

Understanding the impact of serving within the British Armed Forces for ethnic minority veterans and their families

Westminster Centre for
Research in Veterans



University of
Chester



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Abbreviations

AFC	Armed Forces Community
AFCFT	Armed Forces Covenant Fund Trust
COBSEO	Confederation of Service Charities
COVID-19	Coronavirus 19
CTP	Career Transition Partnership
DMS	Defence Medical Services
ERG	Expert Reference Group
FiMT	Forces in Mind Trust
GDPR	General Data Protection Regulations
GP	General Practitioner
JNCO	Junior Non-Commissioned Officer
LGBT+	Lesbian, Gay, Bisexual and Transgender +
MH	Mental Health
MOD	Ministry of Defense
MST	Military Sexual Trauma
NFCI	Non Freezing Cold Injury
NHS	National Health Service
NHSE	Nation Health Service England
NI	Northern Ireland
OT	Operational Tour
PHC	Primary Healthcare
PI	Principle Investigator
PIS	Participant Information Sheet
PRISMA	Preferred Reporting Items for Systematic Reviews and Meta Analyses
PTSD	Post Traumatic Stress Disorder
PVR	Pre-Voluntary Release
RAF	Royal Air Force
RBD	Racially Based Discrimination
RCGP	Royal College of General Practitioners
SNCO	Senior Non-Commissioned Officer
U.S.	United States
WASP	West Indian Association of Service Personnel
WHO	World Health Organisation

Foreword



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Diversity and Inclusion is a multifaceted concept that extends far beyond traditional parameters of race, gender or cultural background. It touches every facet of a person's identity. This groundbreaking study on ethnic minority veterans in the British Armed Forces represents a significant step forward in better understanding the experiences of a significant yet understudied group within our military community.

The importance of this work cannot be overstated. As of April 2022, ethnic minorities comprised 9.6% of the British Armed Forces, representing 14,110 service personnel. Despite this substantial presence, there has been a notable lack of research focused on their unique

experiences and perspectives. This study addresses this gap, offering valuable insights into the motivations, challenges, and nuanced post-service experiences of ethnic minority veterans.

The research team's commitment to inclusivity and co-production is commendable. By engaging peer researchers and treating participants as equal partners, the study ensured that the authentic voices of ethnic minority veterans are at the forefront. This approach not only enhances the credibility of the findings but also sets a new standard for respectful and collaborative research in this field.

This study marks a significant milestone in military research. The insights contained within these pages have the potential to transform the understanding of diversity in the military and to improve the experiences of future generations of service personnel.

It is my hope that the study will inform policy decisions, shape support services, and contribute to a better understanding of the unique contributions and challenges faced by ethnic minority service members and veterans. I am confident that it will serve as a catalyst for further exploration and positive change in the years to come.

Executive Summary

In April 2022, service personnel who were classified as ethnic minorities represented 9.6% (N=14,110) of the British Armed Forces, and up until now, there has been little research conducted with this group. This study set out to help address that imbalance, with the Forces in Mind Trust (FiMT) funding this project to explore the experiences of military veterans from ethnic minority backgrounds. This two-year programme had a broad remit, and aimed to identify what motivated people from ethnic minorities to join the British Armed Forces, what enticed them to stay, what factors influenced their decision to leave, and how they have fared since departing. Information was gathered through interviews with 36 ethnic minority veterans and a survey comparison study completed by 179 ethnic minority veterans and 274 UK white veterans. The data was collected between May 2022 and September 2023. From the outset, representing the participants' voices was a key part of associate working, and participants were welcomed as equal partners, and co-production was a key feature of this research design, with considerable contributions from peer researchers to conduct the qualitative interviews and actively engage and assist throughout the course of the programme.

Participants and the Historical Perspective

The survey participants were predominately men, with 85% in the ethnic minority veterans group and 81% in the UK white veterans group. The mean age of the ethnic minority veterans was 47 years, which ranged from 22 to 96 years old, and they had served on average for 12 years ranging from >1 year to 37 years. Of these, 83% had completed at least one operational tour (OT) with a mean of four tours ranging from 1 to 20 deployments, most commonly in Iraq Afghanistan, and Northern Ireland (NI). The interviews were conducted with 32 men and 4 women, predominately from the West Indian/Caribbean and Indian communities.

The ethnic minority survey participants who contributed to the study had left the British Armed Forces between 1947 and 2023. This broad life trajectory in the services with its historical perspective was a significant feature of the interviews, some of which were conducted with veterans who had served 40 to 50 years ago. In many senses, ethnic minority participants highlighted that historically the military was no different to mainstream UK culture, and participants offered acknowledgement that positive progress had emerged over the decades in addressing racism and discrimination.

Banter, Racism and Context

The participants offered a very balanced view regarding discrimination and racism in the British Armed Forces. Whilst they contextualised some discriminatory comments as banter, it was notable that all participants could provide an example of racism, and these comments were often extremely hurtful and potentially damaging, although incidents were often isolated. A lack of understanding of their ethnic minority backgrounds and culture was viewed as a form of unconscious bias. In context, there was also recognition that there is intolerance throughout

the UK, and some participants experienced higher levels of racism or discrimination after they left the armed forces.

Motivation for Enlistment and Retention

Twenty-seven percent of the ethnic minority participants had a family tradition of service in the British Armed Forces, and patriotism was influential in motivating 45% to enlist. At 59%, the most common reason for joining the British Armed Forces amongst ethnic minority veterans was “education, skills and training,” and the interviews confirmed that a particular motivation for enlistment was the opportunity to better oneself, and many were attracted by the prospect of acquiring a trade. Participants also referred to excellent professional development opportunities by accessing educational training to develop enhanced technical skills, such as computing, through courses that were unavailable outside of the military. Therefore a major benefit of military life was enhancing their occupational profile by acquiring transferable skills. The prospect of adventure opportunities and the chance to live in different areas including overseas postings was desirable, whilst some cited the chance for OTs and deployments.

Physical activity, sport and the military way of life were all valued, and many of these factors persuaded these service personnel to then remain in the armed forces. The military was cited as an opportunity to build a successful career and there were opportunities for promotion, and military rank acted as a shield against discrimination. Interviews revealed ethnic minority veteran participants referring to the military as their family, and the supportive role of that family with an immense sense of camaraderie. Participants also cited the benefits of military life for their families and children, with descriptions of service children achieving personal growth through military experiences. This included developing the characteristics of flexibility, responsibility and adaptability. Children were proud of their parents’ commitment to the British Armed Forces, even following their parent into the military, and there were reports of families enjoying the military social life.

Leaving the Armed Forces

Amongst the ethnic minority veterans, the most common reason for leaving the armed forces was a medical discharge at 29%, followed by the end of their contract for 24% and Premature Voluntary Release (PVR) at 18%. This compared to UK white veterans, where the most common reason for leaving was PVR at 38%. Many interviewees reported no detrimental mental health (MH) issues that they attributed to their service whilst others reported MH issues following exposure to traumatic events and the stressors of being on OTs. For the ethnic minority veterans who reported MH issues, the prevalence of post-traumatic stress disorder (PTSD) was 13%, with more ethnic minority participants leaving the armed forces with this condition, although it should be noted that the study sample was small. Issues regarding help-seeking are noted below.

In the military workplace, overt racism from someone in command could have an extremely detrimental impact and interviews revealed that ethnic minority personnel felt they were over-

looked for promotion or found it harder to be promoted. Impetus to leave the armed forces was also influenced by a desire to maintain relationship harmony and the interests of the family were very important.

Benefits for families have been noted above, however 47% of ethnic minority veterans stated that their family was affected by their military service; higher than for the UK white veterans at 42%. The interviews presented a perception that the military was disinterested in offering support to spouses and family who were subject to acute stressors in terms of the regular requirement to move location, and changes to employment that were required for a partner who wanted to work. Children's education was a particular stressor with parents having to balance their own employment aspirations against maintaining a stable education for their children.

Help-Seeking Behaviour and Primary Healthcare Registration

With regards to help-seeking, the ethnic minority survey indicated that 50% found it hard to ask for help and 13% did not know where to access support. This in part explains why only 75% were registered with a primary healthcare (PHC) practice, although there were those living abroad. Fifteen percent believed that a civilian GP would not be aware of their needs and NHS PHC staff were viewed as being poorly versed regarding the military and were not expecting to encounter ethnic minority veterans. Improving knowledge and access to PHC and veteran specific services is required.

Employment and Housing

Research has indicated the importance of employment and stable accommodation to health and well-being. With regard to employment, 22% of the ethnic minority survey participants were unemployed and 47% experienced difficulties in gaining employment, compared to UK white veterans where 7% were unemployed and 29% had difficulty gaining employment. Whilst this is not a matched evaluation, the results indicate significant differences with ethnic minority veterans facing marked difficulties in gaining employment.

The 2021 Census (ONS, 2023) revealed that at 75% a higher proportion of veterans owned their house outright or with a mortgage, compared with 64% of the non-veteran population. Amongst the ethnic minority veterans in this study, the number of homeowners was 47% and 2% were homeless. Thirty-seven percent of ethnic minority veterans had difficulty gaining housing compared with 17% of UK white veterans. It is unclear why these statistically significant differences exist, but in both employment and housing, it would appear that ethnic minority veterans are disadvantaged.

Characteristics to Succeed and Overall Experience

Participants perceived that certain characteristics enable a fulfilling military career and stopped individuals from being isolated. Within the armed forces, attributes such as being a team player, helping colleagues and having a sense of duty were valued. Determination can be projected

positively, often through sport, leading to occupational rewards that counter the detriments of belonging to a minority population. A significant majority of 82% of ethnic minority survey participants stated that their overall experience in the military was positive and 6% reported it as being a negative. There was recognition that the military had offered many personal benefits, with the opportunity to achieve one's aspirations and often there were no regrets. Interviewees indicated that it was possible to be proud of being from an ethnic minority background and culture whilst enjoying a rewarding military career. Time spent in the armed forces was generally viewed as being hugely rewarding and resulted in lifelong friendships.

Conclusion

The ethnic minority personnel who contributed to this study welcomed the chance to tell their stories and they demonstrated a real interest in how the results would be shared and how these findings may lead to improvements for future generations. Areas for potential research include gaining a better understanding of the life trajectory of ethnic minorities from leaving the armed forces and identifying ways to improve stable housing and employment. The provision of support and care for ethnic minority veterans necessitates understanding their unique lifestyle and cultures, and only touched upon in this study was how ethnic minority veterans, their families and communities interact, support and influence each other. A better understanding could also reveal valuable considerations for recruitment and retention in the British Armed Forces. Also, a stressor on one family member impacts on the entire family and reinforces the wider requirement for programmes to engage the whole family. Due to an under-representation of older veterans, there is an on-going requirement to engage with elderly veterans and their families, including those living in care homes.

A summary of the study recommendations are on pages 74 to 76.

Figure 1: Organisations that have supported this research through raising awareness of the study amongst their veterans' communities and networks



Introduction

Most British Armed Forces veterans living in England and Wales were born in the United Kingdom (UK) (94.2% or 1,744,985) and 2.1% were born in other Commonwealth nations (39,420) (ONS, 2023). Black, Asian and ethnic minority personnel account for 11.2% of the UK Regular Forces (15,310 personnel) on 1 April 2024) (Ministry of Defence (MOD), 2024a). Of total intake into the combined UK Regular Forces and the Future Reserves 2020 were ethnic minorities (excluding white minorities) in the 12 months to 31 March 2024. This had increased by 6.2 percentage points compared with the 12 months ending 31 March 2023 (9.1%) (MOD, 2024a).

Reflecting back to when the study commenced in 2021, the setting at that time was that since 31 March 2016 (when target monitoring began), the number of Black and Asian ethnic minority personnel joining the UK Regular Forces and Future Reserves has increased by 2.3% from 5.7% to a position of 8%. However, this was a decrease of 3.7% from the 11.7% recorded for the 12-month period ending on 31 March 2020 (MOD, 2021). Black, Asian and ethnic minority personnel made up 5% of outflow (MOD, 2021). The armed forces had approval to recruit soldiers from overseas with a focus on Commonwealth countries, and where appropriate these recruits were recorded under Black, Asian and ethnic minority inflow statistics. However, in 2020, COVID-19 pandemic travel restrictions affected the ability of individuals to travel to the UK to join the armed forces, resulting in a reduction in Black, Asian and ethnic minority inflow when compared with the numbers achieved in the recent years up to 2021 (MOD, 2021). Also, the decrease in the percentage of Black, Asian and ethnic minority personnel joining the UK Regulars and Future Reserves has in part been a result of the change in Commonwealth intake due to a policy change in the 12 months ending 31 March 2021.

The 2021 Census revealed that slightly more than 1 in 100 veterans (1.3% or 24,150) identified within the “Asian, Asian British or Asian Welsh” group and a further 1 in 100 hundred veterans (1.0% or 19,315 people) identified within the “Black, Black British, Black Welsh, Caribbean or African” ethnic category. A slightly smaller proportion (0.8% or 15,705) identified within the “Mixed or Multiple ethnic groups” category and 0.4% identified within the “Other ethnic group.” The current Black, Asian and ethnic minority population data as of the 1st April 2021 show that more than one third (38.7%) of Black, Asian and ethnic minority personnel in the UK regular forces did not have UK nationality compared with 8.5% of Black, Asian and ethnic minority personnel in the Future Reserves (MOD, 2021). These personnel will be joining the current veteran population in which 3.5% of veterans are Black, Asian and ethnic minority (Census, 2021) which is significantly less than the 8% of Black, Asian and ethnic minority people in the Great Britain non-veteran population (MOD, 2019a). There are an estimated 80,500 Black, Asian and ethnic minority veterans (calculated from a total veteran population of 2.3 million) living in the UK. The Black, Asian and ethnic minority communities are categorised under one banner but are diverse in nationality, heritage and culture as well as ethnicity.

Background

Many members of Black, Asian and ethnic minority communities serve for long careers and develop and benefit from their military service. However, the Wigston report (GOV.UK, 2019a) into inappropriate behaviours highlighted the findings from the Service Complaints Ombudsman Annual Report 2018, which reported that 25% of service complaints concerned bullying, harassment, and discrimination. The Ombudsman highlighted that, for the third consecutive year, female and Black, Asian and ethnic minority people were overrepresented in the Service Complaints system. In 2018, Black, Asian and ethnic minority personnel made up 7% of the armed forces, however they made 13% of the admissible Service Complaints, 39% of which concerned bullying, harassment, and discrimination, whereas the equivalent figure for white personnel was 24%. This matches the Civil Service People Surveys of 2017 and 2018, the MOD Culture and Gender Survey, and the Army's Sexual Harassment Survey 2018 which support the view that female and Black, Asian and ethnic minority personnel are overrepresented in either having been subjected to, or having complained about, bullying, harassment and discrimination. Many victim support groups consider that there are instances of conscious and sub-conscious behaviour, microaggression, psychological bullying and intimidation, including via social media and other on-line forums, taking place at all levels, with junior ranks, women and Black, Asian and ethnic minority personnel the most likely victims of this behaviour (MOD, 2019b). These findings are reflected in a small study with Commonwealth veterans exposing barriers to mental health (MH) treatment with suggestions that there were signs of institutional racism (Pearson et al, 2021).

This study intends to address a research gap regarding the British Armed Forces Black, Asian and ethnic minority populations. To keep this feasibility study to a manageable level, the applicants started with a short general view of all communities (British Armed Forces communities include African and Polynesian) but then intended to concentrate on two other groups: veterans and their families who recognise as West Indian or Indian Sub-Continent (but not Gurkha).

The University of Chester's Westminster Centre for Research in Veterans (The Centre) conducted the research. As part of this study, the Centre completed the first international systematic review on the Experiences of Ethnic Minority Personnel in the Armed Forces. This was published in the *Journal of Military, Veteran and Family Health* and was the Journals most read article from 2023. The systematic article was published open access and is at Appendix A, and the headlines are in Figure 2.

EXPERIENCES OF ETHNIC MINORITY PERSONNEL IN THE ARMED FORCES: A SYSTEMATIC REVIEW

THE REVIEW ANALYSED
16 PAPERS FROM 5
DIFFERENT COUNTRIES

THREE THEMES WERE IDENTIFIED:
'CULTURAL IDENTITY', 'HEALTH STATUS &
HEALTH UTILISATION' AND 'TRAUMA &
DISCRIMINATION'



The review indicates that ethnic minority personnel experience greater disadvantage than their native counterparts, both during and after service

KEY FINDINGS

- Ethnic minority communities are less likely to accept treatment after receiving a mental health diagnosis, particularly women
- Individuals from ethnic minorities in the Armed Forces report poorer health outcomes than white personnel and do not disclose traumatic experiences for fear of criticism and ostracism
- Racism makes it difficult for some ethnic minorities to integrate within multiple ethnic communities in the Armed Forces
- Future research must look past the singular 'ethnic minority identity' and seek to understand the features of psychosocial context which influence functioning in different ethnicities

Salem, K., Randles, R., Sapre, B., & Finnegan, A. (2022). Experiences of Ethnic Minority Personnel in the Armed Forces: A Systematic Review, *Journal of Military, Veteran and Family Health*. e20220019, doi.org/10.3138/jmvfh-2022-0019

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Figure 2: Experiences of Ethnic Minority Personnel in the Armed Forces

Aims and Objectives

Aim

The aim of this research was to identify the impact that serving in the British Armed Forces had on ethnic minority personnel, in particular those from the Indian Sub-Continent and West Indian veteran communities.

Objectives

The objectives were to:

- a) Investigate the motivators that encouraged the participants to join the British Armed Forces, then remain, and explore the factors leading to their decision to leave;
- b) Identify trends regarding age, gender, marital status, and culture in all facets of the study;
- c) Evaluate participants' assessment of service life, including the integration, benefits, challenges, and means for improvement;
- d) Analyse how these factors have influenced their journey through transition to civilian life in particular regarding health, housing, employment, and education;
- e) Explore the impact on their families including whether there were instances of stigma, social isolation and issues with help-seeking behaviour.

Methodology

The evaluation adopted a mixed-methods approach that encompassed quantitative and qualitative methodologies. The Centre invested considerable effort in forging partnerships to enable the successful recruitment of adequate numbers of participants. This included ethnic minority organisations operating in this space such as the “*Why West Indians are Here Project*,” the West Indian Association of Service Personnel (WASP), and the Hindu, Islamic and Buddhist Defence Networks. See Figure 1 for networks and Figure 3 for the strategy. An Expert Reference Group (ERG) was established to provide advice and guidance and included representation from Armed Forces and ethnic minority organisations. See Appendix B.

Survey

The Centre designed a survey for a comparison study between a cohort of UK white veteran citizens and a cohort of ethnic minority veterans. Due to the forecasted challenges of recruiting ethnic minority veterans to the study, there was no intent to match these two groups. The figure of 400 completed surveys was reached after discussions between the Centre and the study’s ERG.

The survey consisted of 38 questions and was offered in paper format and available online via QuestionStar Online Surveys (QuestionStar, 2024). The survey collected core demographic, clinical and social information to provide an overview of the veterans’ profile. This comprised of age, gender, socioeconomic status, relationship status, sexual orientation, ethnicity, dependent children and occupation. There was military specific detail regarding branch and length of service, rank, cap badge and Operational Tours (OTs), a focus on the impact of transition into civilian life for the veteran and their family, and questions exploring current stressors such as health, finance, education, housing, employment and accommodation. Additional information was requested to identify the motivators that encouraged participants to join and then remain within the British Armed Forces. Then questions to explore the role of the local medical services, lifetime stressors, and the impact of service and ethnicity on factors including stigma, social isolation and help-seeking behaviour.

A pilot study of the survey questionnaire indicated it would take between 15 and 20 minutes to complete. The questionnaire answers were predominately made via a tick box, but offered a range of other reply options. Additional free text boxes provided participants with the opportunity to add written information. Received data was quality checked to ensure data integrity, protection and confidentiality from the point of creation. Survey participants could indicate on a completed questionnaire that they volunteered for an interview. The Centre designed two posters for the comparison study, the first to invite ethnic minority veterans (**Appendix B**) and the second to attract UK white veterans (**Appendix C**). The poster distribution included online social media sites including Twitter/X, Facebook, and LinkedIn.

QUANTITATIVE RECRUITMENT STRATEGY

WAVE 1 : 7th – 21th February 2022

- ERG members including their recommendations
- UoC External Committee members
- Armed Forces Race and Faith Networks

1

WAVE 2 : 21st February – 7th March 2022

- Military Charities
- Regimental Associations
- COBSEO
- NHS and MoD

2

WAVE 3 : 7th March – 21st March 2022

- Armed Forces Breakfast Clubs
- Personal Networks

3

OTHER INFORMATION

- Each wave had a duration of 2 weeks to allow organisations the time to contact possible participants.

i

Figure 3: Recruitment Strategy

Interviews

Qualitative data was collected via in-depth interviews and a focus group with ethnic minority veterans who had served for at least three years' in the British Armed Forces. The interviews were designed to take approximately one hour each and were audio recorded and transcribed verbatim. This facilitated the option to explore participants' opinions, beliefs, perceptions and views regarding the benefits and challenges of military service. The interviews were conducted by members of the Caribbean and Indian Sub-Continent communities, with the Principal Investigator (PI) supporting peer researchers with training and supervision.

The ethnic minority veterans emphasis was initially with those from a West Indian or Asian (not Nepal) origin, whilst acknowledging there were significant cultural differences within these group including geographical locations, education, heritage, and culture. The researchers hoped to provide evidence that demonstrated similarities that impact on both of these populations, (therefore potentially on a wider scale to other ethnic minority communities) and highlight any differences between these two communities.

Interview data was analysed using a modified Grounded Theory approach (Charmaz, 2014; Finnegan, 2014). This inductive methodological approach intends to secure the sample's views of their world (Punch, 2014). Grounded Theory consists of a structured and systematic guideline for gathering, synthesising, analysing and conceptualising qualitative data to construct a theory grounded in the data from which it was developed that enables the identification of issues from the researcher's perspective. The study team has extensive experience of utilising this approach in both serving and veteran populations (Finnegan et al, 2014; Finnegan et al 2018; Finnegan et al, 2020a; Finnegan et al, 2020b).

The aim was to reach saturation which is achieved when no new themes were emerging, and it was estimated that 30 to 40 semi-structured interviews would prove sufficient. After the study had commenced, it was identified that recruiting up to 40 participants from the West Indian and Asian populations was proving difficult, and after discussion with FiMT, the research was opened to other ethnic minority communities. Questions explored the motivators for enlistment, the participant's perceptions of the barriers and facilitators veterans experienced within the armed forces, their reasons for leaving and factors related to transition into civilian life. Once the interviews were completed, a validation focus group was to be conducted with ethnic minority veterans. The focus group was designed to accommodate 8 to 10 ethnic minority participants (Morgan, 1997) and structured to last for approximately two hours.

Incentives

As an incentive to improve participant recruitment, a £10 voucher was initially offered to those who completed an online questionnaire with an additional £20 voucher for interviews. Within 24 hours of the launch of the recruitment poster, BOT (automated software application that imitates human behavior and performs repetitive tasks) activity resulted in over 1,000 attempts to complete the questionnaire. After discussions with QuestionStar (whose survey platform the

Centre was using), the decision was taken to remove the £10 incentive due to the high on-going risk of BOT activity. Extra security measures were implemented and no further issues were raised. In line with this, the incentive for the interview was increased to £30.

Analysis

All survey questionnaires were received in an anonymous and confidential format and entered into SPSS version 27.0 (IBM SPSS, 2021). Analysis of the survey data utilised descriptive and inferential statistics. Descriptive statistics included frequency distributions and percentages to summarise demographics, service history, social networks, employment and living arrangements. Inferential statistics included T-Tests, ANOVA and Spearman Rank correlations to facilitate estimates for identifying relationships among variables. Small amounts of written free-text responses from the questionnaires that were collected were analysed using Content Analysis (Burnard, 1991).

Grounded Theory analysis was used for the qualitative interviews. All qualitative data was coded using the NVivo software package V.12 (NVIVO, 2024). Where relevant, infographics and data visualisations are used to present the quantitative and qualitative data. Validation included the focus group conducted near the end of the study. Then triangulation was completed to bring together all sources of data to provide the results and inform the discussion.

Ethics

The research received ethical approval from the University of Chester's Faculty of Health and Social Care Research Ethics Committee on the 03 November 2021 (RES0921-1062).

Summary of Findings for Key Aims & Objectives

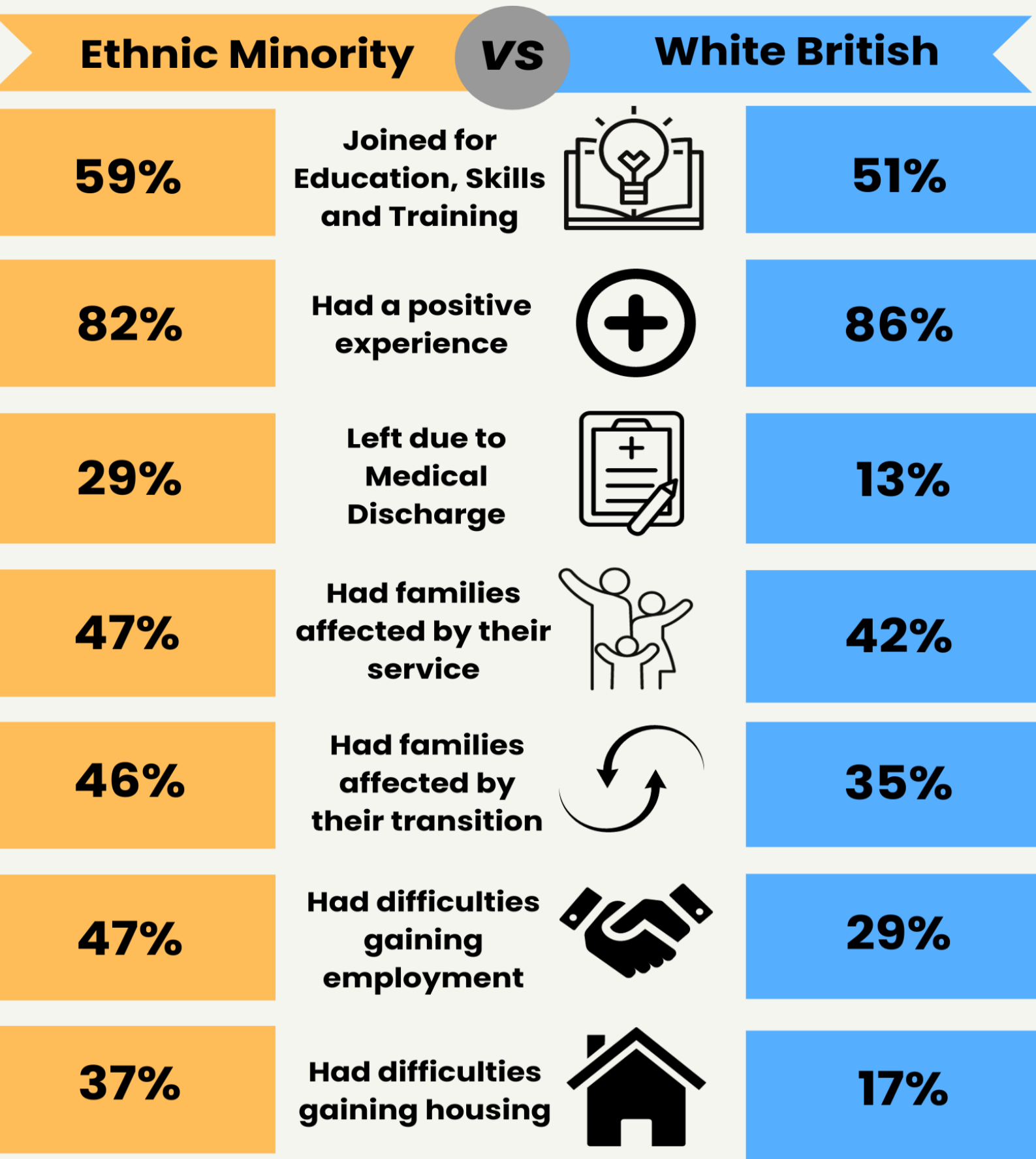


Figure 4: Key Survey Findings

Results

A total of 179 ethnic minority veterans completed a study questionnaire. The majority were West Indian (21.8%, N=39) and African (21.8%, N=39). See Table 1.

Ethnicity	Percentage	N
West Indian	21.8	39
African	21.8	39
Fijian	18.4	33
Mixed	14.5	26
Asian	12.3	22
Other	9.5	17
Prefer not to say	1.1	2
Nepalese	0.6	1
Total	99.9	179

Table 1: Ethnicity of the Ethnic Minority Veterans

There were 274 UK white veterans who completed the same survey, which was distributed from January 2023.

Gender

The ethnic minority veterans were predominantly male 84.9% (N=152) and 15.1% (N=27) were female. UK white veterans were predominantly male 81.3% (N=221) and 18.4% (N=50) were female, with one stating they preferred not to say and two missing. See Chart 1.

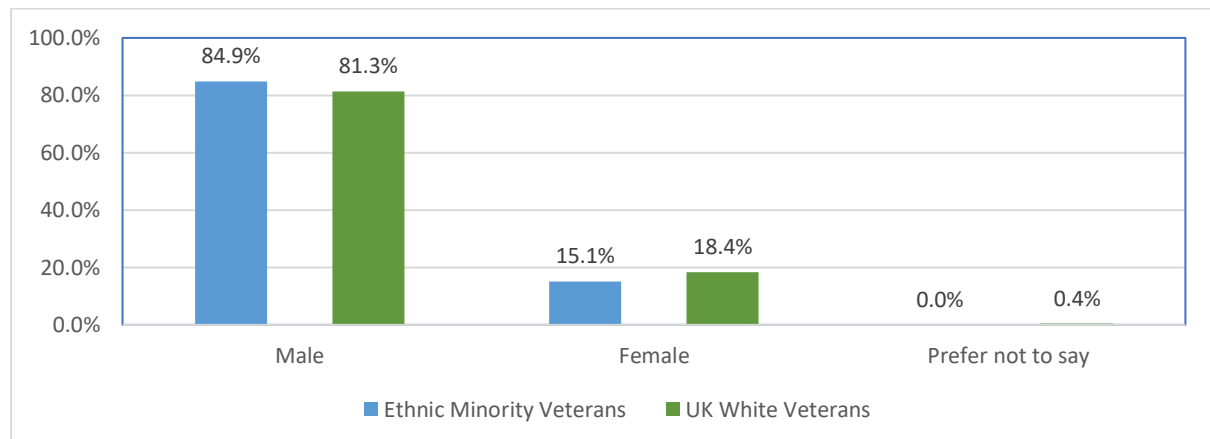


Chart 1: Gender Comparison

Age

The average age of the ethnic minority veterans was 47 years old, ranging from age 22 to 96 years (SD =13.9). The majority were in the age group 36-45 (36.3%, N=65). The average age of the UK white veterans was 53 years old, ranging from age 26 to 82 (SD=11.1). The majority were in the age group 56-65 (31.4%, N = 86). See Chart 2.

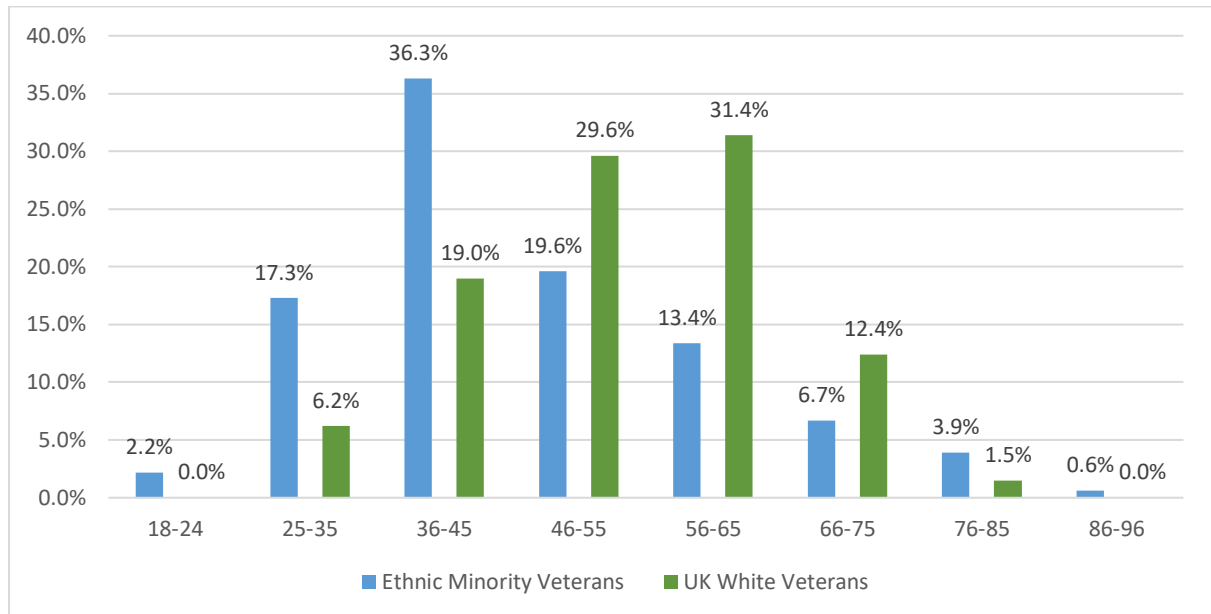


Chart 2: Age Group Comparison

Sexual Identification

The majority of ethnic minority veterans indicated that they were heterosexual (83.5%, N = 146), and 7.4% (N=13) indicated that they identified as being part of the lesbian, gay, bisexual, transgender/transsexual (LGBT+) community. However, data was missing for three participants. The majority of UK white veterans were also heterosexual (92.3%, N = 252) with 4.4% (N = 12) identified as being part of the LGBT+ community. However, data was missing for one participant. See Chart 3.

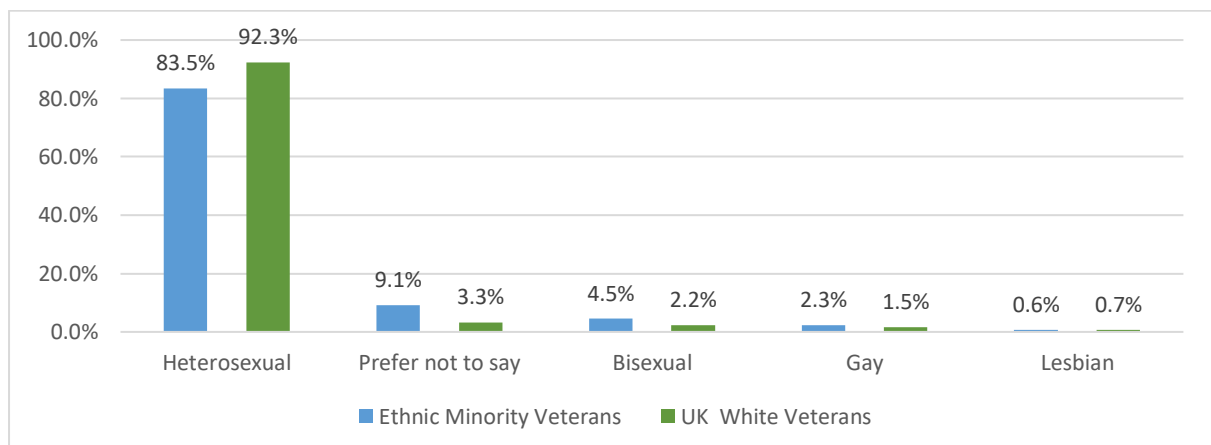


Chart 3: Sexual Orientation Comparison

Relationship Status

Relationship status data indicated that the majority of ethnic minority veterans were married 52.5% (N=94) or in a relationship 16.8% (N=30). There were 11.7% (N=21) who were single, 6.7% (N=12) who were divorced, 5.0% (N=9) separated, 3.4% (N=6) widower/widow, and 1.1% (N=2) in a civil partnership. Those who selected other indicated that their relationship status was complicated. The majority of UK white veterans were married 68.9% (N=188) or in a relationship 13.9% (N=38). There were 6.2% (N=17) who were single, 5.9% (N=16) who were divorced, 2.9% (N=8) separated, 1.1% (N=3) widower/widow, and 0.4% (N=1) in a civil partnership. Data was missing for one participant. See Chart 4.

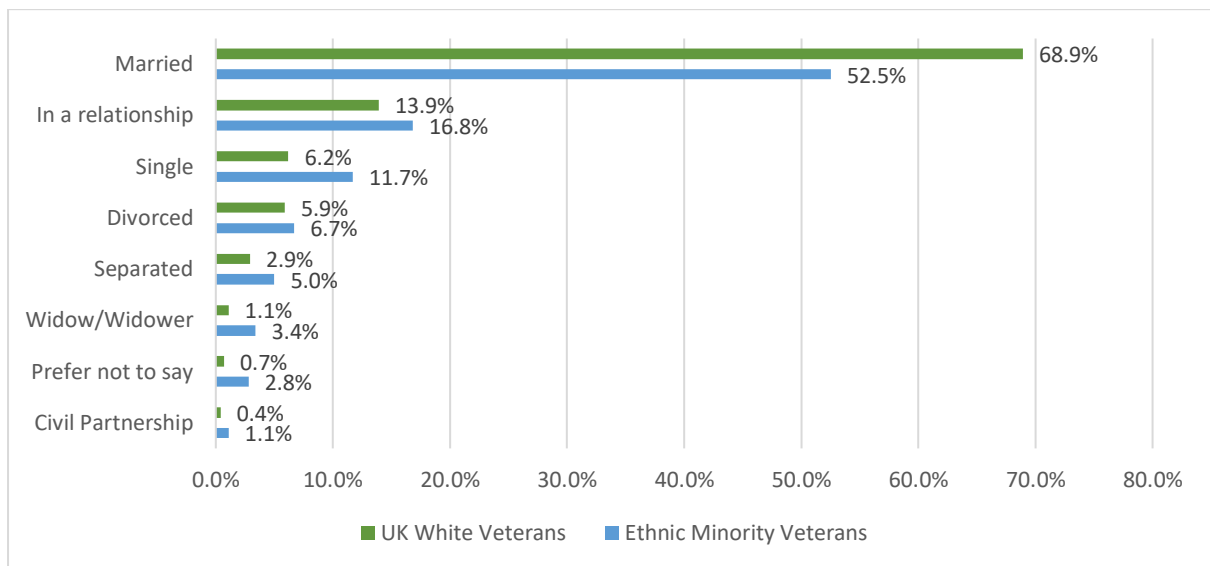


Chart 4: Relationship Status Comparison

Children

Of the ethnic minority veteran participants, 51.4% (N=92) indicated that they currently had dependent children. On average, the ethnic minority veterans with children had two ranging from one to seven children. For the UK white veterans, 39.6% (N=108) indicated that they had dependent children, also with an average of two children, ranging from one to five children. See Chart 5.

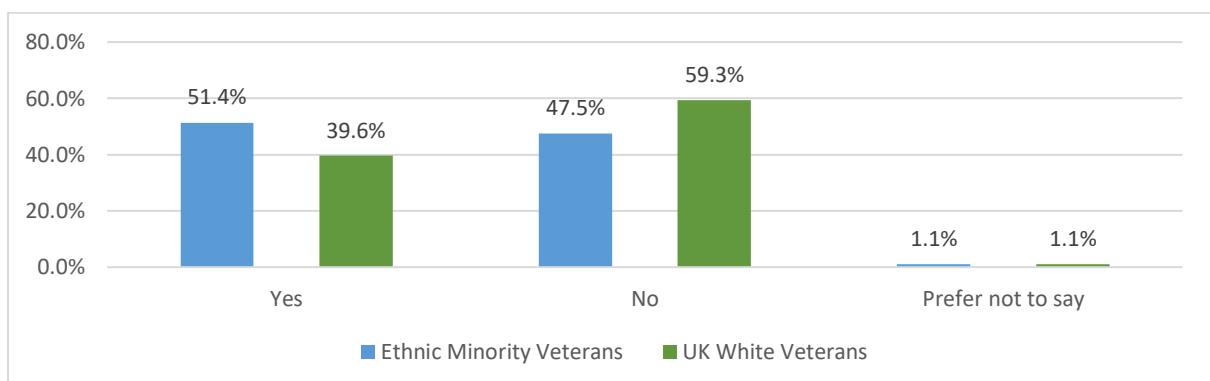


Chart 5: Dependent Children Comparison

Religion

The majority of ethnic minority veterans indicated that their religion was Christianity 68.7% (N=123), followed by Hinduism 7.8% (N=14). Eleven percent (N=20) indicated that they followed no religion and 5.0% (N=9) indicated that they would prefer not to say. The majority of UK white veterans indicated that their religion was Christianity 61.3% (N=168), and there was a much lower diversity of religion for this group. Thirty-five percent (N=96) indicated that they followed no religion. See Chart 6.

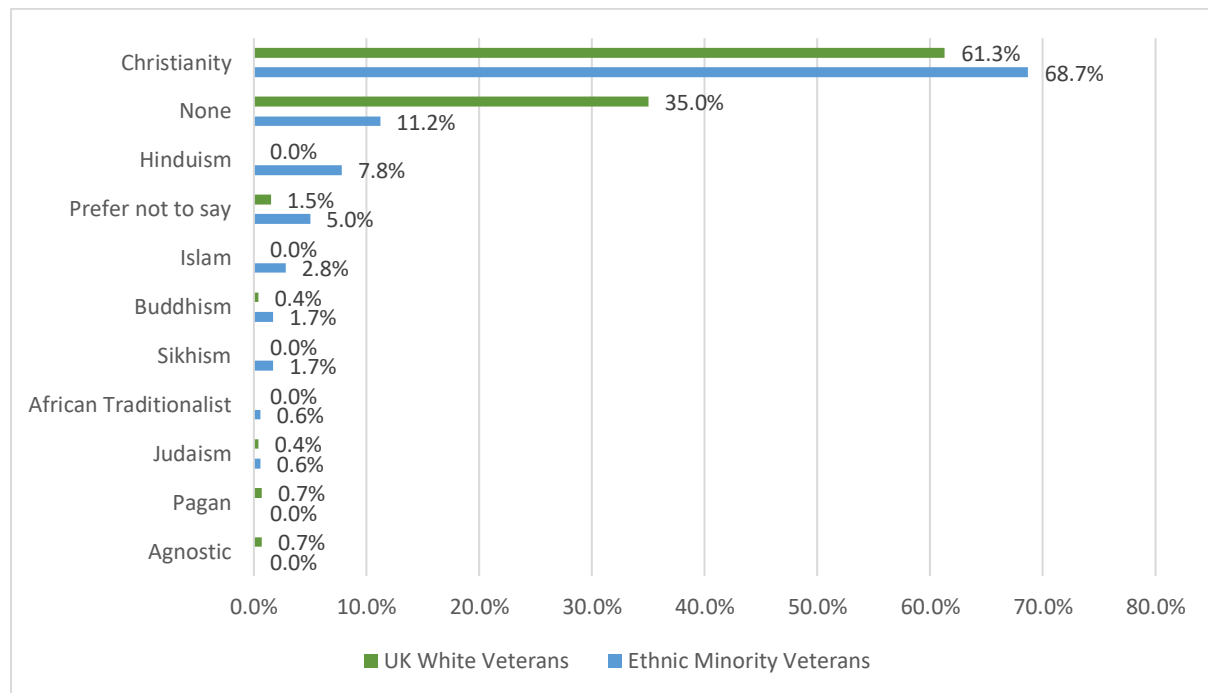


Chart 1: Religion Comparison

Enlistment and Service History

Participants were able to select reasons why they joined the British Armed Forces and were able to select multiple responses.

The most common reason for joining amongst ethnic minority veterans was education, skills and training at 59.2% (N=106), followed closely by adventure opportunities at 54.2% (N=97). Then travel opportunities 53.6% (N=96), patriotism 45.3% (N=81), pay and benefits 45.3% (N=81), family tradition 27.4% (N=49), and other 6.1% (N=11).

For UK white veterans, the most common reason was travel opportunities at 56.5% (N=152) followed closely by adventure opportunities at 55.7% (N=151). Then education, skills and training 50.6% (N=137), patriotism 43.9% (N=119), family tradition 29.5% (N=80), pay and benefits 28.8% (N=80), and other 6.6% (N=18). See Chart 7.

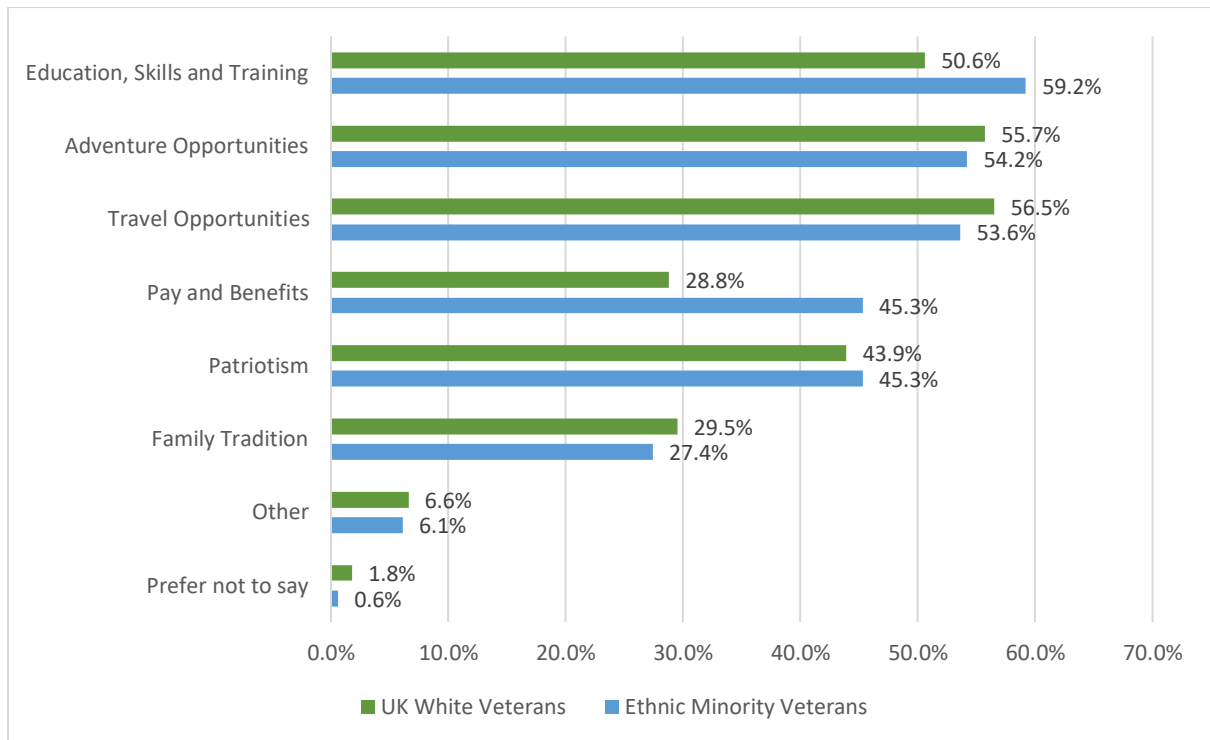


Chart 7: Motivation for Joining Comparison

Service Branch

For branch of the military, the majority of ethnic minority participants, 73.2% (N=131) served in the British Army, 17.3% (N=31) served in the Royal Air Force (RAF) and 7.3% (N=13) served in the Royal Navy, and one had served in more than one branch of the military. The majority of the UK white veterans, 63.5% (N=172) served in the British Army, followed by 17.7% (N=48) in the RAF and 17.3% (N=47) in the Royal Navy. Two had served in more than one branch of the military. Data was missing for 3 participants. See Chart 8.

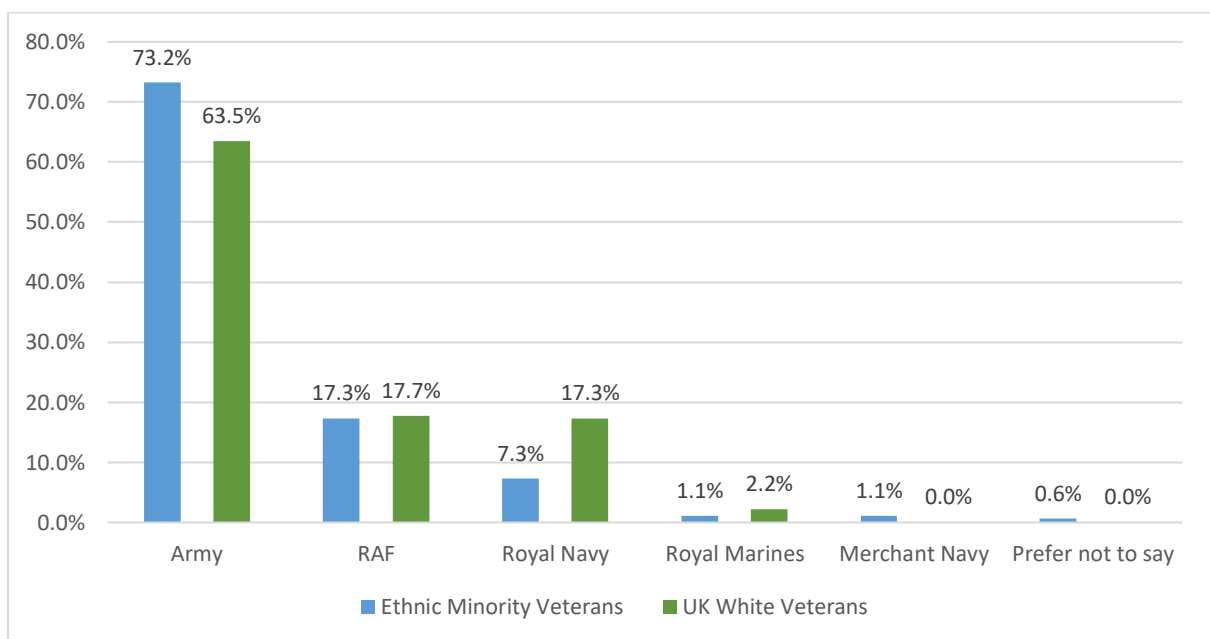


Chart 8: Branch Comparison

Type of Service

Participants were asked to indicate the type of service that they served, and they were also able to select more than one response if they had served in both the Regulars and the Reserves. The majority of the ethnic minority veterans served in the Regulars at 90.4% (N=161) and in the Reserves were 16.3% (N=29). Data was missing on this question for one participant. The majority of UK white veterans served in the Regulars at 94.4% (N=255) and the Reserves were 18.9% (N=51). Data was missing for four participants. See Charts 9.

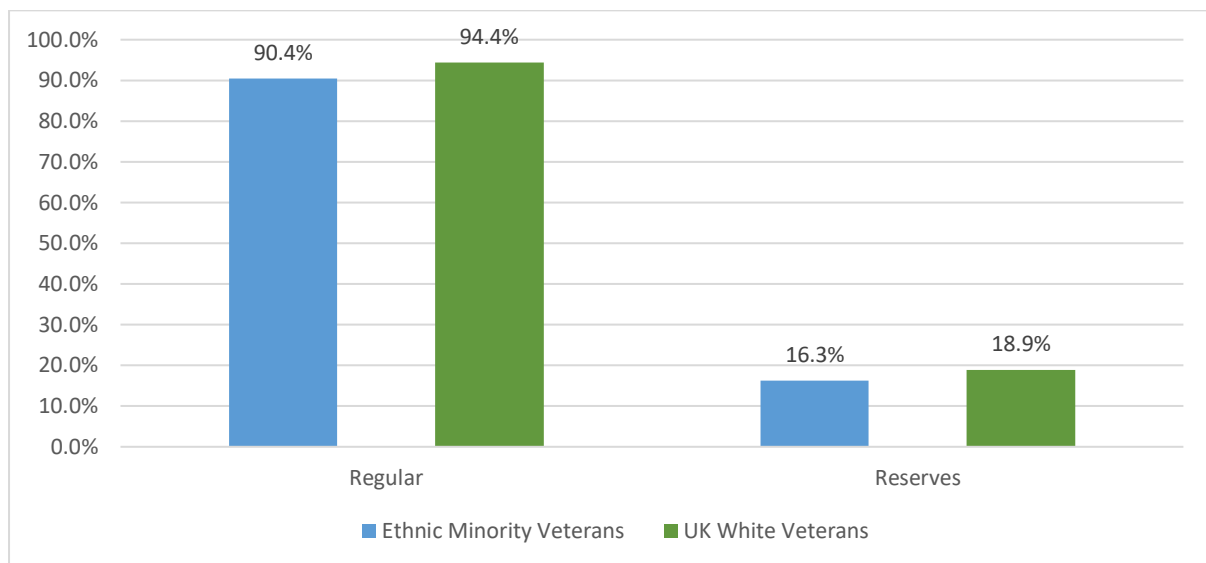


Chart 9: Service Comparison

Length of Service

For ethnic minority veterans, the average time served was 12 years ranging from >1 year to 37 years with a standard deviation of 8.1. Of those who served for less than a year the average time was 5 months ranging from 1 month to 9 months, with a standard deviation of 4.0, and data was missing for four participants. The most commonly occurring time for leaving amongst these participants was 2013, with the earliest leave year being 1947 and the most recent 2023, although data was missing for seven participants.

Rank on Leaving

The rank of the ethnic minority veterans upon on leaving the British Armed Forces was predominantly Private or equivalent (29.9%, N=53). In ascending rank, there were Lance Corporals 12.4% (N=22), Corporals 17.5% (N=31), Sergeants 9% (N=16), Staff Sergeants 7.9% (N=14), Warrant Officers 5.1% (N=9), Second Lieutenant 0.6% (N=1), Lieutenants 4.5% (N=8), Captains 7.3% (N=13), Majors 3.4% (N=6), Lieutenant Colonels 1.7% (N=3) and Colonel and above 0.6% (N=1). Compressed this represents as Privates 29.9% (N=53); Junior Non-Commissioned Officer (NCO) 29.9% (N=53), Senior Non-Commissioned Officers (SNCO) 22% (N=39), and Officers 18.1% (N=32).

The average time served amongst the UK white veterans was 17 years ranging from 1 year to 45 years with a standard deviation of 10.1, and data was missing for two participants. The most commonly occurring time for leaving amongst these participants was 2015; with the earliest being 1967 and the most recent was 2023, and data was missing for four participants. The rank of the UK white veterans upon leaving the British Armed Forces was predominantly Corporals or single service equivalent 17.0% (N=46). In ascending rank, there were Privates 12.6% (N=34), Lance Corporals 13% (N=35), Sergeants 15.2% (N=41), Staff Sergeants 7.8% (N=21), Warrant Officers 15.6% (N=42), Lieutenants 2.2% (N=6), 3.3% (N=9) Captains, 7.4% (N=20) Majors, 3.3% (N=9) Lieutenant Colonels and Colonels and above 2.6% (N=7). Compressed this is Privates 12.6% (N=34), JNCO 30% (N=81), SNCO 38.6% (N=104), Officers 18.8% (N=51). See Chart 10.

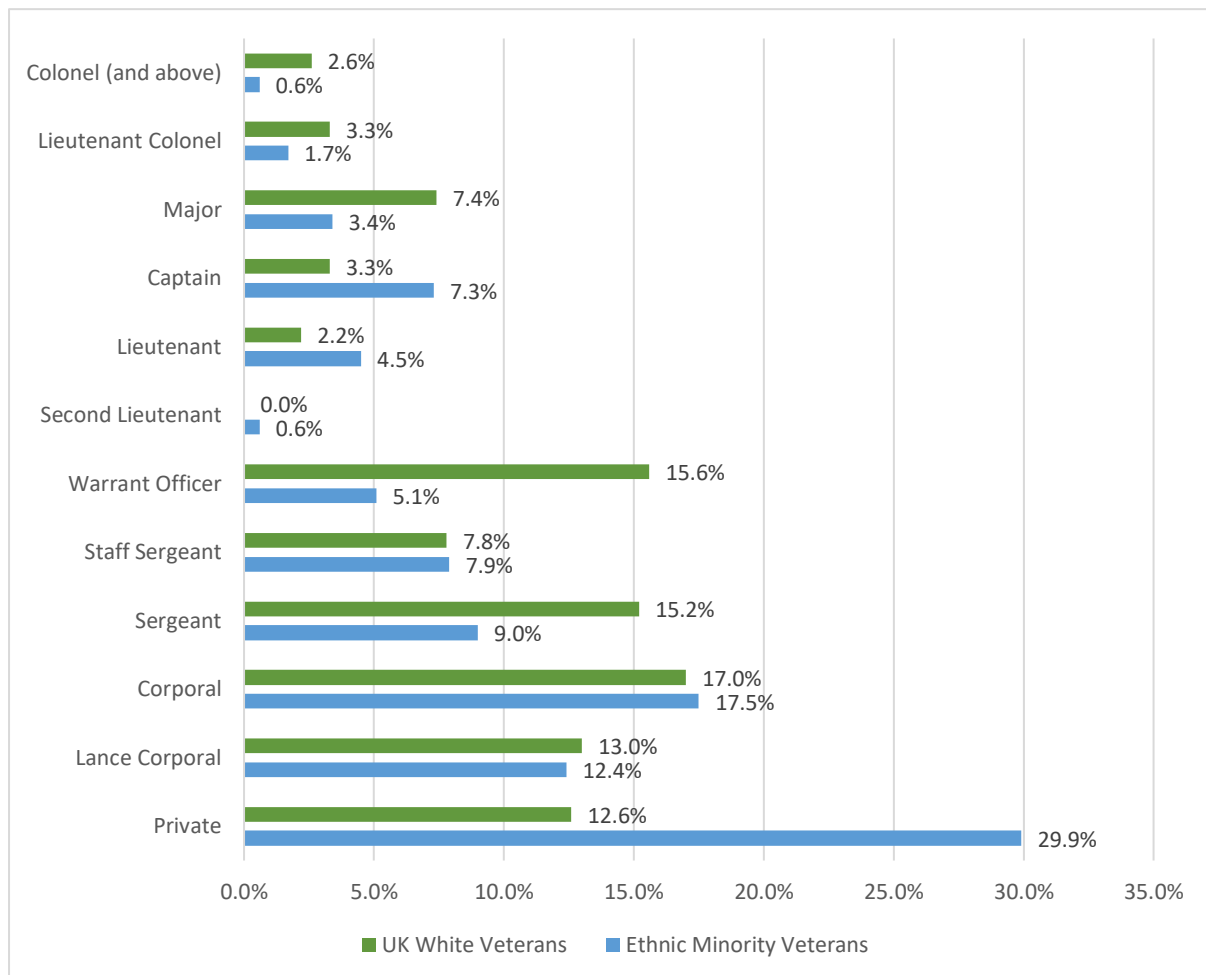


Chart 10: Leaving Rank Comparison

Operational Tours

Regarding OTs and deployments, 82.6% (N=147) of the ethnic minority veterans stated that they had been on at least one, and data was missing for one participant. Of those who stated they had been on an OT/deployment, the average number was four ranging from 1 to 20,

although information was missing for 34 participants. For UK white veterans, 80.1% (N=218) stated that they had been on at least one, and data was missing for two participants. Of those who stated they had been on an OT/deployment, the average number was five ranging from 1 to 17, and information was missing for three participants. See Chart 11.

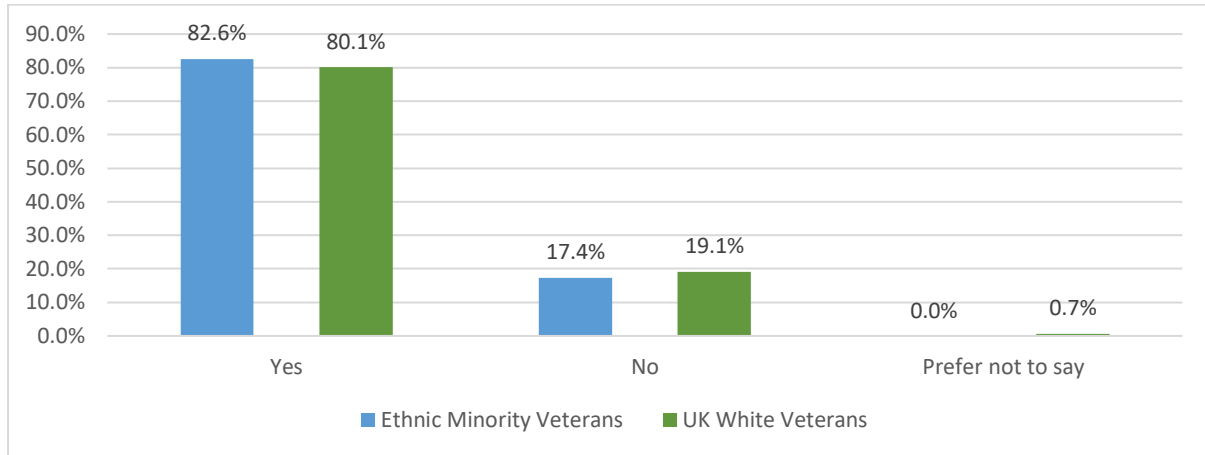


Chart 11: Operational Tours/Deployments Comparison

For ethnic minority veterans, the most common OT was Iraq at 52.4% (N=77); followed by Afghanistan 46.3% (N=68), Northern Ireland (NI) 38.8% (N=57), the Balkans 25.9% (N=38), the Falklands 17.7% (N=16), Sierra Leone 16.3% (N=24) and other at 12.9% (N=19). Other deployments included Cyprus, Berlin, Argentina, Burma, deployment on ship, Saudi Arabia, Australia, South Africa, Singapore, Philippines, Iran, Canada, India, Kenya, Italy and Oman. For UK white veterans, the most common OT was NI at 50.9% (N=111), followed by Afghanistan 46.8% (N=102), Iraq at 45.9% (N=100); the Balkans 35.3% (N=77), the Falklands 24.8% (N=54), Sierra Leone 5% (N=11) and other at 17% (N=37). Other deployments included Mozambique, Nepal, East Timor, Estonia, Cyprus, Belize, Oman, Rhodesia, Africa, West Germany, Kuwait, Bahrain and Libya. See Chart 12.

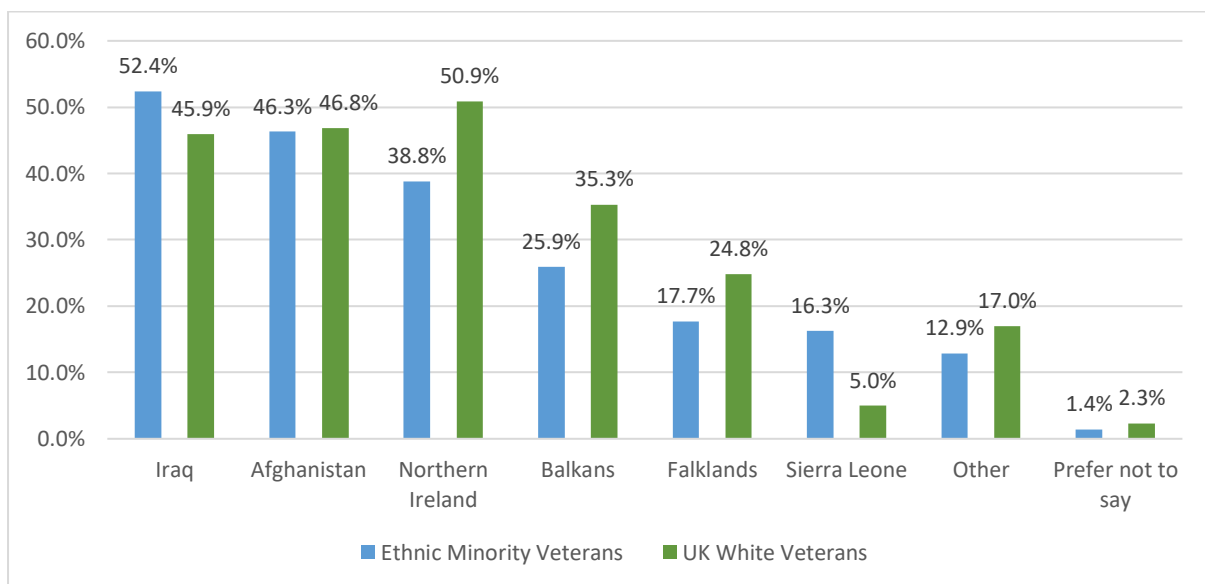


Chart 12: Operational Tours/Deployments Locations Comparison

Experience and Discharge

Participants indicated their overall experience of being in the British Armed Forces. The majority of ethnic minority veterans stated that their experience was positive at 82.4% (N=146), comprising of extremely positive 29.9% (N=53) and mostly positive 52.5% (N=93). A negative experience was reported by 5.6% (N=10) comprising mostly negative of 4.5% (N=8), and extremely negative 1.1% (N=2). The majority of UK white veterans stated that their experience was positive 86.3% (N=234), that being extremely positive 31.7% (N=86) or mostly positive 54.6% (N=148). A negative experience was reported by 4.4% (N=12), comprising mostly negative at 3.7% (N=10), and extremely negative 0.7% (N=2). See Chart 13.

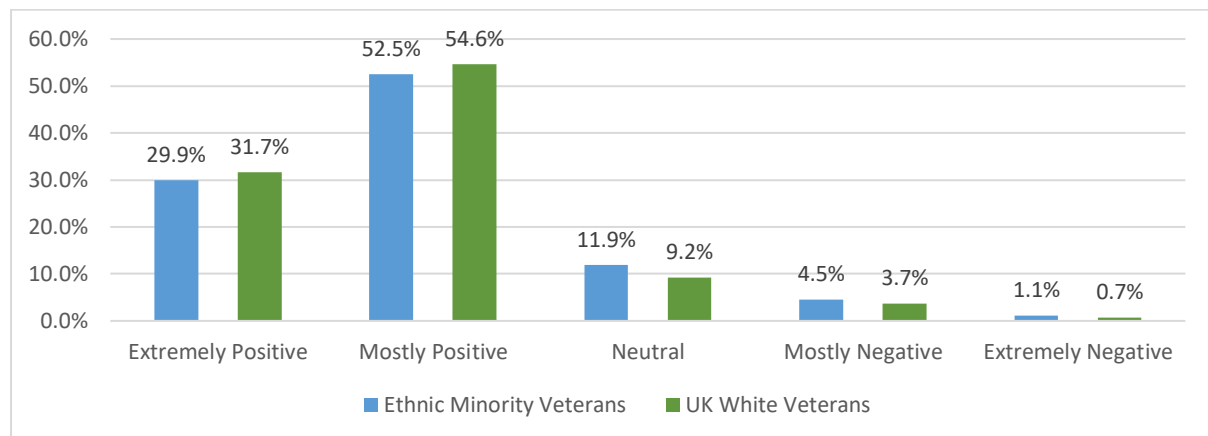


Chart 13: Overall Military Experience Comparison

Amongst the ethnic minority veterans, the most common reason for leaving the armed forces was medical discharge 29.2% (N = 52) followed by end of contract 23.6%, (N = 42), Premature Voluntary Release (PVR) 18% (N=32), redundancy 10.1% (N=18), retired 7.3% (N=13), temperamentally unsuitable at 6.2% (N=11) and administrative discharge at 5.6% (N=10). Amongst the UK white veterans, the most common reason for leaving the armed forces was PVR 38.2% (N=104) followed by end of contract 32% (N=87), medical discharge 12.9% (N=35), retired 10.3% (N=28) and temperamentally unsuitable at 1.1% (N=3). See Chart 14.

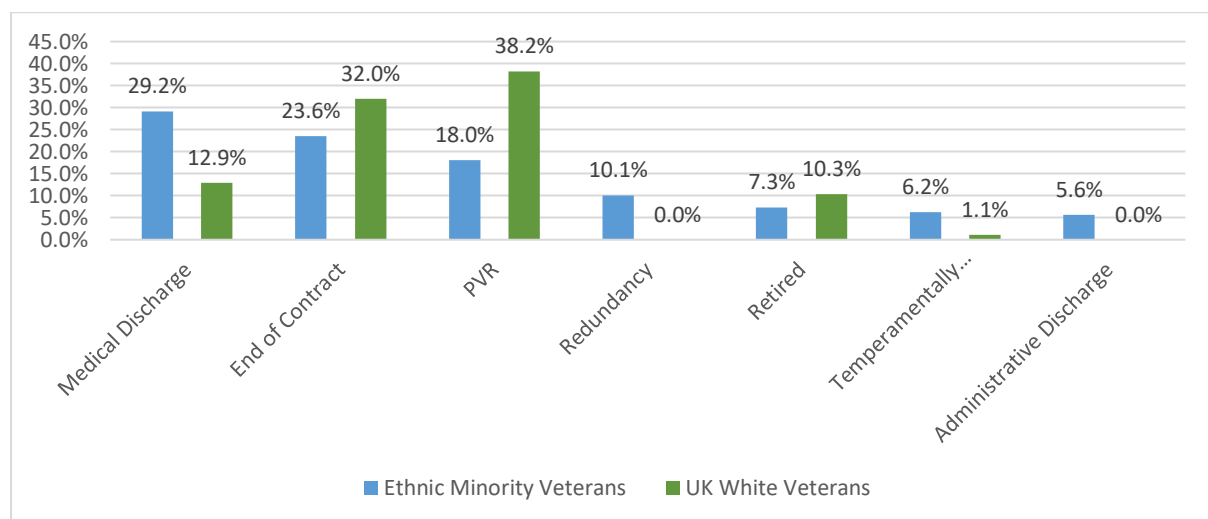


Chart 14: Reason for Leaving Comparison

Of those ethnic minority veterans who were medically discharged, 80.4% (N=41) were discharged due to physical health (PH) and 27.5% (N=14) due to MH problems with the remaining 3 unknown. Of the UK white veterans who were medically discharged, 75.0% (N=24) were discharged due to PH and 28.1% (N=9) due to MH problems, the remaining five being unknown. Participants were able to select more than one response. See Chart 15.

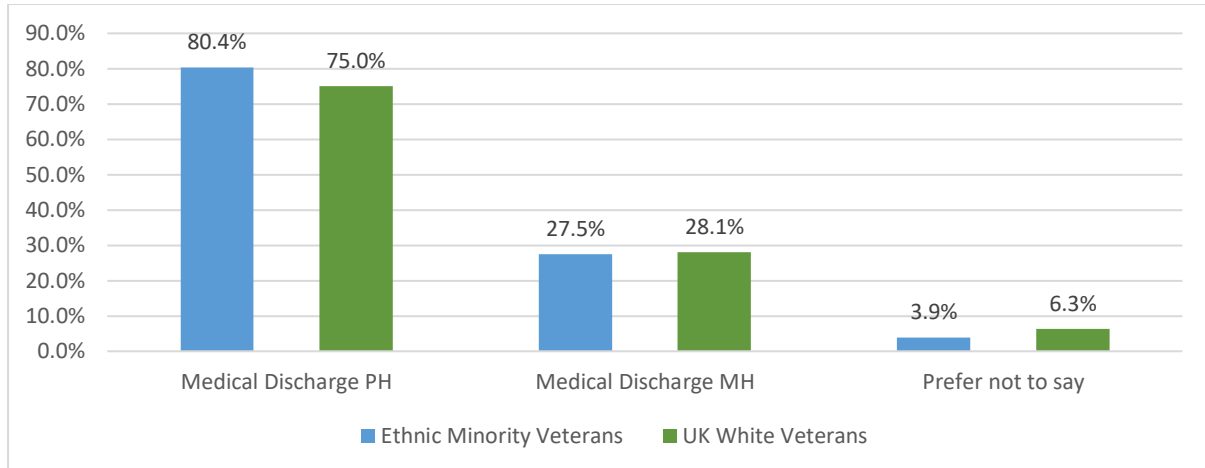


Chart 15: Medical Discharge Reason Comparison

Thirty-seven percent (N=59) of ethnic minority veterans and 16% (N=42) of UK white veterans indicated that they left the armed forces due to a physical or MH problem. See Chart 16.

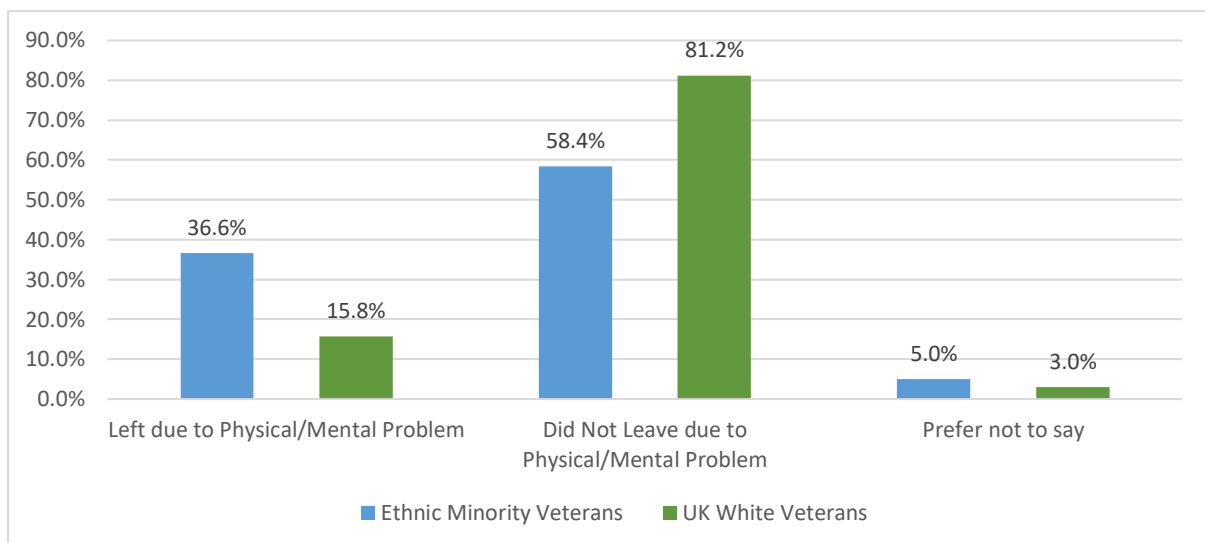


Chart 16: Left due to Physical or Mental Health Problem Comparison

There was a very weak and not significant, negative correlation between ethnic minority veterans who were discharged on MH grounds and living alone ($r(177)=-0.005, p=0.953$) which would suggest living alone was not solely related to their MH. Similarly, a moderate but not significant correlation ($r(177)=-0.038, p=0.620$) was reported between being discharged on MH grounds and meeting with people, which would indicate MH alone does not prevent ethnic minority veterans from meeting up with people.

Physical Problems

Of those ethnic minority veterans who indicated that they had a physical problem, this was musculoskeletal 67.8% (N=40), then visual problems 10.2% (N=6) and hearing problems 5.1% (N=3). Those who indicated other were 16.9% (N=10); including hypertension, high blood pressure, gunshot wound, loss of voice, sleep apnoea, Non Freezing Cold Injury (NFCI) and Type 1 Diabetes. This is a prevalence rate of 38.5% (N=59). Information was missing for 26 participants. See Chart 17.

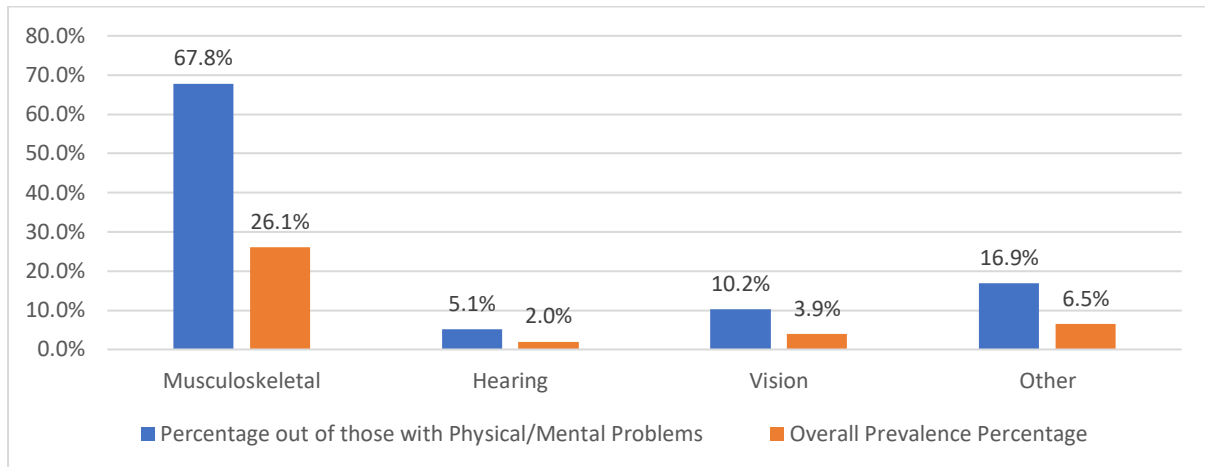


Chart 17: Ethnic Minorities Veterans Physical Health Problems

For UK white veterans, 63.4% (N=26) reported a musculoskeletal injury, 9.8% (N=4) hearing problems, 2.4% (N=1) indicated vision problems and 9.8% (N=4) indicated other; including asthma, NFCI, stroke and vasculitis. See Chart 18. This is a prevalence rate of 13.7% (N=35). Missing data on 18 participants. See Chart 19. An independent samples t-test showed a significant difference in physical health problems as a reason for leaving the armed forces between ethnic minority veteran and white veteran participants ($t(444) = 4.36, p < 0.05$) indicating that more ethnic minority veterans reported a physical condition on leaving the armed forces. There was a strong correlation between participants who completed at least one deployment and physical health as a reason for leaving the armed forces but this was not significant ($r(145) = -.112, p = 0.182$) which would indicate that deployments alone are not a sole contributor to poor physical health.

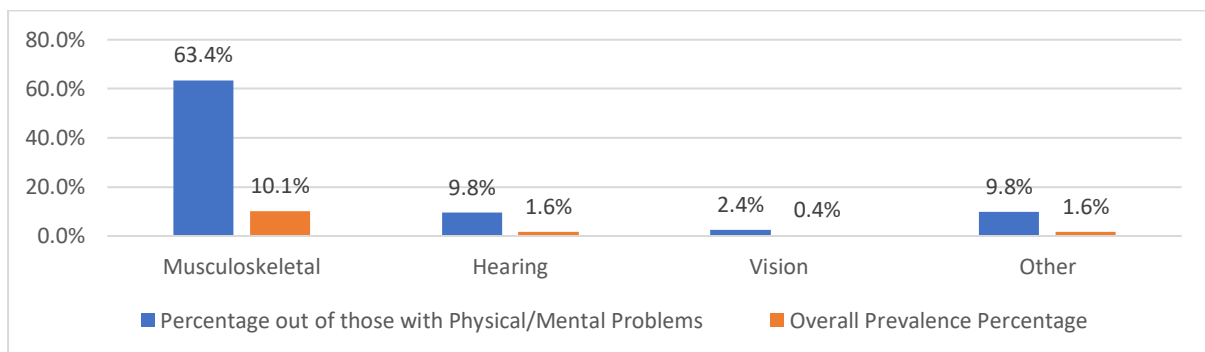


Chart 18: UK White Veterans Physical Problems

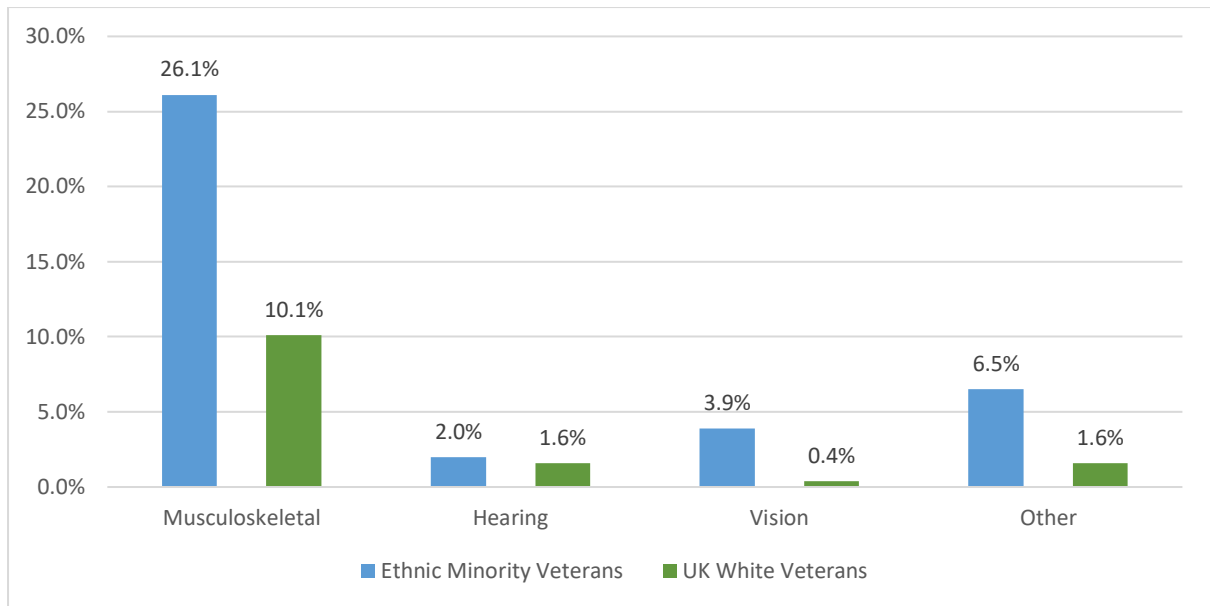


Chart 19: Physical Problems Prevalence Comparison

Mental Health

For the ethnic minority veterans who reported MH issues, the most commonly reported disorder was depression with 40.7% (N=24), followed by anxiety 39.0% (N=23), PTSD 33.9% (N=20), alcohol misuse 8.5% (N=5), and dementia 3.4% (N=2). Information was missing for 26 participants. See Chart 20.

As a prevalence rate, this is depression 15.7%, anxiety 15.0%, PTSD 13.1%, alcohol misuse 3.3%, and dementia 1.3%. See Charts 20 and 22.

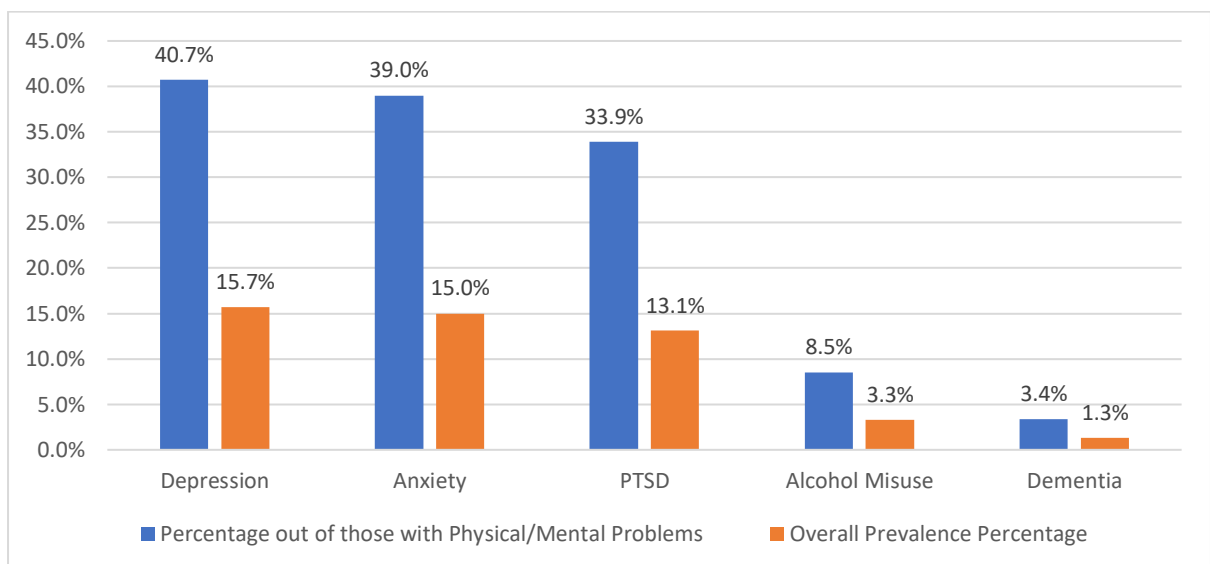


Chart 20: Ethnic Minorities Veterans Mental Health Problems

For UK white veterans who reported MH issues, the most commonly reported disorder was PTSD at 26.8% (N=11), followed by anxiety 19.5% (N=8), depression with 17.1% (N=7), alcohol misuse 2.4% (N=1) and other was an Adjustment Disorder at UK at 2.4% (N=1). There were no reported instances of dementia within this population. Information was missing for 18 participants. See Chart 21. As a prevalence rate, this is PTSD 4.3%, depression 2.7%, anxiety 3.1%, and alcohol misuse 0.4%. See Chart 22.

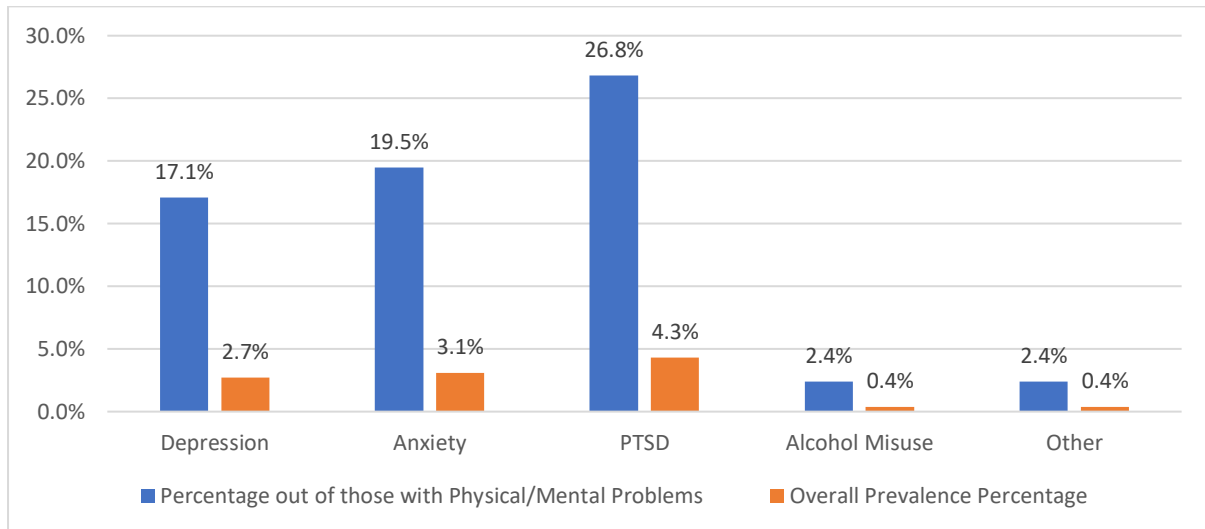


Chart 21: UK White Veterans' Mental Health Problems

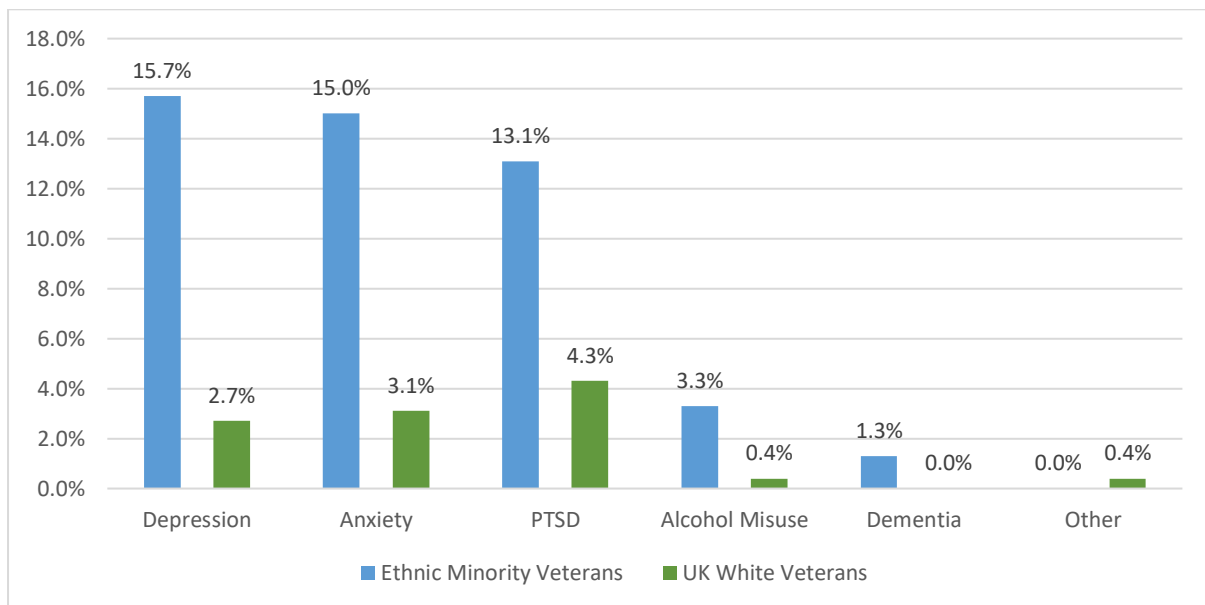


Chart 22: Mental Health Problems Prevalence Comparison

An independent samples t-test showed a significant difference in PTSD as a reason for leaving the armed forces between ethnic minority and UK white participants ($t(408) = 5.05, p < 0.05$) with more ethnic minority participants leaving with this condition.

Ethnic minority veterans who reported that they did not have a long-standing physical or MH problem were 61.1% (N=102). Those with long-standing problems were 38.9% (N=65) and prefer not to say were 4.6% (N=6). In comparison, those UK white veterans who reported they did not have a long-standing physical or MH problem were 53.3% (N=139). Those with a long-standing problems were 46.7% (N=122) and prefer not to say were 2.6% (N=7). See Chart 23.

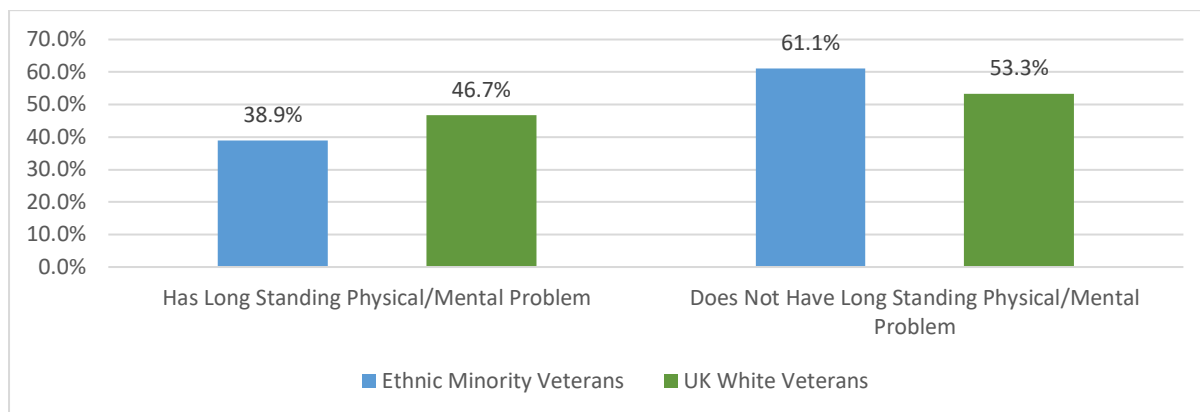


Chart 23: Long Standing Physical/Mental Problems Comparison

Accessing Mental Health Support

Ethnic minority veterans who were not accessing MH support were 58% (N=101). Those accessing MH support were 17.2% (N=30) and those who had previously were 20.7% (N=36), and prefer not to say were 4% (N=7). UK white veterans not accessing MH support were 64.8% (N=173). Those currently accessing MH support were 10.9% (N=29) and those who had previously were 22.1% (N=59), and prefer not to say were 2.2% (N=6). See Chart 24.

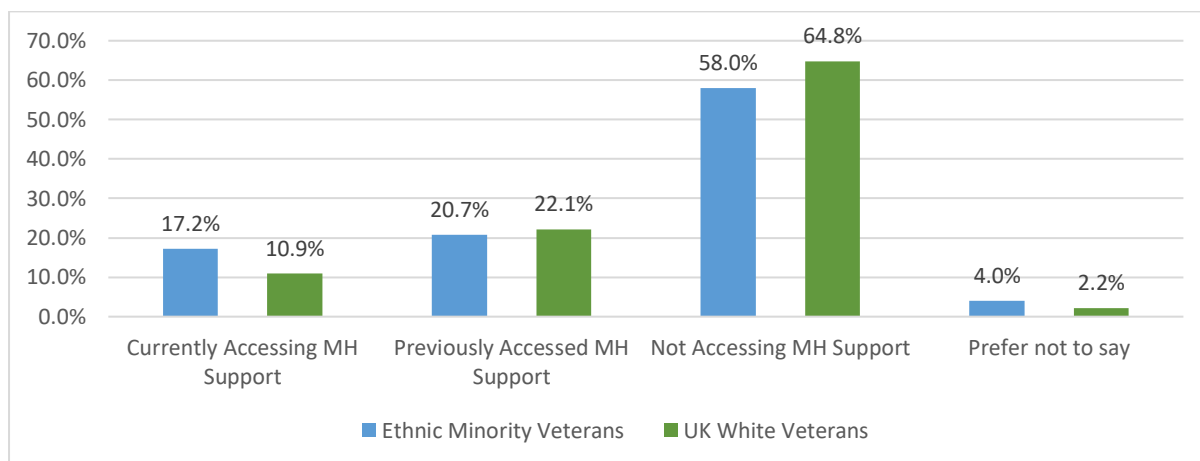


Chart 24: Accessing MH Support Comparison

Services Accessed

Of the 66 ethnic minority veterans who had sought support, the most common source was MH services at 53.1% (N=34), followed by family and friends 39.1% (N=25), the NHS 34.4% (N=22), general practitioner (GP) 31.3% (N=20), veterans hubs 23.4% (N=15), charities 10.9%

(N=7) and others were 4.7% (N=3). Of 88 UK white veterans who had sought support, the most common was with their GP at 55.7% (N=49); followed by the NHS 50% (N=44), MH Services 45.5% (N=40), charities 28.4% (N=25), veterans hubs 22.7% (N=20), family and friends 17% (N=15), and others at 18.2% (N=16). See Chart 25.

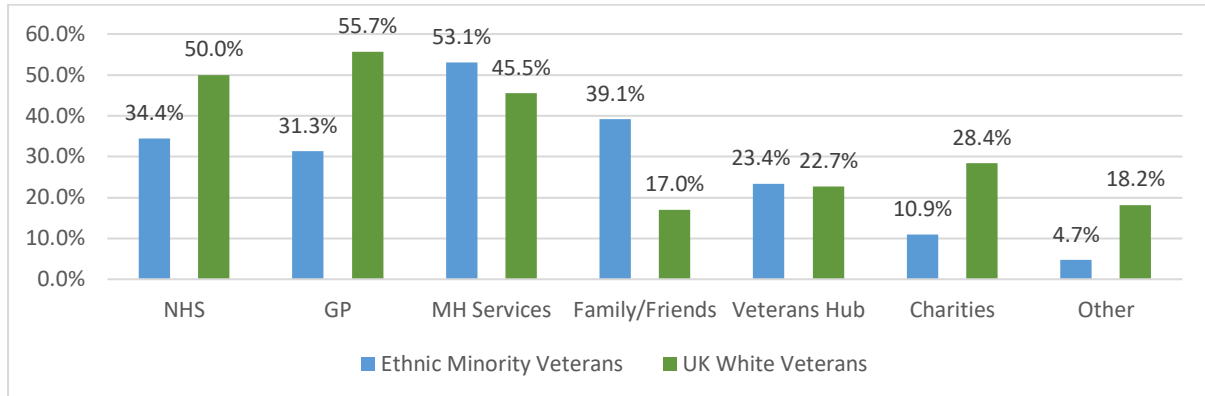


Chart 25: Accessing Support from Source Comparison

Help-Seeking

Regarding help-seeking, of the ethnic minority veterans, those that felt that support was not needed and that they could cope on their own were 19.4% (N=12), and those that did not delay seeking help were 4.8% (N=3). Those that found it hard to ask for help were 50% (N=31), who had difficulty accessing support 27.4% (N=17), were unaware of the support that was available 24.2% (N=15), were unaware of the one-day inclusion criterion to be classified as a veteran 16.1% (N=10), didn't know where to access support 12.9% (N=8), and other factors 9.7% (N=6). In regards to help-seeking, of the UK white veterans, those that felt that support was not needed and that they could cope on their own were 33.3% (N=29), and those that did not delay seeking help were 6.9% (N=6). Those that found it hard to ask for help were 57.5% (N=50), had difficulty accessing support 13.8% (N=12), were unaware of the support that was available 23% (N=20), were unaware of the 1 day inclusion criteria to be classified as a veteran 10.3% (N=9), did not know where to access support 16.1% (N=14), and other factors 8% (N=7). See Chart 26.

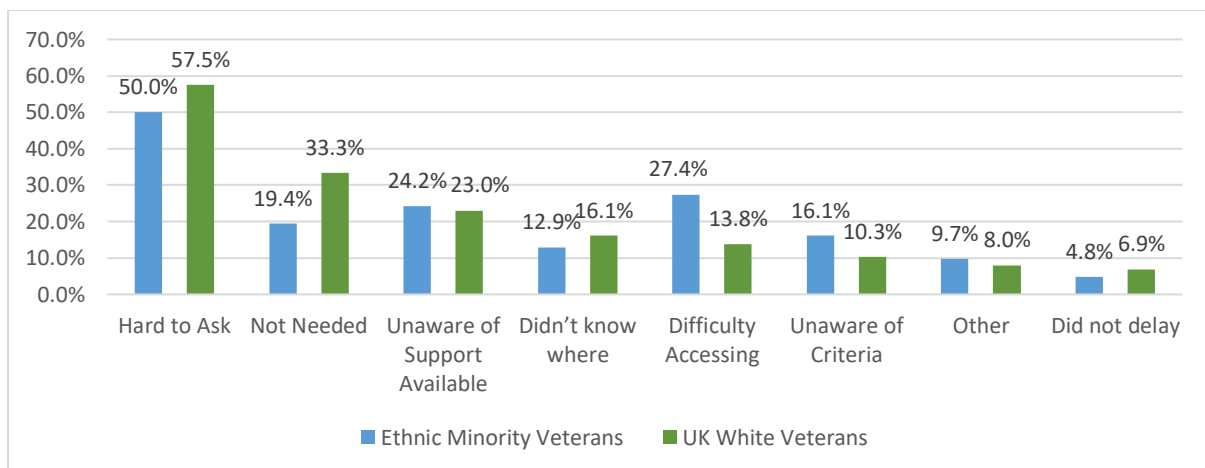


Chart 26: Delayed Help-Seeking Reason Comparison

A chi-square test found no significant association between ethnic minority veterans and not delaying help-seeking ($X^2(1, 6)=4.66, p=0.587$) which would indicate that ethnicity specifically does not delay help-seeking and there are other factors that contribute to this.

Primary Healthcare Registration

Of the 173 ethnic minority veteran respondents who answered this questions, 75.1% (N=130) were registered with a PHC practice and 24.9% (N=43) were not. From 264 UK white veterans, 97.7% (N=258) were registered with a PHC practice and 2.3% (N=6) were not. See Chart 27.

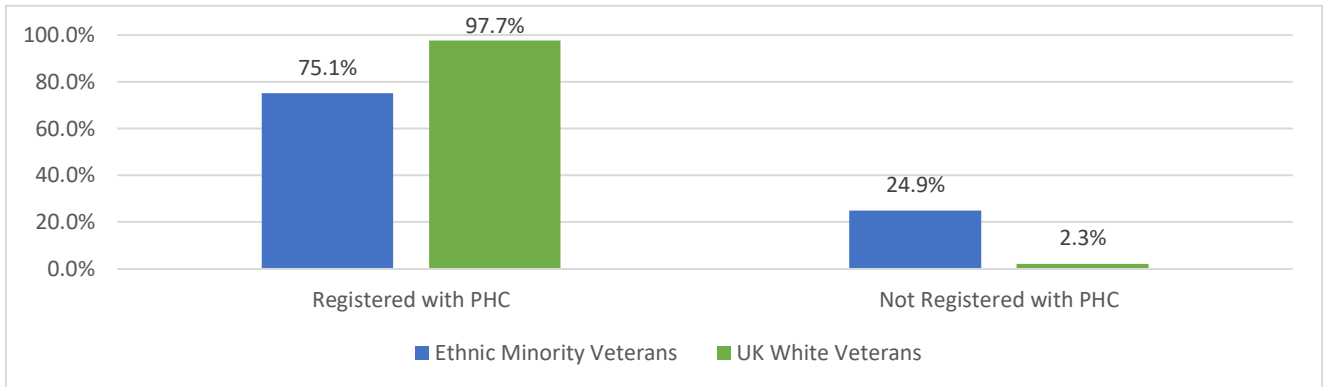


Chart 27: PHC Registration Comparison

The reasons why ethnic minority veterans had not registered included 48.8% (N=20) reporting that they were unaware that they needed to register. A further 34.1% (N=14) did not know where to go, 22% (N=9) stated they did not know how to register, 19.5% (N=8) had not needed care or been unwell and 14.6% (N=6) believed that a civilian GP would be unaware of their needs. There were 22% (N=9) who reported other; the majority of which were due to living abroad. For the six UK white veterans that had not registered there were 33.3% (N=2) who had not needed care or been unwell, and 66.7% (N=4) reported other. See Chart 28.

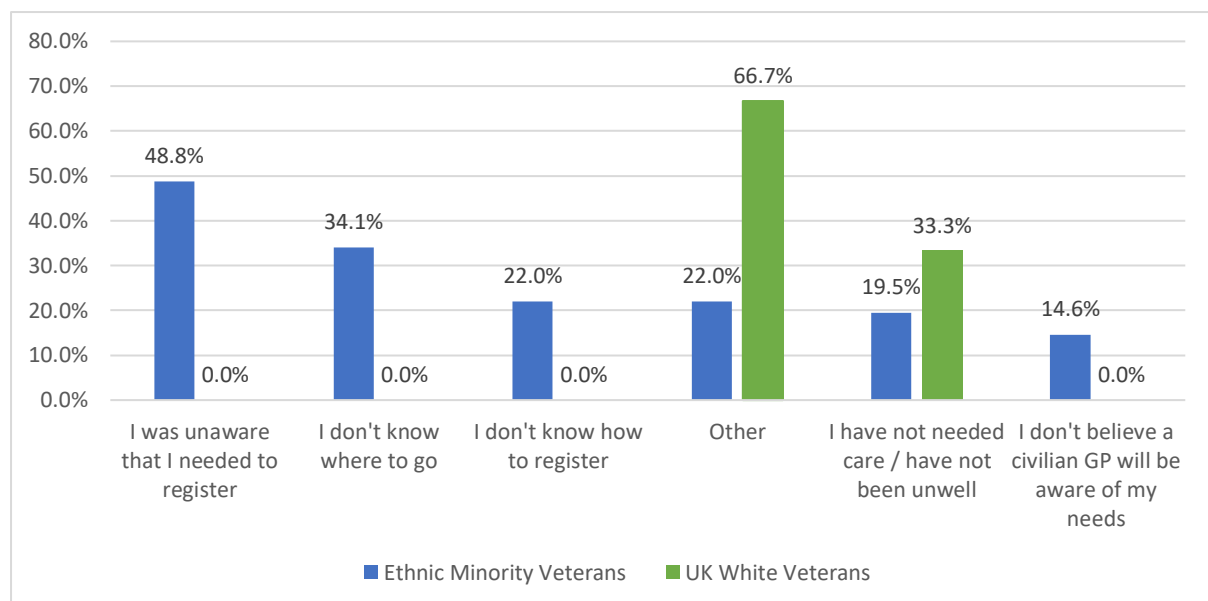


Chart 28: PHC Not Registering Reasons Comparison

A chi-square test showed a significant association between ethnic minority veterans and GP registration ($X^2(1, 16)=35.70, p<0.05$) which suggests that West Indian and African heritage veterans were more willing to register with PHC than other ethnic minority veterans.

People to Rely On

There were 60.9% (N=106) ethnic minority veteran respondents who had people to rely on, a further 27.6% (N=48) who had some people to rely on and 11.5% (N=20) had no-one to rely on. There were 59% (N=158) of UK white veterans who had people to rely on, a further 28% (N=75) who had some people to rely on, and 13% (N=35) had no-one to rely on. See Chart 29.

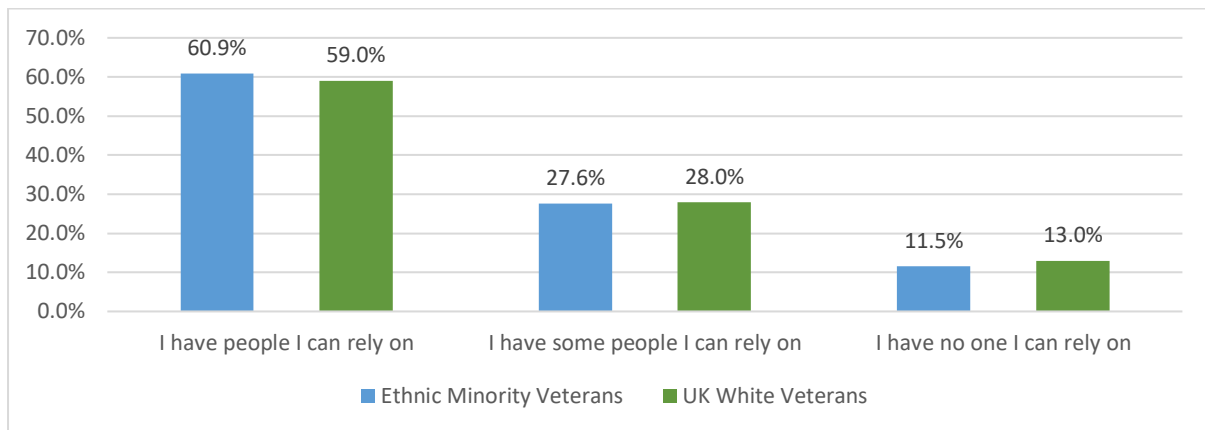


Chart 29: Other People Reliance Comparison

Source of Support

The primary sources of people who offered some support for ethnic minority veterans were family at 88.1% (N=133), friends 74.2% (N=112), other veterans 57% (N=86), church community 27.2% (N=41) and charities at 4% (N=6). For UK white veterans it was family 85% (N=198), friends 73% (N=170), other veterans 66.5% (N=155), church community 5.2% (N=12) and charities at 0.4% (N=1). See Chart 30.

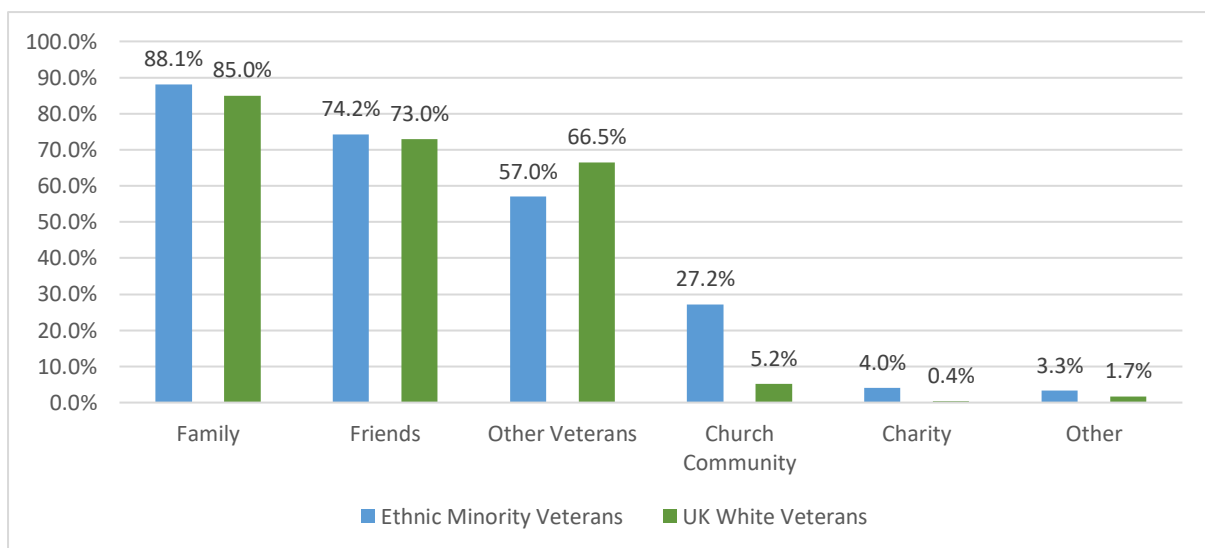


Chart 30: 2Source of Reliance Comparison

Social Interaction

As an indicator of social interaction, participants reported on how often they met with friends or other acquaintances. Of the ethnic minority veterans, 42.9% (N=75) met at least three times a week, 26.3% (N=46) once or twice a week, 14.9% (N=26) once or twice a month and 8% (N=14) every few months. There were another 8% (N=14) that reported other. Of the UK white veterans, 29.5% (N=78) met with friends or other acquaintances at least three times a week, 27.7% (N=73) once or twice a week, 15.5% (N=41) once or twice a month and 21.6% (N=57) every few months. There were 5.7% (N=15) who reported other. See Chart 31. A one-way ANOVA to identify the impact of ethnicity upon social interaction showed a significant difference between ethnicity and the number of times participants engaged in social interaction ($F(4,434)=4.73$, $p < 0.05$) but there were no significant differences across age and social interaction ($F(4,434)=0.61$, $p=0.657$). Minority ethnic veterans were involved in more social interaction than the comparison cohort of UK white veterans.

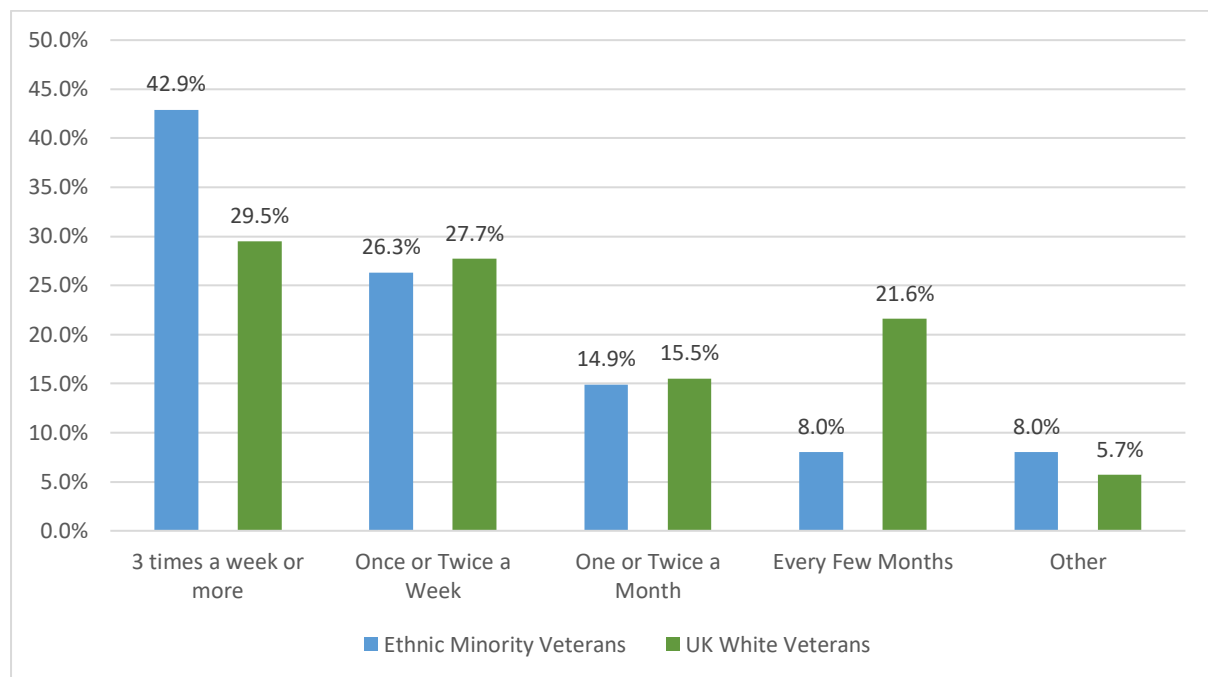


Chart 31: Meeting Others Occurrence Comparison

Another dimension of social interaction was measured by club membership which could provide companionship. From the 173 ethnic minority veterans who answered this question, 59% (N=102) had no membership of a club and 41.0% (N=71) were members. From the 264 UK white veterans who answered this question, 50.8% (N=134) had no club membership and 49.2% (N=130) were club members. See Chart 32.

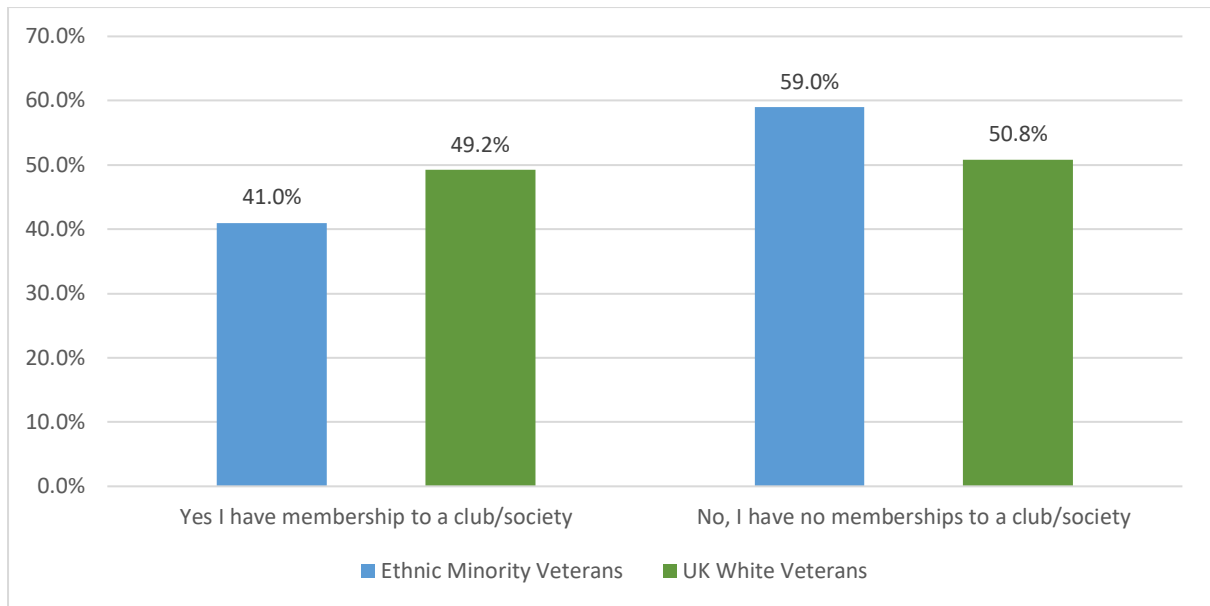


Chart 32: Club Membership Comparison

The final of the three measurements regarding social engagement were designed to provide an option for participants to compare their social activities with those of others. For ethnic minority veterans, the most common response was 28.2% (N=49) who reported less than most. Then 27.6% (N=48) indicated about the same, 16.1% (N=28) reported more than most, 15.5% (N=27) much less than most and 7.5% (N=13) much more than most.

For UK white veterans, the most common response at 30.7% (N=81) was about the same. Then 28.4% (N=75) who reported less than most, 25.8% (N=68) much less than most, 11% (N=29) more than most and 1.1% (N=3) much more than most. See Chart 33.

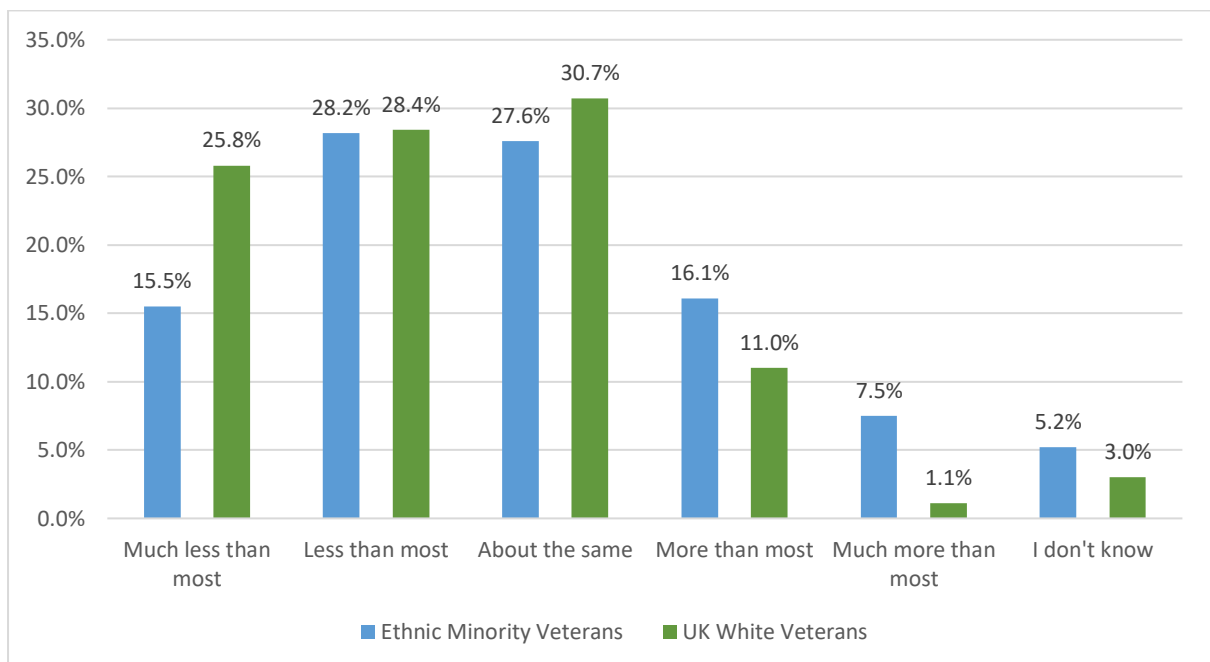


Chart 33: Compared to People Your Age - Taking Part in Social Activities Comparison

Family Impact

There were 49.4% (N=86) of ethnic minority veterans who stated that their family members were not affected by military service but 47.1% (N=82) who were. For UK white veterans, 56.1% (N=147) stated their family members were not affected by military service but 41.6% (N=109) who were. See Chart 34.

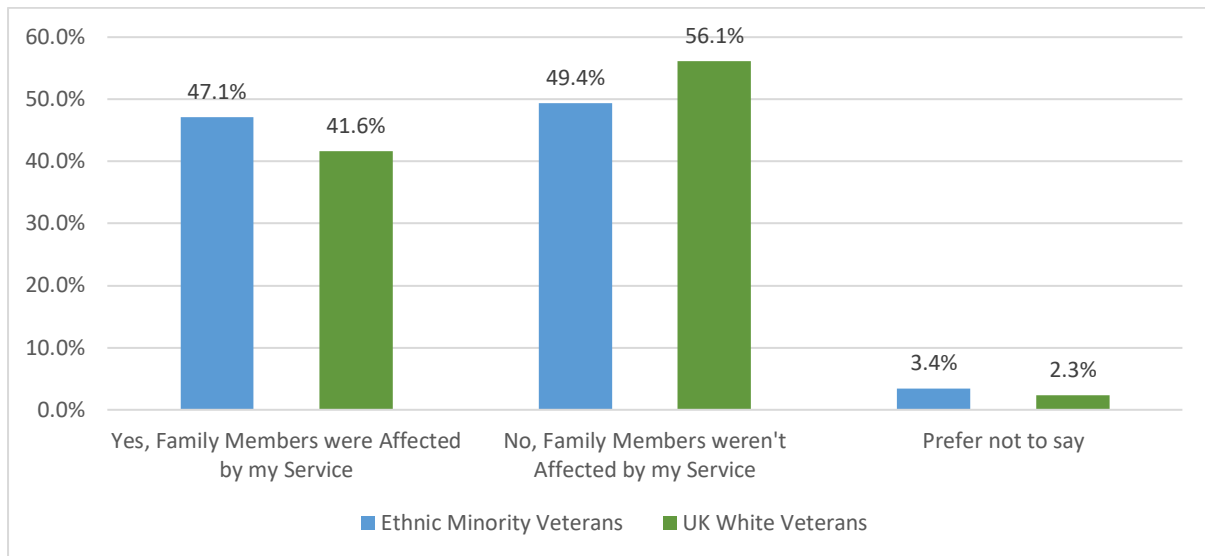


Chart 34: Family Members Affected by Service Comparison

Extending that into the impact of transition on leaving the armed forces, 51.4% (N=89) of ethnic minority veterans stated that their family members were not negatively affected but 45.7% (N=79) indicated they were. For UK white veterans, 62% (N=163) stated that their family members were not negatively affected but 35.4% (N=93) were. See Chart 35.

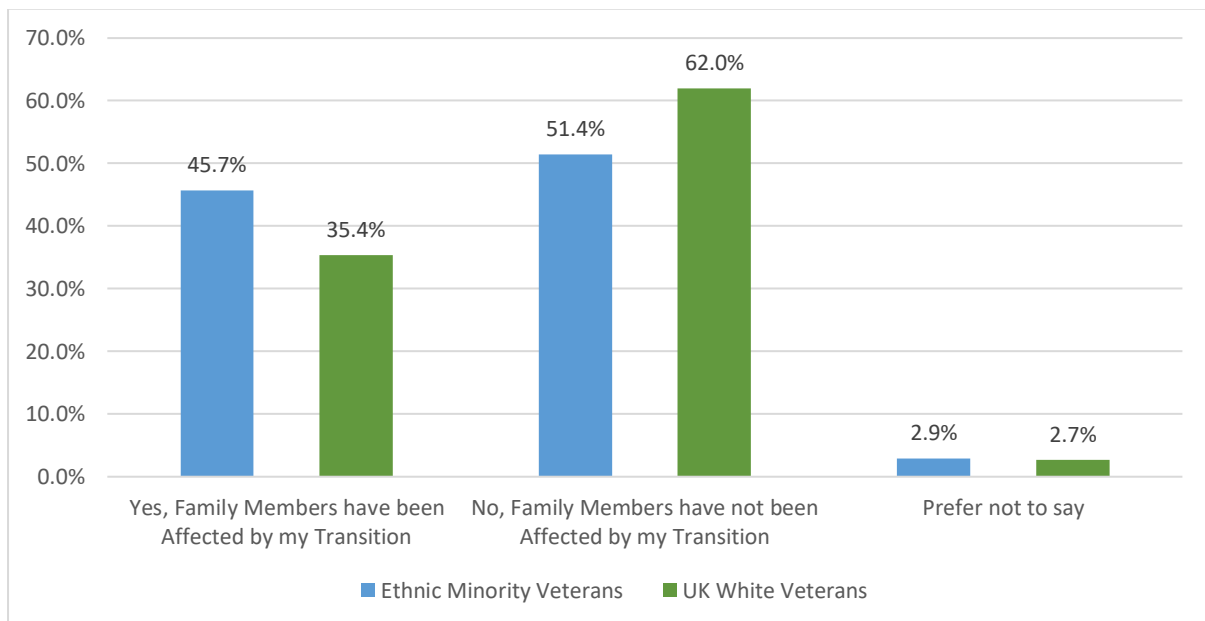


Chart 35: Family Members Affected by Transition Comparison

Education

A question was included to identify the accreditation of educational qualifications on the completion of military service. For ethnic minority veterans, 40.6% (N=69) undertook a course and had received a qualification, 9.4% (N=16) were currently undertaking a qualification and 50% (N=85) had not undertaken an educational course. For UK white veterans, 60.9% (N=159) undertook a course and had received a qualification, 4.6% (N=12) were currently undertaking a qualification and 34.5% (N=90) had not undertaken an educational course. See Chart 36.

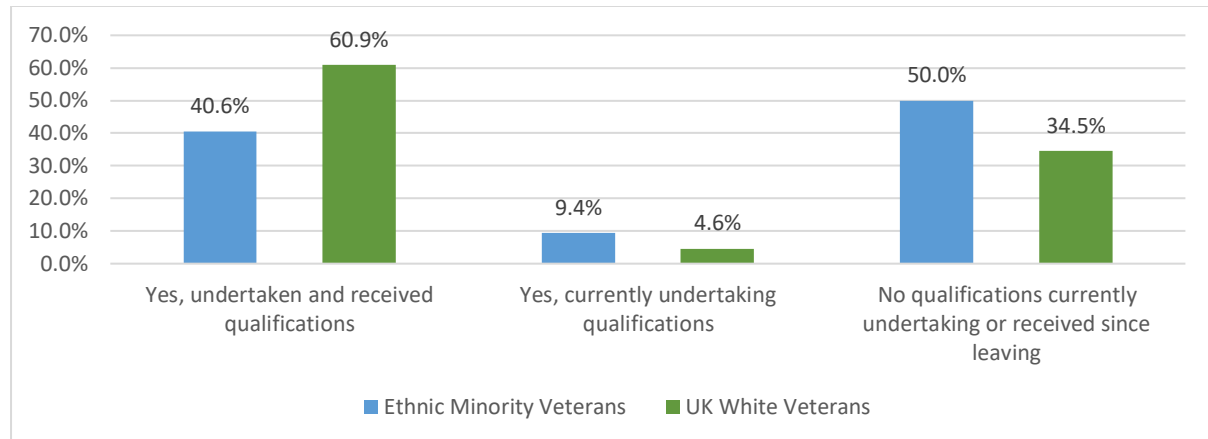


Chart 36: Qualifications Since Leaving Comparison

Employment Status

Regarding employment, of the 164 ethnic minority veterans who provided information, 56.1% (N=92) were employed, 13.4% (N=22) had retired, 7.3% (N=12) were in voluntary activities and 4.3% (N=7) were in education. There were 22% (N=36) who were unemployed. Of the UK white veterans 66.5% (N=173) were employed, 7.7% (N=20) had retired, 5% (N=13) were in voluntary activities and 16.5% (N=43) being in education. There were 7.3% (N=19) who were unemployed. See Chart 37.

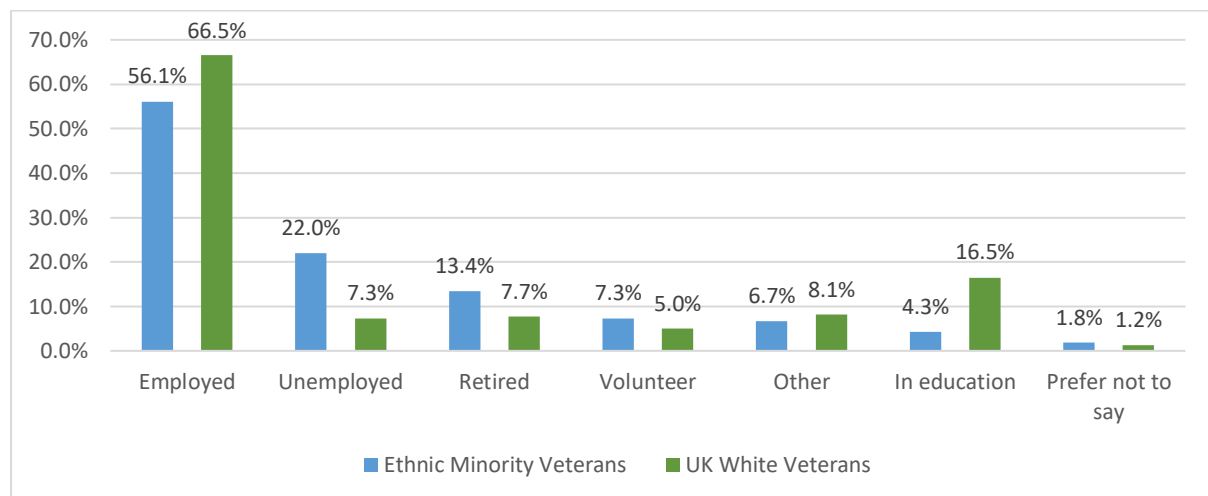


Chart 37: Employment Status Comparison

Of the ethnic minority veterans, 53.1% (N=85) had no difficulties in gaining employment and 46.9% (N=75) did; 6.4% (N=11) preferred not to say which in this case is treated as missing data. UK white veterans reported 71.3% (N=184) having no difficulties in gaining employment whilst 28.7% (N=74) reported they did; 1.9% (N=5) preferred not to say which in this case is treated as missing data. See Chart 38.

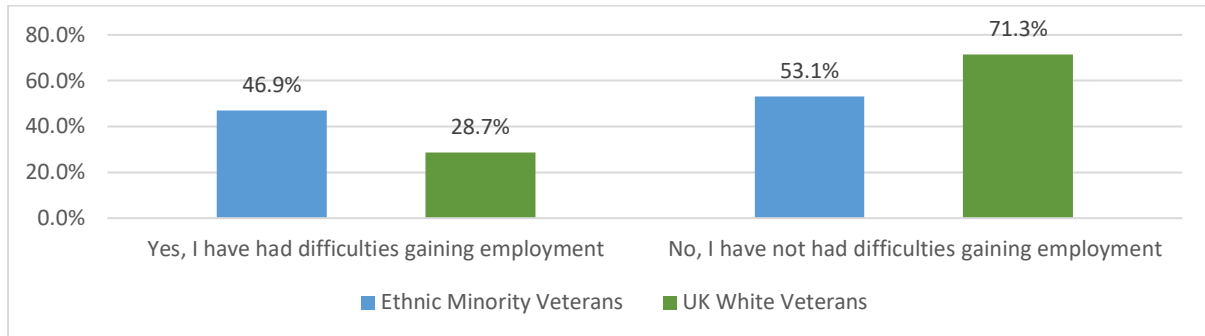


Chart 38: Difficulties Gaining Employment Comparison

An independent samples t-test showed a significant difference in employment rates between the ethnic minority veterans and the UK white participants ($t(422) = 2.17, p < 0.05$). A paired samples t-test also indicated a significant difference in difficulties gaining employment between ethnic minority and UK white veterans ($t(433)=8.57, p < 0.05$), with ethnic minority veterans facing more difficulties in gaining employment.

Housing

From the ethnic minority veteran participants, there were 47.0% (N=79) who were homeowners, 35.1% (N=59) in rented property, 6.6% (N=11) in residential accommodation, 2.4% (N=4) who were homeless and 8.9% (N=15) in other accommodation. From UK white veterans there were 77.4% (N=199) who were homeowners, 18.7% (N=48) in rented property, 0.4% (N=1) in residential accommodation, 0.4% (N=1) who were homeless and 3.1% (N=8) were in other accommodation. See Chart 39. An independent samples t-test showed a significant difference in homeownership between ethnic minority veteran participants and white participants ($t(428) = -5.45 p < 0.05$), with ethnic minority veterans being less likely to be homeowners.

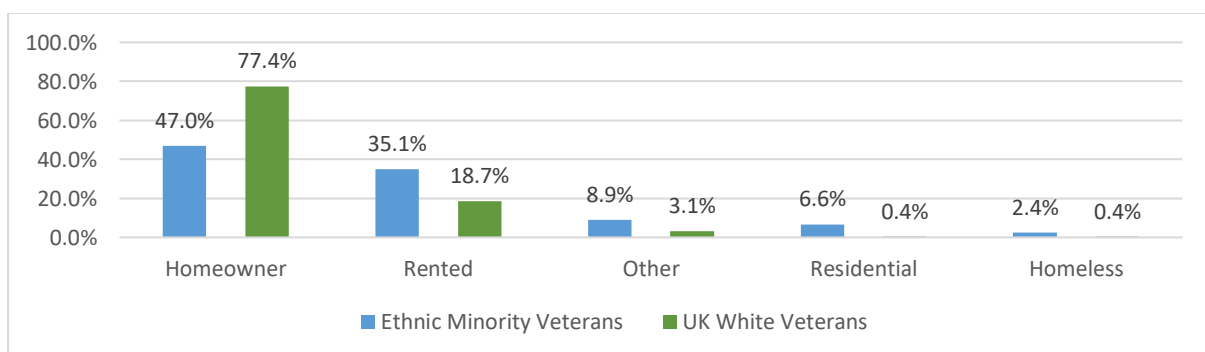


Chart 39: Housing Comparison

From ethnic minority veterans, 40.9% (N=79) were living with their spouse/partner, 38.3% (N=74) with their family and 18.1% (N=35) were living alone. There were also 1.0% (N=2) living with friends, 1.0% (N=2) in a professional house share and 0.5% (N=1) replied other. For UK white veterans, 42.1% (N=63) were living with their spouse/partner, 34.9% (N=52) with their family and 22.8% (N=34) were living alone. See Chart 40.

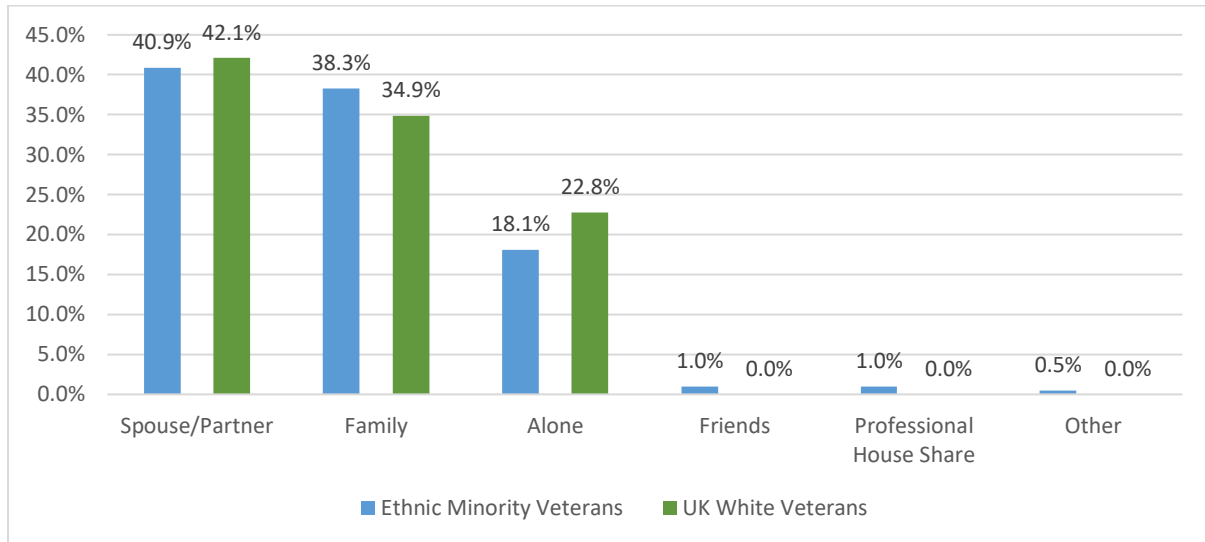


Chart 40: Living with Comparison

In obtaining housing, 62.8% (N=103) of ethnic minority veterans had no difficulties in gaining housing whilst 37.2% (N=61) reported they did. For UK white veterans, 83.4% (N=216) had no difficulties in gaining housing whilst 16.6% (N=43) did. See Chart 41.

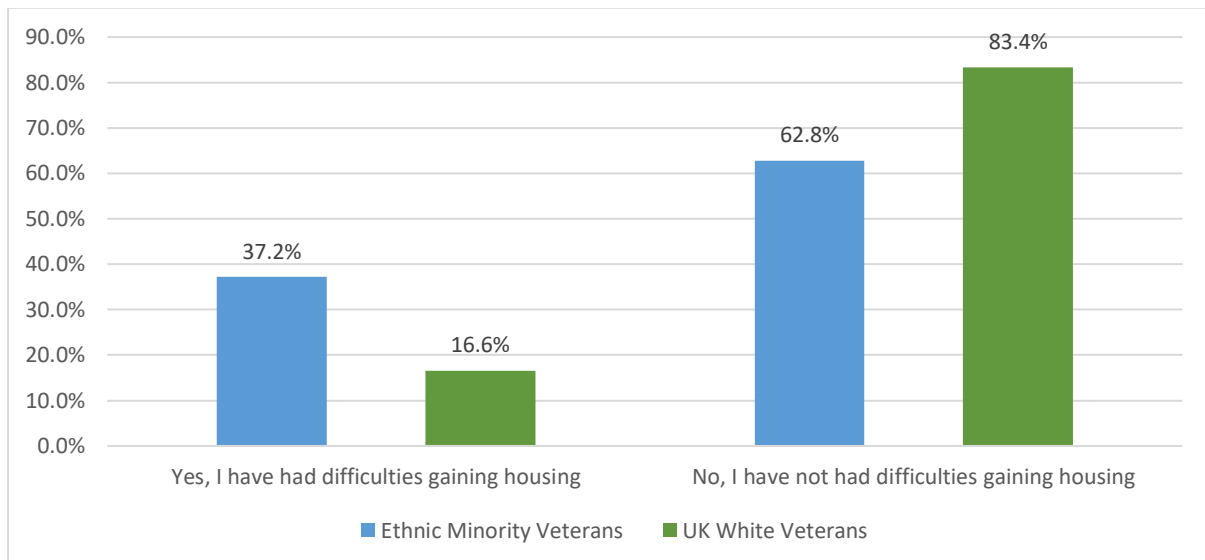


Chart 41: Difficulties Gaining Housing Comparison

A one-way ANOVA indicated a significant effect of ethnicity upon housing difficulties ($F(2,431)=13.51, p < 0.05$) with ethnic minority veterans experiencing more problems.

Pension

Regarding pensions, 54.8% (N=91) of ethnic minority veteran participants were in receipt of a pension and 45.2% (N=75) were not. For UK white veterans, 65% (N=167) were in receipt of a pension and 35% (N=90) were not. An independent samples t-test showed a significant difference in pension receipt between ethnic minority veterans and UK white veterans ($t(432) = -2.77$ $p < 0.05$) with ethnic minorities less likely to be in receipt of a pension. See Chart 42.

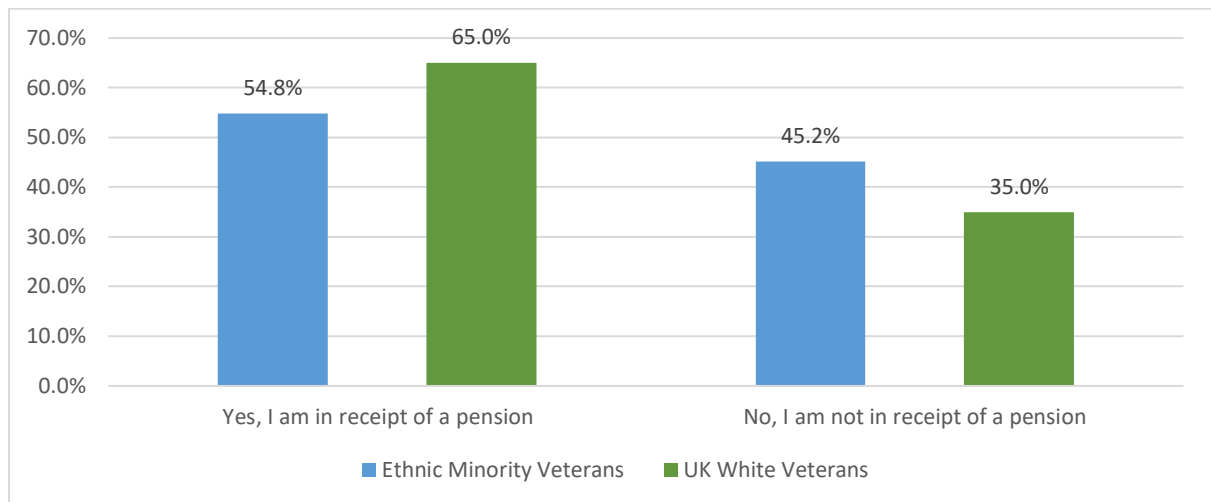


Chart 42: Receipt of Pension Comparison

Of those ethnic minority veterans receiving a pension, 63% (N=51) had a standard time served pension, 38.3% (N=31) had an illness/injury pension, 12.3% (N=10) had another pension and 2.5% (N=2) preferred not to say.

For UK white veterans, 74.3% (N=124) had a standard time served pension, 22.8% (N=38) had an illness/injury pension, 10.8% (N=18) had another pension and 2.4% (N=4) preferred not to say. See Chart 43.

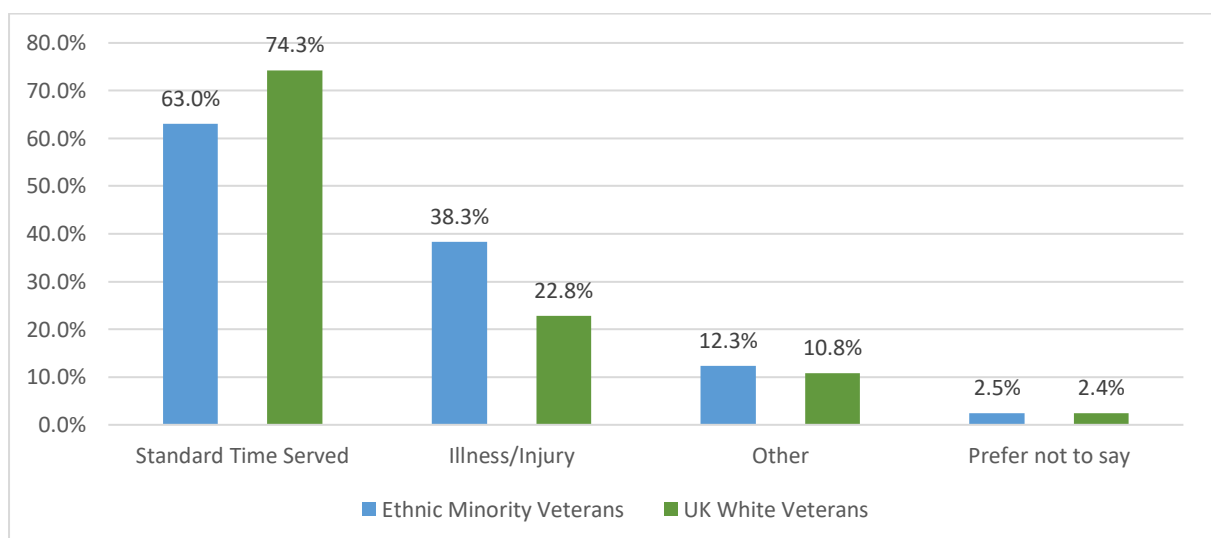


Chart 43: Type of Pension Comparison

Summary of Demographic & Service History Data

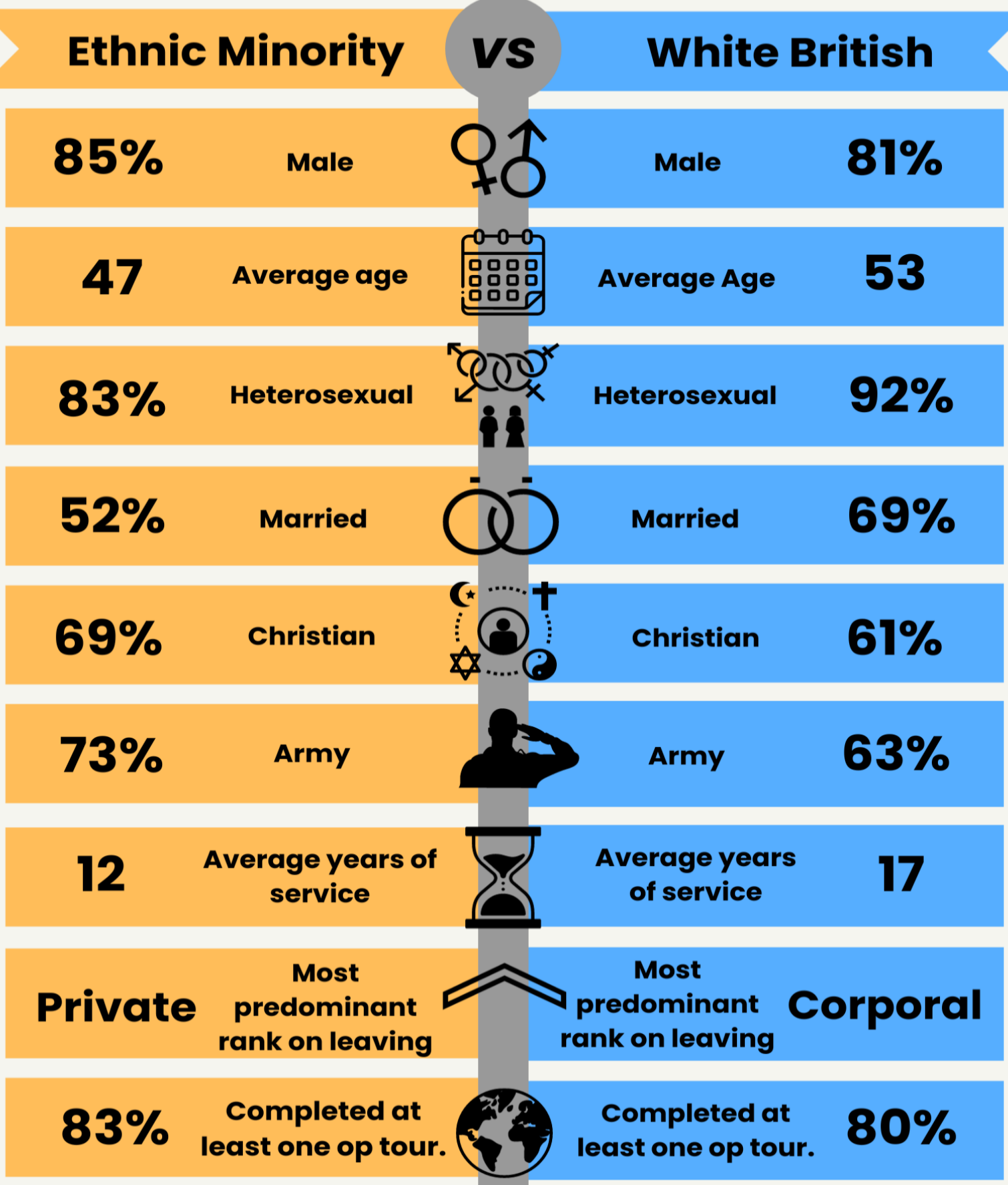


Figure 7: Demographic and Service History

Qualitative Results

Interviews

There were 36 interviews conducted with ethnic minority veterans. All participants met the inclusion criteria of three years' minimum service. Interviewees ranged from Officers to JNCOs; personnel with 37 years' experience including those born in the UK and overseas. One interviewee was a Reservist Officer. These interviews lasted between 15 minutes and 101 minutes, and were 50 minutes on average, which produced 30 hours of information that generated 284,635 words of data. The mean age was 62. The participants were predominantly male at 89% (N=32) and 11% (N=4) were women. The majority were from the West Indian / Caribbean communities (64%, N=23), with Asian participants at 28% (N=10) and African 8% (N=3). There were 56% (N=20) who had served in the British Army, 33% in the RAF (N=12) and 11% in the Royal Navy/Marines (N=4).

Coding

Initial coding revealed 31 categories and an analysis of these elements led to the identification of four major clusters: (i) motivation to enlist (ii) benefits of service life and characteristics to succeed (iii) reasons for leaving and (iv) transition. These were overarching issues related to the historical context of serving over the past decades. These are presented graphically in Figure 8. These factors are discussed in depth in the "Discussion" section which includes the participants' quotes to maintain the flow of the narrative. To preserve the anonymity and confidentiality of the participants, their identity is presented as alphabetical letters (AA, BB, CC) and no other detail is offered.

Discrimination, Racism and Context

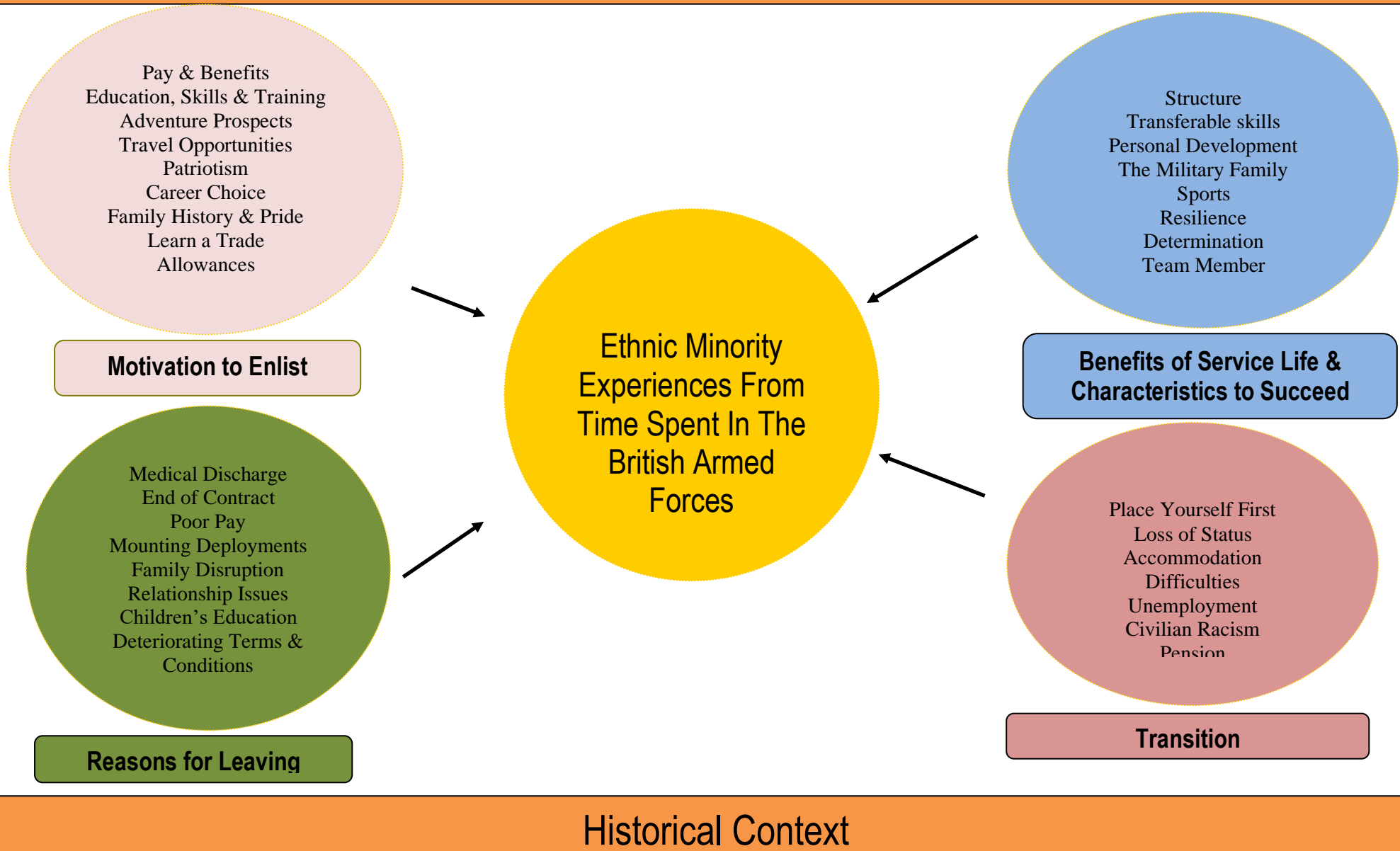


Figure 8: Theoretical Model: Ethnic Minority Veterans Experiences from Time Spent in the British Armed Forces

Discussion

This two-year research study was designed to significantly improve awareness around matters that concern ethnic minority veterans. The research had a broad remit, and aimed to identify what motivated people from ethnic minorities to join the British Armed Forces, what enticed them to stay, what factors influenced their decision to leave, and how they have fared since departing. To achieve this, information was gathered through interviews conducted with 36 ethnic minority veterans and a survey comparison study with data provided by 179 ethnic minority veterans and 274 UK white veterans. The data was collected between May 2022 and September 2023. From the outset, representing the participants' voices was a key part of associate working, and participants were welcomed as equal partners. Co-production was a key feature of the research design, with considerable contributions from peer researchers who conducted the qualitative interviews and actively engaged and assisted throughout the course of the study.

Participants

The survey participants were predominately male, with ethnic minority veterans at 85% and UK white veterans at 81%. There were 15% of ethnic minority veteran survey participants who were female and 18% of UK white veterans were female. The composition of the veteran population led to the predicted male predominance but females were over-represented in both groups when compared to the 11.2% of women serving in the British Armed Forces (GOV.UK, 2022) and 13.6% identified in the Census of 2021 (ONS, 2023).

The mean age of the ethnic minority veterans was 47 years and ranged from 22 to 96 years old. The majority were aged between 36 and 45 years old. The interview group were older. The average age of the UK white veterans was 53, ranging from 26 to 82 years old, with the majority at 56-65 years old. The study participants' ages were younger than the overall median age of UK veterans, where 53% are aged 65 years old or over and 31.8% are over 80 years old (ONS, 2023). The majority of both ethnic minority veterans at 83% and UK white veterans at 92.3% were heterosexual. Members of the LBGTQ+ community were representative in the ethnic minority population at 7.4%.

The majority of participants served in the British Army. For ethnic minority veterans this was 73%, and UK white veterans 63%. Over 90% of both groups served as Regulars. Of the ethnic minority veterans, 83% had completed at least one OT with a mean of four tours ranging from 1 to 20 deployments, most commonly in Iraq, Afghanistan, and Northern Ireland (NI). On average, ethnic minority veterans who completed a survey had served for 12 years, ranging from <1 year to 37 years. The UK white veterans had served for longer at an average of 17 years ranging from 1 year to 45 years.

The interviews were conducted with 32 men and 4 women, predominately from the West Indian/Caribbean and Indian communities.

Historical Perspective

The ethnic minority survey participants who contributed to the study had left the British Armed Forces between 1947 and 2023. This broad life trajectory in the services with its historical perspective was a significant feature of the interviews, some of which were conducted with veterans who had served 40 to 50 years ago. In many senses, the ethnic minority veteran participants highlighted that historically the military was no different to mainstream UK culture, and participants offered acknowledgement that positive progress had emerged over the decades in addressing racism and discrimination.

“And at the time in ‘68, there was no such thing as politically correct language. So the language of racism, the attitude of racism, wasn’t hidden, which in a way was probably, from my perspective, better because I understood it in the sense that it was no different from the things you could hear in the streets of Birmingham.” JJ

Participants indicated that they were the only Black person in certain community settings such as school, and the participants took those lived experiences with them into the armed forces:

“I actually hit the ground running. So out of maybe a few hundred people, I was the one Black, and I was used to that, coming from a school where that was the situation I was quite comfortable with that.” EE

The participants revealed how they contextualised comments that could be viewed as racist, as banter (this will be addressed later in this discussion section), with ignorant remarks from other enlistees being attributed to the person having never met a Black person before and that the comments were born of ignorance:

“Some of the kids, especially in the mid ‘70s, hadn’t seen a Black person. Their only experiences of a Black person was from what they’ve heard on the radio or what they’ve seen on TV or what their parents had actually said. I was getting asked lots of curious questions, and for me, it wasn’t racism at first, because for me, it’s like an educational thing, you know?” DD

Career opportunities were different because many overseas recruits did not have a British passport and this restricted what military employment categories they could enter. But when they joined they understood this, and it was accepted as part and parcel of their employment. There was also recognition that employment opportunities had improved over the decades as terms and conditions of service for ethnic minority personnel improved.

“There were only five roles you can enter coming from the Commonwealth into the Royal Navy, only five roles because of security issues. Unless of course, when you do receive your British passport, then you know more doors would have opened up. I felt as if I’d be

more or less waiting forever to get to the next stage.... Now it's different.... I look at new joiners and I said to myself, 'you know, they have a lot more opportunities than we did during our time.' BB

It was acknowledged that the rules and policies at the time facilitated racism, and ultimately the government and MoD had to accept responsibility. Improvements sometimes followed an edict within the military.

"They were not allowed to call me (NICKNAME). There was a big long list of names that people could not be called, like people who were completely Black were not to be called any of these names, people who were coloured were not to be called any of these things. Female soldiers were not allowed to be called any of these things. It was a bit tragic, to be honest, to actually see it in writing because you thought is it that bad that you actually have to list all the things that people don't realise are racist?" II

Thus terms and conditions of service for ethnic minority personnel improved; whilst similar progress was orchestrated by the implementation of MOD equal opportunities policy for LBGT+ personnel and other groups such as serving armed forces mothers.


"I've seen a lot of change in my lifetime and I'm quite happy with the changes that have happened. So, we forget, like LGBT rights these days are alright, but when I joined homosexuality was a sackable offence, you basically left the service. When you fell pregnant in the service, you had to leave...So rules have changed over time, I've lived through them, things will evolve as we go forward." FF

Historical Perspective



“And at the time in 68, there was no such thing as politically correct language. So the language of racism, the attitude of racism, wasn't hidden, which in a way was probably, from my perspective, better because I understood it in the sense that it was no different from the things you could hear in the streets of Birmingham.” JJ

“Some of the kids, especially in the mid 70s, hadn't seen a black person. Their only experiences of black person was from what they've heard on the radio or what they've seen on TV or what their parents had actually said. I was getting asked lots of curious questions, and for me, it wasn't racism at first, because for me, it's like an educational thing, you know?” DD



“There were only 5 roles you can enter coming from the Commonwealth into the Royal Navy, only 5 roles because of security issues. Unless of course, when you do receive your British passport, then you know more doors would have opened up. I felt as if I'd be more or less waiting forever to get to the next stage.... Now it's different, though. Now we've got submarines, marine engineer mechanics, even weapons engineer mechanics. No, it's completely different.... I look at new joiners and I said to myself, 'you know, they have a lot more opportunities than we did during our time.' ” BB

“I've seen a lot of change in my lifetime and I'm quite happy with the changes that have happened. So, we forget, like LGBTQ rights these days are alright, but when I joined, homosexuality was a sackable offence, you basically left the service. When you fell pregnant in the service, you had to leave, until some young lady sued the RAF for sacking her because she fell pregnant and that changed the rules. So rules have changed over time, I've lived through them, things will evolve as we go forward.” FF



Figure 9: Participants Comment - Historical Perspective

Discrimination, Racism and Context

The participants offered a very balanced view regarding discrimination and racism, representing for many their long military service. Whilst they contextualised some discriminatory comments as banter, it was notable that all participants could provide an example of racism, and these comments were often extremely hurtful and potentially damaging, although incidents were often isolated. At times of racism, there were examples where white people would intervene and provide support. In context, there was also recognition that there is intolerance throughout the UK, and some participants experienced higher levels of racism or discrimination after they left the armed forces.

The participants were aware of people from different ethnic backgrounds engaging and communicating with them, which at times included language and gestures that could be interpreted as racist, but where the participant felt the intent was not to cause harm. In these circumstances, the recipient recognised that a statement could be deemed as racist in a certain light, but takes the comments as banter. The interviewees offered plenty of examples of the latter, where what would appear to be a racist comment was deemed as inconsequential teasing. The antecedents for this reaching back to the earliest moments of a person's military career:

"I was the only Black guy. They all come out the Barber and we back onto the coach and everyone's pointing at each other saying 'Look at your hair! So, everybody's laughing at each other and that became, the ice was broken then, you know, because we all had something in common.'" DD

One woman participant was with female colleagues on a ship and describes:

"One of the girls they were looking for some fake tan they were going around, you know. 'Have you got fake tan? Have you got fake tan?' She came to me and then have you got fake tan? And then we just laughed (laughing)." BB

Therefore, a perception that people did not know they were being racist, and when they did they showed remorse.

"I definitely had a lot of people come to me and said, I'm so sorry. I did not realise I was being racist to you, honestly. And I'm saying 'hey', shake your hand. Not a problem." II

For many of the participants, the examples were there, but very isolated and sporadic over many years of service.

"One incident, after we first got married and somebody actually asked my wife who is white, what's it like having a Black baby. And she wasn't able to think quick enough to say, probably the same as having an ugly baby, you know? But, but yeah, and that was probably one of the very few." AA

But for others, whilst they were enjoying military careers, their perception of being discriminated against grew:

“When I first joined, I was too naïve to know what was happening around me but it was as I gradually, you know, matured I started realising that there was, I was being treated different. By some people I was protected by the harshness of the forces, but then there were others who were there to utilise my services, if they wanted something done they’d use me, if they wanted me to go somewhere they’d use me. But when it came to rewards, I was at the back of the queue.” CC

There were incidents of rank being ignored due to the colour of the persons skin.

“Having the rank on the shoulder didn't mean that people considered you as being in charge because they just walked past you, as if you're not there, and they would go to a white face and say ‘where's your boss?’ And I, it was definitely down to the colour of his skin.” LL

There were examples of a lack of understanding in regards to those from ethnic minority backgrounds. At times, if an individual did not conform to the acceptable “military” norm, and the way the team bonded and engaged, then the individual could be isolated. It could be a case that this affects anybody irrespective of any minority characteristics, but for the individual it felt like discrimination, and was polarised in regards to their religion and family values. This was seen as a form of unconscious bias, caused by a lack of awareness of ethnic minority communities and family traditions.

“Unconscious biasness. My superiors, as good as they were, my friends, as good as they were, they didn't understand, they saw the person (NAME of participant) but they didn't understand the person (NAME of participant). And even when, you know, I remember inviting them to my wedding. They turned up wholeheartedly and what they didn't understand was how the Asians work. You know we deserve to be treated equal; we deserve to be treated fairly. Why should, you know, my colour or my religion have to set me aside to be different. And they most certainly, they are a long way away from understanding Hindus, Sikhs and Muslims.” CC

There were racial jokes which in previous generations were tolerated, and they could be very hurtful. In England, the civilian target were the Irish and other ethnic minorities. At times this was countered with witticism or confrontation.

“I remembered one guy coming up to me saying, ‘what are you doing here?’ And I said, ‘well, what are you doing here?’ And he said, my father is in the services, my granddad was in the services and all the rest of it’. And I said ‘well, they had to start somewhere so here I am ... if that's not good enough we can carry it outside if you like.” DD

There were very concerning statements of being attacked because of colour and a perception that the incident was over looked.

“I did get attacked a couple of times, and strangely enough, those two incidences don't appear in my medical records. So go figure that one out.”

“

“There was a lot of swearing and a lot of treatment, but we all had the same treatment. Whatever colour or background, obviously, if you were from a particular area or if you had a particular look, then you got a nickname and it stuck with this. Mine was (NICKNAME), because I'm not white. So, and I found that quite funny, I found it quite funny.” DD

“I remembered one guy coming up to me saying, ‘What are you doing here?’ and I said, ‘Well, what are you doing here?’ And he said ‘My father is in the services, my granddad was in the services’, and all the rest of it. And I said ‘Well, they had to start somewhere so here I am..... if that's not good enough we can carry it outside if you like?’ “ DD



“Having the rank on the shoulder didn't mean that people considered you as being in charge because they just walked past you, as if you're not there. And they would go to a white face and say ‘Where's your boss?’ And it was definitely down to the colour of his skin.” LL



“Being black....I felt that I had to be twice as good, or three times as good, to get the same sort of results in some cases. And that kind of stayed with me throughout my career, but I found a way to manage the situation.” LL

“There was one thing I was going to quit over it was over this. I was working for a Sergeant (NAME), and it was a Christmas event, and my wife put on a sari. There was things like ‘does she speak English, does she this, does she that’, right. And because she was wearing a sari, my Sergeant turned around and says ‘I didn't realise this was a toga party else I would have got a bed sheet out as well’. My wife heard that, she turned around when she got home and she says ‘your line of work, your mates, you go with them but don't ever expect me to put myself into that embarrassing situation again.’ “CC

”

Figure 10: Participants Comment – Racism and Banter

Motivation for Enlistment and Retention

At 59%, the most common reason for ethnic minority veterans joining the British Armed Forces was “education, skills and training,” and this was higher than the UK white veterans group at 51%. Interview participants cited the attraction of the chance to learn a trade:

“My father was an engineer. I didn’t want to study and then do clever things, I wanted to work with my hands so I wanted a trade. So I joined the RAF.” FF

At 54%, ethnic minority veterans recorded adventure and travel opportunities as a motivator for enlistment and some were enticed by the prospect of living in different areas including overseas postings whilst some were attracted by the chance to complete OTs and deployments:

“Just my love for travel and to see the world I came ... I was always interested in travelling. I always wanted to be, to get into some sort of profession that would allow me to travel. I was training to be a flight attendant when I was back in the Caribbean.” BB

There were 27% of ethnic minority veteran survey participants with a family tradition of service in the British Armed Forces. Patriotism and also pay and benefits were influential in motivating 45% of ethnic minority veterans to enlist. Both of these reasons were considerably higher than with the UK white veteran participants at 30% for patriotism and 29% for pay and benefits. The benefits of being well fed, and the provision of travel allowances to assist with journeying between work and home were appealing. Then 6% of ethnic minority veterans recorded “other” as a reason for enlistment. These included wanting to get away from home and the armed forces was a relatively easy way to secure that wish. Asian participants referred to an already strong representation from their place of origin in certain professions/trades.

“If you go to the Queen Elizabeth Hospital and into the military wing you’ll see loads of Asians in uniform in the medical field, radiologists, doctors, dentists, things like that.” CC

Retention

Whilst participants reported that they initially stood out because of their colour, there were also numerous reports of quickly settling in.

(During basic training) “I’m the main man now. Everybody wants to be my friend. So we’ve gone from, you know, pretty bad at the beginning to towards the end of the six weeks, everybody wants to be my friend, you know? ...they voted for me, and was the person that was selected to collect the drill cup.” DD

Participants reported enjoying their career and the armed forces lifestyle. Some liked the routine, where service personnel knew their role, and that reflected in the early years where there was less responsibility, resulting in a really enjoyable period of their career.

“I enjoyed the workload and the career structure, you know mentally as a junior there was no responsibility, just get on with the job and enjoy the life, and that’s exactly what I did.” CC

Physical activity, sport and the military way of life were all valued, and many of these factors persuaded these service personnel to then remain in the armed forces. Flexibility with taking leave led to opportunities to travel home:

“One of the benefits of being on the ship is that you get extra days, which are called sea days. So I was able to go take the full month and go to Trinidad.” BB

Some of the benefits included good healthcare, excellent social life, making good friends, and forming relationships. Interviews revealed ethnic minority veteran participants referring to the military as their family, and the supportive role of that family with an immense sense of camaraderie. From one perspective, armed forces culture was such that the impact of a person’s colour or heritage was deemed less important than their contribution to the team. Interviewees saw other people of colour were doing well, and moving to higher ranks, and some stated they were never discriminated against.

“But in the main, I think that as with any small community, if you play an active part in that community and give something back, you are kind of added value in that community and it doesn’t really matter what you look like.” AA

These friendships included strong bonds with someone from the same culture or heritage:

“Some young adults who have never met, you know, someone like me, someone either Black or from the Caribbean. So, you know, that took a bit of getting used to. It got more comfortable, so we did everything together, live together, eat together, when the ship was abroad we went ashore together.” BB

Interviews gauged the views of a small number of Black women, such as did the colour of their skin or their gender make a difference, or did working in a male dominated environment? For many the response was that it did not – they were all still part of one military:

“I don’t think that had much to do with it being the only female here, as I don’t have a problem, you know, a problem working in a male dominated environment. Yeah, they didn’t have a problem with it at all.” BB

There were times when older armed forces personnel from the same country provided mentorship. Whilst not universally welcomed by the recipients, the balance was that the shared identity was very supportive:

“I started to meet, the older Black guys. They used to call me English to start with because I was like, born in England. I was like one of the first generation and every one of them, every one of them were born in the Caribbean. And to learn from them, actually, because I was obviously very young and very green, you know, they taught me a lot.” DD

Interview participants referred to excellent professional development opportunities by accessing educational training to develop enhanced technical skills such as computing through courses that were unavailable outside of the military. Participants cited being fully funded with time provided to complete courses such as A Levels. The longer the length of service, then the more trade training opportunities presented themselves, and the ensuing qualifications were often linked to promotion.

“Upgrade your training so you now have a higher level of skill and experience. Promoted to Lance Corporal. And then when I went on my second, my upgraders course, and completed that, I got posted back to Germany and I got promoted there to two stripes, to Corporal. So it was, you know, it was a good rate of promotion” EE

Therefore a major benefit of military life was enhancing their occupational profile by acquiring transferable skills and a trade which could be carried forward into civilian life:

“I’ve encouraged people to join one of the Corps. Because then you have something of a trade, a profession and you practise in a way that most civilians aren’t able to, you know, consistently, you have the best support ever. You know the best tools, the best equipment, the best training.” EE

The military was cited as an opportunity to build a successful career and there were opportunities for promotion which was valued by all.

“You get really judged on what you do and how you do. I could walk into a room and people look at themselves and some blokes has just walked into the room. Uniform; I walk into a room and people will go right. And yeah, it’s stand to attention or do whatever.”

Military rank often acted as a shield against discrimination and more of a protected characteristic than factors such as gender, sexuality or colour. Many participants felt that rank was what a person was judged on. People progressed throughout their professional military career and there were many examples of each person being graded and judged on their merit.

“The management line I had throughout the REME really valued every individual because you brought those engineering skills. In the REME, because of our training and our personal individual abilities, we got valued a little bit differently.” LL

The occupation of service personnel was deemed to be important. Professions such as being a doctor or being employed in clinical services, or units where there were a number of people from the same heritage led to a very good integration between all personnel. The Officers Mess and Reservists’ units were advocated as particular areas where discrimination was limited.

“People were very friendly, very sociable and sometimes we have a bit of laugh and fun, so I felt quite comfortable really, very homely. Yes, made some friends and I still have contact with them. In the TA we used to invite each other, including the family, to our place as well, so they invited us and we have a good, kind of, social get together.” KK

There were also multiple examples of people within the forces making a special effort to provide support. When interviewees were thinking of leaving, colleagues made efforts to convince them to stay, and there were examples of being helped and shown understanding from the chain of command and white Officers.

“I remember going to my flight commander saying I needed a day off for Diwali, I didn’t ask for many and I was very young at the time, and he says ‘yes no problem’. So it wasn’t as if people weren’t aware, I think I was just lucky with the people I had. I was a Sergeant within 9 years, I was mentored very well by the people and they were all white people, they were different to me, but they looked after me, you know I was one of the first few to be promoted to Sergeant. When I was going to leave and took a commission, it wasn’t me saying ‘oh can I become an Officer’, somebody actually came up to me, my boss came up to me, white fellow, and says ‘(NAME) have you ever thought about being an Officer.’ I said ‘no Sir, I can’t see myself as being an Officer, and he says, ‘no, no we will apply and we will make sure.’” FF

Families

The survey indicated that 49% of ethnic minority veterans stated that their family members were not affected by the military service compared to 56% of UK white veterans. Ethnic minority participants cited the benefits of military life for their families and children, with descriptions of service children achieving personal growth through military experiences. This included developing the characteristics of flexibility, responsibility and adaptability.

“One of the benefits of moving around is that they (children) developed a sense of awareness that a lot of other kids don’t get. They developed a worldliness that other kids simply did not have. They developed a sense of responsibility that you know others didn’t have either, and they found it relatively easy and straightforward to settle in their schools.” AA

Children were proud of their parents’ commitment to the British Armed Forces, even following their parent into the military, and reports of families enjoying the military social life.

“The family were very welcome in the social functions. Partners were allowed, we mix very well and have a good time as well. An opportunity for family to get to know the Army’s family as well. So yes, that’s another positive experience.” KK

The spouse can have a pivotal role in supporting service personnel, and that can keep the person in the armed forces and offer protection against MH issues.

“My wife has been a strong support because she is the one that brings in that order in that chaotic world that the servicemen live in. I came back from Bosnia and I was in a dark place and all I can say is if the wife hadn’t been around I would’ve been in an even darker place. And then straight after that was Kosovo. Kosovo, same kind of ethnic cleansing. Humans don’t do that sort of thing to each other. So (NAME of wife) knows when I hold on to her tight something is wrong and she knows how to check in with me and she knows the mechanisms I need to get me.” CC

Positives of military life

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“In the military, camaraderie. Even where you have differences, you look after each other. I watch your back you watch my back.” HH



“ I enjoyed the workload and the career structure, you know, mentally as a junior there was no responsibility, just get on with the job and enjoy the life, and that’s exactly what I did.” CC

“I’ve encouraged people to join one of the corps. Because then you have something, a trade, a profession and you practise in a way that most civilians aren’t able to, you know, consistently, you have the best support ever. You know, the best tools, the best equipment, the best training.” EE

“To be honest, I have no negative experience in the Army.” KK



“One of benefits of moving around is that they (children) developed a sense of awareness that a lot of other kids don’t get. They developed a worldliness that other kids simply did not have. They developed a sense of responsibility that you know others didn’t have either, and they found it relatively easy and straightforward to settle in their schools.” AA

“Even looking back on it now, it was one of the best periods of my life”. EE

“I certainly don’t go back and reflect on anything with regret. I have benefited from my military service....You know, I got recognised for what I did and that gave me benefits and rewards in terms of, you know, job satisfaction. I had feeling of making a difference.” AA

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Figure 11: Participants Comments: Positives of a Military Career

Leaving the Armed Forces

Amongst the ethnic minority veterans, the most common reason for leaving the armed forces was a medical discharge indicated by 29%, followed by the end of their contract for 24% and Premature Voluntary Release (PVR) at 18%. In the UK white veterans, the most common reason for leaving the armed forces was PVR 38%, followed by end of contract 32% and medical discharge 13%. The higher levels of medical discharge is an area requiring further exploration which can be informed by DMS medical discharge statistics.

When exploring the participants reasons for leaving the armed forces, the majority cited multiple situational stressors including poor pay; mounting deployments; family disruption; having to commute between work and home. For those from overseas, missing their homeland, reaching an option point where a pension could be claimed; needing to get onto the housing market:

“Public sector salaries are nowhere near the level that they could or should be. I was a junior Officer with four children. In my first year of marriage, we lived in five houses ... In the South of England, you cannot do that when on an armed forces salary. Yeah, certainly buying onto the housing market and actually it's probably a lot of cases in England, you can't do that or you have to take an option like I did and that's actually decide to leave.”

Others opted for voluntary redundancy that were available by military re-organisation such as the Options for Change (UK Parliament, 1990) and troops given incentives to leave such as an immediate pension and a cash sum. Some reflected and it was perhaps not the best decision they could have made:

“maybe it wasn't the best decision at the time... cut back on military spending. And it was at that time they brought in this programme called Options for Change ... so to be a retiree in your early 30s and then be able to do something else, plus, they'll pay you a wedge of money.” EE

Motivation was also to get away from military racism, which when related to someone in command could have an extremely detrimental impact, and interviews revealed that ethnic minority personnel felt they were over-looked for promotion or found it harder to be promoted.

*“Because a lot of them, deep down, they come from a racist background. They have this stereotype image about people. So a lot of Black guys, Black soldiers were denied the opportunity, OK, because they were kept back by some ***** of a commanding officer, superior officer, a lot of them were denied commission too who should have been commissioned.”* HH

Within these personal testimonies, the level of racism was unfortunately proportionate to the time of service such as in the 1970s.

Impetus to leave the armed forces was also influenced by a desire to maintain relationship harmony and the interests of the family were very important. For some, settling the family in

an area where the participant believed would in the long term be better, due to the destinations multicultural population, arose from a sense that there was no one to support ethnic minority families in the location of military garrisons.

“But the main reason was because I wanted to set up my family. It wasn't because I didn't feel they'd be able to handle being in places where there will be very low representation of non-white people, but because I felt that they just didn't need to have to worry about it.” AA

Reasons for leaving the armed forces extended to concerns of raising children in the turbulent lifestyle of the military. Then for women, there was a desire to start a family and a feeling that the military life was not conducive to raising children.

Family Impact

Benefits for families have been noted above, and the happiness and well-being of service personnel's family's is recognised as being hugely important to a successful career and retention. However 47% of ethnic minority veterans stated that their family was affected by their military service; higher than for the UK white veterans at 42%. The interviews presented a perception that the military was disinterested in offering support to spouses and family who were subject to acute stressors in terms of the regular requirement to move location, long periods of separation and changes to employment that were required for a partner who wanted to work.

“Because that is a big part of the military, isn't it? Going away from home. There is that separation. And so that is part and parcel really. So, you would think they give quite a bit of emphasis in looking after families. I really didn't get that support.” EE

The spouses' employment options met resistance such as claiming unemployment benefits from services that were out of touch, and opportunities were even more effected when posted overseas. For those who got married when the service person was already in the armed forces, of those that were married before they enlisted, then the spouse had no experience of military life and did not understand the demands and culture. The first posting could then be even more demanding and lead to relationship problems.

“I actually got married when I was in the military. I married a German girl. But when I came back to the UK; she hated the UK. I don't think the military are very good at giving support for people when they have marriage issues.” EE

Then there was friction from within the participants' community. Asian participants in particular highlighted that a career in the British Armed Forces was not viewed as a conventional career choice. Like other populations such as those from the Republic of Ireland, joining the British Armed Forces had critics within their communities. In some circumstances this left a perception that their children would be isolated.

“Being in the Forces I’ve managed to totally alienate my own children. You hear it with your own ears and Asian community is not one for hiding their biasness, they let it know, they let you know twin barrels.” CC

Factors that have a negative impact on the spouses could potentially have resulted in the service personnel retiring from the military. It should be noted that the following quote would have had lasting ramifications until it was addressed by other work colleagues, but the origin was:

“There was one thing I was going to quit over it was over this. I was working for a Sergeant (NAME), and it was a Christmas event, and my wife put on a sari. There was things like ‘does she speak English, does she this, does she that, right.’ and because she was wearing a sari, my Sergeant turned around and says ‘I didn’t realise this was a toga party else I would have got a bed sheet out as well.’ My wife heard that, she turned around when she got home and she says ‘your line of work, your mates, you go with them but don’t ever expect me to put myself into that embarrassing situation again.’” CC

Children’s education was a particular stressor for parents and sacrificing their own employment aspirations against maintaining a stable education for their children:

“We were coming back from Germany halfway through her GCSE course....went into where the school couldn’t match half her subjects so she could have suffered from that.”

Extending that into the impact of transition on leaving the armed forces, 51% of ethnic minority veterans stated that their family members were not negatively affected but 46% were. For UK white veterans, again there was a much higher 62% that stated that their family members were not negatively affected but 35% were. This reinforces the wider requirement for specific programmes to engage the whole family.

Characteristics to Succeed and Overall Experience

Participants perceived that certain characteristics enable a fulfilling military career and stopped individuals from being isolated. Within the armed forces, attributes such as being a team player, helping colleagues and having a sense of duty were valued.

“But I remember a couple of the lads saying ‘look, instead of going up to the NAFFI tonight and all the rest of it, we need to get together and start helping each other’. So we had that from an early stage and it seemed to help because we all qualified.” DD

Determination can be projected positively, often through sport, leading to occupational rewards that counter the detriments of belonging to a minority population.

“There’s something about a team sport, particularly rugby, where comradeship is, you know you’ve got to rely upon everybody in the team and there were a few people who said to me after about a year of training and taking part in games that people just went don’t take this the wrong way, mate. But you know, I’ve changed my mind about coloured people since I met you.” II

Others showed endeavour and took the option to maximise their potential, and also of importance was resilience and the appetite to accept discipline and structure.

“My approach was this. Now I'm not in jail here. I've been trained and moulded in becoming a soldier. OK, it's not a death sentence, but some of the guys they really, you know, they miss home, they miss mum, they miss grandma. Some of them never been further than, you know, the next street, you know, down the road where they live. Coming from Jamaica, I said, Wow!! My God, a good foundation. This is what we do. So it wasn't a burden to me at all.” HH

A significant majority of 82% of ethnic minority survey participants stated that their overall experience in the military was positive and 6% reported it as being a negative. There was recognition that the military had offered many personal benefits, the opportunity to achieve one's aspirations and often there were no regrets. Interviewees indicated that it was possible to be proud of being from an ethnic minority background and culture whilst enjoying a fulfilling military career. Time spent in the armed forces was generally viewed as a hugely rewarding, leading to lasting friendships that were celebrated in annual events.

“Even looking back on it now, it was one of the best periods of my life.” EE

“I certainly don't go back and reflect on anything with regret. I have benefitted from my military service ... You know, I got recognised for what I did and that gave me benefits and rewards in terms of, you know, job satisfaction. I had feeling of making a difference.” AA

“So for 2 1/2 years posted in Germany, it was the best time or one of the best times of my life.” DD

“To be honest, I have no negative experience in the Army.” KK

Transition from the Armed Forces

Despite the challenges of service life, most ex-servicemen and women leave and transition from the British Armed Forces to civilian life with few (if any) issues. However, some veterans in this study found this journey to be testing, especially in the presence of financial, housing, and employment difficulties; factors that have been noted previously (Ashcroft, 2014, 2017). In this study, there were narratives around successful transition and also the challenges. On leaving the armed forces, there were participants who had no desire to maintain any military links.

“I never went to any of their RMA charities or anything. Never had anything from them. Never wanted anything from them. Never needed anything from them. You know, never had a problem, you know. In terms of housing, when I left I sorted myself out.” JJ

It was reported that successful transition needed a change of attitude prior to being discharged. Whilst nearing the end of their Service, participants reported that they had to place themselves first, replacing their norm of placing the needs of the Service first.

“This is common to just about everyone in uniform. There's a switch that has to be flicked to start putting yourself first. You spend most of your time in uniform putting the service first. I found that a little bit hard making that transition to start saying no. I don't really want to do that. No, I'd rather not go there. No, I'd prefer not to stay behind. And I wasn't able to say yes all the time. Sorry it wasn't successful this time. But that's hard.” AA

From a positive perspective, participants provided reasons why the transition was fairly seamless. Transition was supported by the Career Transition Partnership (CTP) which provided direction on writing a CV and funding was made available for transition courses, packages and training to create extra space for civilian employment. Transition appeared much easier when the person knew in advance exactly when they were leaving, such as retiring at the end of their career and having time to make plans regarding housing and accommodation.

“I knew I was going to leave at 55, I knew 2 years before that, I'd planned it all out and I attended all the courses I could so when I left there wasn't anything that I didn't attend.” FF

Other aspects that proved helpful included a preferred final posting near to where the person intended to settle. This facilitated developing local networks and building social constructs as a means of “*easing into civilian life.*”

But transition was not all smooth sailing. Some missed the social life and camaraderie, whilst moving from the military meant a loss of status and a loss of belonging.

“My last day in uniform, on my shoulders it said I was a squadron leader. The hat I wore told people that I was an Officer. As soon as I left the Air Force, I didn't have anything on my shoulder and if I wear a hat it was a baseball cap or a trilby.” AA

Health and Medical Discharge

The majority of the interviewees reported that they left the armed forces without physical or MH issues. Participants were asked how their MH was as a result of military service. For some the responses were positive, and they relayed that they had no detrimental MH issues that they attributed to their service. But others reported MH issues following exposure to traumatic events such as being ambushed and having a friend die and the stressors of being on OTs.

Transition

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“I knew I was going to leave at 55, I knew 2 years before that, I'd planned it all out and I attended all the courses I could so when I left there wasn't anything that I didn't attend.”

FF



“It was daunting because it's all I'd known since I left school... You'd never been out shopping for your week's food, let alone had to cook it. So, guys I know of they struggled with all of that.” EE

“I never went to any of their RMA charities or anything. Never had anything from them. Never wanted anything from them. Never needed anything from them. You know, never had a problem, you know. In terms of housing, when I left I sorted myself out.” JJ

“When I left there I was given my paperwork and my medical records. With my local GP now, and it's the same one since I left, and everything starts from 2003. It doesn't start from when I was born in 1964, it starts from 2003 because that's when they first put my records on the system.” AA



“I've found the job and within 10 months doing that, I found the job that I'd ended for 13 years and it was a job that I would say that I had no core qualifications to do. I was able to get that job because I was able to demonstrate that the transferable skills I had from being in the Air Force were transferable into the role that I moved into, and that is something that a lot of people in the service don't really build on. They don't understand, and a lot of employers don't understand that either.”

“I could have been assigned someone like an Officer to work with me, throughout, you know, for at least for at least, a period of time, a couple months. But it's bye, Thank you for your service..... .” BB

“My last day in uniform on my shoulders, it said I was a squadron leader. The hat I wore told people that I was an officer. As soon as I left the Air Force, I didn't have anything on my shoulder and if I wear a hat it was a baseball cap or a trilby.” AA

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Figure 12: Participants Comments: Transition

“So when the Falklands war started, OK, I wanted to go. And you see the explosion and hear screams. You see these things and say, ‘Oh my God, it’s war’. Yes, it affects me. It affected me dearly afterwards. It took a long time to talk about it, because in those days there was, PTSD was not recognised.” HH

Thirty-nine percent of ethnic minority veterans stated that they have a long standing physical or MH problem, and for those who reported MH issues, the prevalence for post-traumatic stress disorder (PTSD) was 13% compared to the UK white veterans at 4%. The statistically significant high level of PTSD among ethnic minority personnel was also a finding from US research (Koo et al, 2015, McClendon et al, 2019). Whilst the ethnic minority study sample was small, the prevalence rates would still indicate that those with MH issues may benefit from the NHSE Op Courage service (Finnegan et al., 2023a). That a statistically significant higher percentage of ethnic minority veterans reported leaving due to a physical and/or MH problem than an audit of those accessing the NHSE Op Restore for physical health and Op Courage for MH services would provide an indicator if these services are being accessed in the expected numbers.

Help-Seeking Behaviour and Primary Healthcare Registration

The international systematic review at Appendix A provides an international overview of help-seeking and there were indicators that those from an ethnic minority background did not appear to be a bar to seeking help with examples of minority ethnic personnel appearing more likely to access treatment (Goldberg et al, 2020, Koo et al, 2015).

With regards to help-seeking, the ethnic minority survey indicated that 50% found it hard to ask for help and 13% did not know where to access support compared to the UK white veterans, where the results were respectively 57% and 23%. This in part explains why only 75% of ethnic minority veterans were registered with a PHC practice, although there would have been those living abroad. Also, the average age of the veterans in the ethnic minority study were lower than the population average (ONS, 2022) and elderly veterans may still be unaware of the support that is available. The interviewees highlighted problems with connecting their military records with their PHC records:

“When I left where I was given my paperwork and my medical records. With my local GP now, and it’s the same one since I left, and everything starts from 2003. It doesn’t start from when I was born in 1964, it starts from 2003 because that’s when they first put my records on the system.” AA

Fifteen percent believed that a civilian GP would not be aware of their needs and NHS PHC staff were viewed as being poorly versed regarding the military and were not expecting to encounter ethnic minority veterans. Improving knowledge and access to Primary Healthcare (PHC) and veteran specific services is required. This has been identified in programmes such as the NHSE funded RCGP Veteran Friendly Awareness Programme (Finnegan et al, 2022; NHSE, 2023b). There is also bespoke free online educational material that includes a focus on

the contribution of ethnic minority populations to the British Armed Forces which could assist in improving this landscape (Finnegan et al, 2020; University of Chester, 2023).

Employment and Housing

With regard to employment, 22% of the ethnic minority survey participants were unemployed and 47% experienced difficulties in gaining employment, compared to UK white veterans where 7% were unemployed and 29% had difficulty gaining employment.

The MOD estimates that 83% of working-age veterans were employed in 2019, 88% of which were employed or in education within 6 months of leaving the armed forces, and only 3% were unemployed (Gov.UK, 2019c, House of Commons, 2023). Both UK and non-UK ethnic minority service leavers were notably more likely to be unemployed six months after leaving service than white (including white minorities) service leavers, and more likely to be employed in elementary occupations. This appears to reflect disparities between ethnic groups in the UK in terms of employment status (MOD, 2024b). The reasons for these marked differences were not clear, and in this study the interviews inquired about post service employment, and there were several reports of participants immediately being employed.

“I came out, again, things went really well for me. I done a computing course, again, the military paid for that. And I done one interview with a company that I saw in the newspaper and they hired me and that was IBM, they took me on straight away as a senior technician. I had kind of been in management, but within a year I've been promoted into management anyway at IBM. So yeah, that worked ok.” EE

In the US, Black veterans have received preferential treatment from employers if they have transferable skills (Klaykamp, 2009). Study interviewees provided examples of their employment being improved by exchangeable skills that helped their move from the armed forces:

“I've found the job and within 10 months doing that, I found the job that I'd ended for 13 years and it was a job that I would say that I had no core qualifications to do. I was able to get that job because I was able to demonstrate that the transferable skills I had from being in the Air Force were transferable into the role that I moved into, and that is something that a lot of people in the service don't really build on. They don't understand, and a lot of employers don't understand that either.”

Some got jobs because they were former armed forces, and other veterans in employer positions responded well to them. Others moved into employment with other veterans.

“Coming from an ex-service background, they couldn't get enough of me. Everywhere, everywhere I went 9 out of 10 times, everyone were offering me a job right. Then I got home and a letter waiting for me. And it was from British Aerospace, as it was in in those days. The interviewer said, clearly, I'm not going to interview you 'cos we're both ex-services, and basically within five minutes, you knew you got the job.” DD

Being from an ethnic minority was less of a factor to team bonding and was over-ridden by their military identity and camaraderie.

“Right there was about five of us who were ex-services. Yeah, including my boss, who was an ex-Squadron Leader. Sitting next to someone who had done 20 years or in my case, 13 and a half years. So of course you could talk to people like that because they understood you. We knocked heads with a load of civilians who have not got our background.” DD

Some sought employment in a similar appointment to their previous military role, and enjoyed that work, including still travelling.

“Within four to six months, we had the first Gulf War. They wanted to pick a BAE team to go so ended up in Kuwait. As part of a team of 10 BAE people, and 8 of the ten guys were hardened ex-services ... so exactly like the MOD, except you're getting paid for it. A different pay scale!” DD

That pull to being in the military and the benefits it brought became more prevalent over the years, with examples of people re-joining the MOD such as in Full Time Reserve Service or civilian jobs. However, others left the armed forces with few practical skills:

“It was daunting because it's all I'd known since I left school... You'd never been out shopping for your week's food, let alone had to cook it. So, guys I know of they struggled with all of that.” EE

There were reports of lack of advice, and people cited that extra assistance was required to support the service-leaver into employment, and help them get the right job.

“I could have been assigned someone like an Officer to work with me, throughout, you know, for at least, a period of time, a couple months. But it's 'bye, thank you for your service'... Then I don't know how many interviews I've been on, within those three years, if it could be close to 100, I was always interviewing, always interviewing, to get another job.” BB

Housing

The 2021 Census (ONS, 2023) revealed that a higher proportion of the veteran population at 75% owned their house outright or with a mortgage; compared with 64% of the non-veteran population. After adjustments, the percentage of veterans in this category was slightly lower than for non-veterans (75.68% compared with 75.53%). Amongst the ethnic minority veterans in this study, the number of homeowners was 47% and 37% had difficulty gaining housing compared to UK white veterans of 77% and 17% respectively. The interviewees cited a major issues with accommodation including never having to do this before.

“I had nowhere to live, apart from the rented accommodation I was in. So, people in my, in that bracket didn't leave. Coming up to my last four months in the Air Force, we found something to live and bought a house. Stretch yourself to do that and within 5 days of the Air Force they stopped paying me.” AA

Data from the 2021 Census (England and Wales) was released in June 2023 regarding household and family composition, communal dwelling and prisons (ONS, 2023). The percentage of communal establishment residents in care homes was higher among veterans (73.28%) than non-veterans (32.95%), but after adjustment it was lower (73.28% and 76.56%, respectively). This ethnic minority study did not directly capture information on “communal dwelling” which would include veterans living in care homes where their presence would be expected to be high due to the age profile of the elderly veteran population. It does however reaffirm that projects to improve the health and wellbeing of elderly veterans living in care homes and their families is required.

So unemployment was higher and homeownership less in the ethnic minority veteran population who took part in the research. It is unclear why these statistically significant differences exist, but ethnic minority veterans would appear to be disadvantaged. Research has indicated how important being in work and having stable accommodation is to mental and physical well-being (Finnegan et al, 2024) and programmes that concentrate on specific issues such as accommodation and employment can have much wider benefits.

Education and Pension

A survey question explored undertaking an educational qualification after completion of military service. For ethnic minority veterans, 41% undertook a course and had received a qualification, 9% were currently undertaking a qualification and 50% had not undertaken a course. For UK white veterans, many more at 61% undertook a course and had received a qualification. Interviewees indicated that ethnic minority veterans wanted to do an educational course including attending University, but generally undersold themselves, which hindered their advancement and they were not getting the recognition that they deserved.

“People undersell themselves, rapidly, massively, especially those that come from backgrounds where you know, especially those that come from backgrounds where people do not naturally look to them for being the best in their group.” AA

Regarding pensions, from the ethnic minority veteran participants, 55% were in receipt of a pension and of these, 63% had a standard time served pension, and 38% had an illness/injury pension. For UK white veterans, 65% were in receipt of a pension and of these 74% had a standard time served pension and 23% had an illness/injury pension. For those ethnic minority veteran participants who completed an interview, in particular for those with longer service, then the pension was seen as very important, providing the basis to live a reasonable life:

“Pension is going to be on the right side of £20,000. I have a second pension kicking in will be that much better. Then the state pension kicks in and if I can’t survive on that then I do deserve to get my backside kicked.” CC

Companionship and Social Interaction

There were 89% of ethnic minority veteran respondents who had people to rely on and 69% had social interactions at least once a week, compared to 87% and 57% of UK white veterans. From the ethnic minority veterans, 41% had a club membership and 28% reported that they interacted less than most compared with 49% of UK white veterans who had club membership and a similar 28% for less than most.

Clearly, membership of recreational clubs reduces social isolation. The reasons why some ethnic minority participants did not join a club were not measured, and there may be very good reasons to explain why 59% had no club membership. This issue needs further exploration to identify what factors will facilitate people getting together in a social setting and what are the motivators that will entice people to join. Many club activities have a physical exertion component which may have benefits in the form of enhanced mood.

Interviewees' Proposals for Improvements and validation Focus Group

The participants indicated that education to raise awareness of ethnic minority heritage and culture should be included in recruit training and then repeated during service:

“The white man trying to understand the brown skin. There is that lack of understanding, what makes the Indian guy tick, what makes the Pakistani guy tick, the Bangladeshi tick. We’re trying to bring in education packages so that they understand the future generations of Hindus, Sikhs, Muslims.” CC

This educational delivery should extend to include the historical contribution of Black and ethnic minorities to the British Armed Forces.

I joined thinking I was one of the first Blacks joining the armed forces and that was just the 70s. Not knowing. Blacks serving in the forces in the First World War, Second World War, and many other conflicts because no one told us that in school. Many Trail Blazers came here and did great things, gallantry things. Critical we include that history in the school curriculum.” LL

Following the end of the data submission in September 2023, a validation focus group was conducted including members of the Expert Reference Group and those who had previously contributed to the interviews to check that the research findings were correct. The focus group did tend to focus more on the challenges and elements of racism, although attendees confirmed positive aspects of their activities and interventions.

Limitations

There was never an intent to match the two groups of ethnic minority veterans and UK white veterans, and the comparison therefore has several limitations. The survey questionnaires provide only a snapshot of people's views regarding occupational and employment status and their self-declaration on health. Whilst inferential statistical results are provided, they would all need to be re-examined under more robust matched sample principles.

There is a paucity of research regarding the experiences of ethnic minorities within international armed forces and the study's systematic review has been published in the *Journal of Military, Veteran and Family Health* (Salem et al, 2023). This was the first peer review publication in this area, and influenced the decision to combine ethnic minority veterans from such diverse cultures and countries including both those born within and outside of the UK. With an average age of 47 years old for the ethnic minority veteran participants and 53 years for the UK white veterans, the study has not obtained a representative sample of older veterans.

A significant figure of 47% of ethnic minority veterans stated that their family members were affected by their military service and 46% reported that they were affected by their transition into civilian life, which reinforces the wider requirement for similar programmes that involve the whole family. The evaluation's qualitative interviews did focus on the impact on families but did not capture the views of the families directly. The three-year inclusion criteria for the interviews may not have captured the views of those who were subject to racism early in their careers and then decided to leave. This may have accounted for the predominately positive feedback.

Conclusion

Ethnic minority personnel constitute more than 9% of the British Armed Forces; therefore understanding their experiences and maximising their potential is vital to the operational capability of the British Armed Forces. To that end, the study's systematic review (Salem et al, 2023) was the first conducted concerning ethnic minority veterans, and presents valuable empirical evidence that can help inform others. In contrast to the papers featured in the systematic review which focussed on the challenges of military service, this FiMT research study paid equal attention to exploring the benefits.

Co-production with peer researchers from the respective ethnic minority communities ensured that we were welcomed to ethnic minority events which generated rich rewards regarding completed questionnaires and ongoing collaboration. This reflected that the ethnic minority veterans who contributed to this study, whether they were members of the ERG, local community organisations or veteran participants, welcomed the chance to tell their stories.

They demonstrated a real interest in how the results would be shared and how these findings may lead to improvements for future generations of service personnel.

“Thank you for inviting me to participate in this, what I would think is a very important exercise that needs to be done over and over and over because too many people who have served. I’m talking about West Indians, Indians, Africans who have served in the military over the years. They have been denied the recognition. We need champions like yourself or whoever is doing research to bring this to the fore.” HH

The results reveal interesting findings such as the motivations for ethnic minorities joining the armed forces which were higher in terms of pay and benefits and then the desire to acquire education, skills and training. That such a large number of the ethnic minority veterans had completed OTs and had exposure to combat and trauma means that their views provided a depth of insight into all aspects of military life. A higher percentage reported leaving due to a physical/MH problem and the NHSE Op Restore for physical health and Op Courage for MH data could provide a reference point to denote if ethnic minority veterans are accessing these services in the expected numbers.

The provision of support and care for ethnic minority veterans necessitates understanding their unique lifestyle and cultures. A significant number indicated an overall satisfaction with their military service, however, they cited episodes of racism that were both hurtful and potentially damaging. Only touched upon in this study was how ethnic minority personnel, and their families and communities interact, support and influence each other, which could provide indicators promoting protective factors and optimising current provision. A high figure of ethnic minority veterans stated that their family members were affected by their military service and their transition from the services. A stressor on one family member impacts on the entire family and reinforces the wider requirement for programmes to engage the whole family. Going forward, devising ways to improve stable housing and employment is required along with engaging with elderly veterans.

This FiMT study is one of the first of its kind in exploring the experiences of British Armed Forces ethnic minority veterans during their military/life trajectory from enlistment, remaining in the armed forces and then their transition into civilian life. This provides a reservoir of important data for statutory and non-statutory organisations and reveals valuable considerations for recruitment and retention in the British Armed Forces.

Recommendations

PARTICIPANTS VOICE: From the outset, representing the participants' voices was a key part of associate working, and participants were welcomed as equal partners. A key means of delivering on this philosophy was the establishment of a representative Expert Reference Group. Their knowledge and contacts facilitated the connection with the respective populations, leading to lasting partnerships with influential community networks. This co-produced study included employing researchers from the local communities including the utilisation of peer reviewers, and this generated rich rewards regarding completed questionnaires. The **recommendation** is for future research in this field and with other minority populations to establish a representative Expert Reference Group with researcher/s (including peer researchers) leading on community engagement, data collection and where appropriate conducting interviews, and dissemination.

HELP-SEEKING and STIGMA: Help-seeking behaviour in veterans is poor, leading to excessive delays in addressing problems, which are often left until they are in crisis. As 50% of the ethnic minority participants reported that they found it hard to ask for help, 27% had difficulty accessing support and 24% were unaware of the support that was available, there are clear indicators that this needs to be improved. In addition, the NHS PHC staff were viewed as not being well versed with the military and were not expecting to encounter Commonwealth veterans. Some of these issues have been identified in the RCGP Veterans Awareness Programme and bespoke educational free online programmes that include a focus on the contribution of ethnic minority populations to the British Armed Forces are available, and should assist in improving this landscape. It is **recommended** that further research should be conducted to capture details surrounding the factors that negatively impact on help-seeking behaviour in minority populations. Improving knowledge of and access to PHC and veteran specific services together with continued investment in destigmatising MH and advertising veterans services are required. Entry into future veterans' programmes should continue to be through multiple routes including self-referrals, statutory bodies and charities.

EMPLOYMENT and HOUSING: The MOD estimates that 79% of working-age veterans were employed in 2019, and only 3% were unemployed. In this study, there was a marked difference in the number of ethnic minority participants who were in stable well-paid employment, which is important to their MH and well-being. That 47% of ethnic minority veterans stated that they had difficulty gaining employment and 37% had difficulty gaining housing are significant for those transitioning out from the armed forces. That 22% of these veterans reported being unemployed provides an identifiable area for improvement. It is **recommended** that programmes target the specific areas of employment and housing for ethnic minorities and obtain a better understanding on the life trajectory from leaving the armed forces and devise ways to improve stable housing and employment.

FAMILY: A stressor on one family member impacts on the entire family and reinforces the wider requirement for programmes to engage the whole family. That 47% of ethnic minority

veterans stated that their family members were affected by their service and 46% were affected by their transition into civilian life indicates this is an area for future investigation and improvement. The evaluation's qualitative interviews paid attention to the impact on families but did not interview family members. The **recommendation** is that future evidence is acquired with programmes and research that specifically target the families.

MINORITY CHARACTERISTICS: The ethnic minority survey was completed by an appropriate number of veterans from minority groups including LBGTQ+ (7%), and there were 16% who were Reservists. There was an over representation of women. The average age of 47 years in the ethnic minority group means that there was a gap in capturing the views of older veterans who may still be unaware of the support that is available. The **recommendation** is to note the on-going requirement to engage with specific groups including elderly ethnic minority veterans and their families and those in living in care homes.

WESTMINSTER CENTRE FOR RESEARCH IN VETERANS ENGAGEMENT: Feedback indicated that the military background of the Centre's team and their insight and understanding into the lived experiences of the AFC was well received. The Centre's ERG webinars proved to be an especially useful way of connecting experts and personnel from relevant organisations to provide advice, direction, and shared learning to help ensure that adequate numbers of surveys and interviews were completed. These developments were then highlighted in E-Bulletins to be shared with the study participants. This in turn helped build lasting collaborations. The **recommendation** is that future programmes in specialist areas should include researchers with sufficient military experience and they should have a role in supporting engaged organisations.

HEALTH: A significantly higher number of ethnic minority veterans reported leaving the military due to physical/MH problems than was reported by the UK white veterans. The **recommendation** is that veteran delivery services such as NHSE Op Restore for physical health and Op Courage for MH should provide a reference point to denote the level of ethnic minority veterans accessing these services and if they are at the expected numbers.

EDUCATION: The interviews made regular reference to the importance of cultural awareness training within the armed forces to improve the awareness of serving personnel. The **recommendation** is for more cultural awareness training that is provided at regular periods during service-personnel's careers.

PARTICIPANTS VOICE



- Establish a representative Expert Reference Group
- Give participants options for completing study data
- Programme dissemination plans must be designed to reach all ethnic minority groups

HELP-SEEKING AND STIGMA



- Further research should capture details surrounding factors that negatively impact on help-seeking behaviour
- Improve knowledge and access to PHC and veteran specific services
- Continued investment in destigmatising Mental Health

EMPLOYMENT AND HOUSING



- Programmes should target Employment and Housing as areas of need
- Obtain a better understanding of life trajectory from leaving the armed forces
- Seek ways to improve housing and employment within ethnic minorities

FAMILY



- Programmes and research that specifically target the families of ethnic minority veterans should acquire evidence by capturing the views of the family directly

MINORITY CHARACTERISTICS



- Ongoing requirement to engage with specific groups including elderly ethnic minority veterans and their families encompassing those living in care homes

CENTRE ENGAGEMENT



- Future programmes in specialist areas should include researchers with sufficient military experience and they should have a role in supporting engaged organisations

HEALTH



- Veteran delivery services such as NHSE Op Restore for physical health and Op Courage for Mental Health should provide a reference point to denote the level of ethnic minority veterans accessing services and if they are at the expected numbers

EDUCATION



- More cultural awareness training that is provided at regular intervals throughout service personnel's careers

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Appendix A. International Systematic Review

REVIEW



Experiences of ethnic minority personnel in the armed forces: A systematic review

Kate Salem^a, Rebecca Randles^a, Bhairavi Sapre^b and Alan Finnegan^a

ABSTRACT

Introduction: Ethnic minority personnel experience greater levels of harassment and discrimination than their non-minority counterparts. This review demonstrates the impact of these experiences on ethnic minority personnel in the armed forces. **Methods:** A literature search was conducted in PubMed, PsycInfo, PsycArticles, EBSCO, and Web of Science. Sixteen articles that discussed Black, Asian, and ethnic minority armed forces personnel were analyzed. **Results:** Much of what is known about ethnic minority experiences of serving in the armed forces is based on ethnic minorities in the U.S. Armed Forces. The available literature shows that ethnic minority serving personnel and Veterans experience greater disadvantage than their native counterparts, both during and after service. Ethnic minority personnel reported poorer health than white personnel and fear of criticism from their ethnic minority community on disclosure of traumatic experiences. Ethnic minority personnel were also more likely to access formal mental health services yet less likely to engage in treatment, particularly women. Three themes were identified: cultural identity, health status and health utilization, and trauma and discrimination. **Discussion:** Research reports often do not highlight individual ethnic minority groups, thus making it difficult to draw conclusions about them. Future research should consider evaluating the psychosocial context influencing functioning among different ethnic minority groups and should also explore the benefits of serving in the armed forces.

Key words: armed forces, mental health, military, ethnic minority, Veteran health care, Veteran help-seeking, Veterans

RÉSUMÉ

Introduction : Le personnel issu de minorités ethniques subit des niveaux de harcèlement et de discrimination plus élevés que leur homologues non minoritaires. Cette analyse visait à démontrer l'effet de ces expériences sur les communautés des minorités ethniques dans les forces armées. **Méthodologie :** Une analyse bibliographique a été réalisée dans PubMed, PsycInfo, PsycArticles, EBSCO et Web of Science. Les articles sur les Noirs, les Asiatiques et les minorités ethniques ont été retenus. Seize articles ont été analysés. **Résultats :** Cette analyse démontre qu'une grande partie de ce que l'on sait sur les expériences des minorités ethniques qui ont servi dans les forces armées provient des minorités ethniques des forces armées américaines. Les publications démontrent que le personnel des minorités ethniques en service ou vétéran est plus désavantagé que ses homologues originaires du pays, tant pendant qu'après le service. Les personnes issues des minorités ethniques ont affirmé être en moins bonne santé que le personnel blanc et craindre la critique de leur communauté à la divulgation d'expériences traumatiques. Par ailleurs, les personnes issues des minorités ethniques étaient plus susceptibles d'accéder à des services en santé mentale, mais moins susceptibles d'entreprendre un traitement, particulièrement les femmes. Trois thèmes ont été dégagés : l'identité culturelle, l'état de santé et l'utilisation des services de santé, ainsi que les traumatismes et la discrimination. **Discussion :** Souvent, les rapports de recherche ne mettent pas en lumière les diverses ethnies, si bien qu'il est difficile de tirer des conclusions sur les groupes individuels issus des minorités ethniques. Lors de futures recherches, il faudrait envisager d'évaluer le contexte psychologique qui influe sur le fonctionnement entre les diverses ethnies et d'explorer les avantages du service dans les forces armées.

Mots-clés : forces armées, militaire, minorités ethniques, recherche d'aide par les vétéran(e)s, santé mentale, soins de santé aux vétéran(e)s, vétéran(e)s

LAY SUMMARY

An armed forces consisting of personnel from diverse and ethnic minority backgrounds offers considerable benefits, not just in terms of reflecting society but for improving the effectiveness of military operations. Many ethnic minority

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individuals serve for long periods, during which they experience personal growth and benefit from military service. However, little research has explored the impact these experiences might have on ethnic minority communities within the Armed Forces, who report higher levels of bullying, harassment, and discrimination. Given the lack of empirical research into armed forces ethnic minority personnel, this systematic review aimed to provide insight into and understanding of existing international research, relevant reports, and policy. The review was guided by the Preferred Reporting Items for Systematic Reviews and Meta-Analyses and included articles written in English since 2010. The review identified three themes — cultural identity, health status and health utilization, and trauma and discrimination — and indicated that ethnic minority personnel experience greater disadvantage than their native counterparts, both during and after service.

INTRODUCTION

As of Apr. 1, 2021, ethnic minority personnel accounted for 9.2% (N = 13,690) of the UK Regular Armed Forces.¹ Since 2016, the number of ethnic minority personnel joining the UK Regular Forces and Future Reserves has increased by 2.3%, from 5.7% to 8%. In comparison, ethnic minority individuals make up 14% of the total UK population.² In the United States, 23% of the population has an ethnic minority background, yet ethnic minorities remain underrepresented in the U.S. military, particularly at the highest levels of leadership.³ White men account for 70% of the U.S. military; in comparison, Black men and other ethnic minorities (including Asian and American Indian) account for just 17% and 13%, respectively.⁴ Although 40% of females in the U.S. general population are of ethnic minority or specifically Hispanic and 60% are white,⁵ white women account for 54% of women in the U.S. military, compared with Black women, who account for only 29%.⁴ These differences in the recruitment of white and ethnic minority personnel in the U.S. Armed Forces led to recommendations to improve ethnic diversity in the U.S. military.³

Recruiting a diverse armed forces offers many benefits, not just in reflecting society but for improving the effectiveness of military operations. A study exploring U.S. engagement in Somalia found that during humanitarian missions, ethnic minority personnel exhibited greater levels of empathy for local people than white personnel.⁶ The reason for this greater empathy was given as cultural sensitivity. Despite this, ethnic minority personnel appear to experience greater levels of discrimination than white personnel during military service. A U.S. Air Force report demonstrated the presence of racial disparity in relation to military discipline and career development.⁷ In the United Kingdom, the Wigston Report on inappropriate behaviours highlighted that, for the third consecutive year, female and ethnic minority personnel were overrepresented in the Service Complaints system.⁸ In 2018, ethnic minority

personnel made up just 7% of the armed forces but submitted 13% of the admissible service complaints, of which 39% concerned bullying, harassment, and discrimination. The equivalent figure for white personnel was 24%, indicating a significant difference between the two groups. This difference is supported by the Civil Service People Surveys of 2017 and 2018 and the army's 2018 sexual harassment survey.^{9,10} Female and ethnic minority personnel are overrepresented in having either been subjected to or complained about bullying, harassment, and discrimination. Many victim support groups consider instances of conscious and subconscious behaviour, microaggression, psychological bullying, and intimidation to take place at all levels, with junior rank, female, and ethnic minority personnel the most likely victims of this behaviour.⁸ King states that racial discrimination becomes normalized in the military as a result of some recruits' lower socio-economic background.¹¹

There are also notable instances in which ethnic minority populations bear a perceived or factual hardship that does not reflect their commitment to the country they serve. For instance, in the United Kingdom, Defence Secretary Ben Wallace apologized after the Commonwealth War Graves Commission's 2021 report identified that West Indian and Asian troops were commemorated collectively, or their names were recorded in registers, whereas white counterparts had individual headstones.¹² Wallace pledged to take action, and Prime Minister Boris Johnson offered an unreserved apology for what the report blamed on pervasive racism. These issues follow from similar narratives, such as the campaign for Fijian Veterans' right to remain in the United Kingdom and the Gurkha Justice Campaign to allow Nepalese Veterans to settle in the United Kingdom.^{13,14} These examples highlight injustices and inequalities that can occur within the military, whether consciously or subconsciously, that need to be addressed and rectified. It would appear that, if better recruitment and retention of ethnic minority groups in the UK Armed Forces

is to be achieved, more effort is required to reduce levels of harassment and discrimination.¹⁵ This would, in part, mirror findings from research on the U.S. military highlighting the need to foster a diverse and inclusive armed forces that reflects the society it protects.³

Of the UK Veteran population of 2.07 million, an estimated 1% (approximately 20,700) are ethnic minorities — significantly less than the 8% of ethnic minorities who make up the civilian population.¹⁶ In the UK Veteran population, ethnic minority Veterans are disproportionately higher users of National Health Service Veteran-specific mental health services than white Veterans in all categories, but particularly of the Veterans Mental Health Transition Intervention and Liaison Service and Veterans Mental Health Complex Treatment Service, which are part of Op COURAGE, the Veterans Mental Health and Wellbeing Service.¹⁷ Moreover, ethnic minority communities are often categorized as a single group but are themselves diverse in nationality and heritage, culture, and ethnicity. Although government statistics highlight the disadvantage faced by ethnic minority personnel in the armed forces, little empirical research has explored the impact these discriminatory experiences have on ethnic minority communities. Therefore, this article provides a systematic review of international empirical evidence that demonstrates the impact of these experiences on ethnic minority communities in the armed forces.

METHODS

Literature search strategy

The review was guided by the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA). Corresponding searches were conducted in PubMed, PsycInfo, PsycArticles, EBSCO, and Web of Science in September 2021. These databases were selected because of the quality of the peer-reviewed publications they cover. *BMJ Military Health* was also searched, given its

focus on and credibility of armed forces research. Grey literature databases (RAND, Open Grey) were searched to allow the inclusion of reports that might otherwise have been missed.

Inclusion and exclusion criteria

Articles published in English since 2010 that discussed Black, Asian, and minority ethnicities in the armed forces and that were published in peer-reviewed academic journals or grey literature were included. The first author (KS) conducted the selection of articles; thus, this is a single-screening review. Although a single-screening approach has the potential for selection bias, the systematic approach to selection outlined in the PRISMA guidelines is widely accepted. The second author (RR) was available to discuss articles and confirm their inclusion. [Table 1](#) details the search terms used. Articles meeting the following criteria were excluded: 1) unrelated to Black, Asian, and ethnic minority or ethnic minorities in the armed forces, 2) unrelated to the armed forces, or 3) journal article that was a review.

Procedure

The search consisted of the following stages:

- 1) Initial search: Search of key words as defined in [Table 1](#).
- 2) Duplicate removal: Duplicates across databases and journals were removed.
- 3) Title and abstract screening: Titles and abstracts were screened for relevance.
- 4) Records excluded: Titles and abstracts that did not meet the inclusion criteria were excluded.
- 5) Article screening: Full-text publications were screened to confirm they met the aims of the study.

[Figure 1](#) outlines these stages in more detail. After duplicates were removed, the database search yielded 155 abstracts. Titles and abstracts were screened, which resulted in 17 potentially relevant studies. After full article screening, nine articles met the inclusion criteria. A

Table 1. Search terms used in the literature review

Search no.	Field	Search words
S1	Title or Abstract	"Ethnic minority" OR "ethnic minorities" OR "Black Asian minority ethnicity"
S2	Title or Abstract	"Armed Forces" OR "military"
S3	/	S1 AND S2
S4	Subject	"Ethnic minority" OR "ethnic minorities" OR "Black Asian minority ethnicity"
S5	Subject	"Armed Forces" OR "military"
S6	/	S4 AND S5

further seven articles were located from hand searches. Thus, a total of 16 articles were included.

RESULTS

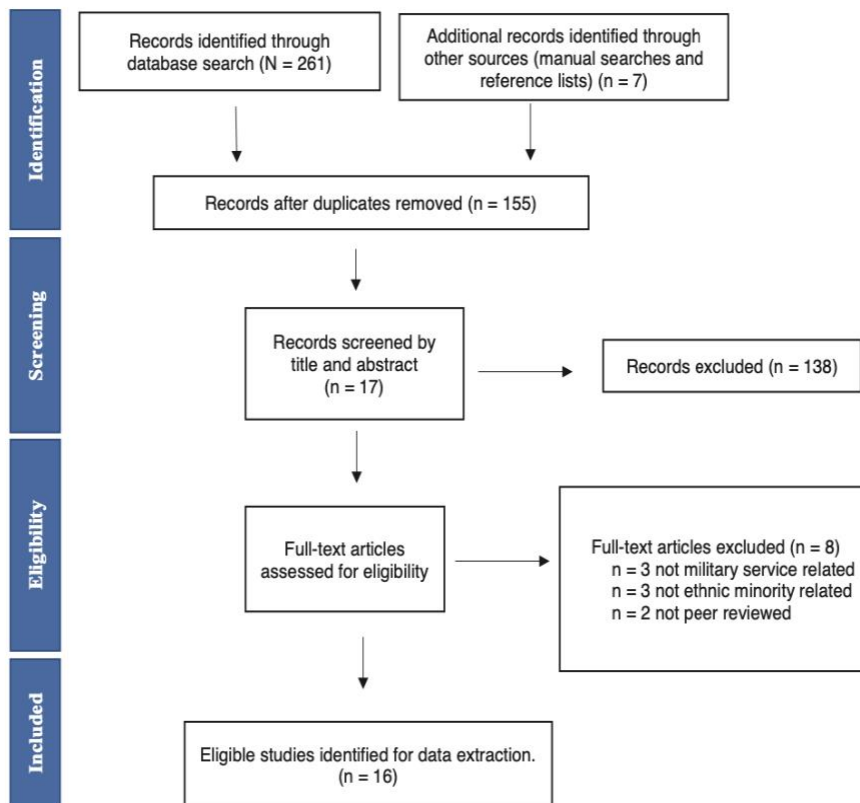
The 16 included articles were published between 2010 and 2021. Thirteen studies were quantitative, and three were qualitative. Studies were conducted in the United States (n = 12), Switzerland (n = 1), Holland (n = 1), Israel (n = 1), and the United Kingdom (n = 1). Quantitative studies used survey designs or retrospective database analyses to collect data, and qualitative studies used interviews. Quantitative studies had between 471 and 779,041 participants. Sample sizes for qualitative studies ranged from 6 to 70. Three studies focused on serving personnel, 12 on Veterans, and 1 on the spouses of serving personnel.

Despite the literature spanning five countries, the review demonstrates that ethnic minority personnel and Veterans face greater disadvantages than their native counterparts, both during and after service. Three themes identified were cultural identity, health status and health utilization, and trauma and discrimination.

Cultural identity

Cultural identity is a dynamic, multidimensional construct that refers to one's identity, or sense of self, as a member of an ethnic group, religion, or gender. Individual values and beliefs are influenced by the culture to which an individual belongs.¹⁸ Ethnic minority groups in the armed forces can struggle to manage conflicting identities and multiple realities,¹⁹ and these difficulties are magnified when ethnic minority individuals in the armed forces community (AFC) experience mental health distress. Many ethnic minority groups are collectivist in nature,²⁰ meaning they emphasize the needs of the group over the needs of individuals.²¹ It is argued that AFC individuals of some collectivist cultures might express a negative community response to service-related mental health distress.^{19,22}

This negative response might strengthen stigmatized attitudes toward mental health,²³ resulting in a sense of shame.¹⁹ For minority groups in the Israel Defense Forces, talking about mental health distress was linked with feelings of isolation and vulnerability and a fear of ostracism.¹⁹ This lack of support and acceptance of mental



PRISMA = Preferred Reporting Items for Systematic Reviews and Meta-Analyses.

Figure 1. PRISMA flow diagram of inclusion and exclusion of studies in the literature review

health distress among AFC ethnic minorities might suggest that those of minority status have no choice but to seek help from formal health services.^{19,24} This may offer some explanation for why use of Veteran mental health services in the United Kingdom is higher for ethnic minority Veterans than for white Veterans (unpublished data from NHS England). However, Veterans are identified as having poor help-seeking behaviour,²⁵ and this appears to be exacerbated in the ethnic minority population, who hesitate to disclose their mental health distress to those outside their community for fear of being rejected.¹⁹ This poor help-seeking behaviour suggests a need for greater support for those of ethnic minority backgrounds and an improved understanding of the influence of cultural identity on mental health.

Within the AFC, minority groups cite feelings of inferiority, often perceiving themselves to be less powerful than native groups.²⁶ To redress the power imbalance, minority groups try to prove themselves, highlighting a yearning to belong.¹⁹ According to research with the Dutch Armed Forces, if soldiers of ethnic minority feel they do not fit in with the native group, they form alliances with individuals of other ethnic minority populations to enhance their identity.²⁶ This research highlights a tension between ethnic and native groups that may complicate integration of these communities. Moreover, enhancing ethnic identity is also likely to strengthen collectivist views, making acculturation more difficult. Therefore, greater attention should be paid to how identity influences integration within the armed forces.

Health status and health care utilization

Some articles reported higher rates of poor physical health and mental health disorders among ethnic minority serving personnel and Veterans than among white serving personnel and Veterans.^{24,27} Sheehan and colleagues reported poor health among 44.1% (n = 191) of Black Veterans compared with 25.4% (n = 1,532) of white Veterans.²⁸ Swiss ethnic minority personnel reported higher levels of somatization than native personnel,²⁹ whereas other research revealed lower rates of anxiety (but not posttraumatic stress disorder [PTSD]) among ethnic minority groups (Asian/Pacific Islander, Black, Hispanic) in the U.S. AFC than among white groups,³⁰ which has also been found for the general population.³⁰⁻³²

Although differences in socio-economic status and trauma experience may explain the differences in rates,

the increased sense of shame and guilt experienced by individuals from collectivist cultures could mean that disclosure of physical distress is more accepted than disclosure of mental health distress.¹⁹ Thus, differences in rates of physical and mental health distress may highlight variation in the cultural expression of emotional distress, which could suggest that ethnic minority individuals in the AFC experience greater difficulty expressing their needs.

In the United States, both male and female ethnic minority Veterans reported higher rates of PTSD (Black, 36.3%; Latinx, 30.6%) than white Veterans (22.5%), with women of minority status as much as twice as likely as men of minority status to receive a diagnosis of PTSD.²⁴ Black, Asian, and Hispanic individuals were less likely to receive treatment for depression,³³ with one study reporting that women were less likely than men to be prescribed medication for depression,³⁴ indicating a potential inequity in health services. However, whether this finding was due to reluctance to accept treatment or differences in the quality of care provided is unknown. Ethnic minority groups have lower rates of health services use for alcohol use disorder (AUD),³⁵ mental health inpatient admissions,³⁰ and psychotherapy treatment,³⁶ and Goldberg and colleagues note that ethnic minority Veterans with PTSD, AUD, and major depressive disorder were shown to seek help sooner than ethnic minority civilians with comparable mental health conditions.^{33,37} However, the research sample in their study consisted of participants with lifetime diagnoses of these conditions, which may imply greater symptom severity and, therefore, a greater need for treatment than participants in other studies. Nevertheless, this study provides evidence of differences in patterns of help seeking between ethnic minority serving personnel and the general population, supporting reports that ethnic minority individuals in the AFC value support that aligns with their cultural background.²² UK primary health care (PHC) data do not capture ethnic background as part of the reporting matrix, so it is not possible to compare UK ethnic minority Veterans with other Veterans or the general population.³⁸

Shorer and colleagues indicate that health care provision is based on evidence from Western culture, and therefore clinicians' understanding of mental health conditions is influenced by culture.¹⁹ This finding might offer some explanation for why minority groups are less likely to be offered treatment for mental health conditions. A U.S. study established an association between

ratings of mental health treatment and treatment attrition and found that 99% (n = 64) of Latinx Veterans who did not perceive their therapists as caring discontinued treatment because they did not feel comfortable with the therapist, highlighting differences in cultural expectations of therapy.³⁹ This study demonstrates the need for improved engagement with minority personnel and better options for patients to receive support they feel is culturally appropriate.

The significant differences in health care provision across nations and U.S. states makes it difficult to assess the consistency of health care provision. For instance, Quinones and colleagues found that receipt of psychotherapy among Black and Asian Veterans was low; however, how far Veterans lived from a Veterans Affairs (VA) health care facility was considered a likely influence on their findings.³³ Another U.S. study found that Veterans' propensity to seek help was greater if their health insurance permitted access to VA facilities.³⁷ Some of these individual barriers, such as finance and transport, align with the conclusions of a small-scale UK study exploring Black Commonwealth Veterans.²² It cited institutional racism as a barrier to accessing mental and physical health care services. Although whether prevalence of discrimination varies cross-culturally is unknown, these findings emphasize the difficulties faced by ethnic minority personnel when accessing health care in the AFC, regardless of where they live.

Some articles cited gender differences, with female ethnic minority Veterans using PHC less than male ethnic minority Veterans.³⁴ This is in stark contrast to evidence from both general and serving populations,^{38,40-42} which shows that women use PHC more than men. Female ethnic minority military spouses were also less likely to report barriers to accessing mental health care than comparable white spouses, yet ethnic minority female spouses who served themselves were more likely to report barriers to care,⁴³ thus indicating a need to further explore the needs of female ethnic minority Veterans and why they use health care at lower rates than other women who have not served.

Overall, articles that explored mental health diagnoses and health care utilization identified higher rates of poor health and mental health diagnoses among ethnic minority personnel. Ethnic minority individuals access health care services but are less likely to accept or engage in treatment. Studies looking at ethnic groups separately show that patterns of diagnosis and treatment vary among different Veteran ethnic minority

groups.^{30,37} Thus, it is important to look at ethnic groups individually to gain a more informed understanding of mental health and health care use among both serving and Veteran ethnic minority groups.

Trauma and discrimination

Military sexual trauma

Military sexual trauma (MST) refers to experiences of sexual assault or harassment during military service. Responses to MST vary significantly depending on factors such as type, severity, and duration of MST, social support, and prior history. In the United States, ethnic minority personnel, particularly women, experience MST at greater levels than men and white personnel, with one U.S. study revealing that 21% (n = 1,405) of ethnic minority female Veterans — compared with 1% (n = 68) of ethnic minority male Veterans — have experienced MST.⁴³ These experiences were not reported and were identified through retrospective database searches documenting episodes such as PTSD related to MST during deployment.⁴⁴ Women, particularly Black women, are also more likely to delay disclosure of MST.^{27,43}

Longitudinal research reveals that ethnic minority groups experience higher levels of MST during training than native personnel.²⁷ Although social support from other recruits during training was found to improve functioning after MST, ethnic minority personnel reported lower levels of social support than white personnel. Moreover, Foynes and colleagues noted that participants were reluctant to disclose experiences of MST;²⁷ therefore, whether disclosure of these experiences would have occurred if they were not part of a research study is unknown.

Overall, these findings demonstrate that ethnic minority individuals are exposed to discriminatory experiences early in their careers, are less supported than their native counterparts, and feel less comfortable disclosing experiences of MST than they do accessing support for mental health distress.

Racially based discrimination

Racially based discrimination (RBD) is discrimination against any individual because of their skin colour, race, or ethnic origin. RBD was cited as a frequent occurrence for serving personnel from ethnic minority backgrounds,^{19,22,26,27} and it was associated with poorer health functioning and a lower level of self-esteem.²⁷ Although ethnic minorities may view the armed forces as one community, examples exist of ethnic minority groups remain-

ing as separate groups within the armed forces as a direct result of RBD. Ethnic minority personnel believe that to feel they belong in the armed forces, they must integrate with native social groups, but research has highlighted the difficulties with integration, with Sion reporting instances of racial discrimination experienced by Caribbean soldiers in which a white senior officer carried a stick with discriminatory racial language written on it.²⁶

Dutch ethnic minority personnel (Surinamese, Antillean, Moluccan, Indo-European) who experienced RBD showed a preference for spending time with soldiers from their own ethnic group rather than with individuals with a native Dutch background.²⁶ This study demonstrates the impact RBD has on belonging and acceptance for AFC ethnic minorities and highlights the need to understand how these experiences inform their social interactions. A UK study showed that ethnic minority personnel were treated differently and judged because of their background,²² and these experiences made it difficult for ethnic minority individuals to integrate into the native AFC.

DISCUSSION

This review identifies the disadvantages experienced by ethnic minority personnel during their military career, and it also highlights the paucity of research exploring the impact (both negative and positive) these experiences have on ethnic minority personnel and their families. The research exploring the impact of serving in the armed forces on ethnic minority groups is limited, and the literature that exists largely explores gender differences and comparisons between minority and native communities in health care utilization. Moreover, much of what is known is based on ethnic minorities in the U.S. Armed Forces. Nevertheless, the findings of this review indicate that ethnic minority serving personnel and Veterans experience greater disadvantage than their native counterparts. They report poorer health outcomes than white personnel and do not disclose traumatic experiences for fear of criticism and ostracism. Instances of MST were found to occur from the early stages of female ethnic minorities' careers, with delayed disclosure of those experiences. Ethnic minority individuals, particularly women, are also less likely to accept treatment after receiving a mental health diagnosis.

Limitations

From a UK perspective, only one article met the inclusion criteria for this review. Therefore, the findings

should be viewed with some caution if they are being generalised to the UK AFC. Moreover, because much of the evidence comes from U.S. research, it is important to consider not only differences in health care provision between the United States and other countries but also whether cross-cultural differences exist in the prevalence of discrimination between different countries. Research does not separate different ethnicities, and this factor should also be considered when interpreting the findings of this review.

Conclusion

Racism makes it difficult for some ethnic minorities to integrate into other ethnic communities in the armed forces. Although ethnic minorities represent the Armed Forces they serve, in another sense they often feel unable to identify with non-minority personnel they serve alongside, resulting in a sense of detachment from the Armed Forces community in general. The reviewed articles often grouped all ethnic minorities together, making it difficult to draw conclusions about individual ethnic minority groups. UK and international studies that explored different ethnic minority groups indicate little variation in mental health service use across different minority groups. Future research must look past the singular ethnic minority identity and seek to understand how the psychosocial context of different ethnicities influences functioning; better person-centred understanding, rather than ethnic-minority-centred understanding, is needed. Further research should also explore the benefits of serving in the armed forces because many articles have examined only the challenges.

AUTHOR INFORMATION

Kate Salem, BSc, MRes, is a researcher at the Westminster Centre for Research in Veterans. She has experience conducting research on military families, with a particular focus on service-related mental health and the wider impact it has within the family unit. Salem uses both quantitative and qualitative methods in her work and has worked on research projects relating to Veterans in both primary and secondary health care.

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COMPETING INTERESTS

The authors have nothing to disclose.

CONTRIBUTORS

Methodology: K Salem

Investigation: K Salem

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Appendix B – Expert Reference Group

Westminster Centre for
Research in Veterans



ESTEPHANIE DUNN

Regional Director, Royal College of Nursing



HORACE BARNES

Chairperson of the Why Are West Indians in This Country Project, North-West region



DR MAXTON SCOTLAND

Founder and Director ImpaktX Limited Advisor United Nations Department of Global Communications (UNDGC) Youth Steering Committee, Partner NHSE Armed Forces PPV Group



PROFESSOR BASMA ELLAHI

Research Professor (Public Health and Nutrition Research with a focus on ethnic minorities), University of Chester



MR BRUNO DANIEL

Inclusion Programme Lead, Royal College of Nursing



LT COL TAITUSI SAUKURU MBE QGM

Chairman, MOD's Fiji Support Network



SUE LIBURD MBE DL

Managing Director Sage Blue, Army veteran



SQUADRON LEADER CALUM FERGUSON

Royal Air Force, Chair Defence (MOD) Buddhist Network



LT COLONEL TARIQ AHMAD

Senior Medical Officer, Catterick Medical Centre, British Army

Appendix C: Recruitment Poster – Ethnic Minority Veterans

Westminster Centre for
Research in Veterans



University of
Chester



ARE YOU A VETERAN FROM A MINORITY ETHNICITY? We want to hear from you!

We are conducting a research study to explore the impact of serving in the UK Armed Forces on veterans from minority ethnicities.

Our aim is to generate sustained change to improve the lives of this group of ex-Service personnel and their families.

Can you help?

We are looking for veterans from minority ethnicities to take part in an online questionnaire which will take 10-15 minutes to complete. A paper version is also available.

CONTACT US

If you're interested, would like more information, or to request a paper version of the questionnaire, please contact the research team at:

veterans@chester.ac.uk

Or scan the QR code to go directly to the online questionnaire.



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To find out more about the research team behind this study [click here.](#)

Appendix D: Recruitment Posters – UK White Veterans



VETERANS

We want to hear from you!

WE ARE CONDUCTING A RESEARCH STUDY TO EXPLORE THE IMPACT OF SERVING IN THE UK ARMED FORCES

Westminster Centre for
Research in Veterans



Our aim is to generate sustained change to improve the lives of ex-Service personnel and their families.

Can you help?

We are looking for veterans to take part in an online questionnaire which will take around 10-15 minutes to complete.

To find out more about the research team behind this study please click [here](#).

CONTACT US

If you're interested, or would like more information, please contact the research team at:

veterans@chester.ac.uk

Or scan the QR code to go directly to the questionnaire.



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RESEARCH TEAM



**PROFESSOR ALAN FINNEGAN PHD RN FRCN FRSA
CF FAAN**

Alan is the director of the Centre and a Professor of Nursing and Military Mental Health. He is a Registered Nurse (Adult) and Registered Nurse (Mental Health) who served in the British Army from 1987 to 2016. Alan was the Co-Principal Investigator for the study, responsible for designing the methodology, as well as leading on both the qualitative and quantitative analysis.



PROFESSOR BHAIRAVI SAPRE

Bhairavi is a general adult psychiatrist working for Cheshire and Wirral NHS Foundation Trust. She is also a serving medical officer, holding the rank of Lieutenant Colonel with 208 Field Hospital, Liverpool. Bhairavi completed an initial pilot study with members of the Defence Hindu Network, and provided support with the qualitative data collection and analysis.



PHEBEAN GAHLE MSC

Phebean has a Masters in Public Health as well as a background in teaching and midwifery. Phebean is a serving Army reservist with over 15 years continuous service, both for the REME and more recently the Royal Logistics Corps. She was the lead researcher on the study and led in all aspects of data collection, both from a quantitative and qualitative point of view, and assisted with the data analysis.



DONALD CAMPBELL

Donald Campbell served 36 years in the Royal Air Force and retired as a Warrant Officer in 2006. His years of service as an engineer extended to many countries around the world. He was awarded 2 commendations for meritorious service. Donald is a Community Ambassador and in this study he completed many of the peer researcher qualitative interviews.



KATE SAWYERS

Kate joined the Centre in 2021 to provide administrative support for the study, which included assisting the Co-Principal Investigators and the lead researcher to raise awareness of the study amongst the veteran community, and constructing the questionnaire. Kate is the spouse of a serving officer in the Royal Marines.