



“It Was a Complete Violation of Everything”: LGBT + Veterans’ Experiences of Discrimination and Oppression Through the Exemptive UK Military “Gay Ban” Policy

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Abstract

Introduction This is the first empirical study carried out in the UK to examine the devastating impact of the policy to ban all gay, lesbian, bisexual and transgender personnel under exemptive military laws and their resultant support needs as military veterans. The so-called “gay ban” policy was enforced with the rationale that homosexuality was incompatible with military service.

Methods In the UK between 2021 and 2022, 15 LGBT + veterans took part in semi-structured interviews and 101 LGBT + veterans completed an online survey. The findings were triangulated to provide a comprehensive understanding of the impact of the “gay ban” policy.

Results Three key overarching themes were identified: Emotional Impact, Changing to Adapt and Adapting to Change and Aftermath: Barriers to Help-Seeking.

Conclusions Social cohesion, established during military service, was limited upon leaving the Armed Forces and LGBT + veterans reported feeling a loss of their identity and the ability to foster social relationships. The policy ban facilitated discrimination and harassment, causing emotional distress, mental ill health, social isolation and limited access to appropriate support following transition.

Policy Implications Despite the lifting of the “gay ban” policy over 20 years ago, how inclusivity is represented in a historically heteronormative institution is unclear. The “gay ban” policy was weaponised with strategic power, leading to long-term, negative psychological consequences for those who were disempowered by the ban. Therefore, it is essential that confidence is restored, and that policy and institutional-level changes recognise the historical harm for the future of LGBT + military personnel and veterans. These findings will help to raise awareness and increase knowledge and, in turn, contribute to improving access and engagement with service provision and support.

Keywords LGBT · Veteran · Armed Forces · Fear · Isolation · Discrimination

Introduction

Worldwide, there have been historic bans on lesbian, gay, bisexual and transgender (LGBT +) individuals serving in the Armed Forces. The UK was one of the last countries

to lift the “gay ban” policy among the Five Eyes (FVEY) alliance countries in January 2000. Australia and Canada were among the first to lift the ban in 1992 with New Zealand following in 1993 and the United States (US) in 2011. The debate around the policy claim that homosexuals in the military threaten heterosexual serving personnel by causing offence, inducing ill-discipline and compromising security has been the topic of much international literature (e.g., Anderson & Smith, 2018; Belkin, 2003; Belkin & Levitt, 2001; Belkin & McNichol, 2001; Sundevall & Persson, 2016). However, few studies have focused on those individuals most affected by the ban and the long-term consequence of a policy that not only excluded homosexuals from the UK Armed Forces but also weaponised a policy to inflict harm

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via voracious Special Investigation Branch (SIB) interrogations, invasive medical inspections, assaults and prison sentences (Osborne & McGill, 2024).

LGBT + individuals who had an awareness of their sexual orientation before joining the Armed Forces did not necessarily have knowledge of the “gay ban” policy nor the vigour with which it was enforced (Heggie, 2003). Some believed that they would be able to conceal their sexual orientation and “serve in silence” (Baker, 2023; Cianni, 2012; Vaughn, 2014). However, a lack of understanding of what serving under the “gay ban” policy would entail resulted in LGBT + personnel facing discrimination and fear compounded by the lack of resources to cope with the pressure of concealment and harassment (Cianni, 2012, Gouliquer et al., 2018; Hillman & Walsham, 2017, Vaughn, 2014). Detrimental coping strategies also involved self-alienation as a result of withdrawal from social support networks (Cole, 2017; Eleazer, 2019; Heggie, 2003), and the impact of this led to a deterioration in emotional wellbeing, including stress, suicidality, substance misuse and fatigue (Ahuja et al., 2019; Cochran et al., 2016, Livingstone et al., 2002). A sense of betrayal was also experienced by LGBT + veterans and related to difficulties accommodating multiple conflicting realities and being forced to sacrifice their LGBT + identity to align themselves with military values. Moral injury is often described as an injury to the soul involving fractured moral foundations, beliefs and the values system which occurs due to a lack of reconciliation between conflicting values and disrupted meaning-making processes (Richardson et al., 2020). It has often been shown to involve a sense of betrayal (of the self and from or unto others, including systemic betrayal) and understanding the relevance of this in relation to the harms imposed on LGBT + veterans is critical as it has the potential to address the implications of exposure to morally injurious events.

A review of the literature relating to serving in the UK Armed Forces during the “gay ban” policy conducted by Paige et al. (2021) reported a paucity in research exploring the impact. Paige et al. (2021) highlighted preliminary evidence of negative treatment of LGBT + military personnel including traumatic investigations in the search for evidence of homosexuality. Investigations were traumatic and resulted in dishonourable discharges, forced resignations and alienation from the military family without access to social, financial or mental health support, which negatively impacted their overall wellbeing (Paige et al., 2021). More recently, evidence that demonstrates the devastating impact of the discriminatory policy and institutional acceptance of the “gay ban” has been gathered and reported by an independent review commissioned by the UK Government, providing an improved understanding of the experiences, impact and policy implementations (The Rt. Hon Lord Etherton Kt KC PC, 2023). In addition, Biscoe et al. (2024) investigated the

experiences of UK lesbian, gay and bisexual female veterans and reported the negative treatment and fear of risk of being discovered. The findings from the independent review and from Biscoe et al. (2024) echoed the findings from the first empirical UK research study on the impact of the “gay ban”, highlighting the resultant trauma (Osborne & McGill, 2024).

To date, there appears to be an absence of any in-depth examination or lived-experience exploration in the UK in relation to the policy change from exclusion to inclusion of LGBT + military personnel. For example, in the USA, there are a number of publications that discuss the repeal of the “Don’t Ask, Don’t Tell” policy (Belkin & Bateman, 2003; in 2011; Burks, 2011; Goldbach & Castro, 2016), and in their study, McNamara, et al. (2021), explored important cultural attitudes that are necessary to support LGBT service members in terms military leadership, health care and policy. Their research concluded that, on its own, policy change is not adequate to ensure the full integration of LGBT + service members in the military (McNamara, et al., 2021). Therefore, a fundamental question remains as to whether the removal of the discriminatory policy influences military effectiveness and/or has resulted in an LGBT + inclusive working environment (Belkin, 2003). Arguably, there is insufficient evidence available to demonstrate to what extent LGBT + serving personnel have benefited from the policy change and prevention of discrimination agenda in the UK, and like in the USA, their healthcare needs remain largely unknown (Goldbach & Castro, 2016).

The need for peer-informed research to access the lived-experience narratives of UK LGBT + veterans is at the forefront of this paper. The aim was to examine, for the first time, the far-reaching impact of serving in the UK Armed Forces under the “gay ban” policy and, in turn, develop a greater understanding of the associated risks to overcoming the trauma experienced to provide an evidence-base for policy makers and service providers to improve access to appropriate support.

Methods

This paper is based on the triangulation of Phase One and Phase Two of an exploratory mixed methods research project. The aim was to examine the impact of the LGBT + Armed Forces ban on LGBT + veterans and, in turn, better understand their lived experience to raise awareness and improve access to services and support in the community (Osborne & McGill, 2023). It also seeks to highlight the importance of non-discriminatory policy and practice to reverse prejudice from past experience.

Utilising purposive sampling, LGBT + veterans were recruited from across the UK between 2021 and 2022. All participants enlisted in the UK Armed Forces before 12

January 2000 (when the “gay ban” policy was lifted), self-identified as LGBT+ and as having been affected by the ban (see Table 1 for participant demographics). This project was approved through the University’s Ethical Approval System. Before taking part, participants were given study information and asked to sign a consent form.

In Phase One, 15 LGBT+ veterans were recruited via peer-led recruitment through the *LGBT+ Veterans Charity*. Peer researchers carried out semi-structured interviews via telephone with participants to understand the lived experience of the UK LGBT+ Armed Forces ban. The interviews lasted around 90 min and were recorded using a digital recorder and transcribed. All identifiable data were removed at the point of transcription.

In Phase Two, recruitment was through the *LGBT+ Veterans Charity* membership network, and 101 LGBT+ veterans completed an online survey. The survey questions were developed from Phase One findings and included closed and open-ended questions. Questions focused on personal experiences of serving under the “gay ban” policy as well as support needs and connection to peers and making amends. Two scales were also included to measure social isolation and loneliness, the De Jong Gierveld Loneliness Scale (De Jong Gierveld & Tilburg, 2006) and the Lubben Social Network Scale (Lubben et al., 2006). The survey was designed to take no longer than 30 min to complete.

All qualitative data were entered into NVivo and were analysed using Thematic Analysis following the six steps of Braun and Clarke (2006): familiarisation with the data, generation of initial codes, searching for themes, reviewing themes, defining, naming themes and producing the report. Quantitative data were entered into SPSS where descriptive

statistics were collated and univariate analyses carried out. Data from Phase One and Phase Two were analysed separately before findings were triangulated—see Fig. 1 (O’Cathain, Murphy, & Nicholl, 2010). See McGill et al., 2022 for Phase One findings.

Results

From triangulation, three overarching themes were identified with sub-themes (see Table 2). Each theme is discussed with supporting quotes from qualitative data and descriptive statistics from quantitative data findings.

Emotional Impact

The overarching theme of Emotional Impact symbolised participants’ struggle with the constant questioning of their LGBT+ identity. This caused feelings of fear and isolation that impacted on social interaction, particularly with “superiors” in the military setting, and had a negative emotional impact as a result. Some participants described feeling violated and unable to trust anyone, and they felt that they had to sacrifice their freedom to be their true selves in favour of conforming to expected institutional, heterosexual norms. These negative experiences had consequences during and after serving in the Armed Forces.

Violation: Being Made to Feel Uncomfortable

The analysis revealed that there were contributing factors that impacted feelings of violation regarding basic human rights. Key pathologies, including falling victim to deeply embedded prejudice, led to vulnerability and emotional struggles. The emotional difficulties and vulnerability arose because of an “unsafe” working environment, compounded by the ban and investigations that were carried out by the Special Investigations Branch into sexual orientation and/or gender identity:

They wanted their pound of flesh. I mean when they searched my room they went through papers and everything and I... luckily, I never had anything that anybody ever sent me anyway (Interview Participant).

It was a complete violation of everything and that, you know, to watch your world been got through was... that’s kind of a fairly inexplicable feeling as well (Interview Participant).

For many participants, the characteristics of what constituted violation included being made to feel uncomfortable about their sexual orientation and gender identity by those in their chain of command:

Table 1 Participant demographics for Phase One and Phase Two

	Phase One	Phase Two
Sample size	15	101
Age		
Range	49–79 years	47–79 years
Mean (SD)	59.3 years (9.07)	61.2 years (6.82)
Gender identity		
Man	40.0%	45.6%
Woman	60.0%	52.5%
Transgender history	20.0%	10.9%
Armed forces branch		
RNRM	13.4%	32.7%
British Army	53.3%	40.6%
RAF	33.3%	27.7%
Length of service		
Range	3–14 years	1–44 years
Mean (SD)	5.9 years (2.99)	10.4 years (9.49)

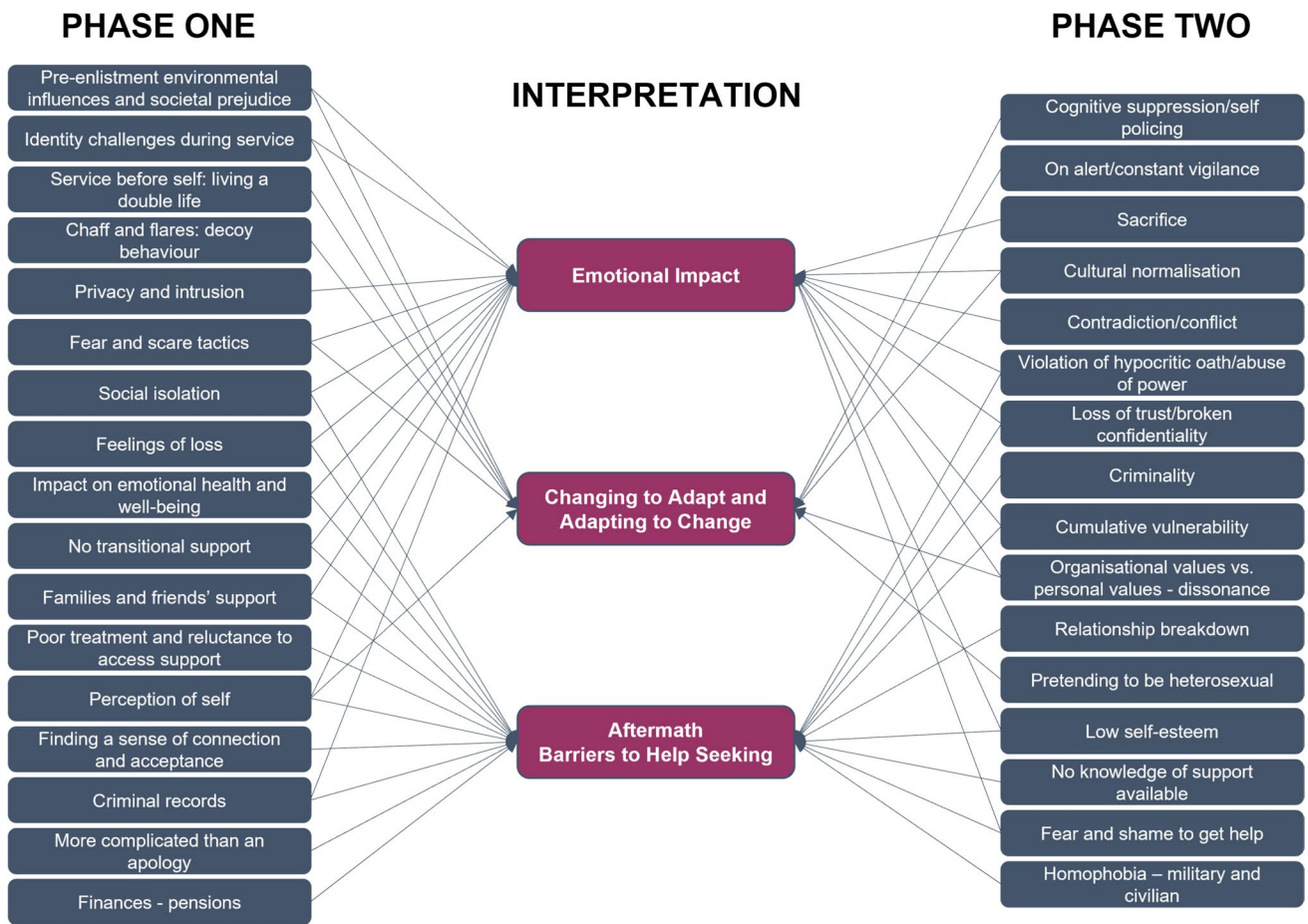


Fig. 1 Triangulation of Phase One and Phase Two findings

Table 2 Overarching themes and sub-themes from triangulation

Overarching themes	Sub-themes
Emotional impact	Violation: being made to feel uncomfortable Sacrifice of self Mental health and wellbeing
Changing to adapt and adapting to change	Suppressing sexual orientation and gender identity Cultural normalisation Constant vigilance: heightened stress and anxiety
Aftermath: barriers to help-seeking	Fear and shame Perceptions and experiences of accessing support Lack of appropriate support

I went and saw the Brigadier and that was awful. She told me I was an utter disgrace to the corps; I'd let the corps down, she hated me (Interview Participant). When I admitted to them that I was probably trans and wanted to continue cross dressing they got me to sign this for their records... and recommended I was temperamentally unsuitable. I then had to go to Captain's Table to request discharge, I wasn't allowed to talk to anyone... I was treated like a criminal and kicked out. Was told that I had embarrassed the Navy, myself,

my family. I was immature and wasn't trying and not responding to their treatment (Survey Respondent).

Participants also reflected on the intrusive nature of the investigations and the uncomfortable questioning that was described as relentless. For those who served in the Royal Navy, demands to go to the Captain's Table (a table reserved for those of a high rank) represented further experiences of intimidation and exposure. Of the survey respondents, 74.4% agreed or strongly agreed that they were made to feel

uncomfortable during investigations and experienced threats of violence (see Fig. 2a). Often, it was difficult to see how the nature and extent of the questioning were relevant to the investigation:

One was quite horrible, sort of shouting questions... They showed a photo of like seeing me sat on the bed with about 4 other women with our cuddly toys and just said, why are you sat on the bed? What were you doing? Were you having an orgy? What do you do when you have sex with a woman? Do you use clitoral stimulation? Do you use sex toys? (Interview Participant).

They took me, marched me down to my room, in full view, again of everyone and I had to stand in my room while they totally went through everything (Interview Participant) .

Questions from investigators were described as “horrendous, very intrusive” and sometimes took place in very public settings. When survey respondents were asked to

what extent they agreed with this in their experience, 82.5% agreed or strongly agreed (see Fig. 2b).

Being ‘found out’ was a further concern for participants, especially regarding their family and friends. In an attempt to “get answers”, threats to involve family members and ‘expose’ them were used as blackmail and an attempt at intimidation. As with interview participants in Phase One, 69.5% of survey respondents agreed or strongly agreed that investigators threatened to contact everyone they knew to find evidence of their sexual orientation (see Fig. 2c). The feeling and sense of being unable to discuss sexual orientation with family and friends was compounded by the investigations, particularly when the option to choose the right time for this was taken away:

They said they’d contact my widowed mum and just tell her what was going on (Interview Participant). They’d rang my mother up to say I was being discharged after I’d told her I was leaving of my own accord. I was forced to come out to my mother and the

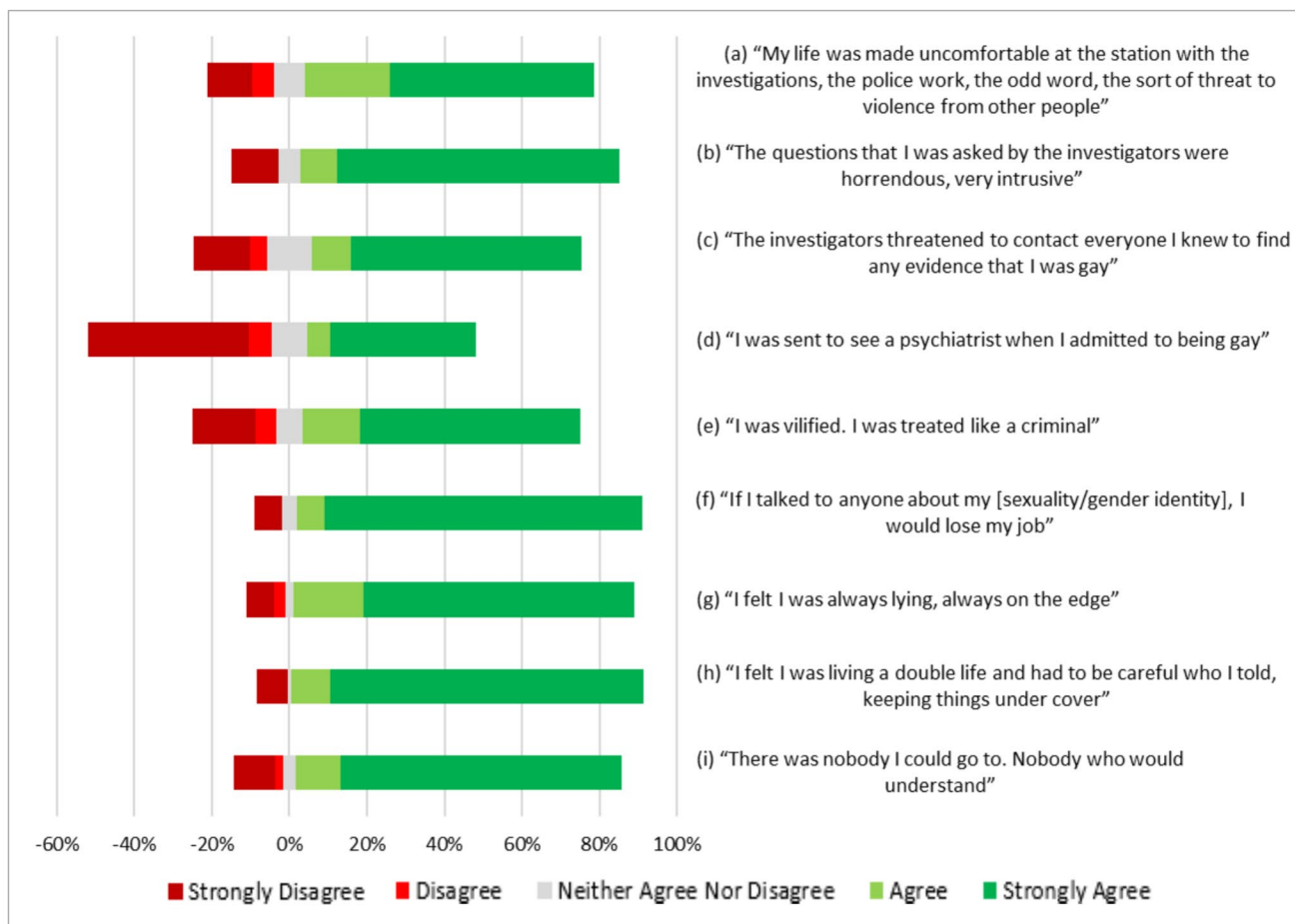


Fig. 2 Likert scale results from survey respondents regarding the extent to which they agreed with a number of statements

rest of my family when I wasn't ready. My aunt offered to pay for a psychiatrist! (Survey Respondent) .

The fear of being sent to the medical block was discussed as part of the threatening environment surrounding the investigation process. For some, they were sent for a medical examination as part of the investigation or as a direct result of disclosing their sexual orientation or gender identity:

Threats to send me to the medical block to be strip searched because they said they thought I had love bites on my back (Interview Participant).

I was investigated by the SIB followed by a thorough medical examination before attending the Captain's Table to be discharged... Throughout the whole process I was totally alone with no representation (Survey Respondent).

They took me to the medical centre in [anonymised]. He said, right, because we think you're gay, we need to have a medical exam. So, I went there, and the medical officer was a reserve officer, lovely lady and she said, look what they want me to do is stick my finger up your bottom to see if there is a reflex, a reflex of your sphincter... She said, its complete balderdash, but I have to do it, and we were both in tears at this point (Interview Participant) .

In addition to medical examinations, participants talked about seeking support and being referred to see a psychiatrist for "treatment". Experiences of being sent for medical examination and/or sent to see a psychiatrist were prominent in the participant interviews and textual data from survey respondents. The descriptive statistics indicated a fairly even split regarding the agreement to the statement "I was sent to see a psychiatrist," where 43% agreed or strongly agreed and 47% disagreed or strongly disagreed (see Fig. 2d):

I went to the Drs to admit that I was confused about my sexuality. I was isolated from everyone and sent to a Psychiatric Ward for evaluation. I spent 7 weeks in there. They got me to tell my parents who were disgusted and horrified in me (Survey Respondent).

I admitted I was a lesbian, but they sent me to see a psychiatrist. I still remember the psychiatrist. I don't remember anything else except he asked me if I masturbated... apparently that was how he assessed I was a lesbian (Interview Participant).

I was medically discharged for a depressive condition after my psychiatrist realised, I was determined to explore my gender identity further (Survey Respondent) .

Those who took part in both phases of the research study described how harmful these experiences had been and the reluctance to seek support was long-lasting as a result.

The greatest impact was after leaving the service. The aftereffects of the investigation by the naval police and the psychiatrist made me feel very ashamed, like I was a bad person and unclean in some way. I hid who I was from everyone but close family for several years (Survey Respondent).

Sacrifice of Self

Self-sacrifice in the context of serving in the UK Armed Forces is an integral aspect of professional duty, discipline to follow rules, exhibiting self-control and respect for authority. The importance of sacrifice cannot be understated and affects participants' daily lives. The sacrifice of self by the LGBT + veterans who took part in this study, set against "the ban", resulted in a "double sacrifice"—a sacrifice that is aligned to the values of serving in the military that is accepted and understood and the sacrifice of self that is deeply personal and unwelcome.

There was this increasing anger that why should my life be so offensive and so incongruous with being able to be an army nurse, it didn't make sense (Interview Participant).

I felt guilty and confused as I wanted a career in the Army. Worthless at times and felt I did not belong. Very stressed in case I was found out. I often asked myself, what is wrong with me and why am I like this. I knew others would think less of me if they knew I was a lesbian (Survey Respondent).

I also had to support the SIB enforcing the ban as part of my job, but left due to this and it not being compatible with my own ethics and sexuality once I discovered what that was (Survey Respondent) .

When participants were asked to describe what it was like for them, serving under the gay ban policy, sacrifice, suppression of true identity and a loss of sense of pride associated with serving in the Armed Forces was a common narrative:

Name calling. Could all be over in an instant... End of career, housing, food, friends. Having to lie, make up stories. Always looking over your shoulder. Made me embarrassed of my own sexuality. Made me feel a lesser person, one who was open to abuse and ridicule (Survey Respondent).

Frightening, lonely, dirty, outcast, severely gay bashed, taken out of my comfort zone, Court Martialled, threatened, robbed, deprived, imprisoned, mind games, loss of confidence, removed the joy of sex, self-hate, made to feel ashamed of being me, nervous (Survey Respondent).

It took away my career, it took away my pension, it took away my future. It just, it just utterly destroyed it, and it took away a job I know I was good at... it just took away my home, my livelihood, my future, career, pension. It doesn't really get much worse than that, does it? (Interview Participant) .

For a significant number of participants, there was a considerable amount of reflection on the harsh, dismissive nature of their discharge from the Armed Forces. The way in which participants were discharged resulted in devastation and shock. For some, there was a sense of feeling, there was nowhere to go and there was nothing left for them:

I think it was a letter and I received a message to say, your service is terminated (Interview Participant).

I was in a right state. It's like I was in shock, it was the biggest shock of my life... I was 27, 27 years of age and like my world fell apart. What do I do? You know, who do I tell? What can I do? (Interview Participant).

I plummeted to depths that I didn't believe were possible. Obviously, I'd lost my career, I'd lost my friends. I'd lost my livelihood, and this is a funny thing to say, but you're kind of, you're almost somebody when you're in the military and you're not, out here, you're just nobody. You know, you're Joe Soap out here (Interview Participant) .

The behaviour of fellow service personnel towards LGBT + colleagues left participants feeling as though they were criminals. In the survey, 71.7% of respondents agreed or strongly agreed with the statement "I was vilified. I was treated like a criminal" (see Fig. 2e). Sacrifice is understood here as a gross personal loss and, for the LGBT + personnel serving under the ban, the accompanying injustice.

Of the survey respondents, 7.9% of the survey respondents reported having been court-martialled for being LGBT + whilst serving in the UK Armed Forces under the ban. Of these, 50% received a criminal record as a result. For many LGBT + military personnel serving prior to 2000, the investigations led to criminal records.

I mean have an honourable discharge and yet still have a criminal record for it (Interview Participant).

I was Court Martialled, sentenced to 112 days detention and dishonourable discharge from the Army... I had a complete breakdown, when I recovered, I was told to Soldier on, I purchased my discharge, I had lost too much weight and was medically unfit to be discharged, I was sent home to mother for her to fatten me up for 3 months to be able to be discharged from the Army. (Survey Respondent) .

Mental Health and Wellbeing

The issues relating to mental health and wellbeing came up often in the narratives from participants across the study, with 86.3% of survey respondents reporting that they felt dismissal had a large or great effect on their mental health and wellbeing. The constant vigilance, hiding and fear of being "found out" was at the heart of feelings of loneliness and resultant poor mental health. Of the survey respondents, 89% agreed or strongly agreed that if they talked to anyone about their identity, they would lose their job (see Fig. 2f).

It was like leading a double life having to keep my sexuality secret. I was very aware further into my RN [Royal Navy] of the ban and became increasingly concerned and frightened of being found out. These fears became a reality in the end and this time was traumatic, lonely and very upsetting. This had a profound effect on me for the rest of my life causing mental health issues with which I had had to deal with (Survey Respondent).

I really, really struggled as I was so confused and knew if I talked to anyone, I would lose my career. It just got too much, I started to struggle emotionally really badly to the point of a breakdown till it got too much (Survey Respondent) .

For some LGBT + veterans who took part in the study, the actual discharge itself was the most damaging to their mental health. The distress this caused manifested as "dark moments" and a struggle to return to civilian life and find employment:

I have had times when I've had break downs... I get dark moments in my life (Interview Participant).

I was discharged penniless and in a fragile mental state which required medication and counselling for years. Felt like a criminal (Survey Respondent).

I suffered some big mental health issues when I left, deep dark depressions and almost suicidal at points. Low mood, constant low mood. Not being able to fit in and constantly moving from job to job, to job, to job, to job... (Interview Participant).

There were acknowledgments of serious mental health difficulties, depression and self-harm as a result of their time in the Armed Forces during the ban. Suicidal ideation was cited by both interview participants and survey respondents, particularly as a result of hiding their sexual orientation and gender identity and the investigations that took place whilst serving in the Armed Forces:

I've been in intensive care because of overdoses. Self-harm, my self-harm has got so severe that I've had skin grafts because I'd used caustic soda. So, and it's

all because, I don't know, I've just sort of felt this inner shame and I just can't get rid of it (Interview Participant).

Fraught with tension always having to hide my sexual orientation. Depressing as I couldn't have a fulfilling relationship with another guy; I got more and more depressed turned to alcohol and eventually attempted suicide (Survey Respondent).

It was deeply painful, and the actual investigation is the only time in my life that I very seriously, well I was about to kill myself because I just felt I had nothing left (Interview Participant).

I was taken aback upon reading my discharge papers. It said my conduct on discharge was exemplary, which according to the English dictionary means "serving as a desirable model" and "very good". I never felt very good or even good after my discharge and went from one low-paid job to another, drank alcohol every day and tried to commit suicide multiple times (Survey Respondent).

It was clearly devastating for LGBT + veterans to be denied a life in the military. Self-perception, as a result of being stripped of their military identity, included erosion of self-esteem and overwhelming feelings of shame, being made to feel unworthy and "not normal":

Felt shame and depressed, hid anxiety which eventually had physical effects on health. Frustration seeing immorality of straight colleagues whilst I hid. Had good friends but illegal nature of ban ruined my career, confidence, and future ability to adapt in civilian life (Survey Respondent).

Feeling a lack of worth, feeling unworthy... for a long time and it still affects me to an extent, that feeling of self-worth (Interview Participant).

I felt like a fraud. Confused. Disgusting. Failure. Regretful that I had taken a wrong path in life. Depressed and anxious which engrained itself into my personality (Survey Respondent).

It is clear from the interviews and surveys that there is evidence of social isolation and loneliness in the LGBT + veteran population as a result of serving during the ban. This is reoccurring throughout the qualitative data and supported by the quantitative findings. Over half of the survey respondents (54.7%) reported being both lonely and socially isolated—specifically, 84.4% of survey respondents reported being lonely and 62.2% reported being socially isolated. Only 10.5% did not report feeling lonely or socially isolated.

I didn't recognise myself at times. I had created a false life based on lies. I struggled with anxiety and depression at times. At sea I felt so isolated and alone, often

withdrawing to any quiet place I could find (Survey Respondent).

At that point I just felt completely alone. I didn't know anyone else who'd been through this (Interview Participant).

Changing to Adapt and Adapting to Change

The overarching theme of changing to adapt and adapting to change describes the struggle to live day to day with the potential consequences of being "outed" or discovered as LGBT +. Prejudice led to feelings of stigma and behaviour change became a way to "mask" sexuality and gender identity.

Suppressing Sexual Orientation and Gender Identity

Suppressing thoughts of LGBT + identity led to psychological distress for participants including avoiding thinking about their sexuality and hiding their authentic selves. There was a consistent sense of mistrust of others due to the behaviours and prejudice within the Armed Forces.

I was always worried about when I met other gay people. I never used to tell people I was in the military because I was always worried about being shopped [reported] (Interview Participant).

I felt I was always looking over my shoulder. You couldn't be yourself unless off camp and then you couldn't relax in case the place was raided by the MP [Military Police] (Survey Respondent).

This led to participants changing their behaviour in order to conceal their sexual orientation and/or gender identity due to fear. Almost all survey respondents (99%) felt they had to hide their sexuality or gender identity during their military service.

You're having to do and think and achieve all of the time and I think your sexuality falls away from you at that point, you know, you are too busy focused on what you need to do to get through to pass out (Interview Participant).

It made me feel like I wasn't "right" and shouldn't have feelings for women. That I had to keep hiding everything about myself. How I spoke to people, I even felt that I needed to check my body language in case that was misinterpreted. I felt a great strain having to live my double life (Survey Respondent).

Subterfuge to "cover up" actions and behaviours was often employed to further hide participants' sexual presentation of gender identity. This included presenting themselves as "straight", either through misdirecting the gender of their partner or creating stories of imaginary relationships:

I pretended to a straight. I made up stories about girlfriends and lads' nights out. I was very conscious of what I was saying and who I was saying what to (Survey Respondent).

Told colleagues I was going to see my "girlfriend" at the weekends Not my "boyfriend". My boyfriend wrote to me as a woman and signed his name with a girl's name (Survey Respondent).

I didn't tell anyone, I hid letters and pretended I liked men. I was careful on phone calls (Survey Respondent).

The resultant conflicted sense of identity led to a need for participants to hide their "secret self". This suppression was not always advantageous and often led to further anxiety and stress due to an over-preoccupation with the need to hide their thoughts and desires:

I was 17 when I joined up and so I was unable to discuss with or look for advice about my feelings, as doing so to the RAF doctor, supervisor or colleague would result in me being reported and investigated. The possible rejection and negativity around the topic made me suppress my own wants and needs to conform. I withdrew into myself and didn't acknowledge my own sexual identity. I lacked confidence and emotional intelligence (Survey Respondent).

Furthermore, participants reflected on the long-term impact of this constant suppression of their self, the subterfuge and adapting.

You start living your lie at a very early age and it becomes a pattern, you just lie all the time. It doesn't feel like a lie, it seems more avoiding the truth and playing a game, to belong, to feel the peer pressure of whatever that is, whatever your difference is, you want to comply, you want to be with your peers, you want to be like everybody else, so you adapt, and you keep on adapting nearly all your life (Interview Participant). You know, you spend such a long time adapting your personality in there that when you come out, you just look around and you think how do I fit in here? How? I am so different from these people. You know, I think differently. I act differently (Interview Participant).

Cultural Normalisation

Life was viewed as heteronormative in the Armed Forces prior to 2000 and LGBT+ sexual orientation was viewed as a contradiction to this. Consequently, many survey respondents discussed consciously choosing to live a heterosexual life in line with what they felt was expected of them, adapting their behaviour and being cautious in social situations. This was also seen with some of the interview participants.

It was trying to fit in to societal... and my family's, expectations and also because I knew it's easier, it's easier, if you're not gay (Interview Participant).

We decided to get married so that nobody could even ever question us ever again – we got married in a registry office... You know it was a funny thing to do but we felt safe (Interview Participant).

I hid it—quite effectively as it happens. I identified and lived as normal a male life as anyone else—I married and had a family and joined in most of my crew's socialising events, although at times, especially when on detachments, I spent time alone rather than join in on occasions (Survey Respondent).

The policy directive, the "gay ban", led to an absence of protection of the rights of lesbian, gay, bisexual and transgender people that led to stigmatisation, isolation and conflict with family and peers about their sexual orientation or gender identity and an inability to disclose this. When their sexuality or gender identity did not fit the "norm", LGBT+ military personnel were investigated and segregated from the rest of their colleagues:

I never dared discuss my sexuality. There were connotations of not being psychologically or socially acceptable and that you may have had or suffered from mental health problems. I remember a time when sex with foreign women was discussed prior to a port visit and very negative talk about "lady boys" and being "gay". Being unfaithful did not seem to be a problem in the Navy but "gay sex" was! (Survey Respondent).

They found women's clothing in my possession. I was interviewed and kept away from regular duties and after being left in limbo, I was medically discharged (Survey Respondent).

Due to this normalisation of a heteronormative life and despite the attempts to conform to societal expectations, participants blamed themselves for being "caught" and not hiding their sexual orientation or gender identity. There were a number of survey respondents that used language such as "*wasn't careful*", "*let slip*" and "*broke my rules*".

Constant Vigilance: Heightened Stress and Anxiety

The constant vigilance regarding participants' behaviour around their LGBT+ identity compromised their integrity. The tactic of constant vigilance and the need for an increased state of alertness resulted in an extreme sensitivity to potential hidden danger, either from other people or the environment. It was not possible to converse with colleagues on equal grounds for fear of rejection and dire consequences. Hiding from the ever-present threat of danger resulted in behaviour change to divert attention:

There was always a fear of being found out. It definitely affected me psychologically, that I was different and unclean. This impacted on leadership, and I found myself more of a “behind the scenes” person rather than out front and leading type individual (Survey respondent).

This hidden culture that you just... it was like you were living this double life and that, you had to be careful who you told and just keep things under cover really (Interview Participant).

I wasn't sure of my sexuality but after realising I was gay, I felt I was living under constant supervision, terrified anyone would find out (Survey Respondent).

The prejudice that was felt by the participants impacted further on their behaviour and resulted in secrecy, vigilance and hiding—a constant state of fear and heightened anxiety:

You had to be really clever and on the edge of always being prepared to explain yourself in some way (Interview Participant).

An almost permanent fear/terror of being “found-out” and brought to face some sort of criminal action under Armed Forces legislation (Survey Respondent).

Had to hide everything, diaries, address books, photographs. Had to watch what you said to people, how you acted around people (Survey Respondent).

The heightened stress and anxiety of this constant vigilance were also reflected in the quantitative results from the survey—87.9% respondents agreed that they felt as though they were lying, living on the edge (see Fig. 2g), and 91% agreed they felt they were living a double life (see Fig. 2h).

One was hyper aware of having to conform. To avoid letting slip any indication of one's sexuality. There was an element of fear every day (Survey Respondent).

I was having to live a double life, sometimes triple life. What I mean by that is that when I was in the (name of service) trying to be someone I am not because society said this is what you are supposed to be but then coming back to (anon) and then living a completely different life again ... it was literally living sort of on a knife edge (Interview Participant).

Aftermath: Barriers to Help-Seeking Behaviour

This overarching theme reports on the challenges participants faced, on a personal and systematic level, that prevented them from accessing the support they felt they needed.

Fear and Shame

Participants feelings of fear and shame of their LGBT+ identity resulted in unmet needs. There was a reluctance to access support in what was thought to be an unsafe working environment:

There were only a few people that I felt really close to in there, but I would never disclose anything, never ever disclose anything to them...I just didn't feel confident enough to be able to have that conversation (Interview Participant).

I'd been made to feel ashamed of who I was, I had zero confidence and no self-esteem all of this and much more made it difficult to ask for help (Survey Respondent).

For many whose friends and family were unaware of their LGBT+ identity, the fear of them finding out was overwhelming and exacerbated the difficulties they already felt in looking for support. A total of 70.3% of survey respondents agreed that their dismissal from the Armed Forces affected their relationships with their family, and 69.6% agreed that their dismissal affected their relationships with their friends.

Didn't want family and friends to find out about my sexuality (Survey Respondent).

I've just sort of felt this inner shame and I just can't get rid of it (Interview Participant).

Fear and shame were not alleviated when participants no longer served in the Armed Forces. Participants felt that it would be more acceptable to be discharged for taking drugs than for being gay and others felt unable to be open about the discrimination they faced:

Taking drugs is more acceptable than being gay, you know. It's almost like it's more acceptable to get kicked out for taking drugs then it is for being gay (Interview Participant).

I doctored my discharge papers ... (Interview Participant).

Perceptions and Experiences of Accessing Support

Participants felt that there was nowhere to go for support when they needed to reach out for help and access services. The discrimination and misunderstanding they felt they were surrounded by led to worry about their health and wellbeing and vulnerability:

Feeling all too often that there was nobody I could go to. Nobody who would understand it. Nobody who would get where I was coming from. (Interview Participant).

I felt I couldn't talk to anyone, a lot less understanding and support around then (Survey Respondent).

This sense of an absence of support services was further supported by quantitative findings where 84% of survey respondents agreed or strongly agreed with the statement "there was nobody I could go to. Nobody who would understand" (see Fig. 2i). For some participants, this meant that they felt they had no choice but to "*march on*" or "*go it alone*" during their Armed Forces service and following transition. Several participants also expressed the desire to stay away from any support linked to veterans or the Armed Forces.

You just lived with that sort of discrimination, you just got on with it, you know, played the game (Interview Participant).

I knew that I couldn't go to any of the veteran's charities, that was quite apparent because the attitude at the time was, (a) you've been thrown out, (b) you were a faggot (Interview Participant).

Those people that are veterans, lots of them still have that homophobic mindset. You know, when you come into an Armed Forces Breakfast Club as a gay veteran, you're still having to deal with that. They call it banter (Interview Participant).

A total of 56.3% of LGBT+ veterans who did seek help and received support felt that it was helpful but 81.3% felt that it was just too difficult to find the support they needed and found it too difficult to ask for help. Negative experiences accessing support confirmed the real and perceived lack of understanding and the impact of being made to feel ashamed and misunderstood.

Because to the attitude from the couple of people I contacted it was apparent that I was on my own. I was a ship without a rudder (Survey Respondent).

Lack of Appropriate Support

Moving back to civilian life resulted in a loss, sometimes very suddenly, of structure and order of the military environment. Survey respondents felt that their dismissal from the Armed Forces had a large or great effect on their finances (74.5%), employment/careers (64.8%) and accommodation (56.3%). Furthermore, participants felt unsure about where to turn or how to navigate access to community support services and did not have any understanding of the type or scope of support on offer. This led to a significant struggle that created difficulties in accessing appropriate support:

The structure of the military really helps you to operate. Once that's taken away and you're trying to cope

out here without that structure, it's just incredible, it's so difficult to do (Interview Participant).

After being "thrown out" my whole world had changed!... it was like leaving school at the age of 25! I didn't know how to do anything from going to the doctors (I stood in front of him until he told me I could sit down!) to opening a bank account... I just didn't know how to do any of "normal life tasks" (Survey Respondent).

Didn't even know where to start. I didn't think any of the military charities or organisations would help. I didn't know where to turn in the civilian world either (Survey Respondent).

Support traditionally provided through a resettlement package upon discharge from the Armed Forces was not afforded to LGBT+ veterans, nor were there any alternatives:

Other people, who had done, you know, served however many years would have some resettlement, you know, guidance as to what to do, how to do it, what things are out there and whatever. Whereas because I was thrown out and thrown out for that reason, there was nothing (Interview Participant).

If everything had been equal and I had finished my time, I would have been given a rehabilitation settlement. I would have been given some extra money for some training for civilian life (Interview Participant).

Several participants who did access healthcare focussed on the lack of understanding around LGBT+ individuals and experienced homophobia. In addition to feeling unable to access appropriate support, participants also felt they were not able to talk to family members either:

Some in the [Health Service] were homophobic and also believed the ban should be in place (Survey Respondent).

Didn't know where to turn. My father didn't speak to me for 2 years so just had my mum to talk too (Survey Respondent).

Peer support was considered a positive way of connecting socially. When able to connect with the LGBT+ community, particularly with those who had served under the ban, it was found to be a positive experience. Of the survey respondents, 58.3% said they connected with others through organisations or charities.

Talking to other female veterans in Snowdonia and hearing their stories, it sort of really helped and we gelled so quickly, and we're going to be lifelong friends, and it's really helped my self-esteem and also helped my confidence (Interview Participant).

You felt so isolated for so long, just sort of like being in touch with other veterans that, not necessarily defi-

nately had a similar experience, but although that does help greatly, but just to sort of get back into that sort of military family and have that camaraderie and not feel so isolated (Interview Participant).

The challenges that LGBT + veterans faced were on a personal and systemic level, preventing them from getting the support they needed. Personal barriers included perception of self and prejudice. The systematic barriers related to the way in which services are designed and delivered may result in them being less accessible and inclusive for LGBT + veterans. The fear of asking for help was rooted in significant experiences of discrimination and rejection, fear and shame.

Discussion

The lived experience of LGBT + veterans informed this research study which explored the impact of the gay ban policy both during service and following transition. Narratives from participants in Phase One and responses to the survey questions in Phase Two were combined to provide a comprehensive understanding of service life and transition to civilian life within the context of discriminatory policy and practice that led to long-lasting harm. The findings suggest, from perspectives provided by the participants, that the fundamental human rights of LGBT + veterans were violated, contextualising the concept of betrayal as a moral injury inflicted by those who held legitimate authority (Shay, 2014). The moral and ethical conflict between human rights and discriminatory practice was, ultimately, the most effective weapon against the legitimacy of the “gay ban” when it was finally lifted on 12 January 2000.

The background to the adoption of a policy to exclude homosexuality further highlights the blatant discriminatory commonly held view that homosexuality was not compatible with military service as it would undermine “discipline” and good order (Dean Sinclair., 2009; Ministry of Defence., 1996). The key argument was that it was considered potentially damaging to operational effectiveness (Skidmore, 2013). During the life of the “gay ban”, there was a denial that any moral judgement was being made, and, instead, it was claimed that the policy was in fact a practical response to the fact that living and working together in the military excluded homosexual behaviour/conduct. (Armed Forces Bill 1995–96). This military workplace discrimination has been recognised in other countries, including the United States, Australia, Canada, Spain, Sweden and elsewhere where the policy to exclude LGBT + personnel in the Armed Forces has been repealed (Dietert & Dentice, 2015). The individual recollection of the inhospitable and oppressive environment whilst serving under the “gay ban” policy in

the UK had common themes illustrated by descriptions of trauma related to mistrust and betrayal.

The individual experiences represented in this study illustrate the impact that the imposed ban on homosexuality had on many levels. Without exception it was clearly devastating to work in an environment that did not allow any mention of LGBT + gender identity unless it was used as a threat to minimise and harm an individual’s ability to carry out their job (Osborne & McGill, 2024). The sense of betrayal arose because of the emotional distress following long periods of self-sacrifice and feeling violated as a result. The exposure to trauma was cumulative and caused personal, internalised conflict including guilt and shame, compounded by social issues such as isolation. Mental ill health symptoms also manifested such as anxiety, depression and substance misuse (Barnes, et al., 2019).

The importance of re-shaping the balance between trust and mistrust is of critical importance. The main findings demonstrated a risk to the health and wellbeing of LGBT + veterans along with social isolation and loneliness as a consequence of decades of employing camouflage techniques to blend into military life and expected cultural norms. Strategies employed for self-protection were steeped in fear of the social and organisational consequences that were difficult to quantify, particularly with regard to “making amends” in the midst of the lifting of the ban and the findings of the LGBT Independent Review (Ministry of Defence, 2023). The loss of service of a career in the Armed Forces and a sense of belonging to the military community was acute and the resultant sense of rejection had an enduring impact (Osborne & McGill, 2024). It is acknowledged that the loss of a sense of belonging is not unique to LGBT + veterans but being part of a distinctive institution that requires complete social integration as part of the culture (Leslie, et al., 2020) means that the impact of separation can be acute when it is compounded by experiences of exclusion and discrimination.

For participants who took part in this research study, there was immense pressure to assimilate to heterosexual norms and to conform to military masculinities, “shaped” by the normative ideologies of gender expectations and sexuality (Sasson-Levy, 2011). There was a strongly felt need to conform to heterosexual norms accompanied by the adoption of commonly recognised traits of masculinities including physical strength, hiding emotions, being tough and overtly heterosexual (Hinojosa, 2010). This connection between serving in the military and military masculine traits is well documented and the Armed Forces have historically relied on constructing male, heterosexual gender norms (Christensen & Kyed, 2022; Hale, 2012; Hinojosa, 2010; Jester, 2021; Pears, 2022).

Therefore, it is hardly surprising that this focus on gender norms and conforming to the recognised traits resulted in

behaviour change and adopting a false persona, described by the participants as “masking” and “decoy” methods to stay hidden. Self-protection against discrimination, ridicule and abuse arose from the inability to live a military life, at an institutional level, which welcomed different sexual orientations or gender identities. Before enlisting in the military, there was also a sense of societal prejudice that followed participants into the Armed Forces community and, in turn, increased the risk of feeling isolated and devoid of self-expression (McCormak, 2013). The type of response, symbolised by the expected gender norms associated with military life, included employing means of camouflage to be seen as heterosexual. For some, this became a pre-occupation that took priority over self-care, leaving participants exposed to the risk of mental ill health, substance dependency and suicide (Clay, 2021).

Identities are an important aspect of effective interaction (Greenaway et al., 2015) but, for participants, there was a struggle to be fully open about their true selves leading to long-lasting harm that impacted their health and wellbeing. The fear and shame that accompanied the theme that emerged around “adapting to change and changing to adapt became a barrier to help-seeking, both in relation to perception and lived experience of accessing support. Findings from the study also illustrated a reluctance to reach out and connect with community support services, including military-specific veteran-friendly organisations. Social isolation and loneliness were highlighted by LGBT + veterans as a significant issue that resulted from a lack of access to support, particularly in the transition from the Armed Forces to civilian life. Often, because of the circumstances surrounding the dismissal from the military, the sense of isolation was felt acutely and only addressed through shared experiences, increasing the need for peer support and a connection with the LGBT + veteran community.

It is, therefore, important to recognise that access to support services needs to be underpinned by an understanding of the way in which LGBT + veterans consider their eligibility. This includes the degree to which there is cultural alignment between the service provider and the service user (Redmond, et al., 2015). For example, the shame and the fear that resulted from traumatic experiences of medical examinations, offensive questioning during interviews and being referred for psychiatric assessment for identifying as LGBT + understandably resulted in a reluctance to seek help and a fear of being misunderstood. By focusing on how vulnerabilities arise in relation to help-seeking and access to support services, the risks that are associated with fear, shame and isolation may be better understood with more appropriate provisions made available in the future. Service providers who offer support to LGBT + veterans are at the beginning of a journey of understanding and inclusion, and this brings an opportunity to develop and share best

practices and to help LGBT + veterans shape the services they need. It is crucial that evidence-based guidance is available to help aid health and social care providers to foster inclusive, impactful support options to improve access to and engagement with appropriate support services.

Conclusion

This research study advances knowledge on the lived experiences of LGBT + veterans, complimenting existing USA research on the negative treatment of those who served during the ‘Don’t Ask, Don’t Tell’ policy which barred homosexuals from serving in the US Armed Forces and stipulated that if military personnel disclosed their LGBT + status they would be subject to dismissal (Belkin, 2003). In the UK, this research provides an evidence base for developing effective and inclusive service provision to improve and maintain the health and wellbeing of LGBT + veterans. Creating visibility through exposure to the lived experiences of institutionalised prejudice has the power to challenge stereotypes and facilitate community membership. There is now an opportunity for the experience of LGBT + veterans to be preserved as part of a public archive enabling far-reaching access and an acknowledgement that making amends requires exposure as well as action.

The inequality and discrimination that LGBT + veterans face intersects with other social determinants of health, influencing exposure to poor wellbeing and health-seeking behaviours that are likely to increase exposure to risk factors, vulnerability and stigma (World Health Organisation, 2019). Health and social care systems can perpetuate inequalities if there is a lack of understanding of the characteristics of the LGBT + veteran population. Engaging with the LGBT + veteran community and focusing on their lived experience, particularly of those who served under the “gay ban” policy, has the potential to enhance understanding of the obstacles some undoubtedly encounter accessing appropriate support. To combat this, there needs to be a considered way of negotiating the challenges of transition, strengthened by solidarity through interaction with past serving personnel and deconflicting between the experiences of service life and civilian life. Utilising a peer support model could mitigate the risk of vulnerability, combat social isolation and loneliness and address unmet needs by building strength as an LGBT + veteran community.

To appropriately address the health and social care needs of LGBT + veterans, every health and social care provider and military veteran support service needs to recognise the role of historical social stigma. It is vitally important that training and awareness-raising of the health and wellbeing needs of LGBT + veterans are considered to improve both access and engagement in service provision and support

options. The impact of the ban should be understood at an institutional level in terms of how the Armed Forces utilised a policy to perpetuate a culture of silence and discrimination which was normalised and enforced within the military hierarchy and caused the organisational and personal values of LGBT + veterans to conflict. The individual-level challenges should be considered in terms of many LGBT + veterans' subsequent need to hide and suppress their identity to conform to these norms which further disrupted their sense of self-identity and reduced their self-authenticity.

The research has also raised the issue of moral injury and the role of multi-level systemic betrayal within the military context. This has implications for the morally injurious themes outlined in this paper on an individual level—feelings of guilt and shame, anger and resentment. Research has shown that serving under the ban may have represented a potentially morally injurious event for LGBT + veterans involving multiple types of losses and long-term imposed harm (Osborne & McGill, 2024) which should be recognised and addressed at the individual and contextual level encompassing organisational, social and political factors and further exploration of this is recommended.

It is also important to continue to consider the need for empirical evidence to instill confidence in the LGBT + military community. Further research is needed to provide evidence, through lived experience, that that past discriminatory practice is history so that those considering a career in the military or currently serving in the Armed Forces can feel safe, acknowledged and are able to celebrate diversity and inclusion.

Policy Implications

Discrimination based on sexual orientation or gender is unlawful (Foran, 2022), and steps have been taken in recent years to rid the Armed Forces in the UK of gender discrimination by adopting policy and practices that do not affect LGBT + service in the military. Supported by legal protection against discrimination, it is hoped that the post-repeal period will serve as an opportunity to strive to acknowledge and respond to the consequences of the past weaponization of the “gay ban” policy. (Corbie & Posard, 2016). There is no doubt that promoting equality and actively preventing discrimination leads to inclusivity for all military personnel during service and as service leavers following the transition to civilian society (Davidoiu & Pînzariu, 2022) but how inclusivity is represented may still be at odds with military identity as a heteronormative social institution (Bulmer, 2013). As discussed in this paper, fundamental concepts of masculinity are entrenched in the military and go further than the experience of serving in the Armed Forces by permeating all aspects of

the identity of those who serve and veterans (Bulmer & Eichler, 2017). Therefore, there is a need for LGBT + military personnel veterans and civilian society in general to have confidence that institutional-level change is founded on wider social values and not in response to the uncovering of prejudice and hurt but on the solid judgement of military effectiveness that is not based on heterosexual/masculine norms, gender or sexual orientation.

The far-reaching effects of the discriminatory policy allowed for organisational level engagement in entrenched prejudice that resulted in trauma and loss. The larger system of power, i.e. the institution, implemented the policy with strategic power that led to long-term, negative psychological consequences for those who were disempowered by the “gay ban” (Osborne & McGill, 2024). It is of critical importance that the impact of the “gay ban” policy is exposed and examined by individuals and institutions to highlight the misuse of power and to affect change. The future health and wellbeing of LGBT + serving personnel and veterans rely on recognition of the historical harm.

Since 2000, the UK's Ministry of Defence's organisational shift in values should be reflected by the more inclusive policy and guidance that proactively demonstrates fair practice (Faber et al., 2024; Heinecken, 1998). Nevertheless, further research is recommended to explore the experiences of LGBT + personnel who serve or have served, since the lifting of the ban over two decades ago. An exploration of the personal stories has the potential to support the development of a re-ordered narrative that reflects military effectiveness and awards recognition for bravery in high-risk situations and non-combat commendations, thereby dispelling the myth that LGBT + personnel undermine military effectiveness and banishing the mantra that underpinned the “gay ban” policy and had such catastrophic consequences (Ramirez & Sterzing, 2017).

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Declarations

Ethics Approval This study was approved through the appropriate institutional ethical approval system and carried out in accordance with the ethical standards in the 1964 Declaration of Helsinki and its later amendments or comparable ethical standards.

Consent to Participate Informed consent was obtained from all individual participants included in the study.

Conflict of Interest The authors declare no competing interests.

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References

- Ahuja, A., Ortega, S., Belkin, A., & Neira, P. M. (2019). Trans in the United States military: Fighting for change. *Journal of Gay & Lesbian Mental Health, 23*(1), 3–26.
- Anderson, C. W., & Smith, H. R. (2018). Stigma and honor: Gay, lesbian, and bisexual people in the US military. In *Homosexual issues in the workplace* (pp. 65–89). Taylor & Francis.
- Baker, C. (2023). 'Can I be gay in the army?': British army recruitment advertising to LGBTQ youth in 2017–18 and belonging in the queer military home. *Critical Military Studies, 9*(3), 442–461.
- Barnes, H. A., Hurley, R. A., & Taber, K. H. (2019). Moral injury and PTSD: Often co-occurring yet mechanistically different. *The Journal of Neuropsychiatry and Clinical Neurosciences, 31*(2), A4–103.
- Belkin, A. (2003). *Don't ask, don't tell: Is the gay ban based on military necessity?*
- Belkin, A., & Bateman, G. (Eds) (2003). *Don't ask, don't tell: Debating the gay ban in the military*. Lynne Rienner Publishers.
- Belkin, A., & Levitt, M. (2001). Homosexuality and the Israel Defense Forces: Did lifting the gay ban undermine military performance. *Armed Forces & Society, 27*(4), 541–565.
- Belkin, A., & McNichol, J. (2001). Homosexual personnel policy in the Canadian Forces: Did lifting the gay ban undermine military performance? *International Journal, 56*(1), 73–88.
- Biscoe, N., Hendriks, L. J., Williamson, V., & Murphy, D. (2024). LGB female veterans' experience of military service during the "gay ban": A qualitative study. *Sexuality Research and Social Policy, 21*(1), 227–239.
- Bulmer, S. (2013). Patriarchal confusion? Making sense of gay and lesbian military identity. *International Feminist Journal of Politics, 15*(2), 137–156.
- Bulmer, S., & Eichler, M. (2017). Unmaking militarized masculinity: Veterans and the project of military-to-civilian transition. *Critical Military Studies, 3*(2), 161–181.
- Burks, D. J. (2011). Lesbian, gay, and bisexual victimization in the military: An unintended consequence of "Don't Ask, Don't Tell"? *American Psychologist, 66*(7), 604.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77–101.
- Christensen, A. D., & Kyed, M. (2022). From Military to Militarizing Masculinities. *NORMA, 17*(1), 1–4.
- Cianni, V. (2012). Gays in the military: How America thanked me. *Journal of Gay & Lesbian Mental Health, 16*(4), 322–333.
- Clay, S. (2021). *Wild self-care: Rethinking 'risky' health-related practices among members of the gay community* (Doctoral dissertation, University of Otago).
- Cochran, B. N., Balsam, K., Flentje, A., Malte, C. A., & Simpson, T. (2016). Mental health characteristics of sexual minority veterans. In *Evolution of government policy towards homosexuality in the US military* (pp. 289–305). Routledge.
- Cole, M. (2017). *Gay, lesbian, and bisexual military personnel in the post Don't Ask, Don't Tell era: An interpretative phenomenological analysis* (Doctoral dissertation, Our Lady of the Lake University).
- Crosbie, T., & Posard, M. N. (2016). Barriers to serve: Social policy and the transgendered military. *Journal of Sociology, 52*(3), 569–585.
- Davidoiu, M. P., & Pfnzariu, S. (2022). Non-discrimination and equal treatment regarding the exercise of fundamental rights and freedoms by military personnel. *Scientific Bulletin, 27*(2), 148–155.
- Dean Sinclair, G. (2009). Homosexuality and the military: A review of the literature. *Journal of Homosexuality, 56*(6), 701–718.
- De Jong Gierveld, J., & Tilburg, T. V. (2006). A 6-item scale for overall, emotional, and social loneliness: Confirmatory tests on survey data. *Research on Aging, 28*(5), 582–598.
- Dietert, M., & Dentice, D. (2015). The transgender military experience: Their battle for workplace rights. *SAGE Open, 5*(2), 2158244015584231.
- Eleazer, J. R. (2019). "We've been here all along": The standpoint and collective resilience of transgender US service members.
- Faber, S. C., Williams, M. T., & Skinta, M. D. (2024). Power, discrimination, and privilege in individuals and institutions. *Frontiers in Psychology, 15*, 1376169.
- Foran, M. P. (2022). Grounding Unlawful Discrimination. *Legal Theory, 28*(1), 3–34.
- Goldbach, J. T., & Castro, C. A. (2016). Lesbian, gay, bisexual, and transgender (LGBT) service members: Life after don't ask, don't tell. *Current Psychiatry Reports, 18*, 1–7.
- Gouliquer, L., Poulin, C., & Moore, J. (2018). A threat to Canadian national security: A lesbian soldier's story. *Qualitative Research in Psychology, 15*(2–3), 323–335.
- Greenaway, K. H., Wright, R. G., Willingham, J., Reynolds, K. J., & Haslam, S. A. (2015). Shared identity is key to effective communication. *Personality and Social Psychology Bulletin, 41*(2), 171–182.
- Hale, H. C. (2012). The role of practice in the development of military masculinities. *Gender, Work & Organization, 19*(6), 699–722.
- Heggie, J. K. F. (2003). *Uniform identity?: Lesbians and the negotiations of gender & sexuality in the British Army since 1950* (Doctoral dissertation, University of York).
- Heinecken, L. (1998). Social equality versus combat effectiveness: An institutional challenge for the military. *African Security Review, 7*(6), 3–16.
- Hillman, E. L., & Walsham, K. (2017). Rape, reform, and reaction: Gender and sexual violence in the US military. In *The Routledge history of gender, war, and the US military* (pp. 287–300). Routledge.

- Hinojosa, R. (2010). Doing hegemony: Military, men, and constructing a hegemonic masculinity. *The Journal of Men's Studies*, 18(2), 179–194.
- Jester, N. (2021). Army recruitment video advertisements in the US and UK since 2002: Challenging ideals of hegemonic military masculinity? *Media, War & Conflict*, 14(1), 57–74.
- Leslie, C., McGill, G., Kiernan, M. D., & Wilson, G. (2020). Social isolation and loneliness of UK veterans: A Delphi study. *Occupational Medicine*, 70(6), 407–414.
- Livingstone, H., Nadjiwon-Foster, M., & Smithers, S. (2002). Emotional intelligence & military leadership. *Unpublished manuscript, Toronto*.
- Lubben, J., Blozik, E., Gillmann, G., Iliffe, S., von Renteln Kruse, W., Beck, J. C., & Stuck, A. E. (2006). Performance of an abbreviated version of the Lubben Social Network Scale among three European community-dwelling older adult populations. *The Gerontologist*, 46(4), 503–513.
- McCormack, M. (2013). Mapping the terrain of homosexually-themed language. In: *Sport, masculinities and sexualities*, (pp. 120–135). Routledge.
- McGill, G., Osborne, A., Giles-Haigh, R., Allen, S., Small, D., & McGlone, S. (2022). *Progress Report Phase One: An exploratory study of the experiences of LGBT+ veterans affected by 'the ban'*.
- McNamara, K. A., Lucas, C. L., Goldbach, J. T., Castro, C. A., & Holloway, I. W. (2021). “Even if the policy changes, the culture remains the same”: A mixed methods analysis of LGBT service members’ outness patterns. *Armed Forces & Society*, 47(3), 505–529.
- Ministry of Defence. (1996). *Report of the homosexuality policy assessment team: Ministry of Defence*.
- O’Cathain A., Murphy, E., & Nicholl, J. (2010). Three techniques for integrating data in mixed methods studies. *Bmj* 341:c4587.
- Osborne, A., & McGill, G. (2023). *Lost and found: The LGBT+ veteran community and the impacts of the gay ban*.
- Osborne, A. K., & McGill, G. (2024). The impact of the historic policy to ban homosexuality in the UK armed forces: The lived experience of LGBT+ veterans. *Sexuality Research and Social Policy*, 1–14. <https://doi.org/10.1007/s13178-024-00952-1>
- Paige, C., Dodds, C., & Jones, C. (2021). Mental health and well-being of LGBT+ Veterans dismissed from the British Armed Forces before January 2000. *Journal of Military, Veteran and Family Health*, 7(S1), 122–126.
- Pears, L. (2022). Military masculinities on television: Who dares wins. *Norma*, 17(1), 67–82.
- Ramirez, M. H., & Sterzing, P. R. (2017). Coming out in camouflage: A queer theory perspective on the strength, resilience, and resistance of lesbian, gay, bisexual, and transgender service members and veterans. *Journal of Gay & Lesbian Social Services*, 29(1), 68–86.
- Redmond, S., Wilcox, S. L., Campbell, S., Kim, A., Finney, K., Barr, K., & Hassan, A. M. (2015). A brief introduction to the military workplace culture. *Work*, 50(1), 9–20.
- Richardson, N. M., Lamson, A. L., Smith, M., Eagan, S. M., Zvonkovic, A. M., & Jensen, J. (2020). Defining moral injury among military populations: A systematic review. *Journal of Traumatic Stress*, 33(4), 575–586.
- Sasson-Levy, O. (2011). The military in a globalized environment: Perpetuating an ‘extremely gendered’ organization. *Handbook of gender, work and organization*, 391–411.
- Shay, J. (2014). Moral injury. *Psychoanalytic Psychology*, 31(2), 182.
- Skidmore, P. (2013). Sexuality and the UK armed forces: Judicial review of the ban on homosexuality. In *Politics of sexuality* (pp. 62–73). Routledge.
- Sundevall, F., & Persson, A. (2016). LGBT in the military: Policy development in Sweden 1944–2014. *Sexuality Research and Social Policy*, 13(2), 119–129.
- The Rt. Hon Lord Etherton Kt KC PC. (2023). Final report: Independent review into the service and experience of LGBT veterans who served prior to 2000. LGBT Veterans Independent Review. Retrieved from <https://lgbtveterans.independent-review.uk/reports/final-report/>
- Vaughn, J. N. (2014). *Lived experiences of military lesbians who served during the “Don’t Ask, Don’t Tell” policy*. Morgan State University.
- World Health Organization. (2019). Health and reduced inequalities: policy brief (No. WHO/EURO: 2019-2451-42206-58206). World Health Organization. Regional Office for Europe.

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