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IRAQ, 2007



WOUNDED WARRIOR
TANIKI RICHARD, 2016

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WOMEN WARRIORS INITIATIVE

EXECUTIVE SUMMARY

Executive Summary

About the Women Warriors Initiative

Women represent the fastest-growing population in both military service and the veteran community. In greater numbers than ever, women are stepping up to serve in new, critical, and formidable roles contributing to our nation’s national security. But while they are consistently and impressively breaking down barriers, women warriors still experience unique challenges and gaps in care – in uniform, during transition to civilian life, and beyond.

Previous Wounded Warrior Project® (WWP) research found that women warriors experience military sexual trauma (MST), anxiety, and depression at higher rates than male warriors. In open-ended comments, women spoke up about their challenges during transition, feelings of isolation, loneliness, and the struggle to identify with other veterans or civilian women.

To gain a deeper understanding of these issues, WWP developed the Women Warriors Initiative to better understand, empower, and advocate for these women warriors who have served our nation.

Methodology

Data was collected through a survey in early 2020, followed by 13 roundtable discussions. WWP administered a survey from January 22, 2020, through February 19, 2020, to 19,581 women warriors registered with WWP. The survey garnered 4,871 responses – a 25% response rate. The survey data was analyzed to determine major themes, which became the baseline topics for a series of roundtable discussions. From May to September 2020, WWP held 13 roundtable discussions with 98 women warriors exploring the following themes: access to care, financial stress, isolation, mental health, and transition. Given health and safety restrictions due to COVID-19, roundtables were held virtually.

Top-Line Findings

Demographic Profiles

Age	Relationship Status	Number of Children
The average age of women warriors is 41 years old.	<ul style="list-style-type: none"> • Currently Married 44% • Divorced 19% • Single 19% <p><i>Women warriors are less likely to be married than their male counterparts.</i></p>	<p><i>About 71% of women warriors have children, and of those, 49% are single mothers.</i></p> <ul style="list-style-type: none"> • No children 29% • One child 21% • Two children 25% • Three children 14% • Four or more children . . 10%

CURRENT LIVING SITUATION



LIVE IN A HOUSEHOLD WITH OTHERS**53%**
 LIVE ALONE**38%**
 TEMP STAYING WITH RELATIVE/FRIEND . . .**4%**
 TEMP HOMELESS OR IN A SHELTER**1%**

RACE / ETHNICITY

THE WOMEN WARRIOR POPULATION IS MORE DIVERSE THAN THE MALE WARRIOR POPULATION. NEARLY A QUARTER OF WOMEN REPORTED MORE THAN ONE RACE/ETHNICITY CATEGORY.

WHITE**49%**
 BLACK OR AFRICAN AMERICAN**27%**
 HISPANIC OR LATINO**17%**
 AMERICAN INDIAN OR ALASKA NATIVE**5%**
 ASIAN**4%**
 NATIVE HAWAIIAN**1%**
 OTHER**5%**

CURRENT MILITARY STATUS

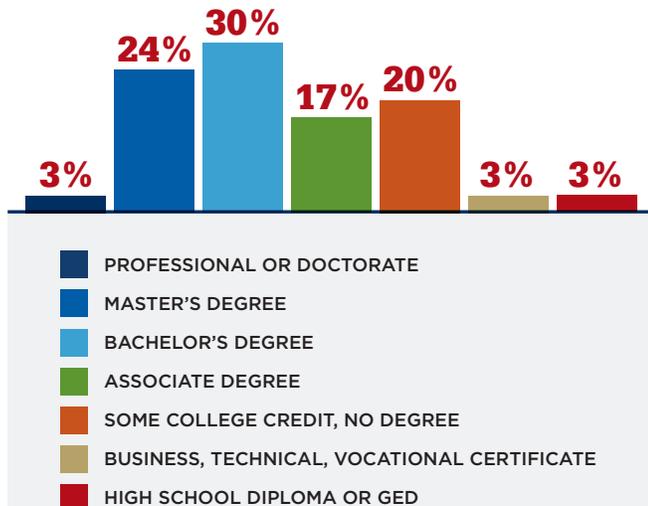
OF THOSE NOT CURRENTLY SERVING, THE AVERAGE NUMBER OF YEARS OUT OF SERVICE WAS EIGHT.



43% SEPARATED OR DISCHARGED **4%** ACTIVE DUTY
34% RETIRED, MEDICAL **3%** RESERVIST
16% RETIRED, NONMEDICAL

EDUCATION LEVEL

WOMEN WARRIORS' EDUCATION RATES ARE HIGHER THAN THEIR MALE COUNTERPARTS; HOWEVER, THEY REPORTED LOWER RATES OF EMPLOYMENT THAN MEN.



EMPLOYMENT STATUS



EMPLOYED FULL TIME**34%**
 DISABLED, NOT ABLE TO WORK**26%**
 NOT EMPLOYED, LOOKING FOR WORK**12%**
 RETIRED**11%**
 EMPLOYED PART TIME**10%**
 NOT EMPLOYED, NOT LOOKING**7%**

Transition

Women warriors were asked to identify the top three challenges they faced during their military-to-civilian transition. The most commonly cited responses were “coping with mental health such as post-traumatic stress disorder (PTSD), anxiety, depression, etc.” (61%), “financial stress” (30%), and “coping with mental health issues related to MST” (25%). Following closely behind these responses were “finding employment” (22%), “feeling isolated” (21%), and “coping with physical injuries” (20%). Comments from women warriors reflected these major themes. In many cases, warriors felt unprepared or even unwilling to transition, leaving some with a negative impression of their military service and a reluctance to access or trust Department of Veterans Affairs (VA) resources.

Clearer instruction and a more streamlined process is needed to educate and assist women warriors in accessing programs and services that are appropriate for their individual needs. Those who found effective support resources, whether provided by VA or a nongovernmental organization, often happened upon them by chance or were directed to them by peers, underscoring the importance of peer connection during transition. Anecdotally, when women veterans were able to connect with advocates or organizations, outcomes were more successful and women felt more supported.

Key Takeaway

★ **Department of Defense (DOD) and VA must collaborate and communicate more effectively to improve the transition process.** The departments should implement clear and consistent processes to ensure transitioning service members are educated on resources that meet their individual needs, are able to access these resources in a timely manner, and are being proactively and comprehensively served by VA and other partners.

Employment

Nearly one in three women warriors identified “financial stress” as a top challenge during transition (30%). Contributing to this issue, women referenced difficulties separating from the military, caring for their families, and finding adequate employment. The Annual Warrior Survey has previously shown that women warriors experience a higher unemployment rate and lower average salaries than their male counterparts.

Women warriors universally agreed that preparation for civilian careers must begin sooner and cover more comprehensive topics than currently offered by DoD and VA. Much of DoD’s career counseling is carried out through the Transition Assistance Program (TAP); women warriors reported varying levels of satisfaction with the program depending on factors like location, rank, medical history, and buy-in from command. The TAP sessions women found most productive were those offering resume training and practice interviewing.

However, both of these can be improved and individualized to better prepare women veterans for

the realities of the civilian job market. In addition, those who would have preferred to continue their service by working for the federal government found the process confusing and opaque. While several federal agencies, including VA, offer training or information sessions, women warriors were largely unaware of these opportunities. Alongside their need for these practical job-searching skills, women warriors described the unexpected cultural differences they experienced in civilian workplaces.

Key Takeaways

- 1 Women veterans identified a need for greater mentorship and networking opportunities.** Women warriors are seeking mentors who can not only assist in navigating the job market, but who can help them grow professionally with an understanding of their background, unique skills, and the life experiences that set them apart.
- 2 Elements of TAP should be adapted to enhance their relevance and effectiveness.** Women warriors believe that building the right resume was one of the most decisive factors in finding employment and the most valuable part of TAP. Expanding and individualizing this training can help women veterans become more competitive candidates in the civilian environment. Another tactic practiced during TAP, mock interviewing, is a valuable exercise, but could be improved by incorporating professionals with hiring experience – rather than other service members – into the process.
- 3 Greater outreach, education, and training is needed to assist women veterans in navigating the federal hiring process.** While many expressed an interest in capitalizing on the government’s veteran hiring preference, women warriors felt frustrated, confused, and dismissed by the complex process. Establishing partnerships between VA, the Department of Labor, and the Office of Personnel Management can help to educate veterans and transitioning service members on building effective federal employment applications. VA should amplify the education and training resources already in practice by federal partners, develop new materials targeted specifically to women veterans, and conduct greater outreach to those seeking federal employment.

VA Health Care and Services

Access to VA Health Care

Nearly all women warriors reported being enrolled in VA health care (95%), and of those women, the majority use the Veterans Health Administration (VHA) as their primary care provider (79%). However, when asked to rate how well the VA met their needs after they left military service, less than half of women warriors agreed that their needs were met (49%). While 15% of respondents were neutral, 36% had a negative outlook on the ability of VA to meet their needs (17% somewhat disagreed, 19% strongly disagreed). The issues contributing to this finding were illuminated through discussion with women warriors as well as data identifying key barriers to care. Of those who use

VHA as their primary care provider, 43% cited “poor quality of care” as a top barrier, and one in four (25%) chose “services needed are not offered.” Roundtable participants expanded on this issue, explaining that they experience a dramatic difference in quality and ease of access to certain care options – particularly women’s health care – depending on the medical facility they patronize. Quality of care was also identified among the topmost reasons that women warriors do not use VHA as their primary care provider, with 37% naming “poor quality care” and 32% citing “bad prior experience.” Alongside quality and availability of services, other barriers among the top five include “other health care options” (46%), “appointment availability due to provider schedule” (38%), and “appointment availability due to personal schedule” (18%). In discussion, women warriors described the nuances of these issues, noting that they are often compounded by childcare, work, and family responsibilities.

Key Takeaways

- 1 The environments of care at VHA facilities significantly impact women warriors’ experiences and willingness to access care.** The physical layouts and utilization patterns of VHA facilities should be regularly assessed to maximize safety, convenience, and overall ease of access by women veterans.
- 2 VA’s hours of operation represent a topmost barrier to care.** Many women find it difficult or impossible to access care during typical workday hours. Extending hours of operation will improve convenience and availability of appointments, ultimately increasing utilization and experience for women veterans.

Rural Areas

For those in rural communities, scarcity of providers contributes to inconsistent care. The Community Care Network can be applied as a solution for some, but for many others, community providers are equally distant or saddled with long wait times. To address the former, many have utilized VA’s transportation programs but found them uncomfortable and inefficient. Specifically, trauma survivors reported feeling triggered by long periods confined in male-occupied vans or busses. More must be done to increase ease of access to gender-specific health care in rural or underserved communities.

Key Takeaway

- ★ Additional data collection is needed to inform VA’s current and projected resourcing to support women veterans.** Those in rural or hard-to-reach geographies still struggle to reach timely, appropriate women’s health care, largely due to long drive times and scarcity of providers. A more thorough understanding of VA’s network of providers, access standards, specialty care services, and staffing will improve VA’s ability to deliver gender-specific care to these veterans now and as the population grows.

Telehealth

During the COVID-19 pandemic, VHA was able to pivot much of its health care delivery into virtual channels. Telehealth has been largely effective for the women veterans who utilized it, many of whom plan to continue doing so long after the pandemic has passed. Women who struggle with high anxiety as a result of military sexual trauma appreciate that telehealth allows them to avoid male-dominated VA facilities. In addition, telehealth lowers barriers to care that commonly impact women veterans, namely, child care. While women who typically struggle with these challenges were effusive about their telehealth experiences, nearly all relayed technical issues that resulted in lost connections and dropped calls. **Greater investment in bandwidth and telecommunications infrastructure is needed to ensure veterans, especially those in highly rural communities, are able to utilize secure and reliable telehealth.**

VA Women's Health

Of the 95% of women warriors enrolled in VA health care, 82% are currently using, or have in the past used, the VA for women's health services. For those using women's health services, 44% are currently using, or have in the past used, the VA for contraception services, and 7% for infertility or assistive reproductive services. Complaints regarding provider turnover was a common refrain among roundtable participants, many of whom feel the frequent change has hindered their mental and physical health progress. Additionally, several women relayed their frustration after experiencing examination rooms that were not equipped with the gender-specific supplies and equipment needed to treat them in emergency situations.

Key Takeaway



Women warriors appreciate and prefer VA women's health clinics, but progress can be made to improve their experiences and consistency of care. Where they are available, women veterans prefer to patronize these specialty clinics that are more welcoming, comfortable, and appropriate for their needs. To improve their experiences, women ask for larger spaces and staffs, separate entrances and waiting areas, and greater consistency of care. While many women veterans appreciate the environment and standard of care they receive at women's health clinics, not all encounter the same level of quality. **Applying the lessons learned from well-performing clinics to those across the country will help to standardize quality of and access to care at women's health clinics.**

Military Sexual Trauma

One of the top three challenges with transition women warriors identified was coping with mental health issues related to MST (25%). Through the Annual Warrior Survey, 44% of women warriors reported experiencing MST as a result of their service. This survey found that more warriors have had experiences often related to MST, with nearly 73% of women warriors reporting experiencing sexual assault or harassment while in the military. Sexual trauma was an ever-present issue that colored discussions on nearly every topic during the roundtables.

Key Takeaway

★ **MST survivors ask for greater coordination of care between DoD and VA.** Women warriors were clear that more must be done to support survivors of MST while still on active duty. Some feel that DoD holds the primary responsibility to inform veterans of their treatment options and ensure they reach that care expeditiously and in a way that protects their privacy. DoD and VA must better collaborate and communicate, instituting a comprehensive strategy to educate MST survivors on treatment options, build a stable of support for these survivors, and streamline access to critical services.

VA Benefits for MST Survivors

Disability claims for MST-caused conditions remain a roadblock for recovering sexual trauma survivors. Recurrent denials of claims not only impact financial security, but for some women veterans, retrigger the sense of betrayal they felt after the initial trauma. VHA and VBA must coordinate more efficiently and effectively to deliver a streamlined continuum of care to support MST survivors. One particular pain point along this continuum is the compensation and pension exam, during which several women warriors reported negative experiences and acute stress.

Key Takeaway

★ Policies and practices governing MST-related compensation and pension (C&P) exams should be implemented with greater consistency and appropriate follow-up. Examinations for MST-related conditions can lead to retraumatization, setting veterans back in their mental health recovery. This risk can be greatly reduced by ensuring that examiners execute VA's policy to allow family members, caregivers, and significant others into exam rooms, and by conducting wellness checks with veterans after examinations. These simple steps ensure that MST survivors are aware of and have access to support systems they can lean on during this difficult step of the benefits process.

Treatment for MST Survivors

Of the 73% of women warriors who reported experiencing assault or harassment while in military service, 46% have not sought treatment. Meanwhile, 38% have sought treatment through VHA and 16% have sought treatment elsewhere. Discussion with women warriors primarily revolved around their experience receiving MST-related mental health care services at VHA facilities. The most prevalent concern relayed was lack of coordination between providers. Many expressed frustrations about having to describe past trauma to providers across specialties who turn over frequently. VA must establish processes and practices that improve interoperability of clinical and nonclinical providers.

Key Takeaway

★ **Greater proactivity, collaboration, and personalized attention is needed to better support MST survivors.** A Patient-Aligned Care Team (PACT) can provide the outlet for clinical and nonclinical health care professionals to better communicate and collaborate. Applying this model to MST-related care may help illuminate gaps in care and services, allow for more holistic treatment, and improve cohesiveness among providers.

Mental Health

While VA offers robust mental health care that women warriors wish to utilize, many enter the health care system with a lack of understanding about what resources are available and how to access them. They experience a misunderstanding of the differences in DoD and VA-furnished mental health care, an incomplete grasp of the full breadth of the options available, or difficulty identifying the type of treatment that meets their needs. This is particularly concerning given the mental health challenges women warriors face. This survey found that 61% of women warriors were experiencing symptoms of anxiety, as measured on the General Anxiety Disorder scale (GAD-7). Especially among MST survivors, aspects of VA's environment of care — like crowded parking lots, intimidating security measures, and generally male-dominated communal spaces — exacerbate anxiety and occasionally lead women to forego care altogether.

Key Takeaway

★ **Women warriors feel they lack a clear understanding of the resources at their disposal and how to navigate them in a timely manner.** In response, orientation programs have been beneficial for women veterans seeking mental health care by preparing them with the expectations and information to choose the right treatment for them. Expanding mental health orientations will help VA to reach more veterans, set consistent expectations for treatment, and empower more veterans to access effective mental health care.

Isolation

After experiences like sexual trauma, coping with mental health conditions, and managing physical injuries, some women warriors intentionally hide their veteran status or struggle to come to terms with their service. Others feel proud of their service but frustrated at the lack of recognition they receive from civilians or male peers. In this survey, less than half of women warriors felt respected for their service (47%). Within the veteran community, less than half agreed that they had strong connections with male veterans (45%), while just over half felt they had strong connections with female veterans (52%). Building a meaningful support system is particularly critical at the point of transition from service, a time during which many women warriors described feeling lost or ostracized. Women infrequently see themselves represented in a veteran community that is overwhelmingly male yet struggle to relate to civilian women who do not understand their military experiences. They crave support and connection from other women veterans who innately understand their backgrounds, attitudes, and communication styles. This was further supported by a measure of loneliness, or perceived isolation, on the survey. Overall, 80% of women warriors scored as lonely based on the UCLA Three-Item Loneliness Scale. These results speak to the critical nature of and need for social support.

Key Takeaway

★ **Peer support programs are needed to fight against the isolation that many women warriors experience.** Their small share of the veteran population both underscores the need for and represents a challenge in creating spaces for women veterans to connect. This is particularly evident at the point of transition, during which many servicewomen feel overwhelmed with their numerous and evolving obligations. Peer support groups facilitate the expression of their shared challenges and concerns while building support systems that fight against isolation. WWP has found that women-only peer support can be deeply impactful in a virtual environment, which enables meaningful communication and connection despite distance and other obstacles frequently faced by women, such as child care, drive time, and discomfort in crowded spaces. VA and other organizations should follow this model in order to build stronger, more reliable connection points between women veterans.

Conclusion

The Women Warriors Initiative allowed WWP meaningful insight into the challenges, opportunities, and livelihoods of the women veterans we serve. We want to thank the nearly 5,000 women warriors who contributed to this project, bravely giving a voice to the more than 2 million women who have worn the uniform. Looking ahead, we are excited to work with our partners, Congress, federal agencies, and other Veterans Service Organizations (VSOs) to implement practical solutions that improve the lives of women veterans across the nation.



**WOUNDED WARRIOR
PROJECT®**