WOUNDED WARRIOR PROJECT®

WOMEN WARRIORS REPORT ★ 2025

WOUNDED WARRIOR
KEARA TORKELSON

WOUNDED WARRIOR
WENDY DURHAM

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GLOSSARY OF TERMS

Table of most commonly used abbreviations:

AUDIT-C	Alcohol Use Disorders Identification Test-Concise
DAST-10	Drug Abuse Screening Test
DoD	U.S. Department of Defense
FSS	The U.S. Household Food Security Survey
IFDFW	InCharge Financial Distress/Financial Well-Being Scale
MCS	VR-12 Mental Component Score (Mental Health Quality of Life Score)
MST	Military Sexual Trauma
PCL-5	Post-Traumatic Stress Disorder Checklist
PCS	VR-12 Physical Component Score (Physical Health Quality of Life Score)
PEG	The Pain, Enjoyment of Life, and General Activity Scale
PHQ	Patient Health Questionnaire
PSQI	Pittsburgh Sleep Quality Index
PTG	Post-Traumatic Growth
PTSD	Post-Traumatic Stress Disorder
QoL	Quality of Life
TBI	Traumatic Brain Injury
VA	U.S. Department of Veterans Affairs
VR-12	The Veterans RAND 12-Item Health Survey
WWP	Wounded Warrior Project

INTRODUCTION

WOUNDED WARRIORS **JESSICA COULTER** (LEFT) AND **TONYA OXENDINE** (RIGHT)

ABOUT WOUNDED WARRIOR PROJECT

Wounded Warrior Project is a nonprofit 501(c)(3) veterans service organization that is changing the way our nation cares for veterans and helping them thrive for a lifetime.
Our innovative programs and direct services help post-9/11 wounded, ill, or injured veterans, their families and caregivers throughout every journey — from social connections and career assistance to post-traumatic stress disorder (PTSD) treatments and long-term care.

In addition to its direct services to warriors, WWP advocates for the needs of wounded warriors at all levels of government — Congress, the VA, and the U.S. Department of Defense (DoD) — amplifying their voices for policies and initiatives that drive awareness and make lasting changes. These efforts have led to the creation and passage of life-changing legislation, including the Honoring Our Promise to Address Comprehensive Toxics Act of 2022 (known as the PACT Act), Servicemembers' Group Life Insurance Traumatic Injury Protection program, the Caregivers and Veterans Omnibus Health Services Act of 2010, the Ryan Kules and Paul Benne Specially Adaptive Housing Improvement Act of 2019, and the Veteran Families Financial Support Act of 2020.

WWP's programs, services, and advocacy efforts are all driven by warriors' greatest needs, which are informed by warriors' feedback through research like the Women Warriors Report and the Warrior Survey.

WOUNDED WARRIORS **SHARONA YOUNG** (LEFT) **AND YOMARI CRUZ** (RIGHT)

BACKGROUND

Women have served in and alongside the U.S. military for over two centuries and now hold positions across all branches, including combat, leadership, and specialized operations.[1] However, women face distinct challenges related to their military experiences, health care, and post-service reintegration.

WWP women warriors navigate complex issues in health care, employment, education, and social reintegration due to their military service. WWP developed the Women Warriors Initiative to address these disparities and empower women veterans and has explored their experiences through its Women Warriors Reports, each highlighting different aspects of progress.[2,3] The 2021 report examined the evolving impact of policy on WWP women warriors, while the 2023 iteration focused on the holistic experiences and how WWP women warriors navigate challenges. Now, in 2025, this latest report explores the lifetime journey of women in service, incorporating personal reflections on positive military experiences and future aspirations.

Since the first report in 2021, WWP continues to celebrate and empower women veterans, using WWP women warriors' voices to enhance direct services in connection-based programming, advocacy, mental health support, and more. For example, WWP's Physical Health and Wellness Program offers educational sessions on healthy aging and menopause, while the Alumni Connection Program fosters connection through supportive peer-to-peer environments and engaging activities. The annual WWP Women Warriors Summit in Washington, DC, provides professional development and advocacy opportunities for key legislation affecting women veterans. Additionally, the WWP Women Warriors Initiative facilitates roundtables that bring together women veterans and stakeholders for community building and education.

Women are an integral part of the Armed Forces, and WWP remains committed to ensuring all veterans have access to high-quality care and support as they transition to civilian life in the country they served and defended.

METHODOLOGY

This iteration of the Women Warriors Report used an exploratory sequential mixed methods design. The quantitative data is from Wave 3 of the Warrior Survey, and the qualitative data is taken from focus groups and interview discussions with WWP women warriors.

From this point onward, any reference to Warrior Survey will refer to the Wave 3 findings unless otherwise specified.

QUANTITATIVE SURVEY METHODS

The methods for the descriptive survey have been outlined in the Warrior Survey, Longitudinal: Wave 3 report.[4] In brief, data came from the WWP Warrior Survey, which was administered to warriors from May 25 to August 1, 2023. The Warrior Survey was administered by NORC at the University of Chicago, and invitations were sent to 102,739 WWP warriors. The final response rate was 18.4% (n=18,891; 13,428 were male; 5,431 were female; 32 were missing sex value), representing the 185,033 warriors registered with WWP as of March 2023 (149,391 male; 33,164 female; 2,478 missing sex value).

The Warrior Survey recruitment process involves inviting a selected sample representative of the wider WWP population. Therefore, even though not all the participants from the focus groups completed the Warrior Survey, the data points may still reflect their experiences as registered (or eligible to be registered) WWP women warriors. Further information about Warrior Survey methodology can be found in the report.[4]

QUALITATIVE FOCUS GROUP METHODS

WWP obtained Advarra Institutional Review Board (IRB) approval for the facilitation of focus groups and interviews in this iteration of the Women Warriors Report. WWP conducted 15 focus groups and three interviews (in-person and virtually) from March to November 2024, and each lasted approximately 90 minutes.

Throughout the report, references to focus groups will also include the three interview discussions, unless mentioned otherwise.

A facilitator led the focus group discussions using a semi-structured interview guide, informed by previous iterations of the Women Warriors Report and Warrior Survey findings. The aim was to explore the experiences of military life, military identity today, and quality of life for women veterans, highlighting gaps in service, transition, and civilian support, and identify areas for further research and advocacy. A second facilitator was present at each focus group, as was a WWP mental health teammate in case any participants required further support.

Focus groups were recorded and transcribed verbatim to facilitate qualitative analysis. The transcriptions were analyzed using thematic analysis, with author S.E. being the primary researcher to analyze the responses and the rest of the research team validating the coding definitions and interpretation of the warrior statements, as needed. A qualitative research support service reviewed the focus group transcripts independently to provide an objective perspective on the themes from the discussions and quality assurance. The research team checked the outcomes from the quality assurance review alongside the primary researcher's codes for any discrepancies. Differences were discussed within the research team and adjusted after reaching a consensus.

After participating in the focus groups, WWP women warriors received a thank-you card and a small WWP-branded gift as a token of gratitude for taking the time to be part of the discussions.

RECRUITMENT PROCESSES AND TARGET POPULATION

A total of 94 WWP women warriors participated in the focus groups, with an average group size of five participants. WWP women warriors were eligible to take part in the focus groups if they were:

- ✓ Post-9/11 wounded, ill, or injured women veterans and service members who are currently registered with WWP.
- ✓ Aged 21 or over.
- ✓ Provided informed consent to take part in the focus groups.
- ✓ Not prior participants in previous Women Warriors Initiative focus group discussions (to encourage hearing different perspectives).

The sample framework for the focus groups included a combination of purposive (intentional selection) and convenience sampling. Participants were invited via email to take part in the focus groups, either by showing interest from emails outlining local events in their vicinity or through direct email invitation to those who were in the local area or region of the focus group. As WWP women warriors registered to participate, purposive sampling occurred to ensure there was representation across different characteristics, such as age, military branch, and rank.

Please see the Appendix for further details regarding the recruitment process and location of the focus groups.

FINDINGS FROM THE FOCUS GROUP DISCUSSIONS

A hybrid deductive and inductive approach was used to identify the themes from the focus group discussions: A deductive approach was used to organize the findings as this was an exploratory study, with an inductive approach to detect themes and subthemes.

This report summarizes the themes and subthemes discussed across all the focus groups, highlighting the prominent topics that were referenced the most.

WOUNDED WARRIOR **KELLY ELMLINGER (LEFT)** WITH HER DAUGHTER

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Table 1. Summary of Themes and Subthemes From Focus Group Discussions

	Themes	Subthemes
Serving with Honor: Experiences and Challenges of Women in the Military	Favorite memory in service	• Unique experiences • Connection with other service members • Being part of something bigger • Training and physical health accomplishments
	Positive experiences in service	No additional subthemes were identified during the analysis. All codes fell within the main theme.
	Unmet needs during service	• Care received in service • Military sexual trauma (MST) • Lack of support and protection • Treated poorly by others or feeling isolated • Women are not seen as equal or respected
	Impact of leadership on service	• Poor leadership • Positive leadership
Navigating Transition: From Service to Civilian Life	Adjusting to civilian life	• Being in a different world • Circumstances of leaving service
	Access to care	• Advocating for your health care • Barriers to care • Positive experiences • Specific references to treatment or care received
	Feelings after service	• Gaps in resources and support • Impact of transition on emotional well-being
	Employment after military service	• Barriers to employment • Experiencing financial difficulties
	Positive transition experience	• Positive transition experiences • WWP women warrior recommendations for improving transition experiences
Redefining Purpose: Identity and Meaning After Serving	Military identity today	• Positive sentiment towards military identity • Negative sentiment towards military identity • Lost identity • Mixed feelings over military identity
	Bond and connection with other veterans	• Connection with veterans • Connection with women veterans • Barriers to connection across different branches and eras
	Perception of veterans	• Lack of recognition and respect for women veterans • Public perceptions of veterans
	Finding purpose after the military	No additional subthemes were identified during the analysis. All codes fell within the main theme.
	Recommendation to serve	
Enhancing Quality of Life: Support and Well-being for Women Warriors	Current quality of life	• Quality of life varies • Importance of connection and support system on well-being • Community engagement
	Barriers to quality of life	• Barriers to engaging in the community • Military experiences impacting quality of life
	How to improve quality of life	No additional subthemes were identified during the analysis. All codes fell within the main theme.

WOUNDED WARRIOR
CORINE HAMILTON

OVERVIEW OF THE REPORT

Women veterans are the fastest-growing population in the veteran community,[5] yet there is limited research focusing specifically on their military and veteran experiences. Existing literature highlights the unique experiences and challenges women veterans encounter, both during military service and when transitioning to civilian life.[6] The 2025 Women Warriors Report provides the opportunity to highlight emerging trends among post-9/11 U.S. women veterans and understand the impact of different factors on their quality of life. The findings will help identify gender-based research gaps and provide evidence-based policy and research recommendations to advocate for and support women veterans' needs. The mixed-methods design provides extensive quantitative data on the current well-being of a large sample of wounded, ill, or injured post-9/11 women veterans, while the qualitative focus group discussions provide in-depth insights into their experiences.

The objectives of the 2025 Women Warriors Report are to:

✓ Understand the current experiences of women warriors.
✓ Identify gaps in support and develop actionable insights to address them.

HOW TO INTERPRET THIS REPORT

The layout of this report follows WWP women warriors' experiences from their time in service to transitioning out of the military and their quality of life today. Each section provides a summary of the themes and subthemes that were discussed in the focus groups for each experience, followed by relevant data points from Warrior Survey findings. In some data tables, percentages may not total 100% due to rounding.

CALLOUT BOXES

The callout boxes provide additional information to aid readers in understanding the content of this report.

In the Focus Group Findings sections of the report, callout boxes will include quotes from the focus group discussions.

In the Warrior Survey Findings sections of the report, callout boxes will include:

- ✓ Additional information around the scales and measurements used to collect the data points described in that section. Refer to the Appendix for further details on measures.
- ✓ Additional context or information for specific data points referenced in that section.
- ✓ Instances in which the prevalence of findings differed by 5% or more between WWP women and male warriors. Please note that these differences have not been tested for statistical significance.

QUOTES

Throughout this report, quotes will be included from the focus group discussions to provide additional context to the findings. The quotes have been taken directly from the focus group transcripts. Quotes that include "[...]" refer to instances where text has been removed to be succinct. Personal details have been removed to ensure participant confidentiality.

APPENDIX

The Appendix provides detailed supplemental information, including the questionnaire scales used in the Warrior Survey, a list of all WWP programs, and contact information for the WWP Resource Center.

> "This is an example of what a pull quote from the focus group discussions looks like."
>
> — Focus Group Participant

"

This is an example of what an inline quote from the focus group discussions looks like.

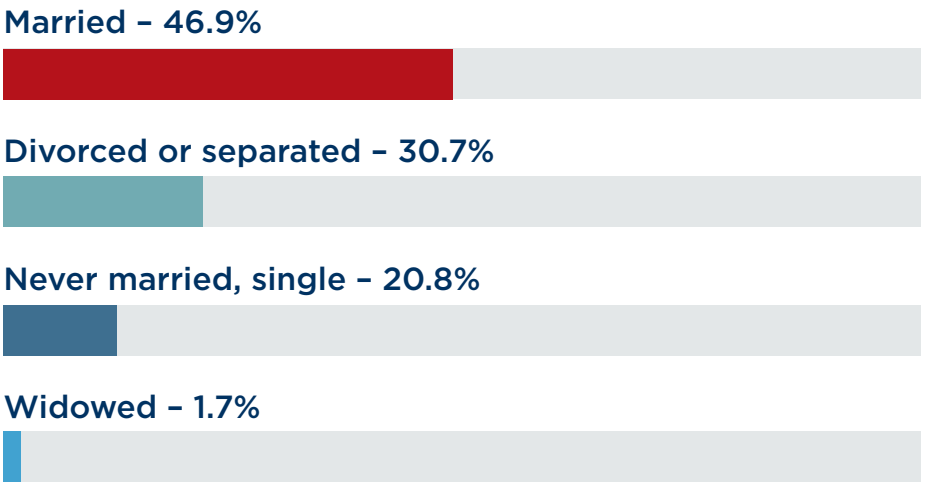
WWP WOMEN WARRIORS: A 360-DEGREE VIEW

This 360-degree view shows the fundamental traits of WWP women warriors. It provides an overview of social, economic, and demographic characteristics that can influence health outcomes in positive or negative ways.[7] It also includes additional context gleaned from focus groups on the household and family dynamics that help shape WWP women warriors' experiences.

AVERAGE AGE:

40

MARITAL STATUS



NUMBER OF CHILDREN LIVING IN THE HOUSEHOLD

One or more

54.8%

None

45.2%

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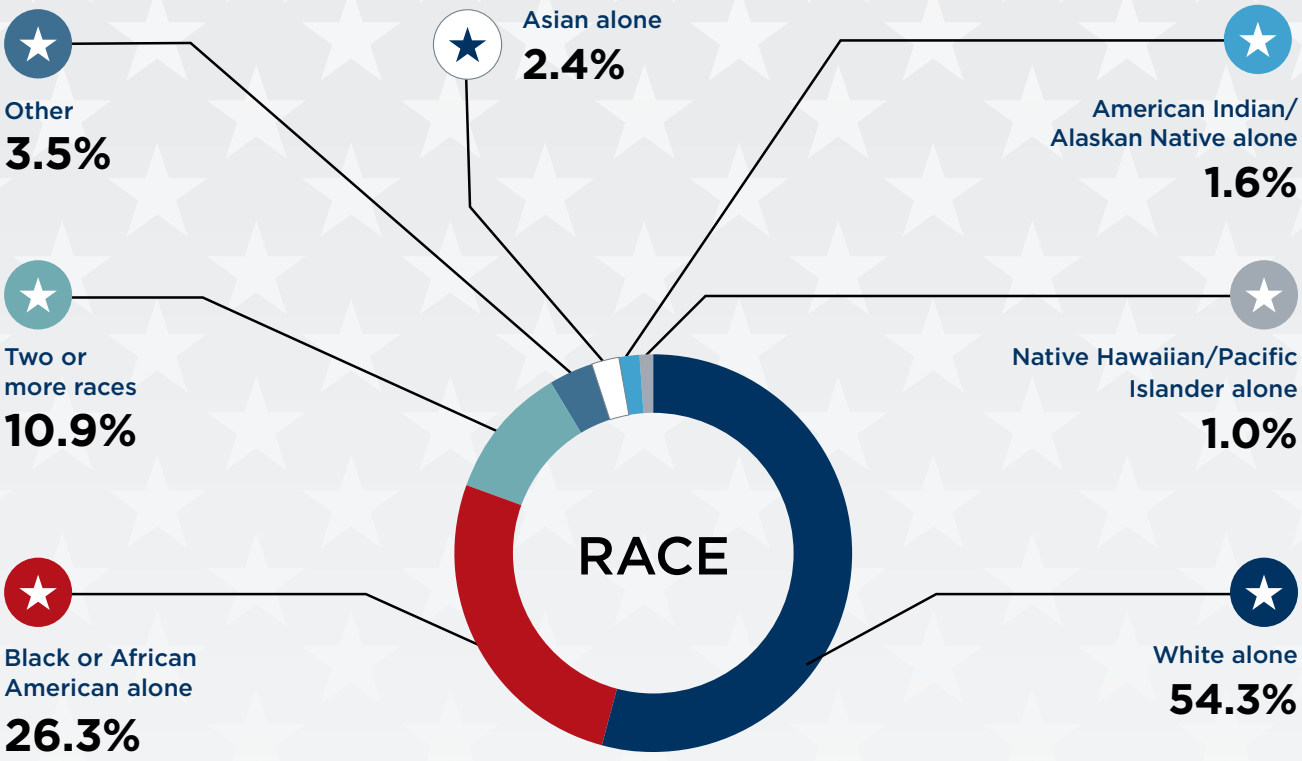
ETHNICITY

78.0%
Not of Hispanic, Latino/a, or Spanish Origin

22%
Hispanic, Latino/a, or Spanish Origin



EMPLOYMENT AND EDUCATION:

15.7%
unemployment rate

53.3%
have obtained a bachelor's degree or higher

FOOD INSECURITY:

39.9%
met the threshold for being food insecure

HOMELESSNESS AND HOUSING INSTABILITY:

8.9%
experienced homelessness in the past 12 months

3.7%
think they may experience homelessness in the next 12 months

TRANSPORTATION CHALLENGES:

5.6%
report that a lack of transportation impacts their access to health care

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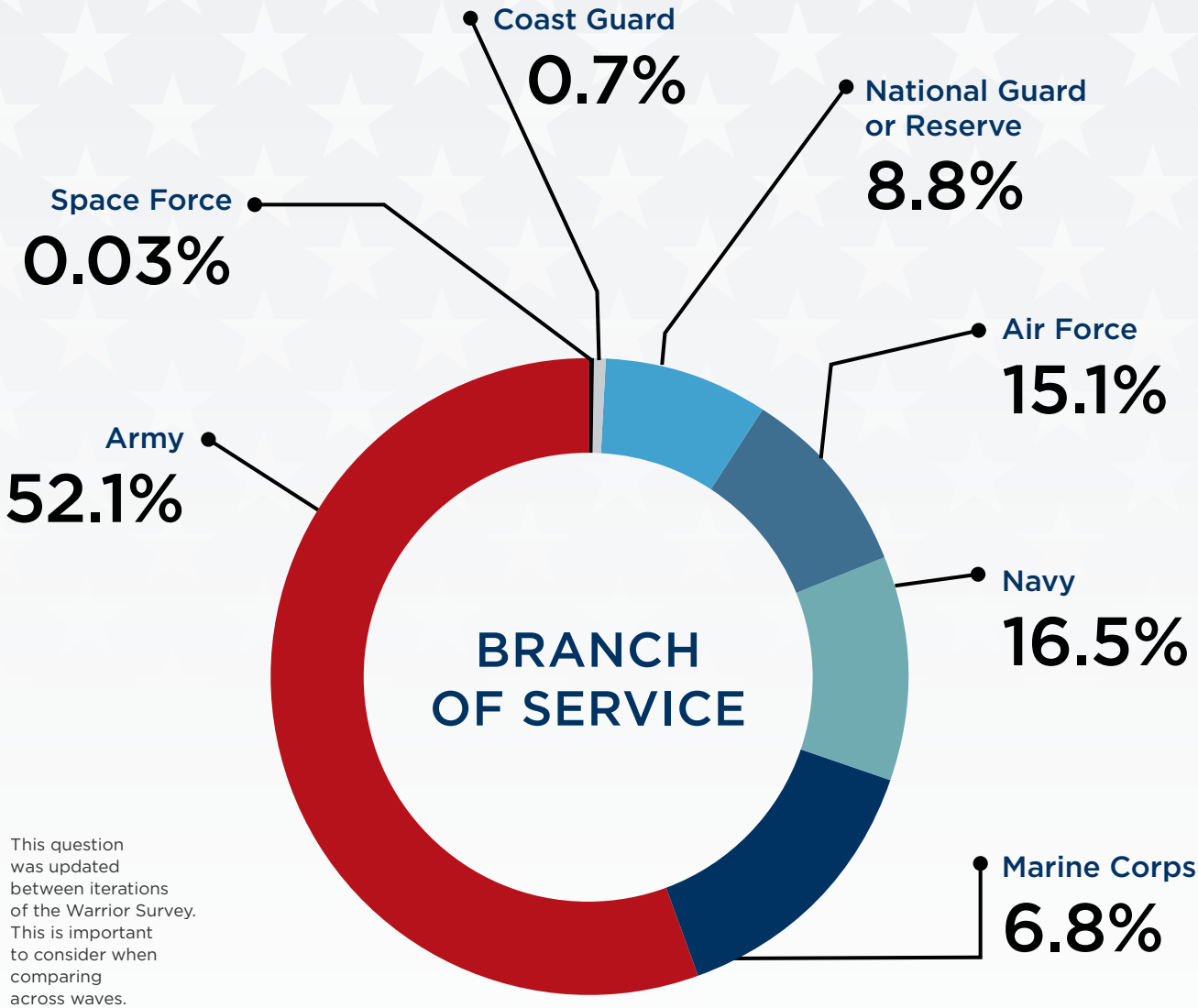
CURRENT MILITARY STATUS:

3.1%
ACTIVE DUTY

DISABILITY RATING:

78.5% Disability rating of 70% or higher

8.2% None/pending or on appeal



This question was updated between iterations of the Warrior Survey. This is important to consider when comparing across waves.

TOP 5 SELF-REPORTED CONDITIONS

87.3%
Anxiety

83.3%
Depression

81.0%
Sleep problems

75.0%
Post-traumatic stress disorder (PTSD)

65.1%
Migraines or chronic headaches

TOP 5 SELF-REPORTED INJURIES

53.5%
Bone, joint, or muscle injury (i.e., fracture, break, or injury to extremities, back, shoulder, or neck)

53.4%
Hearing loss or tinnitus

42.5%
Military sexual assault

40.0%
Military sexual harassment

23.9%
Head injury* (i.e., bump, blow, jolt, or penetrating injury to the head)

*Head Injury and TBI: The Warrior Survey asks warriors to report the injuries they experienced as a result of their military service. Head injury and TBI are both provided as options. A head injury is any bump, blow, jolt, or penetrating injury to the head that may affect the brain or surrounding structures, without necessarily causing lasting impairment. TBI is a specific type of head injury that disrupts normal brain function, often resulting in cognitive, physical, or emotional impairments. While all TBIs are head injuries, not all head injuries result in TBIs.[8]

WOUNDED WARRIOR
RANA CLARK

WOUNDED WARRIOR
MARIA EDWARDS

MILITARY DEMOGRAPHICS

Over half (52.1%) of WWP women warriors served in the Army, with 4.9% serving in more than one military branch. On average, WWP women warriors have deployed three times (including deployments to a combat area, non-combat area, and training missions). Nearly all (92.5%) WWP women warriors report their current connection to military life as being a veteran, with the minority being activated Reserve or National Guard or on active duty (4.4% and 3.1%, respectively). Over two in five (41.4%) WWP women warriors report their highest military pay grade as E1-E4 (junior enlisted).

HOUSEHOLD AND FAMILY DYNAMICS

There were instances throughout the focus group discussions where WWP women warriors shared insights into their household, relationship, and family dynamics — summarized here as an extension to consider when thinking about the demographics of WWP women warriors and their home life.

★ **Impact of military service on children**
There were callouts during the focus group discussions about the impact of military service on children, including having to leave children with family members while WWP women warriors deployed, missing children's milestones when being in the military, or the impact of service-connected injuries and conditions on their children's lives.

★ **Being a single parent**
Discussions among WWP women warriors mentioned the challenges that go along with being a single parent or primary caregiver for their children. This included balancing parental and military duties as a single parent when in service, as well as providing for their family as a veteran.

★ **Being in a dual military couple**
WWP women warriors who were in dual military couples shared their experiences, often highlighting the negative consequences. This included barriers to military career progression or having to leave service completely after having children to help balance work and home life. For those who stayed in service, they felt as if they had to be the parent to stay at home if their child was sick. Other challenges included trying to get alignment on assignments together. One of the benefits of being in a dual military couple was having access to care as a veteran and a dependent.

★ **Domestic violence and feeling unsafe in the home**
During the focus group discussions, there were references to domestic violence or feeling unsafe in the home, both as a veteran and while in service. Among those who shared these experiences, sometimes the issue was raised in instances of dual military couples. Under these circumstances, there were references to both the military responding better than the civilian side to formal reports of domestic violence, or more often WWP women warriors sharing they felt the military sided with and protected their partner. During one of the focus groups, the lack of research on domestic violence in the military was discussed.

★ **Custody of children**
WWP women warriors who had previously been through the process, or currently fighting for the custody of their children, reflected on their experiences of going through family court and the impact on their well-being. Other topics raised included avoiding seeking help for their mental health, as they did not want this to be used against them for the custody of their children.

SERVING WITH HONOR:

EXPERIENCES AND CHALLENGES OF WOMEN IN THE MILITARY

Women veterans have reported unique experiences from their time in service compared to their male peers.[3,6] This first section of the report explores the experiences while in service for WWP women warriors.

According to the Warrior Survey, most WWP women warriors left military service between 2012 and 2016. This is reflective of WWP women warriors who participated in the focus groups, where the majority had been out of service for a while. The discussion points raised during this section of the focus groups were their reflections from their experiences while in service.

Table 2: Time Since Leaving Military Service Among WWP Women Warriors

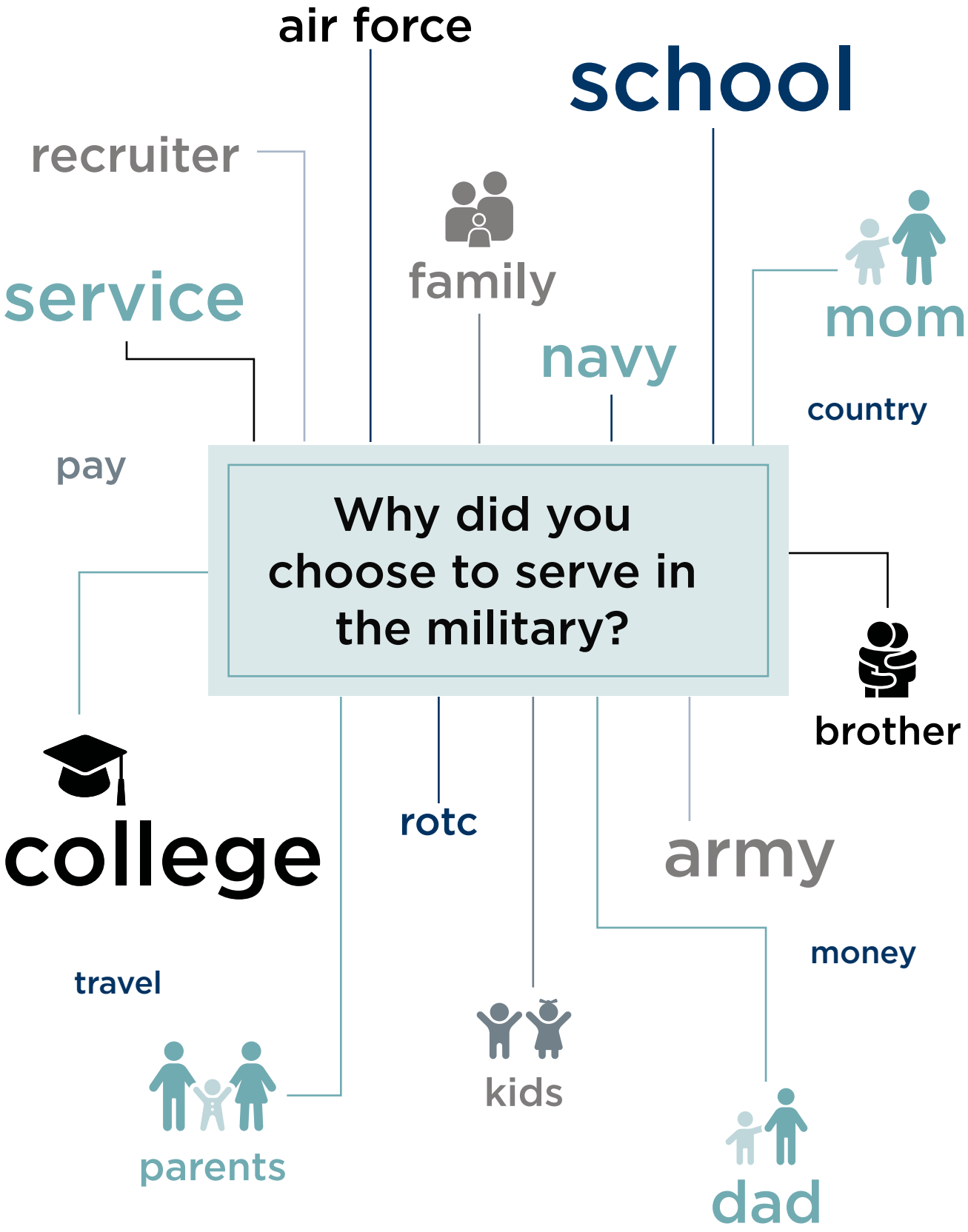
Year WWP Warriors Left Military Service	★ WWP WOMEN WARRIORS	WWP MALE WARRIORS
2021 – 2022	**9.6%**	9.0%
2017 – 2020	**21.9%**	17.2%
2012 – 2016	**32.1%**	37.9%
2007 – 2011	**21.6%**	24.1%
2001 – 2006	**14.9%**	11.8%

FOCUS GROUP FINDINGS

THE PATH TO MILITARY SERVICE

Each focus group discussion began by asking WWP women warriors to share their reasons for joining the military. The responses ranged from choosing to serve because family members had served or were serving, to providing opportunities such as travel or college, as well as feeling a sense of duty after the events of September 11, 2001.

Figure 1. Word Cloud of Focus Group Responses to "Why did you choose to serve in the military?"



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REFLECTIONS ON MILITARY SERVICE

When talking about their time in service in the focus groups, positive and negative experiences would be often intertwined throughout WWP women warriors' stories.

FAVORITE MEMORY IN SERVICE

To ease into the focus group discussions, WWP women warriors were asked to share their favorite memory from being in the military. This introductory topic provided an intentional effort to obtain balanced perspectives due to the later discussions around challenges during service. The responses from WWP women warriors fell into the following categories:

★ **Unique experiences**
WWP women warriors reflected on opportunities to travel or see new places and experiences that were uniquely tied to their military service. This included examples of personal stories such as playing football matches while on deployment, being part of the small percentage of the U.S. women population that have this career, and memories of coming home from combat.

★ **Connection with other service members**
This was a common theme among the discussions around favorite memories in service, emphasizing the special bond and camaraderie WWP women warriors felt with those they were serving and working alongside, often mentioning they were like family. WWP women warriors also recalled strong connections working with other women while in the military and some meeting their partners during their time in service.

★ **Being part of something bigger**
WWP women warriors referred to serving in a leadership role or being part of the bigger picture, as well as having a sense of service and helping others.

★ **Training and physical health accomplishments**
WWP women warriors referenced feeling pride in achievements such as completing military training or the physical accomplishments they reached during service.

> "Favorite memory is just the people, the various experiences. [...] especially because in my case, so many of us were so young and we essentially became adults together."
>
> — Focus Group Participant

WOUNDED WARRIOR
YSABEL CARDONA

POSITIVE EXPERIENCES IN SERVICE

In addition to talking about favorite memories in service, WWP women warriors spoke about the positives of being in the military. Prominent topics included the camaraderie WWP women warriors felt and developing attributes such as bravery, courage, and resilience in the military. Other positive experiences included stories of WWP women warriors receiving the health care that they needed in service. There was also acknowledgment that the experiences of military service for women have changed, with some of the gaps being addressed for those who are serving now.

> **But usually you will not see me without my Afghanistan veteran ball cap on. Whenever I'm out, I have that, and it's because I want little girls to see that big girls can serve in the military[...].**
>
> — Focus Group Participant

UNMET NEEDS DURING SERVICE

WWP women warriors were asked if there were any needs they felt were not met while they were in the military. Much of the discussion around when in service focused on this, often with a visibly strong reaction to the question. Many different experiences were shared, with discussions highlighting how unmet needs in service had a widespread impact, which at times led to WWP women warriors leaving the military.

★ **Care received in service**

Most of the discussions were around experiences of care received during service, including being discouraged or punished for seeking care and having to be your own advocate or advocate for others to get the care needed. WWP women warriors also mentioned service members not wanting to be perceived as "weak" for seeking care and felt this was even more so for women in the military. Other discussion points included references to women's health, experiences of mental health care in service, lack of different treatment options available, as well as inadequate housing or living conditions. WWP women warriors shared their experiences of facing obstacles with paperwork, such as medical records being delayed, going missing, or never existing in the first place, both in service and as a veteran. The lack of documentation impacted WWP women warriors' transition experience and access to care and benefits. WWP women warriors shared stories of not being taken seriously when seeking care due to the lack of paper trail from their time in service.

> **They always told you not to go to medical. It was always discouraged. You were always, sometimes, in a way, punished for going. I did start doing mental health, like, counseling services, which was fine, but it still didn't feel like I was really heard, you know?**
>
> — Focus Group Participant

★ **Military sexual trauma**

References to military sexual trauma (MST) included WWP women warriors sharing personal stories or speaking about others they knew. Often, when the focus group discussions centered on MST, it coincided with references to some of the other themes outlined in this section, such as lack of protection or not feeling listened to. For example, WWP women warriors who had experienced MST talked about how they were often the ones who had to move to a different role or unit after reporting the incident, rather than the perpetrator. The widespread impact of these experiences was also highlighted during the focus group discussions. WWP women warriors spoke to difficulties accessing support due to lack of documentation at the time of the incident, experiencing re-traumatization when going through their MST claims, and not being able to find closure throughout the drawn-out process.

> "I dealt with a lot of sexual harassment from my first sergeant and I just felt like I never had support, and never felt I had somebody that I could trust to go share that information."
>
> — Focus Group Participant

WOUNDED WARRIOR
KEARA TORKELSON

★ **Lack of support and protection**

WWP women warriors described a lack of resources or supportive experiences available to them while in the military. Comments from WWP women warriors touched on challenging family support experiences (for example, starting a family, not being able to breastfeed after giving birth, support with postpartum depression, fitness expectations, child care during service, experiencing loss of pregnancy, or fertility support). Other discussion points referred to the lack of mentorship available for women in the military, with WWP women warriors often reflecting that they were the only woman or one of a few women service members in their vicinity. The discussion around the lack of protection while in service included experiences of MST. WWP women warriors shared feeling a lack of protection when trying to report incidents of MST or that instances of MST were able to occur in the first place. Lack of support was also discussed in reference to bereavement, emergency leave, and feeling there was nobody to talk to after returning home from deployment.

> **[...] I think even as an officer it's a good old boys club, but as a female officer trying to prove herself as a young lieutenant all the way up through, I got out as a major, never had one single [person] who I could call a mentor, let alone a female mentor.**
>
> — Focus Group Participant

★ **Treated poorly by others or feeling isolated**

Not feeling listened to or believed when trying to speak out about any needs that were not being met was a prominent theme. There were also references to feeling as if WWP women warriors were, or would be, silenced or kicked out of the military for speaking out. Stories were also shared about being bullied or feeling isolated while in the military, with examples including incidents of toxic leadership or being treated poorly by other service members and viewed as problematic after reporting incidents (such as in cases of MST).

★ **Women are not seen as equal or respected**

A prominent theme throughout the focus group discussions was women service members not being seen as equal or respected compared to their male counterparts. It was often remarked that WWP women warriors felt they had to do better or prove themselves to be seen as equal by those they served with. Other topics discussed included perceived lack of equal opportunities for women with promotions or jobs in the military, or that they were only given those jobs to be the "token."

> **[...] I think it comes back to what we have as women veterans is just different. We have different experiences, we have different things we went through, but we all have common bonds that the guys will never understand. So it's different.**
>
> — Focus Group Participant

IMPACT OF LEADERSHIP ON SERVICE

During the discussion around when in service, WWP women warriors shared perspectives on the leadership they've experienced and how that impacted their time in the military, both positive and poor leadership.

★ **Poor leadership**

WWP women warriors' references to experiences with military leadership included feeling unsupported, sharing examples of having a poor leader in charge (such as abusing their power or playing favorites), or feeling it was an "old boys club" in the military. The reflections on poor leadership often overlapped with unmet needs during service. Stories of poor leadership were not limited to interactions with males, with other WWP women warriors attributing their worst experiences of poor leadership being from women leaders in the military.

★ **Positive leadership**

Other WWP women warriors talked about positive leadership they'd experienced during service. Even if they did not have positive leadership consistently throughout their military career, the examples of good leadership that did occur had a lasting impact. There were specific references to the beneficial impact of leaders who support you and see your potential and trying to put into practice those examples of good leadership in their own work. The perspectives that the best officers were those who enlisted first and lead by example were also shared.

SERVICE-CONNECTED INJURIES AND CONDITIONS

While WWP women warriors had varying experiences during their time in service, the Warrior Survey provides insight into the injuries and conditions that warriors experienced while serving, or as a result of serving, in the military after September 11, 2001:

CONDITIONS:	INJURIES:
87.3% Anxiety	**53.5%** Bone, joint, or muscle injury
83.3% Depression	**53.4%** Hearing loss or tinnitus
81.0% Sleep Problems	**42.5%** Military sexual assault
75.0% PTSD	**40.0%** Military sexual harassment
65.1% Migraines or chronic headaches	**23.9%** Head Injury

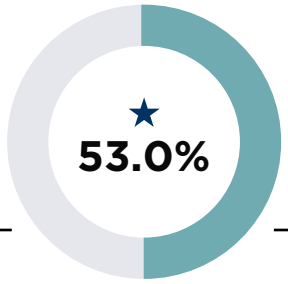
There were some differences in the prevalence rates of the self-reported conditions and injuries among WWP women and male warriors:

A ***higher percentage of WWP women warriors*** reported the following conditions and injuries:

★ Military sexual assault
★ Military sexual harassment
★ Migraines or chronic headaches
★ Anxiety
★ Depression
★ Problems of the immune system
★ Difficulty conceiving or infertility

A ***higher percentage of WWP male warriors*** reported the following conditions and injuries:

★ Traumatic brain injury (TBI)
★ Hearing loss or tinnitus
★ Head injury
★ Hypertension or high blood pressure
★ Spinal cord injury
★ Bone, joint, or muscle injury
★ Puncture, penetration, or gunshot wound

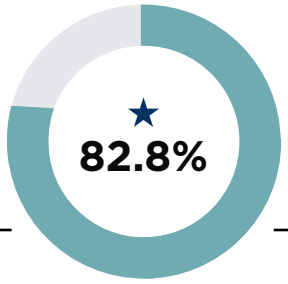


MILITARY SEXUAL TRAUMA

Over half (53.0%) of WWP women warriors reported in the Warrior Survey they are MST survivors. In the focus group discussions, MST was not specifically asked about but was a prominent theme of discussion, including references to lived experiences, access to care, and mental health.

42.5% of WWP women warriors self-reported experiencing military sexual assault

40.0% of WWP women warriors self-reported experiencing military sexual harassment



BRAIN HEALTH

Most (82.8%) WWP women warriors reported being injured during military service as a result of one of the following events: blast or explosion; motor vehicle, aircraft, or water transportation accident; fragment wound or bullet wound above the shoulders; falls; injury from sports or physical training.

23.9% of WWP women warriors self-reported experiencing head-related trauma (i.e., bump, blow, jolt, or penetrating injury to the head)

19.3% of WWP women warriors self-reported experiencing a traumatic brain injury as a result of serving in the military after September 11, 2001†

†Refer to page 15 for more information on head injuries and TBI.

NAVIGATING TRANSITION:

FROM SERVICE TO CIVILIAN LIFE

The adjustment of leaving military service and transitioning to civilian life has been well documented and can have a long-lasting and widespread impact if there is insufficient support and care.[9]

FOCUS GROUP FINDINGS

DESCRIBING THE JOURNEY

During the focus group discussions, WWP women warriors were asked how they would describe their military transition to someone who had never served in the military. The discussions around transition fell into five prominent themes: adjusting to civilian life, access to care, feelings after service, employment after military service, and positive transition experiences.

ADJUSTING TO CIVILIAN LIFE

★ **Being in a different world**

WWP women warriors reflected on the experience of being in civilian life, which they felt is a different world compared to being in military service. Being out of service and in a different environment, WWP women warriors felt surrounded by people who do not understand what they've been through. This included references to learning how to do things outside of service, (for example, paying bills, or booking health care appointments), which were taken care of or on a defined schedule by the military beforehand.

> **So if I had to describe it to someone who never served, it's like being taken out of everything that you know and love, and dropped into a whole other place, and having to learn how to exist as an outsider in that space. That's what it feels like. Because I think no matter how long you've been in the military, it changes you, right?**
> — Focus Group Participant

★ **Circumstances of leaving service**

The circumstances of leaving service often impacted WWP women warriors' transition experiences. For example, for WWP women warriors who spoke about not wanting to leave military service or feeling like they were forced to leave because of medical retirement shared different experiences than those who mentioned being ready to leave or retire. Other discussion points that fell into this theme included the advice WWP women warriors would give to other veterans about the transition process or the lessons they wish they had known beforehand.

WOUNDED WARRIOR
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ACCESS TO CARE

WWP women warriors' experiences of accessing care after leaving the military were intertwined throughout the discussion on transition. This included both positive and negative experiences of receiving care for their service-connected injuries or conditions.

★ **Advocating for your health care**

WWP women warriors shared the importance of advocating for care with providers to receive the required support after military service. WWP women warriors discussed fighting for what they need and the draining impact and toll this has, especially having to persevere while dealing with service-connected injuries and conditions. This is similar to the reflections WWP women warriors shared on their time in the military and needs not met in service.

★ **Barriers to care**

Discussion on access to care focused on barriers, including experiencing challenges attending appointments such as lack of parking facilities, travel claim filing requirements, distance of facility locations, unable to take time off work, or not having access to child care. WWP women warriors shared experiencing delays in accessing care, including difficulties with appointment coverage if they were eligible for multiple health care providers and billing challenges. Experiences during health care appointments included poor treatment from health care professionals, instances of misdiagnosis or receiving the wrong medication, and unfriendly environments. WWP women warriors also reflected that health care systems need a better understanding of mental health. There was also discussion about the challenges of seeing different providers at each visit and not always being able to see a female provider.

★ **Positive experiences**

WWP women warriors also shared the positive experiences they received while accessing care, including positive experiences at the VA. This included acknowledgments of improvements, such as being asked their preference for a male or female provider, and stories from MST survivors being sensitively supported with gynecological appointments. The conversation did include specific references to feeling safe at VA facilities.

★ **Specific references to treatment or care received**

At times during the focus groups, specific treatments or care WWP women warriors had sought were discussed, such as references to fertility treatment and hysterectomies. The latter was sometimes referenced in the context of being a consequence of experiencing MST.

FEELINGS AFTER SERVICE

When sharing their transition experiences, WWP women warriors highlighted the challenges of not having strong support systems or resources during this critical time.

★ **Gaps in resources and support**

WWP women warriors shared feeling like there was a lack of support and resources available to them during the transition period, including a lack of awareness or education around benefits and disability claims and understanding what they were eligible for. WWP women warriors discussed falling through the gaps for receiving additional support if they were already receiving disability claims. A lack of tailored support provided during the military transition classes was also mentioned. Uneven distribution of resources or support available depending on where you lived, or lack of awareness of what was available to WWP women warriors, were other topics of discussion raised, including what support was available for rural veterans.

★ **Impact of transition on emotional well-being**

WWP women warriors reflected on feeling lost or lonely after leaving service and feeling like they do not matter anymore. During the discussions, WWP women warriors shared feeling as if they were not believed or people did not understand them when talking about their military experiences or the consequences of their military service. WWP women warriors mentioned experiencing poor mental health during their transition process.

ACCESS TO CARE

WWP women warriors discussed how accessing the care they needed proved difficult as they transitioned out of military service. The Warrior Survey explored health care coverage, health care providers, barriers to accessing care, and experiences with women's health. The findings align with the topics and themes explored through the focus groups.

HEALTH CARE COVERAGE

WWP women warriors most frequently cited VA health care (63.1%) or TRICARE (20.6%) as their primary health insurance or health coverage plans, with 70.6% having multiple insurers.

Table 3: Types of Primary Health Care Coverage Reported by WWP Women Warriors

Primary Health Insurance or Health Coverage Plan	★ WWP WOMEN WARRIORS	WWP MALE WARRIORS
VA (enrolled for VA health care)	**63.1%**	57.7%
TRICARE or other military health care	**20.6%**	22.3%
Insurance through a current or former employer or union (by you or another family member)	**10.5%**	14.8%
Medicare, for people 65 and older, or people with certain disabilities	**3.0%**	3.1%
Medicaid, Medical Assistance, or any kind of government assistance plan for those with low incomes or a disability	**1.9%**	1.2%
Insurance purchased directly from an insurance company (by you or another family member)	**0.5%**	0.5%
Indian Health Service	**0.1%**	0.1%
Government health insurance from a country other than the U.S.	**0.1%**	0.1%
Other	**0.1%**	0.1%

HEALTH CARE PROVIDERS

Table 4 outlines where WWP women warriors prefer to receive care for specific services. Overall, the VA Medical Center is the provider that most WWP women warriors prefer to utilize for health care. Same day/urgent care and emergency room care were the only services where WWP women warriors preferred to utilize non-VA providers.

When looking specifically at VA medical centers, the top three services WWP warriors prefer to utilize are: primary care, women's health care, and mental/behavioral health care.

Table 4: Providers Preferred by WWP Women Warriors

Thinking about your current health care, where do you PREFER to receive care?		
Primary Care	★ WWP WOMEN WARRIORS	WWP MALE WARRIORS
VA Medical Center	**51.6%**	50.2%
VA Community-Based Outpatient Clinic	**14.2%**	15.9%
Vet Center	**0.3%**	0.6%
Community Care Network Provider	**9.1%**	7.9%
Non-VA Provider	**21.7%**	21.1%
Does Not Apply to Me	**3.2%**	4.3%
Specialty Care (e.g. cardiologist, endocrinologist, gastroenterologist)		
VA Medical Center	**39.5%**	44.8%
VA Community-Based Outpatient Clinic	**6.6%**	6.7%
Vet Center	**0.3%**	0.6%
Community Care Network Provider	**19.3%**	12.7%
Non-VA Provider	**22.9%**	22.0%
Does Not Apply to Me	**11.4%**	13.3%

(Table continues on next page)

Table 4 (Continued): Providers Preferred by WWP Women Warriors

Mental/Behavioral Health Care	★ WWP WOMEN WARRIORS	WWP MALE WARRIORS
VA Medical Center	**43.9%**	46.0%
VA Community-Based Outpatient Clinic	**10.4%**	11.7%
Vet Center	**3.8%**	3.6%
Community Care Network Provider	**11.9%**	7.0%
Non-VA Provider	**19.2%**	16.1%
Does Not Apply to Me	**10.8%**	15.6%
Same-day or Urgent Care		
VA Medical Center	**30.7%**	32.4%
VA Community-Based Outpatient Clinic	**6.5%**	6.5%
Vet Center	**0.2%**	0.4%
Community Care Network Provider	**20.3%**	15.1%
Non-VA Provider	**35.7%**	34.3%
Does Not Apply to Me	**6.7%**	11.4%
Emergency Room Care		
VA Medical Center	**33.8%**	33.6%
VA Community-Based Outpatient Clinic	**3.3%**	3.3%
Vet Center	**0.2%**	0.3%
Community Care Network Provider	**18.2%**	14.4%
Non-VA Provider	**37.9%**	38.3%
Does Not Apply to Me	**6.6%**	10.2%

Table 5: Women's and Reproductive Health Care Providers Preferred by WWP Women Warriors

Thinking about your current health care, where do you PREFER to receive care?	
Women's Health Care	★ **WWP WOMEN WARRIORS**
VA Medical Center	**48.9%**
VA Community-Based Outpatient Clinic	**9.7%**
Vet Center	**0.4%**
Community Care Network Provider	**12.5%**
Non-VA Provider	**23.1%**
Does Not Apply to Me	**5.4%**
Reproductive Health and/or Family Planningv	
VA Medical Center	**27.6%**
VA Community-Based Outpatient Clinic	**5.8%**
Vet Center	**0.2%**
Community Care Network Provider	**11.0%**
Non-VA Provider	**17.6%**
Does Not Apply to Me	**37.8%**

NOTE: 75% of WWP male warriors selected "does not apply to me" when asked about reproductive health and/or family planning.

IMPORTANT FACTORS WHEN SELECTING A HEALTH CARE PROVIDER

The top five factors most important to WWP women warriors when selecting a health care provider for themselves are outlined below.

68.4%
Time to get an appointment

57.1%
Office location

65.3%
Easy to schedule appointments

48.8%
Experience with veterans

64.5%
Provider's qualifications
(for example, education, experience, and credentials)

There were some differences in the prevalence rates among WWP women and male warriors for the factors that are most important when selecting a health care provider:

A ***higher percentage of WWP women warriors*** reported the following factors as more important than ***male warriors***:

- ✓ Culturally sensitive
  (i.e., they are respectful of my race, ethnicity, age, LGBTQ+ friendly, etc.)
- ✓ Telehealth
- ✓ Review or recommendations
- ✓ Care coordination or patient advocacy

A ***higher percentage of WWP male warriors*** reported the following factor as more important than ***women warriors:***

- ✓ Low-cost care

Table 6: Most Important Factors When Selecting a Health Care Provider Among WWP Women Warriors

What FIVE factors are MOST important to you when selecting a health care provider for yourself? Select up to five.	★ WWP WOMEN WARRIORS	WWP MALE WARRIORS
Time to get an appointment	**68.4%**	69.7%
Easy to schedule appointments	**65.3%**	67.3%
Provider's qualifications (for example, education, experience, and credentials)	**64.5%**	61.1%
Office location	**57.1%**	57.3%
Experience with veterans	**48.8%**	52.7%
In-network	**43.3%**	45.1%
Telehealth	**25.2%**	19.9%
Reviews or recommendations	**24.0%**	19.4%
Care coordination or patient advocacy	**23.8%**	18.5%
Low-cost care	**20.6%**	25.4%
Culturally sensitive (i .e., they are respectful of my race, ethnicity, age, LGBTQ+ friendly, etc.)	**20.0%**	5.4%
Other	**4.6%**	3.8%

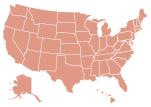
BARRIERS TO ACCESSING HEALTH CARE

The top five barriers reported by WWP women warriors that most impacted accessing health care are outlined below.

63.7%
Wait time to get an appointment

37.7%
Difficulty scheduling appointments

50.4%
Poor experiences with provider



31.2%
Limited options in my geographic area

38.1%
Personal schedule
(work, school, family responsibilities)

There were some differences in the prevalence rates among WWP women and male warriors for the barriers to accessing health care:

A ***higher percentage of WWP women warriors*** reported the following barriers compared to ***male warriors.***

- ✓ Wait time to get an appointment
- ✓ Culturally insensitive
  (i.e., lack of respect, ethnicity, age, LGBTQ+ friendly, etc.)
- ✓ Poor experiences with provider

A ***higher percentage of WWP male warriors*** reported the following barriers:

- ✓ The cost was too expensive

Table 7: Top Barriers That Impacted Access to Health Care Among WWP Women Warriors

What are the top five barriers that most impacted accessing health care? Select up to five.	★ WWP WOMEN WARRIORS	WWP MALE WARRIORS
Wait time to get an appointment	**63.7%**	57.2%
Poor experiences with provider	**50.4%**	45.7%
Personal schedule (work, school, family responsibilities)	**38.1%**	37.8%
Difficulty scheduling appointments	**37.7%**	34.9%
Limited options in my geographic area	**31.2%**	30.6%
Delays or cancellations in treatment	**29.4%**	25.2%
Did not know about available resources	**28.2%**	28.3%
VA care options are limited	**27.6%**	24.4%
Too many requirements to see a specialist	**21.6%**	18.8%
The cost was too expensive	**21.5%**	26.2%
Did not feel comfortable using available resources	**16.2%**	16.6%
No care coordination or patient advocacy	**13.1%**	9.6%
Lack of experience with veterans	**13.0%**	15.0%
Culturally insensitive (for example, lack of respect, ethnicity, age, LGBTQ+ friendly, etc.)	**9.0%**	2.5%
Telehealth not offered	**6.7%**	6.1%
Lack of transportation	**5.6%**	4.8%
None of the above	**5.5%**	9.4%

TELEHEALTH

Telehealth can help address some of the barriers to care by providing cost-effective accessible care for various medical needs. Prior studies have shown that women veterans and most women in the general U.S. population prefer in-home treatment for mental health, often due to caregiving responsibilities or challenges leaving the home.[10] Most (68.8%) WWP women warriors have utilized telehealth in the past 12 months. Of the WWP women warriors who did not utilize telehealth services, 13.0% reported that it was not offered to them, and 18.3% preferred in-person services.

A ***higher percentage of WWP women warriors*** would use telehealth services again, whereas a higher percentage of ***male warriors*** would prefer in-person care when compared to women warriors.

Table 8: Telehealth Utilization Among WWP Women Warriors

In the past 12 months, have you used telehealth services?	★ WWP WOMEN WARRIORS	WWP MALE WARRIORS
No, telehealth services were not offered	**13.0%**	15.5%
No, preferred to use in-person services	**18.3%**	28.2%
Yes, and would use telehealth again	**62.7%**	50.2%
Yes, but would not use telehealth again	**6.1%**	6.1%

DEGREE OF DIFFICULTY ACCESSING HEALTH CARE THROUGH THE VA

Most (61.1%) WWP women warriors experienced some degree of difficulty accessing health care through the VA. One in five (20.6%) WWP women warriors reported the degree of difficulty as either “extremely difficult” or “very difficult.”

A ***higher percentage of WWP women warriors*** experienced some degree of difficulty accessing health care through the VA compared to ***male warriors.***

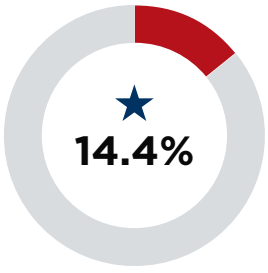
Table 9: Difficulty Accessing Health Care Through the VA Among WWP Women Warriors

During the past 12 months, to what degree did you have difficulty accessing health care through the VA?	★ WWP WOMEN WARRIORS	WWP MALE WARRIORS
Extremely difficult	**9.8%**	8.3%
Very difficult	**10.8%**	9.5%
Somewhat difficult	**40.5%**	36.4%
Not at all difficult	**27.5%**	31.7%
Don't know	**3.0%**	4.3%
Not applicable	**8.4%**	9.9%

NOTE: Active duty is not included in the calculation.

FAMILY PLANNING SERVICES

Due to the unique challenges WWP women warriors may face from service-related injuries, these services might be crucial for helping them achieve their family planning goals and addressing any fertility issues.



Overall, 14.4% of WWP women warriors reported using one of the family planning services listed in Table 10, with the top three utilized services being: infertility testing, advice, and surgery to correct medical conditions.

Table 10: Utilization of Family Planning Services Among WWP Women Warriors

Which of the following family planning services have you used?	★ WWP WOMEN WARRIORS
No, I have not used any family planning services	77.7%
Infertility testing	6.0%
Advice	5.7%
Prefer not to answer	4.4%
Don't know	4.1%
Surgery to correct medical conditions	3.8%
Drugs to improve your fertility	3.6%
Other types of medical help	2.7%
Artificial insemination	2.3%
Adoption	0.4%

NOTE: The sum of the percentages is greater than 100%, as WWP women warriors were asked to select all that apply.

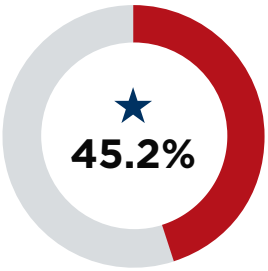
VA WOMEN'S HEALTH SERVICES

When asked about coordinating routine women's health services (such as Pap smears, contraception, and mammograms) within the VA, 49.6% of WWP women warriors reported that the VA was "extremely helpful" or "very helpful."

Table 11: Helpfulness of the VA in Coordinating Routine Women's Health Services Among WWP Women Warriors

How helpful was the VA in coordinating your routine women's health services (such as Pap smears, contraception, and mammograms)?	★ WWP WOMEN WARRIORS
Extremely helpful	21.8%
Very helpful	27.8%
Somewhat helpful	27.7%
Not at all helpful	15.5%
Don't know	7.2%

NOTE: WWP women warriors who selected "Not applicable" were not included in the calculation.



Nearly half (45.2%) of WWP women warriors felt the VA was "extremely helpful" or "very helpful" at coordinating their gynecology referral services.

Table 12: Helpfulness of the VA in Coordinating Gynecology Referral Services Among WWP Women Warriors

How helpful was the VA in coordinating your gynecology referral services (such as abnormal Pap test, abnormal bleeding, and gynecology surgery)?	★ WWP WOMEN WARRIORS
Extremely helpful	21.0%
Very helpful	24.2%
Somewhat helpful	26.4%
Not at all helpful	18.4%
Don't know	10.0%

NOTE: WWP women warriors who selected "Not applicable" were not included in the calculation.

About two in five (40.2%) of WWP women warriors felt the VA was "extremely helpful" or "very helpful" at coordinating their pregnancy or fertility care.

Table 13: Helpfulness of the VA in Coordinating Pregnancy or Fertility Care Among WWP Women Warriors

How helpful was the VA in coordinating your pregnancy or fertility care?	★ WWP WOMEN WARRIORS
Extremely helpful	22.1%
Very helpful	18.1%
Somewhat helpful	21.3%
Not at all helpful	24.1%
Don't know	14.5%

NOTE: WWP women warriors who selected "Not applicable" were not included in the calculation.

Among ***WWP women warriors*** who prefer VA Medical Centers for women's health care, a ***higher percentage*** rated the VA as "extremely helpful" or "very helpful" in coordinating their routine women's health services, gynecology referral services, and pregnancy or fertility care compared to those who prefer community care network or non-VA providers.

Table 14: Women's Health Care Provider Preference by Perceived Helpfulness of VA Care Coordination: Routine Women's Health Services

How helpful was the VA in coordinating your routine women's health services (such as Pap smears, contraception, and mammograms)?	Providers Preferred by WWP Women Warriors to Receive Care for Women's Health Care			
	VA Medical Center	VA Community-Based Outpatient Clinic	Community Care Network Provider	Non-VA Provider
Extremely helpful	30.2%	22.3%	11.6%	5.4%
Very helpful	32.9%	34.1%	25.0%	13.1%
Somewhat helpful	25.3%	27.5%	34.9%	30.4%
Not at all helpful	7.9%	11.8%	20.4%	35.0%
Don't know	3.7%	4.3%	8.1%	16.2%

NOTE: WWP women warriors who selected "Does not apply to me" and/or "Not applicable" were not included in the calculation. Preferences for "Vet Center" as a provider was removed due to applicability and low response rates.

Table 15: Women's Health Care Provider Preference by Perceived Helpfulness of VA Care Coordination: Gynecology Referral Services

How helpful was the VA in coordinating your gynecology referral services (such as abnormal Pap test, abnormal bleeding, gynecology surgery)?	Providers Preferred by WWP Women Warriors to Receive Care for Women's Health Care			
	VA Medical Center	VA Community-Based Outpatient Clinic	Community Care Network Provider	Non-VA Provider
Extremely helpful	28.5%	22.1%	12.6%	5.6%
Very helpful	29.1%	32.5%	23.0%	8.4%
Somewhat helpful	25.6%	27.1%	31.2%	26.8%
Not at all helpful	11.1%	12.2%	21.9%	39.4%
Don't know	5.7%	6.1%	11.3%	19.8%

NOTE: WWP women warriors who selected "Does not apply to me" and/or "Not applicable" were not included in the calculation. Preferences for "Vet Center" as a provider were removed due to applicability and low response rates.

Table 16: Women's Health Care Provider Preference by Perceived Helpfulness of VA Care Coordination: Pregnancy and Fertility Care

How helpful was the VA in coordinating your pregnancy or fertility care?	Providers Preferred by WWP Women Warriors to Receive Care for Women's Health Care			
	VA Medical Center	VA Community-Based Outpatient Clinic	Community Care Network Provider	Non-VA Provider
Extremely helpful	27.8%	21.8%	23.7%	9.2%
Very helpful	20.9%	20.3%	22.1%	10.0%
Somewhat helpful	23.0%	26.7%	20.5%	14.5%
Not at all helpful	17.6%	22.7%	20.6%	41.4%
Don't know	10.8%	8.5%	13.1%	24.9%

NOTE: WWP women warriors who selected "Does not apply to me" and/or "Not applicable" were not included in the calculation. Preferences for "Vet Center" as a provider was removed due to applicability and low response rates.

WOUNDED WARRIOR **YOLANDA POULLARD** (RIGHT) WITH HER DAUGHTER

FOCUS GROUP FINDINGS

CONTINUING THE JOURNEY

Beyond accessing care, the topic of transition also included discussions around seeking employment after military service and facing financial difficulties, as well as commentary on the differences between civilian and military workplaces.

EMPLOYMENT AFTER MILITARY SERVICE

★ **Barriers to employment**

Barriers to employment raised during the focus group discussions included the difficulty of transferring military skills to civilian employment, instances of underemployment, and family responsibilities or service-connected injuries and conditions impacting employment opportunities. Stories of poor work environments including negative experiences working with other veterans in the civilian world, were also shared.

> **[...] they put us through boot camp, they train us to be soldiers, sailors, everything, but they don't teach you how to go back to being a civilian.**
>
> — Focus Group Participant

★ **Experiencing financial difficulties**

Discussions around transition experiences included comments from WWP women warriors on financial difficulties they encountered, whether due to supporting their families or as part of ongoing struggles with accessing benefits. Reflections from WWP women warriors included a lack of financial education upon leaving the military due to limited awareness of what they were entitled to or how things worked in the civilian world. This, in turn, impacted their well-being. Experiencing periods of homelessness during transition was also raised.

POSITIVE TRANSITION EXPERIENCE

Across the focus groups, there were instances of positive transition experiences and references to the factors that helped. During the conversations, WWP women warriors shared their recommendations for how they felt the transition experience could be improved.

★ **Positive transition experiences**

WWP women warriors spoke about what prepared them to exit the military and the different factors that helped lead to a positive transition experience. This included easy access to employment or medical care, sorting paperwork before leaving service (for example, resumes, medical records, disability claims), the skills they learned in the military (such as leadership skills), having supportive supervisors while in the military, or seeking advice from other veterans who have already transitioned out of service. The importance of connecting with veterans service organizations and knowing you're not the only one going through this transition process was also touched upon. WWP women warriors who had been out of the military for a while acknowledged the transition experience seemed to be improving for those who were going through the process now compared to when they left service.

★ **Recommendations from WWP women warriors for improving the transition experience:**

- ✓ More funding should be allocated to focus on women-specific veterans research.
- ✓ Raise awareness among service members and veterans of the support and resources available to them.
- ✓ Civilian practitioners should be provided with more military culture training opportunities for supporting veterans within health care systems.
- ✓ Women veterans and service members should have more access to needs-based support, including mentorship processes.

> "I would say that my experience in transition was good, because they helped me with my resume, they helped me helped me get a lot of my records straight [...]"
>
> — Focus Group Participant

EMPLOYMENT

Just over half (53.0%) of WWP women warriors are currently employed, with 36.9% employed full time, 9.0% employed part time, and 7.1% retired from the military but still working. Among WWP women warriors currently employed, 28.0% of their employers had a resource group for veterans or a veteran mentorship program.

A ***lower percentage of WWP women warriors*** are employed full time than male warriors.

Table 17: Employment Status Among WWP Women Warriors

Current Employment Status	★ WWP WOMEN WARRIORS	WWP MALE WARRIORS
Employed full time (35 or more hours per week through an employer or self-employed)	**36.9%**	46.1%
Employed part time (Less than 35 hours per week through an employer or self-employed)	**9.0%**	4.6%
Retired from the military, but working	**7.1%**	10.3%
Retired from the workforce	**11.4%**	11.4%
Not working, temporarily laid off	**1.9%**	1.3%
Not working, looking for work in past four weeks	**9.9%**	8.2%
Not working, not looking for work	**23.9%**	18.2%

JOB MOBILITY

WWP women warriors discussed facing difficulties with employment after leaving military service, and some of these issues can continue even upon getting a job. Among all WWP women warriors, 60.8% reported some form of underemployment.

The top underemployment work situations WWP women warriors reported included:

★ Not making enough money at their current job given their skill level

★ Being overqualified for their current job

★ Working multiple jobs to make ends meet

Table 18: Underemployment Work Situations Among WWP Women Warriors Who Are Currently Employed

Underemployment Work Situation	★ WWP WOMEN WARRIORS	WWP MALE WARRIORS
I am not making enough money at my current job given my skill level.	**39.3%**	36.1%
I am overqualified for my current job.	**30.5%**	27.9%
I must work more than one job to make ends meet.	**11.8%**	9.6%
I can't find a job that aligns with my skillset.	**9.6%**	8.0%
I can't get as many hours as I need/ want at my job.	**7.3%**	5.8%
I can't find a job in my geographic area.	**4.4%**	3.9%
I am underqualified for my current job.	**1.9%**	2.0%
None of the above.	**39.2%**	42.2%

NOTE: The sum of the percentages is greater than 100%, as WWP warriors were asked to select all that apply.

Among WWP women warriors currently employed, 57.2% reported at least one barrier that makes it difficult to obtain employment or change jobs. The top barriers related to obtaining employment or changing jobs were:

★ Mental health or psychological distress.

★ Family and/or child care responsibilities.

★ Other

Among WWP warriors who are currently employed, a ***higher percentage of WWP women warriors*** reported the following barriers to obtaining employment or changing jobs compared to ***male warriors:***

✓ Mental health or psychological distress.

✓ Family and/or child care responsibilities.

Table 19: Barriers to Obtaining Employment or Changing Jobs Among WWP Women Warriors Who Are Currently Employed

Barrier	★ WWP WOMEN WARRIORS	WWP MALE WARRIORS
Mental health or psychological distress	**30.1%**	22.5%
Family and/or child care responsibilities	**22.5%**	14.7%
Other	**11.7%**	8.2%
Lack skills or knowledge to translate military skills to the civilian workforce	**11.4%**	14.7%
Would lose financial or medical benefits	**10.8%**	12.1%
Lack education	**9.9%**	13.8%
Criminal history	**0.7%**	2.1%
Does not apply - I am currently on active duty OR employed full time in the civilian sector and I am not seeking a job change	**42.9%**	48.7%

NOTE: The sum of the percentages is greater than 100%, as WWP warriors were asked to select all that apply.

UNEMPLOYMENT RATE

WWP women warriors have a higher unemployment rate than the U.S. veteran population, the U.S. general population, and the U.S. general population with a disability.[11]

Table 20: Unemployment Rates Among WWP Women Warriors and Comparative Populations

Population	Unemployment Rate
WWP Women Warriors	15.7%
WWP Male Warriors	11.8%
All WWP Warriors	12.4%
Post-9/11 Veterans	4.3%
All U.S. Veterans	3.6%
U.S. General Population	3.8%
U.S. General Population with a Disability	7.4%

NOTE: Data from the U.S. Bureau of Labor Statistics at the time of Warrior Survey (August 2023).[11]

BARRIERS TO ENTERING THE LABOR FORCE

Nearly a quarter (23.9%) of WWP women warriors are "not working, not looking for work." Among this group, the top reasons for not looking for work were:

★ Psychological distress or mental health issues from a service-connected disability prevent me from working

★ Physical injury from a service-connected disability prevents me from working

★ Family responsibilities

There were some differences in the percentage rates between WWP women and male warriors for some of the reasons they are not currently looking for work:

A ***higher percentage of WWP women warriors*** reported the following reason:

✓ Family responsibilities

A ***higher percentage of male warriors*** reported the following reasons:

✓ Retired
✓ Physical injury from a service-connected disability prevents me from working

Table 21: Reasons for Not Looking for Work Among WWP Women Warriors Not in the Labor Force*

Reasons for Not Looking for Work	★ WWP WOMEN WARRIORS	WWP MALE WARRIORS
Psychological distress or mental health issue from a service-connected disability prevents me from working	**27.6%**	23.8%
Physical injury from a service-connected disability prevents me from working	**17.6%**	23.8%
Family responsibilities	**11.3%**	3.8%
In school or in a training program	**10.9%**	8.0%
Receiving Individual Unemployability benefits	**10.9%**	10.4%
Retired	**9.3%**	16.4%
Other (non-service-connected disability) medical/health condition (or treatment) prevents me from working	**5.1%**	2.9%
Do not currently want/need to work	**4.1%**	5.1%
I would like to work but have become discouraged about finding work and did not look for work in the past four weeks	**2.0%**	3.3%
Would lose medical or financial benefits	**0.7%**	1.5%
Lack education, skills, or knowledge to translate military skills to civilian workforce	**0.6%**	0.4%
Criminal history	**0.1%**	0.5%
Currently active duty	**0.0%**	0.1%

*NOTE: Not included in the Labor Force refers to WWP warriors who reported they are currently not working and not looking for work.

FINANCIAL STRAIN

The majority (70.1%) of WWP women warriors indicated that at some point in the past 12 months, they did not have enough money to make ends meet (i.e., to pay for rent/mortgage, food, utilities, phone, or other basic needs).

In the past 12 months, among WWP women warriors the top two reasons for financial strain or struggle were the increased cost of goods (for example, food, gas, rent) and family obligations (care for a parent or child, taking on dependents, funeral costs, etc.).

> A ***higher percentage of WWP women warriors*** compared to ***male warriors*** reported family obligations (care for a parent or child, taking on dependents, funeral costs, etc.) as a top reason for financial strain or struggle.

Table 22: Top Reasons for Financial Strain or Struggle Among WWP Women Warriors

Top Reasons	★ WWP WOMEN WARRIORS	WWP MALE WARRIORS
Increased cost of goods (for example, food, gas, rent)	**55.3%**	54.6%
Family obligations (care for a parent or child, taking on dependents, funeral costs, etc.)	**24.9%**	18.6%
Other unexpected financial hardship (natural disaster, car, or home repairs, etc.)	**22.1%**	20.6%
Working, but not making enough money	**20.9%**	20.2%
Not applicable	**18.2%**	23.1%
Out of work	**15.2%**	14.0%
Living beyond means (overspending)	**9.9%**	9.1%
Medical bills	**4.0%**	3.7%

NOTE: WWP warriors were asked to report the top two reasons for financial strain or struggle in the past 12 months.

FOOD SECURITY

Nearly two in five (39.9%) of WWP women warriors met the threshold† for being food insecure, compared to 13.5% for the U.S. general population.[12] Similarly, high food security is less common among WWP women warriors than in U.S. households (60.1% and 86.5%, respectively).

Table 23: Food Security Among WWP Women Warriors and the U.S. General Population (FSS Scores)

Level of Food Security	★ WWP WOMEN WARRIORS	WWP MALE WARRIORS	U.S. Households[12]
Very low food security	**24.3%**	21.7%	5.1%
Low food security	**15.6%**	15.1%	8.4%
High food security	**60.1%**	63.3%	86.5%

FINANCIAL WELL-BEING

Among WWP women warriors, 41.4% reported that they live paycheck to paycheck ("sometimes" to "all the time"), and 40.4% say they have little to no confidence that they could find the money to cover a $1,000 emergency expense.

Table 24: Percentage of WWP Women Warriors Who Live Paycheck to Paycheck

Live paycheck to paycheck ("sometimes" to "all the time")	★ WWP WOMEN WARRIORS	WWP MALE WARRIORS
No	**58.6%**	56.0%
Yes	**41.4%**	44.0%

A ***higher percentage of WWP women warriors*** are confident that they could find the money to cover a $1,000 emergency expense compared to ***male warriors.***

†Please see the Appendix for details of the U.S. Household Food Security Survey (FSS) Module: Six-Item Short Form scale threshold.

Table 25: Percentage of WWP Women Warriors Who Are Able to Cover a $1,000 Emergency Expense

Confidence that they could find the money to cover a $1,000 emergency expense	★ WWP WOMEN WARRIORS	WWP MALE WARRIORS
Highly or completely confident	**59.6%**	54.8%
Not confident at all or little confidence	**40.4%**	45.2%

HOMELESSNESS

In the past 12 months, 8.9% of WWP women warriors reported they had experienced homelessness. Among all WWP women warriors, 3.7% thought they might experience homelessness in the next 12 months, while 12.4% reported that they don't know if they might experience homelessness.

For the purposes of this report, we used the same definition of homelessness as the National Health and Resilience in Veterans Study (i.e., not had permanent housing and stayed in a shelter, transitional housing, outdoors, or some other unstable or non-permanent situation).[13]

VA OR GOVERNMENT BENEFITS

More than eight in 10 (81.7%) WWP women warriors reported having used at least one VA or government benefit. The top three most common benefits utilized were: the post-9/11 GI Bill (otherwise known as the New GI Bill), the VA's Veteran Readiness and Employment Program (VR&E, formerly VocRehab), and the Military Tuition Assistance (TA) Program.

A ***higher percentage of WWP women warriors,*** compared to ***male warriors,*** reported using at least one VA or government benefit.

In particular, a ***higher percentage of WWP women warriors*** reported utilizing the following VA or government benefits:

- ✓ Military TA Program
- ✓ Federal Pell Grant
- ✓ VR&E

Table 26: VA or Government Benefits Utilized by WWP Women Warriors

Which of the following VA or government benefits have you used?	★ WWP WOMEN WARRIORS	WWP MALE WARRIORS
Post-9/11 GI Bill, otherwise known as the New GI Bill	**61.3%**	58.1%
VA's VR&E, formerly VocRehab	**26.2%**	19.9%
Military TA Program	**25.7%**	17.9%
Federal Pell Grant	**24.5%**	17.6%
Montgomery GI Bill	**21.2%**	18.2%
I have not used any VA or government benefits	**15.7%**	20.7%
PACT Act	**6.5%**	8.3%
I am not aware of any VA or government benefits that are available to assist me with my education	**5.8%**	6.9%
Program of Comprehensive Assistance for Family Caregivers (commonly referred to as the Caregiver Program or Family Caregiver)?	**4.2%**	5.8%

NOTE: The sum of the percentages is greater than 100%, as WWP women warriors were asked to select all that apply.

WOUNDED WARRIOR
YOMARI CRUZ

REDEFINING PURPOSE:

IDENTITY AND MEANING AFTER SERVING

For those who have served their country, there can be a range of responses to how they view their military identity after leaving service.[14]

FOCUS GROUP FINDINGS

WWP women warriors' reflections on their military identity varied, touching on a few different themes: mixed responses to military identity today, the bond and connection with other veterans, public perception of veterans, finding purpose after the military, and mixed responses to recommending military service to others or whether they would serve themselves again.

MILITARY IDENTITY TODAY

★ **Positive sentiment toward military identity**
WWP women warriors with a positive military identity shared they were proud to be veterans. Their reflections included being grateful for the opportunities and skills that military service provided. There were instances where WWP women warriors commented that participating in the focus group discussions and being with other women veterans contributed to a positive identity.

★ **Negative sentiment towards military identity**
WWP women warriors with a different perspective brought up challenges with their military identity today, such as not feeling worthy of being a veteran, feeling betrayed by the military, or having feelings of regret and questioning why they had served. Others talked about how their military identity does not exist or how they find it hard to tell people they were in the military, even now.

★ **Lost identity**
Feeling invisible and as if they do not matter anymore since leaving service were other experiences raised during the discussions. This experience aligns with the themes discussed around transition, where WWP women warriors felt like they didn't matter, were lost, or were lonely.

★ **Mixed feelings over military identity**
Other WWP women warriors shared having mixed emotions about their military identity today or highlighting it was just one part of who they are.

> **It is a [challenge] because you're almost reidentifying yourself and trying to figure out where you fit in the world and it's sometimes difficult.**
>
> — Focus Group Participant

BOND AND CONNECTION WITH OTHER VETERANS

The special bond and connection with other veterans were woven throughout all the focus group discussions. Here, it is explored as a part of military identity.

★ **Connection with veterans**
WWP women warriors reflected on how there is often an instant connection when they encounter other veterans, even if they have never met before. They also talked about the strong bond they feel toward those they served alongside, including reflections on the difficulty of losing that strong unit when leaving service.

★ **Connection with women veterans**
During conversations about connecting with veterans, the importance of connecting with other women veterans and being around others who had been through similar experiences was often mentioned.

★ **Barriers to connection across different branches and eras**
Other WWP women warriors shared they sometimes face barriers when trying to connect with veterans who served in different branches or eras from themselves; however, the majority discussed feeling a connection to any veteran.

> "One of the things I think that has been the most healing for me has been connecting with other women veterans."
>
> — Focus Group Participant

PERCEPTION OF VETERANS

While touching on their own military identity, WWP women warriors made some comments about the perception more generally of veterans, including how they have been treated by others.

★ **Lack of recognition and respect for women veterans**
During the focus groups, WWP women warriors shared stories where somebody assumed their husband or partner was the veteran instead of them. Often, WWP women warriors talked about instances where they have encountered individuals who have made assumptions about women veterans or shown them a lack of respect compared to male veterans.

★ **Public perception of veterans**
Other topics raised included encountering assumptions people have about disabled veterans, as well as perceptions about veterans who did not retire from the military and feeling there is a lack of recognition for their service. Stories of civilians asking insensitive questions about WWP women warriors' time in service were also shared.

> **[…] the hat that I wear says I'm a veteran too. And that's because I got so annoyed with going places with my husband and people looking at him and saying, thank you for your service. And then just completely disregarding me as a human being.**
>
> — Focus Group Participant

WOUNDED WARRIOR
CASSANDRA JOHNSON

FINDING PURPOSE AFTER THE MILITARY

Intertwined into the discussion around military identity were the experiences of finding a purpose after military service: both the challenges of finding a purpose and the contentment felt when succeeding. Often WWP women warriors would share wanting to help others, whether giving back to the community or having a sense of advocacy tied to their military identity and purpose today. This ties in with some of the themes explored later in the Enhancing Quality of Life section.

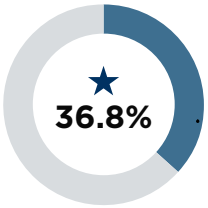
> **I identify myself as a veteran. I'm proud of my service, and I love my country, and I just think it was an honor to be able to serve and to be able to retire, and I would like to give back, it's what I do now, helping other veterans and mainly veterans who aren't where they want to be, because transitioning out of the military sometime could take years to really find yourself.**
>
> — Focus Group Participant

RECOMMENDATION TO SERVE

Focus group discussions included whether WWP women warriors would recommend military service to others or if they would serve themselves again. While there was a range of responses to these questions, the prominent sentiment was WWP women warriors would serve again and recommend serving to others, but with a caveat. WWP women warriors gave advice for individuals interested in joining the military to talk to women veterans, or give an honest account of their own experiences, so the individual can be sure of their decision.

RESILIENCE

WWP women warriors who participated in focus groups shared many challenges, which are often difficult to navigate and require strength to overcome.



According to the Warrior Survey, over a third of WWP women warriors report high resilience.

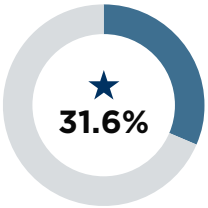
Table 27: Resilience Among WWP Women Warriors

High Resilience	WWP WOMEN WARRIORS	WWP MALE WARRIORS
No	63.3%	59.2%
Yes	36.8%	40.8%

NOTE: Determined by Connor Davidson Resilience Scale 2-Item score >= 6 for the purpose of this analysis. See Appendix for more details.

POST-TRAUMATIC GROWTH

Post-traumatic growth focuses on positive outcomes that may have occurred after experiencing a traumatic event.[15]



Nearly one-third of WWP women warriors report high post-traumatic growth, indicating higher levels of positive coping following trauma.

Table 28: High Post-Traumatic Growth Among WWP Women Warriors

High Post-Traumatic Growth	WWP WOMEN WARRIORS	WWP MALE WARRIORS
No	68.4%	71.0%
Yes	31.6%	29.0%

NOTE: Determined by Post-Traumatic Growth Inventory short form score >=30 for the purpose of this analysis. See Appendix for more details.

LONELINESS

The average loneliness score among WWP women warriors was 6.7, which falls within the threshold indicating loneliness.[16] When further categorized into groups, the majority of WWP women warriors are considered lonely (74.3% compared to 25.7% considered not lonely).

82.9%
of WWP women warriors reported feeling isolated — sometimes or often.

80.9%
of WWP women warriors reported feeling left out.

77.3%
of WWP women warriors reported that they lack companionship.

A ***higher percentage of WWP women warriors*** compared to ***male warriors*** reported 'often' feeling they lack companionship, feel left out, or isolated from others.

Table 29: Loneliness Among WWP Women Warriors

How often do you feel that you lack companionship?	★ WWP WOMEN WARRIORS	WWP MALE WARRIORS
Hardly ever	**22.8%**	29.7%
Some of the time	**38.5%**	42.4%
Often	**38.7%**	27.9%
How often do you feel left out?		
Hardly ever	**19.1%**	26.7%
Some of the time	**40.3%**	43.1%
Often	**40.6%**	30.2%
How often do you feel isolated from others?		
Hardly ever	**17.1%**	21.6%
Some of the time	**36.8%**	39.9%
Often	**46.1%**	38.5%

NOTE: Please see the Appendix for details of the loneliness threshhold.

ENHANCING QUALITY OF LIFE:

SUPPORT AND WELL-BEING FOR WOMEN WARRIORS

WWP defines quality of life as the degree to which a warrior's health and wellness promote fulfilling participation in and enjoyment of life.[4] The experiences shared thus far relating to service-connected injuries and conditions, access to care, employment, and identity can have long-term impacts on WWP warriors' well-being today.

FOCUS GROUP FINDINGS

CURRENT QUALITY OF LIFE

Part of the discussion around quality of life focused on how WWP women warriors described their well-being today.

★ **Quality of life varies**

There were mixed responses to how WWP women warriors viewed their current quality of life. WWP women warriors' perspectives included having a good quality of life or better than it was, their quality of life was not great and that they had to put on a brave face, or their quality of life varies and that they must take it day by day.

★ **Importance of connection and support system on well-being**

A common theme throughout the discussions on quality of life was the importance of connection and having a support system for well-being. A supportive community and loved ones were highlighted as factors that could help improve the quality of life. This theme has also been explored during discussions on military identity and time in service, highlighting the positive impact of connection throughout various stages and periods of life.

★ **Community engagement**

For those engaged in their community, WWP women warriors shared examples and often mentioned wanting or trying to give back. Other WWP women warriors shared they were not currently engaged in their community, which in some instances was due to the barriers that are outlined in the next section.

> **[...] it's just always having a connection with veterans that makes me feel good about my service. [...] It makes you feel good regardless of rank or where you have been in the military that you have that connection to where somebody is able to let their guard down to be able to share something that is either they're very passionate about or troubles they've encountered along the way in the military.**
>
> — Focus Group Participant

WOUNDED WARRIOR
ANTOINETTE WALLACE

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BARRIERS TO QUALITY OF LIFE

As WWP women warriors talked about their current quality of life, part of that conversation also touched upon the barriers stopping them from achieving their desired quality of life.

★ **Barriers to engaging in the community**
WWP women warriors shared obstacles to attending events, which hindered community engagement, such as being homebound, being the only woman, no child care, traffic, or events taking place during work hours. There was some discussion about how you may receive different experiences from your community depending on where in the country you live. Other WWP women warriors talked about isolation due to their service-connected injuries or service-connected experiences, which led them not to be engaged in the community.

★ **Military experiences impacting quality of life**
Often, WWP women warriors shared that their health or service-connected injuries or conditions were impacting their quality of life. This included references to their military experiences being a barrier to employment or to changing jobs and impacting eligibility for benefits.

HOW TO IMPROVE QUALITY OF LIFE

Following the conversations around current quality of life and barriers to quality of life, the discussion also turned to areas WWP women warriors would like to focus on to improve their well-being.

✓ **Connection with others**
Building trust with people and being more involved in the community.

✓ **Physical well-being**
Improving fitness and physical health, as well as the role of adaptive sports and physical activity on well-being.

✓ **Support and closure from military experiences**
Gaining closure from undergoing the process of obtaining disability claims or writing MST statements and the desire to receive further support or acknowledgment of what they have been through.

✓ **Improvements to care**
The beneficial impact of a holistic approach to care or improvements into continuation of care on quality of life.

✓ **Support for family**
Having more support available for the family, particularly children, and not just the service member or veteran.

> "[...] I force myself to get up every day and do something physical so that I'm a part of what happens to me. So that's why my quality of life is an eight, not because I'm physically able, but because I forced it to be."
>
> — Focus Group Participant

Through the focus groups, quality of life touched on many aspects of WWP women warriors' lives. Similarly, the Warrior Survey takes a holistic approach to quality of life, looking at areas including mental health, physical health, and tools and resources to help with well-being.

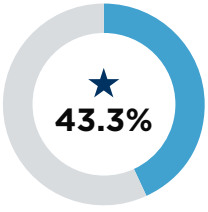
QUALITY OF LIFE MEASURE

The Veterans RAND 12-Item Health Survey (VR-12) measures the quality of life in the Warrior Survey. The VR-12 is a widely used quality of life measure that provides physical and mental health summary scores, reported as a Physical Component Score (PCS) and a Mental Component Score (MCS). Higher PCS and MCS indicate better health.[17]

Overall, WWP women warriors had an average physical health quality of life score (PCS) of 37.5 and mental health quality of life score (MCS) of 34.9. Compared with U.S. women general population scores, WWP women warriors score lower in mental health and similar in physical health.[18]

Table 30: Average Quality of Life Scores Among WWP Warriors and U.S. General Population

Average Quality of Life Scores	★ WWP WOMEN WARRIORS	WWP MALE WARRIORS	U.S. Women General Population[18]
MCS Score	**34.9**	36.9	50.8
PCS Score	**37.5**	38.1	37.0



More than two in five (43.3%) WWP women warriors reported that, during the past four weeks, their physical health and emotional problems interfered with their social activities either "most of the time" or "all of the time."


WOUNDED WARRIOR **ANGIE PEACOCK** (RIGHT)

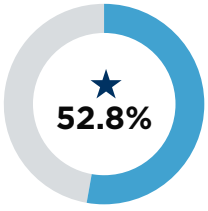
Table 31: How Often Physical Health or Emotional Problems Interfered with Social Activities in the Past Four Weeks Among WWP Women Warriors

Frequency of Interference	★ WWP WOMEN WARRIORS	WWP MALE WARRIORS
All of the time	**13.7%**	11.5%
Most of the time	**29.3%**	25.7%
Some of the time	**33.1%**	34.6%
A little of the time	**17.2%**	18.0%
None of the time	**6.7%**	10.2%

MENTAL HEALTH AND WELLNESS

ANXIETY

Anxiety was the top self-reported military service-related condition by WWP women warriors. Overall, WWP women warriors scored an average anxiety score of 10.8, which falls within the moderate range of anxiety symptom severity.



When asked about anxiety symptoms in the past two weeks, more than half of WWP women warriors presented with moderate to severe anxiety symptoms.

Table 32: Severity of Anxiety Symptoms Among WWP Women Warriors

Severity of Anxiety Symptoms	★ WWP WOMEN WARRIORS	WWP MALE WARRIORS
No/Minimal	**15.6%**	18.9%
Mild	**31.8%**	31.4%
Moderate	**24.3%**	23.7%
Severe	**28.4%**	25.9%

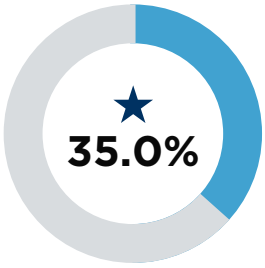
NOTE: The severity of anxiety symptoms score was measured on a scale of 0 to 21 (GAD-7). See Appendix for more details. Please note the percentages do not total 100% due to rounding.

The most common anxiety symptoms reported by WWP women warriors include:

✓ Trouble relaxing
✓ Feeling nervous, anxious, or on edge
✓ Becoming easily annoyed or irritable

DEPRESSION

WWP women warriors scored an average depression score of 2.8, which falls within the mild range of depression symptom severity.



When asked about depression symptoms in the past two weeks, 35.0% of WWP women warriors presented with moderate to severe depression symptoms.

Table 33: Severity of Depression Symptoms Among WWP Women Warriors

Severity Score	★ WWP WOMEN WARRIORS	WWP MALE WARRIORS
Below 3 Indicative of no or mild depressive symptoms	**65.0%**	64.6%
Above or equal to 3 Indicative of moderate to severe depressive symptoms	**35.0%**	35.4%

NOTE: The severity of depressive symptoms score was measured on a scale of 0 to 6 (PHQ-2). See the Appendix for more details.

POST-TRAUMATIC STRESS DISORDER

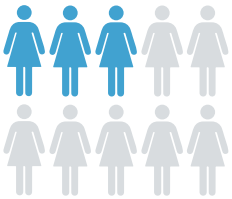
WWP women warriors had an average PCL-5 score of 35.5, which falls within the range indicating the presence of PTSD symptoms. When asked about PTSD symptoms in the past month, over half (53.3%) of WWP women warriors reported the presence of PTSD symptoms.

Table 34: Severity of PTSD Symptoms Among WWP Women Warriors

Severity Score	★ WWP WOMEN WARRIORS	WWP MALE WARRIORS
Below 33	**46.7%**	47.9%
Above or equal to 33 Indicative of PTSD symptoms	**53.3%**	52.1%

NOTE: The severity of PTSD symptoms score was measured on a scale of 0 to 80 (PCL-5). See the Appendix for more details.

SELF-DIRECTED VIOLENCE



30.2%

Approximately three in 10 WWP women warriors reported having suicidal thoughts in the past 12 months.

Table 35: Suicidal Thoughts in the Past 12 Months Among WWP Women Warriors

Have you had any suicidal thoughts in the past 12 months?	★ WWP WOMEN WARRIORS	WWP MALE WARRIORS
No	**69.8%**	72.0%
Yes	**30.2%**	28.0%

TOOLS AND RESOURCES TO HELP WITH WELL-BEING

Over the past year, the top five tools and resources WWP women warriors utilized to help with feelings of stress or emotional or mental health concerns were:

71.7%
Talking with another veteran

68.5%
Self-medication
(alcohol, nonprescription marijuana, or narcotics)

63.2%
Services at VA Medical Center

62.3%
Support groups
(for example, PTSD groups, peer-to-peer counseling, Alcoholics Anonymous, cognitive behavioral therapy groups, etc.)

62.1%
Prescription medication

A ***higher percentage of WWP women warriors*** report utilizing the following tools and resources for well-being compared to ***male warriors:***

- ✓ Prayer, religion, or talking to a religious leader
- ✓ Psychotherapy with non-VA counselor, psychologist, or psychiatrist
- ✓ Meditation, journaling, or yoga
- ✓ Self-medication (alcohol, nonprescription marijuana, or narcotics)
- ✓ Physical activity (for example, exercise, golf, gym workouts, biking, etc.)
- ✓ Services at VA Medical Center
- ✓ Talking with another veteran

Table 36: Resources and Tools Used by WWP Women Warriors in the Past Year to Help with Feelings of Stress or Emotional or Mental Health Concerns

In the past year, what types of resources and tools have you used to help you with feelings of stress or emotional or mental health concerns?	★ WWP WOMEN WARRIORS	WWP MALE WARRIORS
Talking with another veteran	71.7%	66.4%
Self-medication (alcohol, nonprescription marijuana, or narcotics)	68.5%	58.1%
Services at VA Medical Center	63.2%	57.4%
Support groups (for example, PTSD groups, peer-to-peer counseling, Alcoholics Anonymous, cognitive behavioral therapy groups, etc.)	62.3%	59.0%
Prescription medication	62.1%	64.9%
Prayer, religion, or talking to a religious leader	51.6%	30.1%
Physical activity (for example, exercise, golf, gym workouts, biking, etc.)	48.6%	41.3%
Meditation, journaling, or yoga	45.3%	34.7%
Psychotherapy with non-VA counselor, psychologist, or psychiatrist	40.8%	29.8%
Other	30.5%	36.8%
Talking to family or friends	23.8%	20.2%
Services at Vet Center	18.3%	20.1%
Inpatient treatment programs (in a facility for PTSD or other mental health condition)	14.1%	17.2%
Service dogs/pets/other animals	10.6%	7.6%

SUBSTANCE USE

DRUG ABUSE

Over half (58.7%) of WWP women warriors reported no problems related to drug abuse. Two in five (40%) of WWP women warriors reported low to moderate levels of problems related to drug abuse, and only 1.4% reported substantial or severe problems.

Table 37: Degree of Problems Related to Drug Abuse Among WWP Women Warriors

DAST-10 Score	Degree of Problems Related to Drug Abuse	★ WWP WOMEN WARRIORS	WWP MALE WARRIORS
0	No problem reported	**58.7%**	54.7%
1-2	Low level	**36.2%**	38.5%
3-5	Moderate level	**3.7%**	4.7%
6-8	Substantial level	**1.2%**	1.6%
9-10	Severe level	**0.2%**	0.6%

ALCOHOL USE

Over two in five (42.1%) of WWP women warriors screened positive for potential hazardous drinking or active alcohol use disorders, indicating they may have unhealthy and unsafe drinking habits. Please see the Appendix for details of the hazard drinking or active alcohol use disorders threshold.

> A ***lower percentage of WWP women warriors*** screened positive for potential hazardous drinking or active alcohol use disorders than ***male warriors*** (42.1% and 47.8%, respectively).

PHYSICAL HEALTH

SLEEP

Over three-quarters (77.8%) of WWP women warriors reported having less than the recommended seven hours of sleep per night, and 59.7% indicated poor sleep quality. Please see the Appendix for details of sleep quality threshold.

PHYSICAL ACTIVITY

Nearly half (48.6%) of WWP women warriors reported using physical activity (for example, exercise, golf, gym workouts, biking, etc.) as a resource or tool to help them with feelings of stress or with emotional or mental health concerns.

PAIN

The majority (95.2%) of WWP women warriors self-reported experiencing some pain in the past three months. Most (76.2%) WWP women warriors scored in a range indicating moderate to severe pain that interferes with activities and enjoyment of life.

Nearly half (49.2%) of WWP women warriors say that they were "only a little effective" or "not at all effective" in managing their pain (38.9% and 10.3%, respectively).

Table 38: Pain Management Effectiveness Among WWP Women Warriors Reporting Pain in the Past Three Months

Over the past three months, how effective do you think you were in managing your pain?	★ WWP WOMEN WARRIORS	WWP MALE WARRIORS
I haven't had pain in the past three months	0.2%	0.2%
Very effective	5.0%	5.6%
Somewhat effective	44.5%	40.8%
Only a little effective	38.9%	40.8%
Not at all effective	10.3%	11.5%
Don't know	1.1%	1.1%

The top five most common methods used to treat or manage physical pain in the past 12 months among WWP women warriors were:

✓ Over-the-counter pain medication (for example, Advil or Tylenol) (79.8%)
✓ Exercise (65.1%)
✓ Prescription pain medication (56.7%)
✓ Meditation (for example, mindfulness, mantra, or spiritual meditation) (48.1%)
✓ Chiropractic therapy, acupuncture, or massage (47.8%)

There were some differences in the percentages of WWP women and male warriors for the following methods used to treat or manage pain:

A ***higher percentage of WWP women warriors*** reported using the following methods:

✓ Meditation (for example, mindfulness, mantra, or spiritual meditation).
✓ Chiropractic therapy, acupuncture, or massage.
✓ Psychotherapy (for example, CBT, guided imagery, or progressive relaxation).
✓ Prescription pain medication.
✓ Physical therapy (for example, physical, rehabilitative, or occupational therapy).

A ***higher percentage of male warriors*** reported using the following methods:

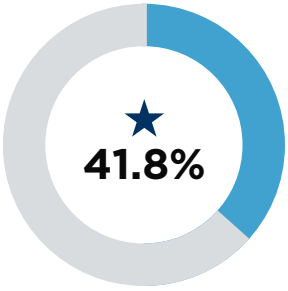
✓ Self-medication (for example, alcohol, non-prescription marijuana, or narcotics).

Table 39: Methods Reported by WWP Women Warriors to Treat or Manage Physical Pain in the Past 12 Months

During the past 12 months, did you use any of the following to treat or manage physical pain?	★ WWP WOMEN WARRIORS	WWP MALE WARRIORS
Over-the-counter pain medication (for example, Advil or Tylenol)	**79.8%**	75.7%
Exercise	**65.1%**	63.8%
Prescription pain medication	**56.7%**	48.6%
Meditation (for example, mindfulness, mantra, or spiritual meditation)	**48.1%**	32.7%
Chiropractic therapy, acupuncture, or massage	**47.8%**	35.9%
Physical Therapy (for example, physical, rehabilitative, or occupational therapy)	**31.8%**	26.8%
Self-Medication (for example, alcohol, non-prescription marijuana, or narcotics)	**28.0%**	35.5%
Psychotherapy (for example, CBT, guided imagery, or progressive relaxation)	**25.8%**	15.5%
Educational class/workshop	**18.3%**	13.9%

AID AND ASSISTANCE

Focus group discussions emphasized the role of support networks, especially given the severity and nature of some service-related injuries. This underscores the importance of assistive technology, adaptive equipment, and caregiving in enhancing quality of life.



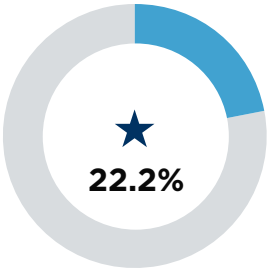
Overall, 41.8% of WWP women warriors report needing a form of assistive technology or adaptive equipment for injuries or conditions experienced while serving, or as a result of serving, in the military after September 11, 2001. The most common form of technology or equipment reported used or in need by WWP women warriors was sensory aids.

Table 40: Utilization of Assistive Technology or Adaptive Equipment Among WWP Women Warriors

Do you need any of the following assistive technology or adaptive equipment for injuries or conditions you experienced while serving, or as a result of serving, in the military after September 11, 2001?	★ WWP WOMEN WARRIORS	WWP MALE WARRIORS
Prosthesis		
No, I don't need it	**90.9%**	90.6%
Yes, and I use it	**6.3%**	6.8%
Yes, I need it but don't have it	**2.8%**	2.7%
Sensory aids (for example, hearing aids, guide and service dog)		
No, I don't need it	**72.8%**	65.2%
Yes, I need it but don't have it	**17.4%**	19.9%
Yes, and I use it	**9.8%**	14.9%
Mobility – mobility assistive equipment (for example, manual wheelchairs, powered mobility devices) **or adapted driving/vehicle modifications**		
No, I don't need it	**87.1%**	89.0%
Yes, and I use it	**6.5%**	5.5%
Yes, I need it but don't have it	**6.4%**	5.5%

Table 40 (Continued): Utilization of Assistive Technology or Adaptive Equipment Among WWP Women Warriors

Do you need any of the following assistive technology or adaptive equipment for injuries or conditions you experienced while serving, or as a result of serving, in the military after September 11, 2001?	★ WWP WOMEN WARRIORS	WWP MALE WARRIORS
Communication and electronic devices (for example, augmentative and alternative communication devices, electronic cognitive devices, ECUs/EADLs, computer access)		
No, I don't need it	**93.8%**	92.0%
Yes, I need it but don't have it	**4.2%**	5.7%
Yes, and I use it	**2.0%**	2.2%
Recreational (for example, adapted sports and recreational technology)		
No, I don't need it	**82.4%**	83.9%
Yes, I need it but don't have it	**14.2%**	12.9%
Yes, and I use it	**3.5%**	3.2%
Home adaptations (for example, home improvements and structural alterations)		
No, I don't need it	**82.9%**	84.0%
Yes, I need it but don't have it	**14.5%**	12.6%
Yes, and I use it	**2.6%**	3.4%



Approximately 22.2% of WWP women warriors reported needing aid and/or assistance from another person due to service-connected injuries or health problems. The top three most reported tasks they need help with are mental health or emotional regulation, mobility, and something else.

20.7%

Looking ahead, one in five (20.7%) WWP women warriors expressed concerns about their future caregiving needs.

Among WWP warriors who reported needing aid and/or assistance from another person:

A ***higher number of WWP women warriors*** reported needing support with "something else" outside of daily functional tasks as well as support with their mobility compared to male warriors.

A ***higher number of WWP male warriors*** reported needing assistance with dressing or undressing themselves compared to women warriors.

Table 41: Need and Utilization of Aid and/or Attendance of Another Person Among WWP Women Warriors

As a result of any injuries (physical or mental) or health problems you experienced while serving in the military after September 11, 2001, do you currently receive the aid and/or attendance of another person?	★ WWP WOMEN WARRIORS	WWP MALE WARRIORS
Yes, I have an aid or caregiver	**7.6%**	11.3%
Yes, I have an aid or caregiver, but it is insufficient	**1.7%**	1.7%
No, but I need an aid or caregiver	**12.8%**	13.9%
No, I don't need an aid or caregiver	**77.8%**	73.1%

Table 42: Tasks WWP Women Warriors Report Needing Assistance With

Which of the following do you need assistance with? Please mark all that apply.	★ WWP WOMEN WARRIORS	WWP MALE WARRIORS
Mental health or emotional regulation	**79.4%**	76.8%
Mobility (walking, going up stairs, transferring from bed to chair, etc.)	**35.6%**	31.0%
Something else	**27.8%**	17.9%
Grooming oneself in order to keep oneself clean and presentable	**23.5%**	25.5%
Dressing or undressing oneself	**22.1%**	27.9%
Bathing	**20.3%**	23.7%
Toileting or attending to toileting	**9.7%**	11.4%
Adjusting any special prosthetic or orthopedic appliance that, by reason of the particular disability, cannot be done without assistance	**7.2%**	7.2%
Feeding oneself due to loss of coordination of upper extremities, extreme weakness, inability to swallow, or the need for a non-oral means of nutrition	**5.5%**	6.1%

NOTE: The sum of the percentages is greater than 100%, as WWP warriors were asked to select all that apply. The above tasks are only for the 22.2% of women warriors and 26.9% of male warriors who report needing assistance.

WOUNDED WARRIOR
BETH KING

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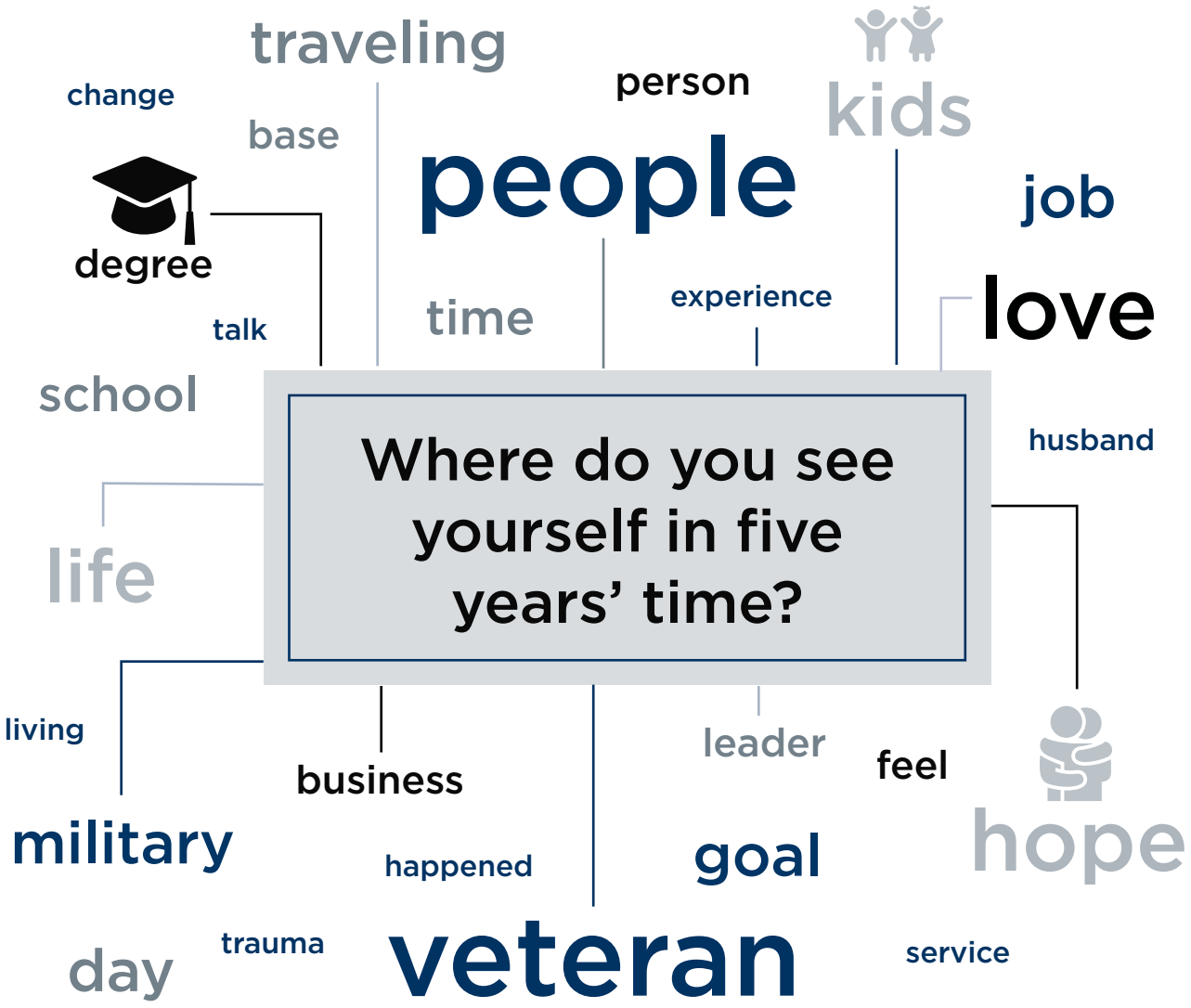
LOOKING TOWARD THE FUTURE

Toward the end of each focus group discussion, WWP women warriors were asked about their sense of the future and where they see themselves in five years. Their responses highlighted several key aspirations: engagement in the community and giving back, supporting veterans, striving for happiness, fitness, and well-being, being with family, pursuing or completing financial or developmental goals, and seeking new experiences, such as traveling or living abroad. Other WWP women warriors noted that it was difficult to envision the future or plan that far ahead.

Figure 2: Word Cloud of Focus Group Responses to "Where do you see yourself in five years' time?"



Throughout this report, we have explored WWP women warriors' experiences in the military to present day. Warrior Survey findings and the focus group discussions highlight the unique experiences women service members and veterans encounter. Although the themes are outlined in various trajectories of WWP women warriors' lives, there were similarities across the different sections and, often, themes would overlap. The discussions from the focus groups also highlighted the long-term impact of experiences in service, both positive and negative, and how it can affect different areas of WWP women warriors' quality of life and identity today.

RECOMMENDATIONS

POLICY RECOMMENDATIONS

POLICY RECOMMENDATIONS: ADVANCING SUPPORT FOR WOMEN VETERANS

Women veterans and active-duty servicewomen are a growing and diverse part of the military community with needs that cannot be addressed through one-size-fits-all solutions. Key stakeholders, including policymakers, VA, DoD, and community organizations, play an important role in creating policies and programs that reflect their experiences and needs at every stage of their military and post-military journeys.

While great strides have been made in recognizing and addressing their unique challenges, there remains significant work to be done in ensuring equitable access to care, improving financial security, enhancing transition support, and strengthening social connection.

REDEFINING PURPOSE: IDENTITY AND MEANING AFTER SERVICE

1. PROMOTE A SUCCESSFUL TRANSITION AND REINTEGRATION:

Transitioning out of military service is a critical period that often determines long-term success in civilian life. For women, this process can be complicated by gaps in mentorship, limited access to support organizations, and challenges translating military experience into civilian roles.

Recommendations:

★ Improve transition programs by ensuring they address the unique needs of women and involve early engagement with support networks.

★ Invest in social support programming, including mentorship and peer-to-peer opportunities, to foster connection, reduce isolation, and create a more welcoming and inclusive environment.

★ Increase opportunities for servicewomen to engage with veteran service organizations prior to their exit from service.

★ Support policies that streamline access to medical, employment, and educational services during and after separation.

★ Ensure programs like the VA's Women's Health Transition Training are readily available and utilized by servicewomen to assist in transition.

★ Address family-related barriers that hinder employment or participation in post-service training programs.

★ Ensure Veteran Readiness & Employability (VR&E) is fully staffed and has resources to operate at its highest potential and expand access to more disabled veterans. Improve the VR&E waiver process so service-connected disabled veterans can access VR&E services when past their delimiting date.

2. BUILDING BELONGING, IDENTITY, AND PUBLIC RECOGNITION:

Many women veterans report feeling disconnected and underrecognized in both civilian and veteran communities. Cultivating a strong sense of identity and belonging is vital to well-being and long-term quality of life.

Recommendations:

★ Support the development of and improve upon community-based programs and peer networks focused specifically on women veterans.

★ Increase public recognition of women veterans through outreach, representation, and symbolic gestures that affirm their service.

★ Promote leadership and advocacy roles that encourage women veterans to engage in shaping the communities around them.

★ Support policies that increase participation in programs that offer social, educational, volunteerism, and civic engagement opportunities.

ENHANCING QUALITY OF LIFE: SUPPORT AND WELL-BEING FOR WOMEN VETERANS

1. ACCESS TO CARE ACROSS THE MILITARY-VETERAN CONTINUUM:

Access to high-quality, consistent, and gender-sensitive health care remains a central concern for women veterans. Many face difficulties with provider continuity, limited availability of female clinicians, and other obstacles with a heightened impact on women. Addressing these challenges requires policies that promote flexibility, transparency, and responsiveness in the health care system.

Recommendations:

★ Expand access to comprehensive, gender-specific care options within both VA and community health care systems.

★ Ensure the Defense Health Agency (DHA) systematically identifies and addresses the unique health care needs of women veterans who access care as military spouses or retirees.

★ Increase the scale of telehealth offerings to meet the growing demand among women for remote, convenient care.

★ Improve communication and transparency around services and benefits for survivors of military sexual trauma.

★ Ensure women veterans are active participants in treatment decisions and provider selection. VA should publish an online directory of VA-approved community care providers specializing in women's health care.

★ Test innovative approaches to gender-specific care delivery through targeted pilot programs in areas such as pregnancy and reproductive care.

WOUNDED WARRIOR
DANIELLE GREEN

2. ADVANCING PREVENTIVE AND GENDER-SPECIFIC SPECIALTY CARE:

Women veterans have growing needs in specialized areas of health care, such as cancer care, menopause management, infertility, and reproductive health. Current systems do not always provide continuity or consistent access to the specialized services women require.

Recommendations:

★ Invest in specialized programs that support women's long-term health needs, including cancer screenings, menopause care, and fertility services.

★ Encourage consistent provider relationships by increasing options for care with women clinicians when preferred.

★ Increase awareness and accessibility of preventive services through education and outreach tailored to women veterans.

3. SUPPORTING COMPREHENSIVE HEALTH AND WELLNESS FOR WOMEN WARRIORS:

Comprehensive wellness for women veterans must include support for mental, physical, and emotional health. Many women experience lasting effects from their military service that require a coordinated and holistic approach. Pain, sleep disturbances, trauma, and isolation all affect quality of life and readiness for post-service opportunities. A wellness-centered policy approach must consider these factors together.

Recommendations:

★ Expand mental health services tailored to the unique experiences of women, including peer support and women-only groups.

★ Enhance retreat and recovery programs, such as VA's Readjustment Counseling Services Retreat Program, for women veterans and coed cohorts.

★ Enhance access to trauma-informed care and create safe, welcoming environments for treatment and support while filing VA benefit claims.

★ Strengthen physical wellness programs by offering modified exercise options that meet a wide range of ability levels, injury histories, and chronic pain conditions specific to women veterans.

★ Address chronic pain management by integrating physical activity programs and pain education into regular care offerings.

★ Improve sleep management resources through education and care strategies that emphasize non-pharmacological treatments, such as behavioral sleep therapy, physical activity, and lifestyle support.

4. STRENGTHENING ECONOMIC SECURITY AND HOUSING STABILITY:

Women veterans often carry significant caregiving responsibilities, face gender pay gaps, and are more likely than their male counterparts to cite family obligations as a barrier to financial well-being and access to care. Addressing financial strain and housing insecurity requires targeted supports that reflect these realities.

Recommendations:

★ Increase financial education and support programs that address caregiving, family obligations, and cost-of-living pressures.

★ Expand access to safe, stable, and women-focused housing solutions, including emergency and transitional options, and increase and improve options for women veterans with children.

★ Strengthen support for child care services to reduce barriers to employment and health care access.

★ Improve opportunities for women veteran entrepreneurs through grants, mentoring, and contracting support.

RESEARCH RECOMMENDATIONS

WWP recommends that further research be conducted in the following areas to better understand:

★ **Differences in barriers to care among women and male veterans**
Overall, the Warrior Survey findings indicate variances in the reported outcomes for barriers to care and factors of importance when seeking care between WWP women and male warriors. Further understanding of these barriers and potential differences could help reduce obstacles for women veterans receiving care.

★ **Differences in utilizations of tools and resources among women and male veterans**
Warrior Survey findings show a higher percentage of WWP women warriors utilizing a range of tools and resources for emotional well-being compared to male warriors, yet women warriors tend to report poorer mental health outcomes. Further understanding of utilization and effectiveness of mental health support among women veterans will help identify gaps and areas of intervention to improve their well-being.

★ **Impact of family obligations on women veterans' quality of life**
Family obligations came up as barriers to accessing care, employment opportunities, financial well-being, and engaging socially and in the community in both the Warrior Survey findings and focus group discussions. Further understanding is needed to explore if or how these challenges may be unique to women veterans compared to civilians and how best to address them.

★ **Consistent support for both women and families across military and veteran life**
Focus group discussions highlighted the impact of military-connected experiences on children as well as support available for dual military couples or mothers who are in service. These military families may face unique experiences and a potential need for tailored tools or resources to support the whole family unit. By gaining further understanding of the support continuum available for all military families, both during service and in veteran life, will help address gaps and move towards a holistic approach of care.

APPENDIX

PUBLIC LAW TABLE

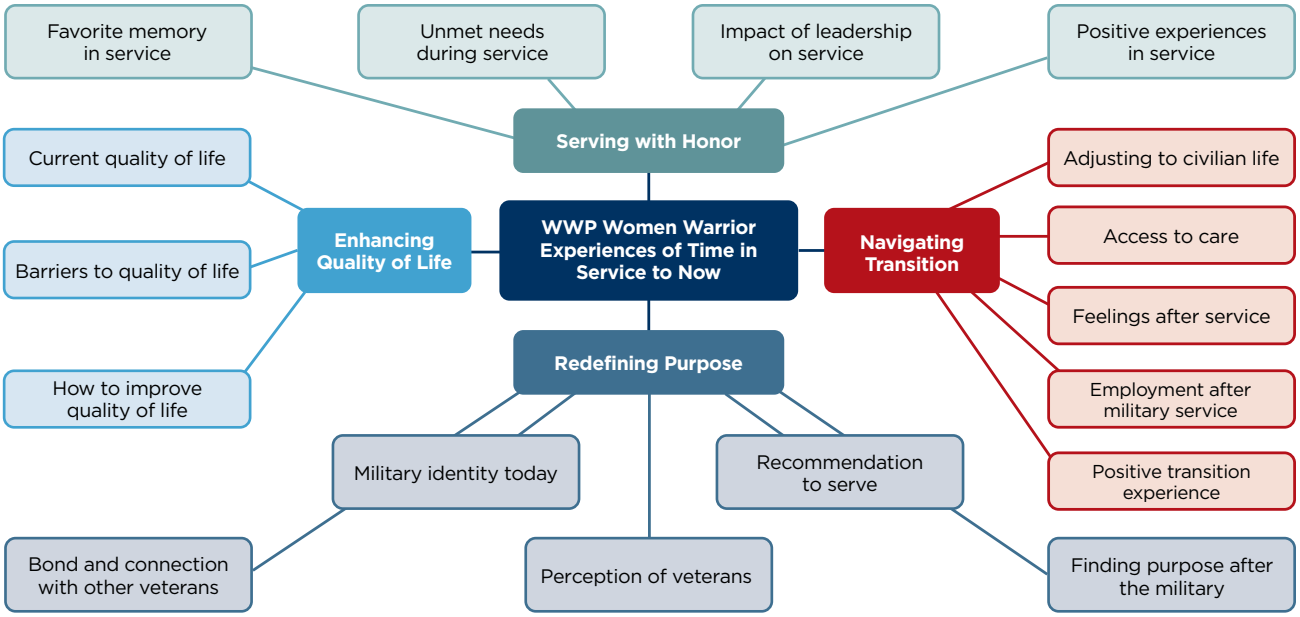
Public Law	Name of Law	Description of Effort	Year of Passage
P.L. 118-210	**Senator Elizabeth Dole 21st Century Veterans Health Care and Benefits Improvement Act**	The Dole Act was comprised of several bills and priorities into one bill that addressed many aspects of care and services for the broader veteran community. The effort expanded access to home- and community-based services, funded educational assistance programs, and provided supports for caregivers.	**2024**
P.L. 117-168	**The Sergeant First Class (SFC) Heath Robinson Honoring Our Promise to Address Comprehensive Toxics (PACT) Act of 2022**	After consolidating several bills and priorities into a single bill, the PACT Act became the largest expansion of veterans care and benefits in decades. In his 2023 State of the Union address, President Biden called the PACT Act "one of the most significant laws ever, helping veterans exposed to toxic burn pits."	**2022**
P.L. 117-271	**VA Peer Support Enhancement for MST Survivors Act**	This law requires VA to ensure every veteran who files a claim relating to MST is assigned a peer support specialist during the claims process, unless they elect not to. WWP lobbying for this bill was informed by its Women Warriors Initiative and calls for enhanced peer support across VA and the community.	**2022**
P.L. 117-69	**Protecting Moms Who Served Act of 2021**	This legislation codified and strengthened maternity care coordination programs at VA to ensure veterans receive the high-quality maternal health care and support they have earned. The bill also commissioned the first-ever comprehensive study of maternal mortality, morbidity, and disparities among veterans.	**2021**
P.L. 116-315	**The Deborah Sampson Act (in the Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020)**	The Deborah Sampson Act includes nearly 30 provisions related to care, benefits, and services related to women veterans. Highlights include the establishment of a child care program; additional direction and resourcing for the VA Retrofit Initiative, to ensure medical facilities are equipped with women's health care supplies and equipment; and development of a plan to enhance hiring of peer support specialists who are women.	**2020**

(Table continues on next page)

Public Law Table (Continued)

Public Law	Name of Law	Description of Effort	Year of Passage
P.L. 116-154	**The Ryan Kules and Paul Benne Specially Adaptive Housing Improvement Act of 2019**	Named in honor of a WWP teammate, Ryan Kules, this bill increased the amount of funding available to veterans adapting their homes to accommodate their disabilities and made additional changes to allow VA's Specially Adapted Housing Program to be used more often as veterans move to new homes during their lives.	**2019**
P.L. 114-223 (Section 260)	**The Continuing Appropriations and Military Construction, Veteran Affairs, and Related Agencies Appropriations Act, 2017, and Zika Response and Preparedness Act**	VA is authorized to cover assisted reproductive technology — including IVF — and provide adoption expense reimbursement to veterans with service-related infertility. Prior to this law passing, similar benefits were only available to active-duty service members.	**2016**
P.L. 111-163	**The Caregivers and Veterans Omnibus Health Services Act**	The Primary Comprehensive AFC provides an unprecedented level of direct services and supports to family caregivers of veterans.	**2010**
P.L. 109-13	**The Servicemembers' Group Life Insurance Traumatic Injury Protection program (in The Emergency Supplemental Appropriations Act for Defense, the Global War on Terror, and Tsunami Relief)**	The TSGLI program has provided short-term financial assistance to service members who suffer from traumatic injuries while on active duty.	**2005**

Figure 3: Summary of Themes and Subthemes from Focus Group Discussions



MISCELLANEOUS CODES

In addition to the themes outlined in Figure 3 above, there were some supplementary discussion points that were either only mentioned once, or did not align with the other topics. Examples of the miscellaneous codes in each theme are outlined below:

- ✓ **Time in service –** references to experience of joining the military later in life, eating disorders, inconsistency in the support and resources available in the military, experiences of guards and reservists compared to those on active duty, and feeling lonely as an officer.
- ✓ **Transition –** discussion points, such as transition experience being described as "chaotic" and "tedious" or feeling like they had to transition twice for those who went from active duty to reservist to civilian.
- ✓ **Military identity today –** discussion points on the commentary of the workplace being an "old boys club" outside of the military too, and feeling women had to work harder than their male peers.
- ✓ **Quality of life and well-being –** references to non-traditional support or treatment methods helping with quality of life, positive comments around women veteran entrepreneurship programs and impact of wider societal influences on your quality of life.

RECRUITMENT AND LOCATION OF FOCUS GROUPS

RECRUITMENT STRATEGY

A geographic recruitment strategy was utilized to identify women warriors across the contiguous United States, as well as Alaska, Hawaii, Puerto Rico, and Germany.

Emails were sent to WWP women warriors who lived in zip codes of specific geographic areas. For in-person focus groups, zip codes were included from the surrounding areas of the city where the focus group was taking place. For virtual focus groups, larger catchment areas could be recruited for participation. The recruitment strategy was adjusted after the first few focus groups to overrecruit participants to account for last-minute dropouts or no-shows.

Table 1A: Recruitment Email Breakdown by Region

Focus Group	In-Person / Virtual	No. of Email Invites Sent	No. of Responses	No. of Attendees
Tacoma	In-person	387	8	1
Outside the Contiguous U.S., (OCONUS) West	Virtual	661	24	3
OCONUS West Interview	Virtual			1
Los Angeles	Virtual	716	5	1
OCONUS East	Virtual	342	7	3
Midwest (call 1)	Virtual	5,292	57	7
Midwest (call 2)	Virtual			5
West (call 1)	Virtual	3,482	43	6
West (call 2)	Virtual			7
Tampa	In-person	1,291	17	7
North Central	Virtual	1,230	27	6
South Central	Virtual	1,600	42	6
Charleston	In-person	465	16	11
San Juan	In-person	208	9	3
San Antonio	In-person	1,387	30	12
Mid-Atlantic	Virtual	2,362	62	5
Southeast	Virtual	958	21	6
North & West	Virtual	1,327	28	4

BREAKDOWN OF FOCUS GROUP PARTICIPANTS

There was representation in the focus groups from all the Armed Forces apart from the Space Force. The Army had the highest amount of representation, which is reflective of being the largest branch of the Armed Forces.[19] Participants also represented the Air Force, Navy, Marine Corps, and Coast Guard.

The average age of WWP women warriors is 40 years old, and the average age of the focus group participants was 48 years old.

FOCUS GROUP LIMITATIONS

This is the largest known research study to focus on the experiences of U.S. post-9/11 women veterans that we are aware of, and we tried to make the focus groups as accessible as possible. Some limitations include requiring WWP women warriors to be available to attend the in-person focus groups or to have access to a private space with reliable internet for the virtual focus groups. There is also a possibility that email invites for the focus groups were sent to junk inboxes and limited awareness of the project. Another limitation for participants was availability during the time of the focus groups. Where possible, focus groups took place in the evenings to cater to business hour working schedules; however, some of the in-person focus groups took place during the morning.

360-DEGREE DEMOGRAPHIC TABLES

SEX

Male	**81.8%**
Female	**18.2%**

AGE

AGE (YEARS)	WWP WOMEN WARRIORS	WWP MALE WARRIORS
18-24	**1.2%**	0.8%
25-34	**24.1%**	18.7%
35-44	**46.9%**	49.0%
45-54	**18.4%**	21.6%
55-64	**8.6%**	9.0%
65+	**0.8%**	1.0%

RACE

RACE	WWP WOMEN WARRIORS	WWP MALE WARRIORS
White alone	**54.3%**	69.1%
Black or African American alone	**26.3%**	13.4%
Two or more races	**10.9%**	8.3%
Other	**3.5%**	3.9%
Asian alone	**2.4%**	2.5%
American Indian/ Alaska Native alone	**1.6%**	1.7%
Native Hawaiian/ Pacific Islander alone	**1.0%**	1.1%

ETHNICITY

ETHNICITY	WWP WOMEN WARRIORS	WWP MALE WARRIORS
No, not of Hispanic, Latino/a, or Spanish origin	**78.0%**	77.2%
Yes, Mexican, Mexican American, Chicano/a	**9.7%**	9.9%
Yes, another Hispanic, Latino/a, or Spanish origin	**6.1%**	6.1%
Yes, Puerto Rican	**5.5%**	6.2%
Yes, Cuban	**0.8%**	0.6%

EDUCATION

EDUCATION	WWP WOMEN WARRIORS	WWP MALE WARRIORS
Some college or associate degree	**42.6%**	49.2%
Bachelor's degree	**29.8%**	24.7%
Master's degree	**21.2%**	13.2%
High school diploma/GED	**4.0%**	11.2%
Professional or doctorate degree	**2.3%**	1.5%
Less than high school diploma/GED	**0.1%**	0.2%

MARITAL STATUS

MARITAL STATUS	WWP WOMEN WARRIORS	WWP Male Warriors
Married	**46.9%**	69.7%
Divorced or separated	**30.7%**	18.8%
Never married, single	**20.8%**	11.0%
Widowed	**1.7%**	0.5%

CHILDREN IN THE HOUSEHOLD

CHILDREN IN THE HOUSEHOLD	WWP WOMEN WARRIORS	WWP MALE WARRIORS
At least one child living within the household	**54.8%**	62.4%
No children living within the household	**45.2%**	37.6%

CURRENT MILITARY STATUS

CURRENT MILITARY STATUS	WWP WOMEN WARRIORS	WWP MALE WARRIORS
Veteran	**92.5%**	91.2%
Active Reserve or National Guard	**4.4%**	5.1%
Active duty	**3.1%**	3.7%

PRIMARY BRANCH OF SERVICE

BRANCH OF SERVICE	WWP WOMEN WARRIORS	WWP MALE WARRIORS
Army	**52.1%**	56.2%
Navy	**16.5%**	10.3%
Air Force	**15.1%**	8.7%
National Guard or Reserve	**8.8%**	8.2%
Marine Corps	**6.8%**	15.7%
Coast Guard	**0.7%**	0.8%
Space Force	**0.03%**	0.1%

NOTE: We asked WWP warriors to select their primary branch of service if they served in more than one.

PAY GRADE/RANK

PAY GRADE/RANK	WWP WOMEN WARRIORS	WWP MALE WARRIORS
E1-E4 (junior enlisted)	**41.4%**	32.6%
E5-E6 (midgrade enlisted)	**38.5%**	43.6%
E7-E9 (senior enlisted)	**11.4%**	15.9%
O4-O10 (senior officers)	**4.3%**	3.6%
O1-O3 (junior officers)	**3.6%**	2.9%
W1-W5 (warrant officers)	**0.9%**	1.3%

UNEMPLOYMENT RATE

UNEMPLOYMENT RATE	WWP WOMEN WARRIORS	WWP MALE WARRIORS
Unemployed Rate	**15.7%**	11.8%

VA DISABILITY RATING

VA DISABILITY RATING	WWP WOMEN WARRIORS	WWP MALE WARRIORS
70, 80, 90, or 100%	**78.5%**	78.9%
None/Pending or on Appeal	**8.2%**	8.5%
50 or 60%	**6.4%**	6.3%
30 or 40%	**4.3%**	3.6%
10 or 20%	**2.0%**	2.2%
0%	**0.8%**	0.6%

SELF-REPORTED CONDITIONS/INJURIES

SELF-REPORTED CONDITIONS/INJURIES	WWP WOMEN WARRIORS	WWP MALE WARRIORS
Anxiety	**87.3%**	78.7%
Depression	**83.3%**	75.3%
Sleep problems	**81.0%**	82.8%
PTSD	**75.0%**	76.8%
Migraines or chronic headaches	**65.1%**	53.4%
Nerve damage or neurological problems	**47.8%**	46.8%
Gastrointestinal condition	**33.9%**	29.7%
Hypertension or high blood pressure	**18.3%**	31.3%
Chronic respiratory condition	**16.8%**	15.7%
Problems of the immune system	**14.6%**	7.1%
Difficulty conceiving or infertility	**13.5%**	7.3%
Non-cancerous chronic skin condition	**8.6%**	7.6%
Heart condition	**7.5%**	8.1%
Cancer or a malignancy (tumor) of any kind	**6.2%**	3.9%
Liver condition	**2.9%**	5.7%

SELF-REPORTED INJURIES

SELF-REPORTED INJURIES	WWP WOMEN WARRIORS	WWP MALE WARRIORS
Bone, joint, or muscle injury	**53.5%**	59.7%
Hearing loss or tinnitus	**53.4%**	70.5%
Military sexual assault	**42.5%**	2.7%
Military sexual harassment	**40.0%**	1.8%
Head injury	**23.9%**	40.4%
TBI	**19.3%**	38.7%
Spinal cord injury	**7.4%**	16.7%
Blindness or other vision impairment	**4.2%**	5.3%
Burns	**1.9%**	3.3%
Amputation or loss of body part	**1.8%**	2.0%
Puncture, penetration, or gunshot wound	**1.3%**	7.0%
Internal organ damage from blunt force trauma	**1.2%**	2.7%

SCALES

Topic Page Number	How We Measure It	Interpretation of Scores	Scale Reference
Food security Pg. 54	U.S. Household Food Security Survey (FSS) Module: Six-Item Short Form	Final summary scores range from 0 to 6, with higher scores indicating lower food security. FSS scores can be categorized as high/ marginal food security (0 to 1), low food security (2 to 4), and very low food security (5 to 6). Overall scores can be collapsed further into two dichotomous groups: food secure (scores 0 to 1) and food insecure (scores 2 or more).	United States Department of Agriculture. U.S. Household Food Security Survey Module: six-item short form. 2012. https://www.ers.usda.gov/media/8282/short2012.pdf
Financial well-being Pg. 54	InCharge Financial Distress/ Financial Well-Being Scale (IFDFW)	This report used two items from IFDFW to measure the percentage of WWP women warriors who live paycheck to paycheck and the confidence to find the money to cover a $1,000 emergency expense.	Prawitz A, Garman ET, Sorhaindo B, O'Neill B, Kim J, Drentea P. InCharge financial distress/ well-being scale: development, administration, and score interpretation. Journal of Financial Counseling and Planning. 2006;17(1).
Resilience Pg. 62	Connor Davidson Resilience Scale 2-Item (CD-RISC 2)	The final summary resilience score ranges from 0 to 8, with higher scores indicative of greater resiliency.	Vaishnavi S, Connor K, Davidson JR. An abbreviated version of the Connor-Davidson Resilience Scale (CD-RISC), the CD-RISC2: Psychometric properties and applications in psychopharmacological trials. Psychiatry Research. 2007 Aug 30;152(2-3):293-7. https://www. ncbi.nlm.nih.gov/pmc/articles/PMC2041449/pdf/nihms29561.pdf

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SCALES (CONTINUED)

Topic Page Number	How We Measure It	Interpretation of Scores	Scale Reference
Post- traumatic growth (PTG) Pg. 62	Post-Traumatic Growth Inventory – Short Form Expanded (PTGI-SF-X)	A total PTGI-SF-X score is created by adding all the scores from the 10 statements (scores range from 0 to 50). Following communication with the authors, an updated measure was included in Wave 3 to incorporate the updated spiritual domain questions into the PTGI-SF.	Cann A, Calhoun LG, Tedeschi RG, Taku K, Vishnevsky T, Triplett KN, Danhauer SC. A short form of the Posttraumatic Growth Inventory. Anxiety, Stress, & Coping. 2010 Mar 1; 23(2):127-37. https://www.tandfonline.com/doi/abs/10.1080/10615800903094273. Falke, K. WWP meeting materials [email]. Message to: Tyson, E. 2022 Aug 2. Tedeschi RG, Cann A, Taku K, Senol Durak E, Calhoun LG. The posttraumatic growth inventory: A revision integrating existential and spiritual change. Journal of traumatic stress. 2017 Feb;30(1):11-8.
Loneliness Pg. 63	Three-Item Loneliness Scale	Overall loneliness scores range from 3 to 9, with a higher score representing greater loneliness. Final scores can also be grouped as not lonely (scores 3 to 5) or lonely (scores 6 to 9).	Hughes ME, Waite LJ, Hawkley LC, Cacioppo JT. A short scale for measuring loneliness in large surveys: results from two population-based studies. Research on Aging. 2004 Nov;26(6):655-72.
Quality of life Pg. 68	Veterans RAND 12-Item Health Survey (VR-12)	Higher scores indicate better health.	Selim AJ, Rogers W, Fleishman JA, Qian SX, Fincke BG, Rothendler JA, Kazis LE. Updated US population standard for the Veterans RAND 12-item Health Survey (VR-12). Quality of Life Research. 2009 Feb;18:43-52.

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SCALES (CONTINUED)

Topic Page Number	How We Measure It	Interpretation of Scores	Scale Reference
Anxiety Pg. 69	General Anxiety Disorder 7-Item (GAD-7)	Cutoff scores of 5 to 9, 10 to 14, and 15 to 21 were used for mild, moderate, and severe anxiety, respectively. Further evaluation is recommended for scores of 10 or greater.	Löwe B, Decker O, Müller S, Brähler E, Schellberg D, Herzog W, et al. Validation and standardization of the Generalized Anxiety Disorder Screener (GAD-7) in the general population. Medical Care. 2008 Mar:266-74.
Depression Pg. 70	Patient Health Questionnaire-2 (PHQ-2)	A cutoff score of 3 was used to indicate the presence of depressive symptoms, warranting further consideration for treatment.	Kroenke K., Spitzer R.L., Williams J.B. (2003). The Patient Health Questionnaire-2: validity of a two-item depression screener. Medical Care, 41:1284–92.
PTSD Pg. 71	PTSD Checklist for DSM-5 (PCL-5)	A cutoff score of 33 was used to denote the presence of PTSD.	Weathers FW, Litz BT, Keane TM, Palmieri PA, Marx BP, Schnurr PP. The PTSD checklist for DSM-5 (PCL-5). Scale available from the National Center for PTSD. 2013.
Drug abuse Pg. 74	The Drug Abuse Screening Test (DAST-10)	Higher scores indicated a higher degree of problem related to drug abuse.	Skinner HA. The drug abuse screening test. Addictive Behaviors. 1982;7(4):363-71.
Alcohol Pg. 74	The Alcohol Use Disorders Identification Test-Concise (AUDIT-C) scale	For males, a score of 4 or more is suggestive of hazardous drinking or active alcohol use disorders, and a score of 3 or more for women is suggestive of this behavior. Overall, higher scores indicate unhealthy or unsafe drinking behavior.	Bush K, Kivlahan DR, McDonell MB, et al. The AUDIT Alcohol Consumption Questions (AUDIT-C): An effective brief screening test for problem drinking. Archives of Internal Medicine. 1998;158(16):1789-1795.

(Table continues on next page)

SCALES (CONTINUED)

Topic Page Number	How We Measure It	Interpretation of Scores	Scale Reference
Sleep Pg. 74	The Pittsburgh Sleep Quality Index (PSQI) *PSQI is copyright 1989 and 2010. University of Pittsburgh. All rights reserved.*	This report used two items from the PSQI to measure sleep quality and hours of sleep per night. Sleep quality scores were collapsed further into two dichotomous groups: good quality of sleep (scores 0 to 1) and poor quality of sleep (scores 2 to 3).	Buysse DJ, Reynolds III CF, Monk TH, Berman SR, Kupfer DJ. The Pittsburgh Sleep Quality Index: a new instrument for psychiatric practice and research. Psychiatry Research. 1989 May 1;28(2):193-213.
Pain Pg. 74	The Pain, Enjoyment of Life, and General Activity scale (PEG scale)	PEG scores range from 0 to 10. The screening tool is best used to detect changes over time in the same individual, but in general, a higher score indicates more severe pain and pain-related interference with life and activities. For the purposes of this analysis a cut-off score of >=4 was used to determine moderate to severe pain.	Krebs EE, Lorenz KA, Bair MJ, Damush TM, Wu J, Sutherland JM, Asch SM, Kroenke K. Development and initial validation of the PEG, a three-item scale assessing pain intensity and interference. Journal of General Internal Medicine. 2009 Jun;24(6):733-8.

WOUNDED WARRIOR
ANGIE LUPE

WWP PROGRAMS AND SERVICES

WWP is committed to helping warriors and their families confidently face the future. We understand that there is always another goal to achieve and another mission to discover — that's why we provide a variety of programs and services, all available at no cost to warriors and their families. This is a brief overview of what WWP offers.

To learn more about these programs, scan the code, visit woundedwarriorproject.org/discover or call the WWP Resource Center at 888.WWP.ALUM (997.2586), Monday - Friday, 9 am - 9 pm EST.

HELPING WARRIORS BUILD RESILIENCE TO HELP OVERCOME MENTAL HEALTH CONDITIONS

Telephonic emotional support: WWP Talk is a nonclinical, telephonic, goal-setting program that helps warriors and/or family support members plan an individualized path toward personal growth.

Adventure-based healing: Project Odyssey® is an adventure-based program with a five-day mental health workshop. WWP warriors and/or family members are challenged to step outside the comfort of everyday routines. For up to 12 weeks, individuals will connect with fellow participants to enhance their coping skills, achieve personal goals, and make lifelong positive changes.

Clinical treatment: Warrior Care Network® treatment provides warriors with the tools to address a range of symptoms such as anxiety, depression, irritability, poor sleep, memory impairments, and lack of motivation during a two-to-three-week accelerated treatment program at one of our partner academic medical centers.

HELPING WARRIORS MAKE LONG-TERM CHANGES TOWARD A HEALTHIER LIFE.

Fitness and nutrition: WWP's Physical Health and Wellness coaches empower warriors and family members to make long-term changes toward a healthier life through movement, nutrition and wellness education, coaching, goal-setting, and skill-building.

Sports tailored for all abilities: Adaptive Sports empower warriors to unleash their highest potential by participating in adapted athletic opportunities designed for their abilities.

Cycling: Soldier Ride® is a multiday inclusive cycling event that promotes physical activity and camaraderie while riding alongside fellow warriors.

HELPING WARRIORS FIND NEW CONNECTIONS AND A SUPPORTIVE COMMUNITY.

Warrior and family events: The WWP Alumni Connection program creates meaningful engagement opportunities through face-to-face and virtual programming for WWP warriors and families within and outside their local communities.

A tight-knit group that has your back: WWP Peer Support Groups offer a safe, judgment-free environment to regularly meet, share experiences, and build relationships with other veterans through nationwide veteran-led meetings and events.

EMPOWERING WARRIORS TO REACH THEIR FINANCIAL GOALS FOR THEMSELVES AND THEIR FAMILIES.

Career coaching: Warriors to Work® is here to help warriors and families succeed in the civilian workforce by finding meaningful employment that matches their skill sets.

Benefits services: The Benefits Services program provides VA-accredited professional benefits advocates who can assist warriors and families navigate the VA claims process — ensuring that they receive the benefits they earned in a manner that honors their service.

Financial education and counseling: The Financial Readiness team is here to help warriors and families succeed in improving their financial well-being through education and support.

PROVIDING LONG-TERM SUPPORT TO THE MOST CATASTROPHICALLY WOUNDED WARRIORS.

Long-term support for the most severely injured warriors: The Independence Program provides long-term support to wounded warriors living with injuries that impact their independence, such as moderate to severe brain injury, spinal cord injuries, and neurological conditions.

ADVOCATING FOR POLICIES AND INITIATIVES THAT IMPROVE THE LIVES OF MILLIONS OF VETERANS, THEIR FAMILIES, AND CAREGIVERS.

Veteran advocacy opportunities: Government Affairs amplifies warriors' voices before Congress, VA, and other federal policymakers, and provides opportunities for warriors to advocate for change and improvements at the national level.

REFERENCES

1. Amara J. Military women and the force of the future. Defence and Peace Economics. 2020;31(1):1-3.
2. Wounded Warrior Project. (2021). Women Warriors Initiative Report.
3. Wounded Warrior Project. (2023). Women Warriors Report.
4. Warrior Survey, Longitudinal: Wave 3. Wounded Warrior Project. (2025).
5. U.S. Department of Veterans Affairs. Women veterans health care. Facts and statistics [Internet]. U.S. Department of Veterans Affairs; 2022 Dec [cited 2025 Feb 20]. Available from: https://www.womenshealth.va.gov/materials-and-resources/facts-and-statistics.asp
6. Brown EK, Guthrie KM, Stange M, Creech S. "A woman in a man's world": a pilot qualitative study of challenges faced by women veterans during and after deployment. Journal of Trauma & Dissociation. 2021;22(2):202-19.
7. U.S. Department of Veterans Affairs. Social determinants of health [Internet]. U.S. Department of Veterans Affairs; 2025 Mar 17 [cited 2025 Aug 31]. Available from: https://www.va.gov/HEALTHEQUITY/Social_Determinants_of_Health.asp

8. U.S. Department of Veterans Affairs. Traumatic Brain Injury [Internet]. U.S. Department of Veterans Affairs; 2025 Apr 16 [cited 2025 Aug 31]. Available from: https://www.publichealth.va.gov/exposures/traumatic-brain-injury.asp
9. Rattray NA, Natividad D, Spontak K, Kukla M, Do AN, Danson L, Frankel RM, True G. Learning from women veterans who navigate invisible injuries, caregiving, and reintegration challenges. BMC Women's Health. 2023;23(1):665.
10. Lindsay JA, Caloudas A, Hogan J, Ecker AH, Day S, Day G, Connolly SL, Touchett H, Weaver KR, Amspoker AB. Getting connected: a retrospective cohort investigation of video-to-home telehealth for mental health care utilization among women veterans. Journal of General Internal Medicine. 2022; 37(Suppl 3):778-785. https://doi.org/10.1007/s11606-022-07594-2
11. Bureau of Labor Statistics. The employment situation – August 2023 [Internet]. Bureau of Labor Statistics. 2023 Aug [cited 2025 Jul 25]. Available from: https://www.bls.gov/news.release/archives/empsit_09012023.pdf
12. Rabbitt MP, Reed-Jones M, Hales LJ, Burke MP. Household food security in the United States in 2023 [Internet]. [place unknown]: U.S. Department of Agriculture, Economic Research Service; 2024 [cited 2025 Jul 07]. 52 p. Report No.: ERR-337. Available from: https://ers.usda.gov/sites/default/files/_laserfiche/publications/109896/ERR-337.pdf
13. Tsai J, Link B, Rosenheck RA, Pietrzak RH. Homelessness among a nationally representative sample of US veterans: prevalence, service utilization, and correlates. Social psychiatry and psychiatric epidemiology. 2016;51:907-16.
14. Dolan G, McCauley M, Murphy D. Factors influencing the salience of military/veteran identity post discharge: A scoping review. Journal of Veterans Studies. 2022;8(1).
15. Cann A, Calhoun LG, Tedeschi RG, Taku K, Vishnevsky T, Triplett KN, Danhauer SC. A short form of the Posttraumatic Growth Inventory. Anxiety, Stress, & Coping. 2010;23(2):127-37. https://www.tandfonline.com/doi/abs/10.1080/10615800903094273
16. Steptoe A, Shankar A, Demakakos P, Wardle J. Social isolation, loneliness, and all-cause mortality in older men and women. Proceedings of the National Academy of Sciences. 2013;110(15):5797-801.
17. Selim AJ, Rogers W, Fleishman JA, Qian SX, Fincke BG, Rothendler JA, Kazis LE. Updated U.S. population standard for the Veterans RAND 12-Item Health Survey (VR-12). Quality of Life Research. 2009;18(1):43-52.
18. Kwon JY, Sawatzky R. Examining gender-related differential item functioning of the Veterans Rand 12-item Health Survey. Quality of Life Research. 2017;26:2877-83.
19. U.S. Department of Defense. Our forces. U.S. Department of Defense. [cited May 1 25]. Available from: https://www.defense.gov/About/our-forces/

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