual Trauma related issues.
9. We recommend that every NHS Secondary Care, Mental Health Team, commission dedicated providers who are professionally qualified and knowledgeable about treatments for the unique long term after effects of Military Sexual Assault and Military Sexual Trauma on LGBTQ+ service personnel. Dedicated and specially trained independent civilian LGBTQ+ sexual trauma counsellors should be available on request.

10. Many LGBTQ+ survivors of Military Sexual Assault are reluctant to ask military charities and veteran specific health initiatives for support in case they encounter perpetrators during the triage assessment or when referred onto other service charities. Alternative support services need to be funded to protect victims/survivors.
11. All military victims of rape and sexual assault should be automatically referred to a civilian hospital for medical treatment and/or the nearest Sexual Assault Referral Centre for forensic evidence gathering and independent advice.
12. The Office for Veterans Affairs should organise an International Conference to share best practice between our Five Eyes partners on LGBTQ+ Trauma and therapeutic practices.
13. The UK Department for Veterans Affairs should follow the lead of the US Department for Veterans Affairs and publish LGBTQ+ specific veteran health care information leaflets and materials.
14. The Ministry of Defence should consider the negative impact of secondary victimisation in rape and military sexual assault investigations. The military justice system has been criticised in this report for re-traumatising LGBTQ+ by causing secondary trauma to the victims of sexual violence.

3.2 Thematic Analysis

Theme	Sub-theme	Description
Personal History	Travel & Sport	Many of the participants joined the armed forces to travel the world or because they enjoyed multiple sports and wanted to advance their career prospects as Physical Training Instructors.
	Poor Job Prospects	Living in areas of multiple deprivation. Many are on low income or benefits.
	Escape Abuse	Joined the armed forces to escape abusive family members or domestic violence.
	Military Family	Being a member of a family where one or both parents served in the armed forces. Strong feelings that they were expected to join as well.
	Belonging	Joined the Armed Forces to feel a sense of belonging to something.
Military Service Experience	Drinking Culture	There is a high prevalence of hazardous drinking including binge and excessive drinking of alcohol.
	Shame and Guilt	Many felt that they didn't matter as the military judged them on their sexuality and not on their professional ability or skills. As a result they were made to feel ashamed about their sexuality.
	Military Judicial System	Arrested after being convicted of "homosexual conduct" while serving in the Armed Forces.
	Conversion	The practice of attempting to change an individual's sexual orientation from LGBTQ+ to heterosexual.
	Living a	Feeling like there were no other options, but to lead a "double life." Identity concealment became a form of

	double life	self-protection.

Theme	Sub Theme	Description
Trauma	Dishonourable Discharge	An occasion when someone is made to leave the Armed Forces because they have broken the law or rules.
	Bullying	Being ridiculed, belittled and humiliated as a consequence of sexuality.
	Sexual Assault	Intentional penetration of an anus or mouth with a penis without consent.
	Drug Misuse	Date rape drugs are substances that render the victim unable to give consent.
	Physical Assault	Physical assault perpetrated by a group or individual.
Barriers to seeking help	Hate-motivated violence	A hate crime (also known as a bias-motivated crime or bias crime) is a prejudice-motivated crime which occurs when a perpetrator targets a victim because of their membership (or perceived membership) of a certain social group.
	Stigma	Sexual stigma is a form of social stigma against serving personnel who are perceived to be non-heterosexual because of their beliefs, identities or behaviours.
	Punishment	Could not report the sexual assault out of the fear that the victims sexuality would be exposed.
	Fear	Frightened that there would not be viewed as a team player. Fear of not being believed if they reported the sexual assault.
	Victim Blaming	Victim blaming occurs when the victim of a crime or any wrongful act is held entirely or partially at fault for

		the harm that befell them.
	Criminal Record	Arrested, often receiving a criminal conviction for being Gay.

Theme	Sub Theme	Description
Examples of good practice	Law Change	The law was changed in 2000 after four servicemen and women won their case in the European Court of Human Rights. It is no longer against the law to identify as being gay whilst serving in the UK Armed Forces.
	Training	Sexuality/ gender awareness training is now provided to all recruits
	Policies & Procedures	Diversity and Inclusion Teams established in MoD
	Establishment of Office for Veterans Affairs	Aim: To make the UK the best place in the world to be a veteran.
Transition & Adjustment to Civilian Life	Discharge Reason	A military discharge is given when a member of the armed forces is released from their obligation to serve.
	Mental Illness	Mental illness refers to a wide range of mental health conditions – disorders that affect mood, thinking and behaviour. Examples of mental illness include depression, anxiety disorders, schizophrenia, eating disorders, addictive behaviours and PTSD
	Authentic Self	Authenticity is the daily practice of letting go of who we think we are supposed to be and embracing who we actually are. Being your true authentic self means that what you say in life aligns with what your actions. This means, being your true self through your thoughts, words, and actions
	Betrayed &	Feeling bitter and lost without a sense of purpose.

	Abandoned	
	New life	Free to explore life, opportunities and sexuality without fear.

Theme	Sub Theme	Description
Recommendations	Research	Bring together Veterans, researchers, experts and organisational leaders to discuss key issues facing members of the LGBTQ+ community.
	Training	Invite 'experts by experience' to share experiential knowledge bring to military training programmes and recognise that a meaningful contribution comes from a broader range of individuals.

3.3 Case Study

Esmerelda was an only child brought up on a military base with her family. Her father served in the Army and she describes being brought up in a very strict and oppressive environment where domestic violence was prevalent. Her Mother was her main carer and she moved around constantly due to her father's postings and struggled to make friends and often felt lonely and isolated. Her unhappy childhood included physical abuse, emotional abuse and bullying at school which resulted in her emotionally disconnecting from everyone and everything around her. Esmerelda left the education system aged sixteen years of age without any formal qualifications. She joined the Army at age seventeen years as she felt she had something to prove both to both herself and her father. She had always loved sport and was drawn to the idea of teamwork, camaraderie and the opportunity to travel the world.

From an early age Esmerelda identified as being a gay woman but quickly learned that in the military, being open about her sexuality was both career ending and a criminal offence. Esmerelda lived a double life and went to great lengths to conceal her sexuality, including at times dating men, to give the impression she was heterosexual.. One evening her unit went on a celebratory night out. Esmeralda recalled every one drinking alcohol and becoming extremely intoxicated. Later in the evening a male member of Esmeralda's team raped her. At the time Esmerelda felt that she couldn't report the sexual assault as her perpetrator threatened to tell everyone she was a lesbian and that this would end her career. She felt powerless and alone. The sexual assault (rape) traumatised her and when she thought about the assault she began to relive many of her adverse childhood experiences (ACE's)

Esmerelda did not receive any counselling or support. She became more withdrawn and isolated and suffered anxiety and panic attacks which led to nightmares and insomnia. Unable to be her authentic self, she became increasingly lonely and felt life was not worth living. She left the armed forces after seven years exemplary service.

Her transition to civilian life was difficult and led to further bouts of depression and a deep sense of guilt knowing other members of the LGBTQ+ community had been kicked out and she had not, as a result she may have experienced moral injury. Esmerelda has always tried to address her problems herself and like many others she struggled to cope in the civilian community. She states that she was diagnosed with Post Traumatic Stress Disorder (PTSD) by her GP years after the sexual assault in the military occurred.

Life after military service has been extremely difficult for Esmeralda. Due to her past experience of sexual assault she has found it hard to trust people and has struggled to sustain employment since leaving the military. She is single and lives alone in her own home.

When she first accessed Forward Assist's, gender specific support service, Salute Her UK, she was extremely unhappy with her life. She was self-isolating and extremely lonely and suffering from agoraphobia. She reports that she has Obsessive Compulsive Disorder (OCD) and was regularly having panic attacks and

nightmares relating to her sexual assault in the military. Esmerelda has worked closely with our Mental Health Therapist and is now able to manage the symptoms associated with her unresolved trauma. Esmerelda is an active member of the Salute Her UK Military Sexual Trauma group. She has taken part in our women only self-compassion and mindfulness workshop and a six week virtual mindfulness of dream and sleep workshops. Esmerelda reports that she no longer feels alone and gains great comfort from talking to other female military sexual assault survivors. She is no longer unable to leave her home and has started to go out for short trips on her own. Similarly, she now has friends visiting her at her home, on a regular basis. Like many other women veterans that access our service, she is driven by a desire to ensure young women joining the military today do not experience rape and sexual assault whilst serving. Similarly, she wants to be of service to others, especially those veterans that may be struggling to cope with the long-term impact of military sexual trauma.

“ I felt so alone before I got the help I desperately needed. I created a safe place and never let anyone in to it. I engaged in repetitive cleaning rituals which took up so much of my time and energy. Although I still have obsessive thoughts I have learned how to still my mind and quieten intrusive thoughts about the rape. I have started to go on short trips to the shops and local park and it is building my the belief that I do deserve to be here and I am pleased to say that I am, at last, enjoying my life and planning for my future.”

3.4 References

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