

Comparing employment and disability outcomes among United Kingdom and United States Armed Forces veterans by race and ethnicity

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Abstract

Leaving the military can present challenges for veterans, including unemployment, housing, and adjusting to cultural changes. Veterans from racial and ethnic minority groups may experience disparities in transition, given the known inequalities faced in civilian populations in the United Kingdom (UK) and the United States (US). Despite similarities in their Armed Forces, social reformations, and racial landscapes, little is known about how outcomes for minoritised veterans vary between both nations. This study aimed to compare disability and employment outcomes of UK-US veterans by race and ethnicity.

Cross-sectional microdata from the 2021 Census for England and Wales (5%) and the American Community Survey (ACS; 1%) were harmonised to compare sociodemographic characteristics, disability and employment outcomes among UK-US Armed Forces (AF) veterans. A combination of descriptive statistics and regression models were used and stratified by race and ethnicity. The sample included 92,471 UKAF veterans and 8,701,938 USAF veterans. A higher proportion of racial and ethnic minorities were in full-time employment compared to White veterans in the UKAF (45.4% v. 32.1%), while the opposite was seen with USAF veterans (59.1% v. 65.4%). For both countries, being a female UKAF (aOR: 0.66; 95%CI: 0.62–0.69) or USAF (aOR: 0.64; 95%CI: 0.62–0.67) veteran reduced the likelihood of being employed. A larger proportion of White UKAF veterans reported being disabled compared to racial and ethnic minority veterans (32.5% vs 21.5%), whereas the opposite was observed among USAF veterans (28.7% v. 35.2%).

Disparities in education, employment and disability highlight that military service does not translate into equitable civilian outcomes. Therefore, a one-size-fits-all veteran strategy for health and employment support may result in minoritised veteran groups (i.e., racial and ethnic minorities, women) failing to receive necessary support. Differences in associations warrant further research to understand disparities in outcomes for underserved veteran groups in the UK and the US.

Introduction

Joining the military is a unique and transformative experience, where military personnel gain discipline, resilience, and develop specialised skills (Redmond et al., 2015). According to the Department of Labour, 200,000 service members in the United States (US) (Kamarck, 2024) and 13,860 Regular service members in the United Kingdom (UK) (Ministry of Defence, 2025) transition back to civilian life each year. However, leaving the military can present veterans with challenges such as securing employment, finding housing, and adapting to cultural changes (Morris & Hanna, 2023; Sachdev & Dixit, 2024). Further, veterans may experience long-term health consequences due to in-service experiences. Military work demands including combat, heightened risk of exposure to violent deaths and injuries, can result in adverse mental health outcomes such as posttraumatic stress disorder (PTSD), adjustment disorders, depression, and anxiety, and physical health conditions including musculoskeletal conditions, cardiovascular issues (Assari, 2014; Goodson et al., 2025; Hinojosa & Hinojosa, 2016; Moore & Schlittenlacher, 2023; McKenzie et al., 2026; Pietrzak et al., 2011). Combat-related mental health challenges can also lead to additional stressors such as social and interpersonal difficulties later in life (Metts et al., 2025).

However, the veteran population is not a homogeneous group, and there is a steady increase of veterans from diverse backgrounds enlisting in the UK and US Armed Forces. Personnel from diverse racial and ethnic backgrounds currently make up 12.2% of the UK Regular Forces (Ministry of Defence, 2025). Further racial minorities and Hispanic or Latino personnel make up approximately 32.0% and 19.5% of US Active-Duty military force, respectively (Department of Defense, 2023). Veterans from military racially and ethnically minoritised groups may experience different post-transition outcomes, given the known inequalities such groups face in the civilian population (Hayanga et al., 2023; Mahajan et al., 2021; Petersen et al., 2021). For instance, US Black, Hispanic, and 'other' race veterans were found to report increased combat exposure, worse self-reported health and greater veteran-specific healthcare use than White veterans (R. Ward et al., 2021). Similarly, Black and Hispanic veterans were also more likely to screen positive for traumatic brain injury compared to White veterans. It is possible these disparities may reflect differences in in-service experiences by racial and ethnic minority personnel (Bergman et al., 2012; Daniel et al., 2023; Salem et al., 2024). Sheehan et al. (2015) found Black US veterans disproportionately served in the Army, enlisted at a younger age, served longer, and were more likely to be exposed to active war zones and death than White veterans. Together, the patterns highlight the need to move beyond examining veterans as a homogenous group and understand that race and ethnicity may influence military service experiences, and in turn, post-service health outcomes for racial and ethnically minoritised veterans.

It is also evidenced that race and ethnicity not only influence service experiences that, in turn, impact veteran outcomes, but also veteran experiences once transitioned back into civilian life. In the US, around 30% of veterans were reported to have service-related disabilities (i.e., deafness, blindness, ambulatory difficulties), with post 9/11 veterans at a higher rate than other groups of veterans (i.e., Gulf War, Peacetime, Vietnam War, Korean War, WWII) (Vespa & Carter, 2024). For working-age veterans, receiving a disability status may impact the likelihood or motivations of veterans returning to the civilian labour market (Kleykamp, 2013). However, we might expect that disability rates may vary further when stratified by race and ethnicity, given known inequalities for racial and ethnic minorities (Dorsey Holliman et al., 2023; Goyat et al., 2016). In the UK civilian population, Stevelink et al. (2024) found that racial and ethnic minorities with mental health conditions were more likely to receive disability benefits compared to White patients with mental health conditions. Racial disparities in disability benefit receipt may be even more pronounced for the veterans from racial and ethnic minority backgrounds, given the increased risk of service-related injuries and the long-term health consequences of military service (Betancourt et al., 2021). At the same time, inequalities in healthcare access, diagnostic pathways and disability assessment procedures may further influence which veterans receive a formal disability status. Marx et al., (2017) found Black US veterans attending a disability examination were significantly less likely to receive a PTSD diagnosis when a psychometric test was not used compared to White veterans. However, this was no longer observed when psychometric testing was used, highlighting potential biases in determining disability status when no standardised measure is implemented. Inaccurate disability assessments that widen existing inequalities between racial and ethnic groups may reinforce harmful stereotypes and have a critical impact on racial and ethnic minority veterans' re-entry into the labour market (Cancelliere et al., 2016).

There has been a growing interest in investigating subgroup veteran outcomes based on varying sociodemographic characteristics (e.g., women, racial and ethnic minorities) (Croak et al., 2025; Eichler, 2022; E. Jones et al., 2024; Salem et al., 2024; Weiss et al., 2023), yet evidence remains incomplete. US research dominates the field, with little conducted in other countries, including the UK. The UK and US share a 'special relationship', with similarities in military alliances, structures, and social reform trajectories, and with a long history of migration and diversity in both nations' militaries (Adeoti et al., 2025; Lutz, 2008). While there are differences in how race and ethnicity is distributed (e.g., increased rates of Hispanic groups in the US), both nations show racial and ethnic diversity within a majority White country (Arthur, 2019; United States Census Bureau, 2025). Even with similarities, military cultures unique to each country shape practices such as recruitment and support service for veterans (Bacon et al., 2022; Kligler et al., 2022). For instance, the definition of a 'veteran' varies between the two nations. The UK adopts an inclusive definition of any individual who has served at least one day in the UK Armed Forces or received one day of military pay (Burdett et al., 2013). Meanwhile, US veterans must have completed 'active' military service (excluding training) for a minimum of 24 months and been discharged under honourable conditions. As such, this creates a higher threshold to gain veteran status and will have implications for eligibility for Veteran Administration (VA) healthcare and other economic benefits (Dandeker et al., 2006; Moreno, 2025; Truusa & Castro, 2019).

A key difference between the UK and the US Armed Forces is the support provided to veterans. In August 2009, the United States government developed the Post 9/11 Government Issue (PGIB) Bill (Barr et al., 2021; Bell et al., 2013; Morgan et al., 2024; J. Ward et al., 2026). The PGIB bill ensures educational support for veterans who served post-September 11, 2001, received honourable discharge after 90 days of service or service-connected disability discharge after 30 days, and enrolled in an educational institution or training program (Barr et al., 2021; Bell et al., 2013; Morgan et al., 2024; J. Ward et al., 2026). The bill provides financial support for housing, a stipend for resources (e.g., books), and full educational tuition. These benefits are available for up to 36 months, depending on military tenure. Unlike the PGIB, the UK does not provide a comprehensive, nationwide programme of financial support for higher education following military service. Although educational and employment support is available through initiatives such as the Career Transition Partnership (CTP) and the public employment services (PES), these schemes are more limited in scope and funding compared to the benefits available to US veterans (Barnes et al., 2025; K. Jones et al., 2025).

Research has largely overlooked direct comparisons of post-service outcomes between UK and US veterans, particularly employment and disability. This is surprising given the longstanding military alliance, comparable military structures and other similarities between the two nations. Moreover, veterans are frequently treated as a homogeneous group, despite growing evidence that post-service experiences vary by race, ethnicity and gender (e.g., Eichler et al., 2021; Marx et al., 2017; R. Ward et al., 2021). Comparing outcomes across demographic subgroups is essential to determine whether military service mitigates or perpetuates the broader social inequalities observed in civilian populations. This study aimed to compare the demographic profiles and post-service outcomes of veterans from the UK Armed Forces (UKAF) and the US Armed Forces (USAF), with analyses stratified by race and ethnicity. By comparing employment and disability outcomes among UKAF and USAF veterans and examining variation by race, ethnicity, and gender, this study provides cross-national evidence on post-service inequalities and highlights how national policy, and institutional contexts may shape outcomes for underrepresented veteran groups.

Methods

Study sample and population

Data used in this study were drawn from the 2021 Census Safeguarded Individual Microdata Sample for England and Wales, which is based on a random 5% sample (Office for National Statistics (ONS), 2023b), and the United States American Community Survey (ACS) 1-year Public Use Microdata Sample (PUMS) 2021 using a 1% sample (United States Census Bureau, 2021). This study uses publicly available data from the 2021 American Community Survey (ACS) 1-Year Public Use Microdata Sample (PUMS). The 2021 1-year data are available from the U.S. Census Bureau at <https://www.census.gov/data/developers/data-sets/census-microdata-api/acs-1y-pums.html#accordion-6fecf6991f-item-103eb0d39d>. The analytic code used to prepare the data and reproduce the analyses is available from the corresponding author upon reasonable request. The England and Wales Census 2021 microdata sample data are available to access through the UK Data Service (<https://datacatalogue.ukdataservice.ac.uk/studies/study/9154#details>). Access is restricted to registered researchers under the UK Data Service End User Licence. This study used publicly available, anonymised secondary data. All analyses were undertaken in accordance with the relevant terms and conditions governing access to and use of these datasets.

The England and Wales Census gathers population and household data for England and Wales every 10 years (Office for National Statistics (ONS), 2022a). The Census collects data on areas such as demographics, employment, housing, income, and disability, and in the 2021 phase, this was the first time a veteran indicator was included in the England and Wales Census survey (Office for National Statistics (ONS), 2022b). Data collection began in March 2021 and achieved a 97% response rate. The ACS began in 2005 and is an ongoing US household survey produced by the US Census Bureau which collects rich microdata on items similar to the England and Wales Census such as employment, housing, education, and income, including a veteran indicator. The UK and US samples were limited to veterans only and of a working-age population (aged 18–65 years); veterans who were not of working age were excluded. No ethical approval was required for this study as the research used publicly available, anonymised data. As the study involved the analysis of existing deidentified datasets, individual informed consent was not required.

Variables

To allow for cross-country comparability, core sociodemographic and outcome variables were mapped across the UK and US datasets using a detailed codebook and classification mapping categories (please see supplementary materials S1 and S2 for full variable mapping). Parallel variables were

constructed for veteran status, age, sex, race and ethnicity, relationship status, presence of dependent children, education, country of birth, disability status, employment status, occupation, and industry.

UKAF and USAF Veteran indicator

For the England and Wales 2021 Census dataset, responses to *'Have you ever served in the UK Armed Forces?'* were used to identify serving status. Those who responded as a UK Armed Forces (UKAF) veteran (Regulars or Reserves) were included in the final sample. A sensitivity analysis comparing the full UK veteran sample with a reservist-only sample was conducted, as reservist status was unavailable in the US dataset. As no meaningful differences in the findings were observed, Regular and Reserve veterans were analysed together (please see supplementary materials S7). In the ACS, veteran status is based on item responses on whether they have ever served in active duty in the U.S. (Regular, Reserves, or National Guard), and if they are currently on active duty at the time of data collection. Responders who identified as a US Armed Forces (USAF) veteran (i.e., Regulars, Reserves, Active Duty or National Guard) were included in the final sample. Respondents who identified as non-veterans were excluded from the final analysis.

Race and ethnicity

The UK and the US vary in their conceptualisation of race and ethnicity. Using categorisation outlined by the Office for National Statistics (ONS) in the UK, racial and ethnic minoritised groups are generally categorised as: Asian and British Asian; Black, British Black, Caribbean and African; non-British White (i.e., Gypsy or Irish Traveller) and mixed or 'other' ethnic groups (e.g., Arab) (Office for National Statistics (ONS), 2023a). Comparatively, in the US, racial and ethnic minorities are typically categorised as: Black, African American, Asian, American Indian and Alaska Native, Native Hawaiian and Pacific Islander, Hispanic and Latino, Middle Eastern and North African, and multi-racial groups (Arthur, 2019; United States Census Bureau, 2025). In addition, US national labour surveys have historically classified race and Hispanic ethnicity as separate demographic constructs (e.g. categorising individuals by race and Hispanic/Latino or non-Hispanic/Latino ethnicity; Department of Defense, 2023). It should be acknowledged that the standardised racial and ethnic classifications used in both countries are not exhaustive and may mask important within-group heterogeneity. In particular, broad categories such as 'Other' are unlikely to reflect the complexity and diversity of racial and ethnic identities in either the UK or the US, which should be considered.

For the study, race and ethnicity were collapsed into four categories. For the Census dataset: White (codes 13–17), Black (codes 6–8), Asian (codes 1–5), and Mixed or Other (codes 9–12 and 18–19), ensuring that smaller minoritised groups such as Gypsy or Irish Traveller, Roma, and Arab were retained within the Mixed or Other category (Office for National Statistics (ONS), 2023a). In the ACS dataset: White (non-Hispanic respondents with RACE = 1), Black (non-Hispanic respondents with RACE = 2), Asian (non-Hispanic respondents with RACE = 4, 5, or 6), and Mixed or Other (all respondents with Hispanic origin codes 1–4 as well as those reporting American Indian or Alaska Native, other race, or two or more races) (Arias et al., 2025). For cross-country comparison, we refer to these four categories as White, Black, Asian, and Mixed or Other.

Employment and occupation

For employment status in the UK, the economic category variable was used to classify respondents into broad groups: full-time/part-time employment, or unemployment. The economic inactivity variable provides more detailed information on current labour force status (employed, unemployed, student, economic inactivity). For the US data, the employment status variable (full-time employment, part-time employment, unemployed, student, economically inactive) was used in combination with usual hours worked per week to identify employed respondents and distinguish full-time from part-time work; respondents reporting fewer than 30 usual hours per week were classified as part-time. For both the Census and ACS datasets, employment status was mapped into five categories in both datasets: full-time employment, part-time employment, unemployed, student, and economically inactive.

For occupation and industry, we mapped the UK Standard Occupational Classification (SOC) 2020 and UK Standard Industrial Classification (SIC) 2007 codes, together with ACS Occupation Codes (OCC) and Industry (IND) codes, into eight broad occupational groups and ten broad industry sectors using published SOC and North American Industry Classification System (NAICS) crosswalks. This approach allowed preservation of distinct occupational and industry categories such as management and professional occupations, caring and service occupations, skilled trades, and manual or operative work, while ensuring comparability across the UK and US classifications. See supplementary materials for the full list of mapped variables across the Census and ACS datasets (Table S2).

Disability

Lastly, to map disability status across both datasets, a binary variable was generated. The England and Wales Census identify respondents whose day-to-day activities are limited under the Equality Act. Participants reporting either "limited a lot" or "limited a little" were classified as disabled (1); all others were classified as not disabled (0) (e.g., Romanelli, 2024). In the ACS dataset, the veteran disability rating variable was used to construct a binary disability indicator. Individuals with a disability response of ≥ 1 were coded as "disabled," while those with a score of 0 were coded as "not disabled."

Analysis

The analysis was conducted in two stages: 1) descriptive statistics were used to summarise the sample, and 2) logistic regression was used to examine associations between sociodemographic characteristics, and employment and disability. Analyses were conducted for (i) UKAF veterans and USAF veterans, (ii) then stratified by White vs. racial and ethnic minority veterans within each country (UK and US). Crude odds ratios (ORs), adjusted odds ratios (aORs) and 95% confidence intervals (CI) are reported (see Supplementary Tables S3, S4, S5 for unadjusted results).

UKAF veteran vs. USAF veteran

We estimated multivariable logistic regression models to examine differences in factors associated with employment and disability outcomes for UKAF and USAF veterans. For employment, the dependent variable was employment status (employed versus not employed), and the model was adjusted by age and sex. For disability, the dependent variable was disability status (disabled versus not disabled). Covariates included age group, race and ethnicity, relationship status, presence of dependent children, education level, and country of birth. Disability models were adjusted by age and sex.

White vs. race and ethnic minority

The multivariable logistic regression models were repeated but stratified by racial and ethnic group, comparing factors associated with employment and disability outcomes for White veterans to racial and ethnic minority UKAF and USAF veterans. Regression models were adjusted by age and sex. We also provide a supplementary intersectional descriptive statistics analysis for White female veterans vs. racial and ethnic minority female veterans for both the UK and US samples (see Supplementary Table S6). This acknowledges the intricacies of intersectional identities on outcomes for racial and ethnic minorities (Bauer et al., 2021; Eichler et al., 2021). However, due to small sample sizes, we were unable to conduct full regression models for this intersectional sample.

Missingness

Given that the 2021 Census for England and Wales and the ACS 2021 1-year sample contain minimal missingness due to high response rates and built-in data editing and imputation protocols, we excluded observations with missing data on key variables in the models. For the ACS 2021, the U.S. Census Bureau employs systematic imputation techniques, primarily hot-deck imputation, for item nonresponse, ensuring the completeness and internal consistency of the dataset (U.S. Census Bureau, 2021).

Results

UKAF and USAF veteran comparison

Overall, the final sample included ($n = 92,471$) UKAF veterans and ($n = 8,701,938$) USAF veterans. The mean age of the UKAF veteran population was 60.5 years, and a lower mean age of 48.6 years was reported for the USAF veteran population. For both the UKAF and USAF samples, male veterans were the majority (86.4% and 84.6%, respectively). For the UKAF population, the large majority of veterans were White (94.6%). The USAF veteran population was more racially and ethnically diverse, however the majority of the sample was White veterans (64.7%) (Table 1).

Table 1
Sample characteristics for the overall UKAF and USAF veteran sample and stratified by race and ethnicity.

	The overall UKAF and USAF veteran samples		UK Census – White vs. race/ethnic minority veterans		US ACS – White vs. race/ethnic minority veterans	
	UK veterans (n = 92,471) (100%)	US veterans (n = 8,701,938) (100%)	Race/ethnic minority veterans n = 5,027 (5.4%)	White veterans n = 87,444 (94.6%)	Race/ethnic minority veterans n = 3,071,039 (35.3%)	White veterans n = 5,630,899 (64.7%)
Age (mean)	60.5 yrs (SD:14.0)	48.6 year (SD:11.7)	50.3 yrs (SD: 16.01)	61.1 (SD: 13.6)	47.4 yrs (SD: 11.9)	49.2 yrs (SD: 11.6)
Sex						
Male	79,909 (86.4)	7,363,998 (84.6)	3,993 (79.4)	75,916 (86.8)	2,498,712 (81.4)	4,865,286 (86.4)
Female	12,562 (13.6)	1,337,940 (15.4)	1,034 (20.6)	11,528 (13.2)	572,327 (18.6)	765,613 (13.6)
Age groups						
18 to 24 years	1,457 (3.3)	214,397 (2.5)	297 (7.9)	1,160 (2.8)	91,356 (3.0)	123,041 (2.2)
25 to 34 years	5,159 (11.5)	1,147,739 (13.2)	639 (17.0)	4,520 (11.1)	462,316 (15.1)	685,423 (12.2)
35 to 49 years	12,687 (28.4)	2,639,956 (30.3)	1,371 (36.4)	11,316 (27.7)	1,005,021 (32.7)	1,634,935 (29.0)
50 to 65 years	25,362 (56.8)	4,699,846 (54.0)	1,460 (23.7)	23,902 (58.4)	1,512,346 (49.2)	3,187,500 (56.6)
Race/ethnicity						
White	87,444 (94.6)	5,630,899 (64.7)	-	87,444 (100.0)	-	5,630,899 (100.0)
Black	1,038 (1.1)	1,353,754 (15.6)	1,038 (20.6)	-	1,353,754 (44.1)	-
Asian	1,251 (1.3)	208,356 (2.4)	1,251 (24.9)	-	208,356 (6.8)	-
Mixed & other	2,738 (3.0)	1,508,929 (17.3)	2,738 (54.5)	-	1,508,929 (49.1)	-
Relationship status						
Never married/civil partnership	13,651 (14.8)	1,477,072 (17.0)	1,463 (29.1)	12,188 (13.9)	665,403 (21.7)	811,669 (14.4)
Married/civil partnership	52,837 (57.1)	5,270,957 (60.6)	2,604 (51.8)	50,233 (57.5)	1,664,732 (54.2)	3,606,225 (64.0)
Separated/divorced/ widowed	25,983 (28.1)	1,953,909 (22.5)	960 (19.1)	25,023 (28.6)	740,904 (24.1)	1,213,005 (21.5)
Dependent(s) under 18						
Yes	13,797 (20.9)	3,629,202 (41.7)	1,428 (40.8)	12,369 (19.8)	1,332,628 (43.4)	2,296,574 (40.8)
No	52,210 (79.1)	5,072,736 (58.3)	2,068 (59.2)	50,142 (80.2)	1,738,411 (56.6)	3,334,325 (59.2)
Education						
No qualifications	19,543 (21.1)	202,637 (2.3)	766 (15.2)	18,777 (21.5)	106,363 (3.5)	96,274 (1.7)
Primary/secondary School qualifications or equivalent	48,064 (52.0)	5,777,388 (66.4)	2,222 (44.2)	45,842 (52.4)	2,034,803 (66.3)	3,742,585 (66.5)
University degree or equivalent	24,864 (26.9)	2,721,913 (31.3)	2,039 (40.6)	22,825 (26.1)	929,873 (30.3)	1,792,040 (31.8)
Country of birth (migrant indicator)						
Note. Dependents refer to self-reported children under the age of 18 who are dependent. Race and ethnic minorities were grouped using the ethnicity categories: racial/ethnic minorities = Black, Asian and other/mixed. UKAF = United Kingdom Armed Forces. USAF = United States Armed Forces. Percentages may not total 100.0% because of rounding.						

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Native-born	86,965 (94.0)	8,061,103 (92.6)	1,961 (39.0)	85,004 (97.2)	2,608,409 (84.9)	5,452,694 (96.8)
Non-native born	5,506 (6.0)	640,835 (7.4)	3,066 (61.0)	2,440 (2.8)	462,630 (15.1)	178,205 (3.2)
Disability (under the Equality Act)						
No disability	62,959 (68.1)	5,918,748 (69.0)	3,947 (78.5)	59,012 (67.5)	1,952,888 (64.8)	3,965,860 (71.3)
Disabled	29,512 (31.9)	2,657,009 (31.0)	1,080 (21.5)	28,432 (32.5)	1,059,859 (35.2)	1,597,150 (28.7)
Employment						
Full-time employment	30,320 (32.8)	5,499,017 (63.2)	2,283 (45.4)	28,037 (32.1)	1,814,202 (59.1)	3,684,815 (65.4)
Part-time employment	7,041 (7.6)	346,746 (4.0)	590 (11.7)	6,451 (7.4)	127,017 (4.1)	219,729 (3.9)
Unemployed	1,431 (1.5)	297,247 (3.4)	160 (3.2)	1,271 (1.4)	131,346 (4.3)	165,901 (2.9)
Student	1,050 (1.2)	578,667 (6.6)	325 (6.5)	725 (0.8)	265,968 (8.7)	312,699 (5.6)
Economically inactive (<i>retired, looking after family, long-term sick/disabled, other</i>)	52,629 (56.9)	1,980,261 (22.8)	1,669 (33.2)	50,960 (58.3)	732,506 (23.9)	1,247,755 (22.2)
Occupation						
Managers, directors, and senior official occupations	12,584 (14.6)	465,460 (8.8)	535 (11.8)	12,049 (14.8)	137,924 (7.6)	327,536 (9.5)
Professional occupations	12,751 (14.8)	1,003,945 (19.0)	801 (17.6)	11,950 (14.6)	332,258 (18.4)	671,687 (19.4)
Associate professional occupations	12,388 (14.4)	595,597 (11.3)	649 (14.3)	11,739 (14.4)	223,740 (12.4)	371,857 (10.7)
Administrative and secretarial occupations	6,882 (8.0)	446,572 (8.5)	322 (7.1)	6,560 (8.1)	191,405 (10.6)	255,167 (7.4)
Skilled trades occupations	15,025 (17.4)	823,916 (15.6%)	618 (13.6)	14,407 (17.7)	236,391 (13.1%)	587,525 (17.0%)
Caring, leisure and other service occupations	7,287 (8.5)	564,051 (10.7)	692 (15.2)	6,595 (8.1)	224,143 (12.4)	339,908 (9.8)
Sales and customer service occupations	4,101 (4.8)	397,494 (7.5)	211 (4.6)	3,890 (4.8)	117,258 (6.5)	280,236 (8.1)
Process, plant and machine operatives	15,168 (17.6)	978,924 (18.6%)	718 (15.8)	14,450 (17.7)	347,187 (19.2%)	631,737 (18.2%)
Industry						
Agriculture and Natural Resources	1,254 (1.4)	80,049 (1.3)	31 (0.7)	1,223 (1.5)	18,276 (0.9)	61,773 (1.5)
Manufacturing and Utilities	12,652 (14.7)	971,251 (15.6)	366 (8.1)	12,286 (15.0)	263,528 (12.4)	707,723 (17.1)
Construction	9,010 (10.5)	501,551 (8.0)	370 (8.1)	8,640 (10.6)	134,388 (6.3)	367,163 (8.9)
Trade and Retail	10,847 (12.6)	643,699 (10.3)	525 (11.6)	10,322 (12.6)	203,892 (9.6)	439,807 (10.7)
Transportation and Warehousing	9,078 (10.5)	571,233 (9.2)	471 (10.4)	8,607 (10.5)	226,364 (10.7)	344,869 (8.4)
Hospitality and Food Services	2,221 (2.6)	157,702 (2.5)	188 (4.1)	2,033 (2.5)	67,859 (3.2)	89,843 (2.2)
Note. Dependents refer to self-reported children under the age of 18 who are dependent. Race and ethnic minorities were grouped using the ethnicity categories: racial/ethnic minorities = Black, Asian and other/mixed. UKAF = United Kingdom Armed Forces. USAF = United States Armed Forces. Percentages may not total 100.0% because of rounding.						

	The overall UKAF and USAF veteran samples		UK Census – White vs. race/ethnic minority veterans		US ACS – White vs. race/ethnic minority veterans	
	UK veterans (n = 92,471) (100%)	US veterans (n = 8,701,938) (100%)	Race/ethnic minority veterans n = 5,027 (5.4%)	White veterans n = 87,444 (94.6%)	Race/ethnic minority veterans n = 3,071,039 (35.3%)	White veterans n = 5,630,899 (64.7%)
Information, Finance, Real Estate	6,863 (8.0)	423,956 (6.8)	433 (9.5)	6,430 (7.9)	148,520 (7.0)	275,436 (6.7)
Professional and Administrative	7,992 (9.3)	818,389 (13.1)	624 (13.7)	7,368 (9.0)	271,181 (12.8)	547,208 (13.3)
Public Sector and Social Services	23,451 (27.2)	1,768,693 (28.3)	1,380 (30.4)	22,071 (27.0)	681,422 (32.2)	1,087,271 (26.4)
Arts, Recreation, and Other	2,818 (3.3)	306,236 (4.9)	158 (3.5)	2,660 (3.3)	101,801 (4.8)	204,435 (5.0)
Note. Dependents refer to self-reported children under the age of 18 who are dependent. Race and ethnic minorities were grouped using the ethnicity categories: racial/ethnic minorities = Black, Asian and other/mixed. UKAF = United Kingdom Armed Forces. USAF = United States Armed Forces. Percentages may not total 100.0% because of rounding.						

In terms of employment, a larger proportion of USAF veterans were in full-time employment (63.2%), compared to UKAF veterans (32.8%). Most UKAF and USAF veterans were working in either professional occupations (14.8% vs. 19.0%), process, plant and machine occupations (17.6% vs. 18.6%) or skilled trades occupations (17.4% vs. 15.6%). In the UK, 14.6% of veterans reported working in managerial, director or senior official occupations, compared to 8.8% of USAF veterans. A comparable rate of both USAF and UKAF veterans reported working in the public sector and social services industries.

[Table 1 HERE]

Employment and disability outcomes for UKAF and USAF veterans

After adjusting the models by age and sex, being aged 18–24 years for UKAF veterans reduced the likelihood of being in employment compared to veterans aged 50–65 years (aOR: 0.52, 95% CI: 0.34–0.79). A similar association was found for USAF veterans and employment (aOR: 0.61, 95% CI: 0.56–0.66). For UKAF veterans aged between 25–35, they were approx. seven times more likely to be employed compared to veterans aged 50–65 (aOR: 7.45, 95% CI: 5.85–9.48). No similar association was found for USAF veterans aged 25–35 (Table 2).

Table 2
Adjusted factors associated with full-time and part-time employment and disability outcomes for UKAF and USAF veterans.

	Employment outcomes		Disability outcomes	
	Employed UKAF veterans n = 37,361	Employed USAF veterans n = 5,845,763	Disabled UKAF veterans n = 29,512	Disabled USAF veterans n = 2,657,009
	AOR (CI)	AOR (CI)	AOR (CI)	AOR (CI)
Age groups				
18 to 24 years	0.52 (0.34, 0.79)	0.61 (0.56, 0.66)	0.12 (0.05, 0.28)	0.53 (0.48, 0.60)
25 to 34 years	7.45 (5.85, 9.48)	1.01 (0.96, 1.05)	0.36 (0.28, 0.46)	1.55 (1.48, 1.62)
35 to 49 years	7.50 (6.21, 9.07)	1.70 (1.64, 1.76)	0.45 (0.37, 0.54)	1.62 (1.57, 1.68)
50 to 65 years	1.00	1.00	1.00	1.00
Sex				
Male	1.00	1.00	1.00	1.00
Female	0.66 (0.62, 0.69)	0.64 (0.62, 0.67)	1.19 (1.14, 1.25)	1.12 (1.07, 1.16)
Race/ethnicity				
White	1.00	1.00	1.00	1.00
Black	0.59 (0.51, 0.69)	0.68 (0.66, 0.71)	0.82 (0.69, 0.96)	1.47 (1.41, 1.53)
Asian	0.76 (0.66, 0.88)	0.83 (0.75, 0.91)	0.67 (0.57, 0.78)	0.99 (0.90, 1.09)
Mixed & other	0.81 (0.72, 0.90)	0.82 (0.79, 0.85)	1.06 (0.96, 1.16)	1.22 (1.18, 1.27)
Relationship status				
Never married/civil partnership	0.48 (0.45, 0.51)	0.47 (0.45, 0.49)	1.44 (1.37, 1.52)	0.49 (0.46, 0.51)
Married/civil partnership	1.00	1.00	1.00	1.00
Separated/divorced /widowed	0.66 (0.63, 0.70)	0.60 (0.58, 0.62)	1.39 (1.35, 1.44)	0.93 (0.90, 0.97)
Dependent(s) under 18				
Yes	1.08 (1.00, 1.16)	1.78 (1.72, 1.83)	0.90 (0.84, 0.97)	1.29 (1.25, 1.33)
No	1.00	1.00	1.00	1.00
Highest qualification				
No qualifications	0.60 (0.56, 0.64)	0.60 (0.55, 0.66)	1.05 (1.01, 1.09)	0.27 (0.23, 0.31)
School or equivalent	1.00	1.00	1.00	1.00
University degree or equivalent	1.26 (1.20, 1.32)	1.65 (1.60, 1.71)	0.88 (0.85, 0.91)	1.57 (1.52, 1.61)
Country of birth (migrant indicator)				
Native-born	1.00	1.00	1.00	1.00
Non-native born	0.88 (0.82, 0.96)	1.00 (0.95, 1.06)	0.77 (0.72, 0.82)	0.91 (0.86, 0.96)
Note. Binary variable for employment was employed (full-time or part-time) vs. not employed (unemployed, student or economically inactive). Models were adjusted by sex and age (continuous). Dependents refers to self-reported children under the age of 18 who are dependent. CI = confidence intervals. aOR = adjusted odds ratios. Race and ethnic minorities were grouped using the ethnicity categories: racial/ethnic minorities = Black, Asian and other/mixed				

The adjusted results showed that USAF veterans with dependent children under 18 had a strong association with being employed (aOR 1.78, 95% CI: 1.72–1.83); a similar weak association was found for UKAF veterans. For USAF veterans, having a university degree or equivalent increased the likelihood of being employed (aOR: 1.65, 95% CI: 1.60–1.71) and being disabled (aOR: 1.57, 95% CI: 1.52–1.61). A weaker association for obtaining a university degree and being employed was found for UKAF veterans (aOR: 1.26, 95% CI: 1.20–1.32). However, for UKAF veterans, having a university degree was found to reduce the odds of self-reported disabled outcomes (aOR: 0.88, 95% CI: 0.85–0.91). However, the opposite was found for USAF veterans, where those with a university degree were found to increase the likelihood of disabled outcomes (aOR: 1.57, 95% CI: 1.52–1.61).

[Table 2 HERE]

Sociodemographic race/ethnicity comparisons for UKAF and USAF veterans

Table 1 also reports the sample characteristics when stratified by race and ethnicity. Racial and ethnic minority veterans were, on average, younger than White veterans in the UKAF (M = 50.3 yrs vs 61.1 yrs) and slightly younger for USAF veterans (47.4 yrs vs 49.2 yrs). There were more female racial and ethnic minority veterans for the UKAF (20.6%) and the US (18.6%) compared to White female veterans (13.2%; 13.6%). UKAF racial and ethnic minority veterans had higher educational attainment (i.e., university degree) (40.6%) than their White counterparts (26.1%), while in the USAF, education levels were comparable across racial/ethnic groups. For UKAF racial and ethnic minority veterans, most were not born in the UK (61.0%) (Table 1).

A larger proportion of White UKAF veterans were reported to be disabled compared to racial and ethnic minority veterans (32.5% vs 21.5%, respectively). In contrast, for USAF veterans, a slightly higher proportion of racial and ethnic minority veterans were disabled compared to white veterans (35.2% vs 28.7%, respectively). For UKAF veterans, a higher rate of racial and ethnic minorities were in full-time employment (45.4%) compared to white veterans (32.1%). However, more White USAF veterans were in full-time employment (65.4%) compared to racial and ethnic minority veterans (59.1%). For both countries, higher rates of USAF (17.0%) and UKAF (17.7%) white veterans were in skilled trades occupations compared to other racial and ethnic groups (13.6%; 13.1%). Conversely, more UKAF (15.2%) and USAF (12.4%) racial and ethnic minority veterans were in caring and services occupations compared to White veterans (8.1%; 9.8%).

Factors associated with employment and disability outcomes among UKAF and USAF veterans stratified by race and ethnicity

Being aged 18–24 for UKAF racial and ethnic minority veterans was associated with being in part-time or full-time employment (aOR: 2.30, 95% CI: 1.12–4.72), whereas no association was found for USAF veterans in the same age category. For both countries, being a female UKAF (aOR: 0.66; 95%CI: 0.62–0.69) or USAF veteran (aOR: 0.64; 95%CI: 0.62–0.67) reduced the likelihood of being employed, irrespective of race or ethnicity. Veterans with dependent children under 18 were associated with employment for both USAF racial and ethnic minority veterans (aOR: 1.67, 95% CI: 1.57–1.77) and White veterans (aOR: 1.86, 95% CI: 1.79–1.94). No association or a weak association was found for UKAF veterans (Table 3).

Table 3
Adjusted factors associated with employment outcomes of UKAF and USAF veterans stratified by race and ethnicity minority status.

	UKAF veterans (N = 37,361)		USAF veterans (N = 5,845,763)	
	Employed racial/ethnic minority veterans n = 2,873 (94.7%)	Employed white veterans n = 34,888 (96.4%)	Employed racial/ethnic minority veterans n = 1,941,219 (63.2%)	Employed white veterans n = 3,904,544 (69.3%)
	AOR (CI)	AOR (CI)	AOR (CI)	AOR (CI)
Age groups				
18 to 24 years	2.30 (1.12, 4.72)	0.70 (0.45, 1.09)	0.57 (0.49, 0.66)	0.66 (0.59, 0.74)
25 to 34 years	4.49 (2.28, 8.82)	8.14 (6.25, 10.60)	0.94 (0.87, 1.00)	1.09 (1.04, 1.16)
35 to 49 years	4.51 (2.13, 9.57)	7.73 (6.36, 9.40)	1.67 (1.57, 1.77)	1.77 (1.69, 1.84)
50 to 65 years	1.00	1.00	1.00	1.00
Sex				
Female	0.59 (0.50, 0.71)	0.67 (0.63, 0.71)	0.72 (0.67, 0.76)	0.62 (0.59, 0.65)
Male	1.00	1.00	1.00	1.00
Relationship status				
Never married/civil partnership	0.64 (0.53, 0.77)	0.46 (0.43, 0.49)	0.54 (0.51, 0.58)	0.44 (0.42, 0.47)
Married/civil partnership	1.00	1.00	1.00	1.00
Separated/divorced /widowed	0.67 (0.55, 0.82)	0.66 (0.62, 0.70)	0.64 (0.60, 0.68)	0.59 (0.56, 0.61)
Dependent(s) under 18				
Yes	0.85 (0.68, 1.06)	1.12 (1.04, 1.21)	1.66 (1.57, 1.74)	1.86 (1.79, 1.94)
No	1.00	1.00	1.00	1.00
Highest qualification				
No qualifications	0.69 (0.54, 0.87)	0.60 (0.56, 0.64)	0.83 (0.73, 0.95)	0.47 (0.41, 0.53)
School or equivalent	1.00	1.00	1.00	1.00
University degree or equivalent	1.35 (1.15, 1.58)	1.28 (1.22, 1.34)	1.64 (1.55, 1.74)	1.65 (1.59, 1.72)
Country of birth (migrant indicator)				
Native-born	1.00	1.00	1.00	1.00
Non-native born	0.98 (0.84, 1.14)	1.06 (0.95, 1.19)	1.27 (1.18, 1.36)	0.88 (0.79, 0.97)
Note. Binary variable for employment was employed (full-time or part-time) vs. not employed (unemployed, student or economically inactive). Models were adjusted by sex and age (continuous). Dependents refers to self-reported children under the age of 18 who are dependent. CI = confidence intervals. aOR = adjusted odds ratios. Race and ethnic minorities were grouped using the ethnicity categories: racial/ethnic minorities = Black, Asian and other/mixed.				

[Table 3 HERE]

For disability outcomes, being a UKAF racial and ethnic minority female veteran increased the likelihood of being disabled (aOR: 1.43, 95% CI: 1.19–1.72); a weaker association with overlapping CIs was found for White UKAF female veterans (aOR: 1.18, 95% CI: 1.13–1.24). A similar association was found for USAF racial and ethnic minority female veterans (aOR: 1.20, 95% CI: 1.13–1.28). USAF veterans with a university degree had increased odds of reporting a disability, irrespective of race and ethnicity. Contrastingly, no association was found for UKAF veterans. Additionally, being a non-UK-born racial and ethnic minority UKAF veteran reduced the likelihood of being disabled (aOR: 0.54, 96% CI: 0.46, 0.63). No similar association was found for UKAF White veterans or USAF veterans (Table 4).

Table 4
Adjusted factors associated with disability outcomes of UKAF and USAF veterans stratified by race/ethnicity minority status.

	UKAF veterans (N = 29,432)		USAF veterans (N = 2,657,009)	
	Disabled racial/ethnic minority veterans n = 1,080 (21.5%)	Disabled white veterans n = 28,432 (32.5%)	Disabled racial/ethnic minority veterans n = 1,059,859 (35.2%)	Disabled white veterans n = 1,597,150 (28.7%)
	AOR (CI)	AOR (CI)	AOR (CI)	AOR (CI)
Age groups				
18 to 24 years	0.10 (0.01, 0.78)	0.13 (0.05, 0.32)	0.35 (0.29, 0.43)	0.68 (0.59, 0.79)
25 to 34 years	0.28 (0.13, 0.63)	0.37 (0.29, 0.48)	1.15 (1.07, 1.24)	1.81 (1.71, 1.91)
35 to 49 years	0.43 (0.19, 0.96)	0.45 (0.37, 0.54)	1.38 (1.30, 1.46)	1.75 (1.68, 1.82)
50 to 65 years	1.00	1.00	1.00	1.00
Sex				
Female	1.43 (1.19, 1.72)	1.18 (1.13, 1.24)	1.20 (1.13, 1.28)	1.03 (0.98, 1.09)
Male	1.00	1.00	1.00	1.00
Relationship status				
Never married/civil partnership	2.20 (1.80, 2.69)	1.41 (1.33, 1.48)	0.46 (0.43, 0.49)	0.48 (0.45, 0.51)
Married/civil partnership	1.00	1.00	1.00	1.00
Separated/divorced /widowed	1.85 (1.55, 2.21)	1.38 (1.33, 1.42)	0.84 (0.79, 0.89)	0.96 (0.91, 1.00)
Dependent(s) under 18				
Yes	0.97 (0.75, 1.27)	0.90 (0.84, 0.97)	1.30 (1.24, 1.37)	1.26 (1.22, 1.31)
No	1.00	1.00	1.00	1.00
Highest qualification				
No qualifications	0.78 (0.64, 0.96)	1.06 (1.02, 1.10)	0.21 (0.17, 0.26)	0.32 (0.26, 0.40)
School or equivalent	1.00	1.00	1.00	1.00
University degree or equivalent	0.87 (0.74, 1.02)	0.88 (0.85, 0.91)	1.72 (1.63, 1.82)	1.50 (1.44, 1.56)
Country of birth (migrant indicator)				
Native-born	1.00	1.00	1.00	1.00
Non-native born	0.54 (0.46, 0.63)	0.83 (0.75, 0.91)	0.75 (0.70, 0.81)	1.00 (0.90, 1.11)
Note. Binary variable for disability were self-reported disabled vs. not disabled. Models were adjusted by sex and age (continuous). Dependents refers to self-reported children under the age of 18 who are dependent. CI = confidence intervals. aOR = adjusted odds ratios. Race and ethnic minorities were grouped using the ethnicity categories: racial/ethnic minorities = Black, Asian and other/mixed. UKAF = United Kingdom Armed Forces. USAF = United States Armed Forces				

[Table 4 HERE]

Discussion

This study sought to compare disability and employment outcomes across veteran populations in the UK and the US, with a focus on race and ethnicity, to provide comparative insight into the outcomes between UKAF veterans and USAF veterans. In doing so, this study contributes to the limited research directly comparing post-service outcomes between two nations that share a ‘special relationship’ (Ismail et al., 2011). Both UKAF and USAF veterans were more likely to be White, male but the US sample had a greater diversity, with more than a third of USAF veterans from a racial and ethnic minority background. USAF veterans were approximately 12 years younger than their UK counterparts.

When comparing veteran profiles across the UK and the US, the findings suggest the relationship between race and ethnicity and age at military transition differs between the two countries. In the UKAF, veterans from racial and ethnic minority backgrounds were younger than White veterans, with a greater proportion aged 18–49 years and a mean age approximately 10 years lower. In contrast, the age profile of USAF veterans was comparable across racial and ethnic groups. The differences may reflect variations in retention. Racial and ethnic minority personnel frequently report racism, discrimination and exclusion during service, which are associated with poorer mental health and increased use of military mental health services (Campbell-Sills et al., 2023; Salem et al., 2024). Compounded with fewer opportunities for promotion, these experiences may contribute to an earlier transition from military service (Stuart & Szeszeran, 2021). Although similar experiences have been reported in both countries (Cancelmo et al., 2025), the absence of age differences among USAF

veterans may suggest better retention or support for racial and ethnic minority personnel than currently exists in the UKAF. A comparative exploration of the current strategies available for racial and ethnic minority personnel in each country may shed light on US initiatives that could be adopted by the UK to improve support and retention for minority personnel.

Education

Overall, USAF veterans had higher rates of university degree attainment compared to the UKAF veterans. From a policy perspective, these findings are of interest given US investment in veterans' education through the *Post-9/11 GI Bill* (PGIB), which provides financial support for USAF veterans (Barr et al., 2021; Bell et al., 2013; Morgan et al., 2024; J. Ward et al., 2026). More than half (54%) of eligible USAF veterans used their PGIB benefits to attend college, with 47% graduating within six years (Radford et al., 2024). Previous research indicates comparable rates of degree attainment between USAF White and racial and ethnic minority veterans, suggesting that racial disparities in higher education may have narrowed within the US veteran population (Rubalcaba & Van Der Goes, 2021). However, when stratified by race and ethnicity, the study found a greater proportion of UKAF racial and ethnic minority veterans held a university-level education compared to White UKAF veterans and USAF veterans, irrespective of race and ethnicity. This may reflect motivations related to global mobility, with non-UK native racial and ethnic minorities entering the military to gain educational opportunities or joining with a degree to seek an improved career path (Adeoti et al., 2025; Slapakova et al., 2024). The UK has a long history of recruiting personnel from Commonwealth countries, including policies that have lowered barriers to enlistment (Adeoti et al., 2025). However, given that racial and ethnic minority UKAF veterans were younger than their White counterparts, and the timing of degree attainment is unknown, it is also possible that some left military service early to pursue higher education. Despite the support provided through the Post-9/11 GI Bill, further research is needed to understand why disparities in educational attainment persist among US veterans and whether additional barriers to higher education remain.

Employment

In addition to this, the study also found that USAF veterans had higher rates of full-time employment than UKAF veterans. However, when stratified by race and ethnicity, slightly higher rates of White USAF veterans were employed full-time and worked in skilled trades roles. Whereas racial and ethnic minority veterans were more commonly in caring and service occupations. These findings suggest that, despite narrowing educational disparities (Rubalcaba & van der Goes, 2021), military service may not protect veterans from wider labour market inequalities. Consistent with practices such as crowding Black workers into less technical and lower-paid jobs are an indication of enduring labour market discrimination that has been sustained through government policies and labour market practices (Holder & Wicks-Lim, 2026). In line with this, a recent inquiry found that racial minority veterans reported lower earnings compared to other veterans with the same level of educational attainment (Radford et al., 2025). Classical economic theory points to a lack of human capital as the culprit behind Black workers' struggles in the labour market compared to White workers (Holder & Wicks-Lim, 2026). However, in this study, Black veterans and White veterans have access to the same, or at least similar, training and education benefits.

Comparing across nations, younger UKAF veterans from racial and ethnic minority backgrounds were twice as likely to be employed compared to veterans over 50 years. This finding is perhaps unsurprising, given the relatively generous UK Armed Forces pension scheme (Department for Work and Pensions, 2019; Scullion et al., 2024), which may reduce labour market participation among older veterans approaching retirement age. Whereas younger veterans are more likely to re-enter civilian employment. However, this observation was not observed among White UKAF veterans and was weak or absent across all USAF veteran groups. This may reflect broader differences in the economic and policy contexts of the UK and US, suggesting US veterans, regardless of age or racial/ethnic background, may be less likely to retire following military service than White UKAF veterans. Alternatively, among UKAF veterans, this pattern may reflect the need of non-native UKAF veterans to secure employment to meet financial and immigration requirements following transition (Slapakova et al., 2024). Further research is needed to understand the factors influencing veteran employment differences between the UK and the US.

Disability

Military service is characterised by potentially hazardous and physically demanding occupational exposures that may increase the risk of long-term health conditions and disability among veterans (Department of Labor Veterans' Employment and Training Service (DOL VETS), 2024; Hall et al., 2023; Sordillo et al., 2024). However, the health consequences of these exposures are unlikely to be experienced equally (Dworsky et al., 2025; Jetha et al., 2023). Consistent with this, the current study identified disparities in disability outcomes across veteran demographic subgroups. In the US, veterans with a university degree were more likely to report a disability, whereas no association was observed among UKAF veterans. One possible explanation lies in the differences between the US and the UK veteran healthcare systems. The US Department of Veterans Affairs (VA) provides comprehensive healthcare and disability compensation for veterans with service-related conditions through the Veterans Health Administration (VHA), one of the world's largest integrated healthcare systems (Hussain, 2025; Redmond, 2015). Accessing these services requires veterans to recognise symptoms, engage with healthcare providers, and navigate administrative processes to obtain a formal disability assessment. Consequently, veterans with higher educational attainment may possess greater health literacy and confidence navigating healthcare and benefits systems, increasing the likelihood of both accessing services and receiving disability status (Jansen et al., 2018). In turn, disability compensation may facilitate continued engagement with VA services by reducing financial hardship and improving access to healthcare (Silver & Zhang, 2023, 2026). However, interpretation should be considered cautiously, as disability status was self-reported and may reflect differences in healthcare utilisation, diagnosis or awareness, rather than true differences in underlying health.

The role of gender on employment and disability outcomes

The findings also highlight the role of gender in shaping post-service employment outcomes. Across both the UKAF and USAF, female veterans were less likely to be employed than their male counterparts, irrespective of race or ethnicity. This is consistent with wider evidence demonstrating persistent gender inequalities in labour force participation that are not eliminated by military service or veteran status (Blau & Kahn, 2017; Coltrane, 2000). Women veterans may also encounter distinct challenges during transition to civilian life, including navigating transition support services historically designed around the

experiences of male veterans and assuming a disproportionate share of caregiving responsibilities following military service (Mattocks et al., 2012; Weiss et al., 2023). The consistency of this employment disadvantage across racial and ethnic groups suggests that gender represents an additional structural barrier to employment after military service, potentially compounding the inequalities associated with race and ethnicity identified in the current study.

The intersection of gender and race/ethnicity was potentially evident in the disability analysis. Although racial and ethnic minority female veterans had higher odds of disability than White female veterans in both the UK and the US, the overlapping confidence intervals in the UKAF veteran sample indicate that subgroup differences should be interpreted cautiously. Rather than providing definitive evidence of an intersectional effect, the findings are suggestive of a pattern that warrants further investigation. From an intersectional perspective, it is plausible that overlapping social identities create distinct vulnerabilities that cannot be understood by considering race or gender in isolation (Crenshaw, 1989). One possible explanation is the cumulative health burden of in-service racism and sexism, barriers to appropriate healthcare, and the under-recognition of minority women's service experiences in both clinical and policy contexts (Dichter et al., 2017; Weiss et al., 2023). Further, women are more likely than men to engage in help-seeking behaviours for health conditions (Stevellink et al., 2019), which may increase the likelihood of both healthcare usage and receiving a formal disability status. Conversely, lower healthcare utilisation among men may also reflect a reduced likelihood of receiving a formal disability status (Galdas et al., 2005; Golinelli et al., 2025). Moreover, structural barriers to healthcare remain for racial and ethnic minorities in both the UK and the US, including inequitable access to services and treatment (Ekezie et al., 2024; Hayanga et al., 2021, 2023). Although the present study findings cannot determine gender and race disparities, they highlight the importance of examining disability through an intersectional lens and developing targeted healthcare provision that is sensitive to intersecting identities such as race and gender.

Strengths and Limitations

To our knowledge, this is the first study to compare disability and employment outcomes among UKAF and USAF veterans, and stratified by race and ethnicity. In doing a cross-national comparison, the analysis highlights areas for possible lessons to be learned in practice and policy to improve the outcomes of veterans for each country. A key strength is the use of two large, nationally representative datasets (i.e., the ACS and the England and Wales Census), improving the generalisability of the findings to the veteran population in both countries. As far as limitations, the cross-sectional nature of the data makes causal inferences difficult to make.

Several limitations should also be considered. First, the cross-sectional design and limitations to data collection (e.g., self-report) prevent causal inference, and findings cannot be drawn about the effects of race and gender in the post service outcomes of veterans. Additionally, despite analysing race/ethnicity and gender separately, small subgroup sizes and variations in sample sizes between the UK and US prevented intersectional analyses. Consequently, the combined influence of multiple social identities, which may lead to inequalities in employment or disability outcomes, could not be explored. We highly recommend that future research adopt an intersectional approach to improve understanding of inequalities and outcomes for underrepresented veterans such as socioeconomics, LGBTQ+ status. Additionally, the cross-national comparison should be interpreted cautiously. The UK and US apply their own definitions of veteran status, disability, and racial and ethnic classification, which may influence the comparability of findings. Differences in military careers, including length of service and time since transition, were also unavailable and may have contributed to observed variation in employment and disability outcomes. Finally, although both datasets are nationally representative, differences in sampling strategies and the substantially larger US sample size may have resulted in more precise estimates in the US analysis. However, to minimise these issues, findings were interpreted descriptively rather than through direct statistical comparisons between countries.

Conclusion

Overall, the study provides one of the first cross-national comparisons of employment and disability outcomes among UKAF and USAF veterans by race and ethnicity, demonstrating that post-service outcomes are shaped not only by military service but also by wider social, structural and policy contexts. Both the UK and the US have invested substantial funds into supporting veterans; the findings suggest that a universal approach to veteran care is unlikely to meet the needs of an increasingly diverse veteran population. Disparities in employment and disability revealed that veteran status alone is not reflective of all outcomes for veterans, nor does it protect racial/ethnic minority veterans from inequalities in the wider society.

The findings also demonstrate that each country has lessons to learn from the other. While the UK has their own nationally funded National Health Service (NHS) that provides some targeted interventions for veterans (i.e., Op COURAGE), it lacks an integrated veteran healthcare system equivalent to the US VHA. The VHA highlights the potential value of coordinated veteran healthcare pathways that support identification, treatment and long-term management of service-related health conditions. Similarly, the comparatively higher educational attainment among USAF veterans compared to the UK suggests opportunities to better understand how government-funded educational support (i.e., PGIB) can facilitate successful transition and employment. However, disparities in race and ethnicity persisted for both nations, reinforcing the importance of adopting an intersectional approach to veteran policy, healthcare and employment support rather than treating veterans as a homogeneous population.

Ultimately, improving veteran outcomes requires moving beyond one-size-fits-all approaches towards targeted, evidence-informed strategies that recognise the influence of race, ethnicity, and other social identities to avoid certain groups from falling through the cracks. Both countries are in a unique position to learn from each other, given their similarities and to share best practices. Future research should continue to examine and address disparities for veteran populations to inform more equitable and inclusive veteran support systems in both countries.

Declarations

Declarations

Competing Interests

AC, AM, LBF, and ARM declare no competing interests. SAMS: this paper represents independent research part funded by the National Institute for Health Research (NIHR) Maudsley Biomedical Research Centre at South London and Maudsley NHS Foundation Trust and King's College London and an NIHR Advanced Fellowship [ref: NIHR 300592]. The views expressed are those of the author(s) and not necessarily those of the NHS, the NIHR or the Department of Health and Social Care.

Author Contribution

AC: Conceptualization, Methodology, Project Administration, Visualization, Writing – Original Draft, Writing – Review & Editing; AM: Writing – Original Draft, Writing – Review & Editing; LBF: Data Curation, Formal Analysis, Investigation, Methodology, Validation, Visualization, Writing – Review & Editing; SAMS: Funding Acquisition, Methodology, Writing – Review & Editing; ARM: Conceptualization, Data Curation, Formal Analysis, Funding Acquisition, Investigation, Methodology, Project Administration, Supervision, Validation, Visualization, Writing – Original Draft, Writing – Review & Editing.

Data Availability

This study uses publicly available data from the 2021 American Community Survey (ACS) 1-Year Public Use Microdata Sample (PUMS). The 2021 1-year data are available from the U.S. Census Bureau at <https://www.census.gov/data/developers/data-sets/census-microdata-api/acs-1y-pums.html#accordion-6fecf6991f-item-103eb0d39d>. The analytic code used to prepare the data and reproduce the analyses is available from the corresponding author upon reasonable request. The England and Wales Census 2021 microdata sample data are available to access through the UK Data Service (<https://datacatalogue.ukdataservice.ac.uk/studies/study/9154#details>). Access is restricted to registered researchers under the UK Data Service End User Licence. This study used publicly available, anonymised secondary data. All analyses were undertaken in accordance with the relevant terms and conditions governing access to and use of these datasets.

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