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WOUNDED WARRIOR PROJECT®

2023

WOUNDED WARRIOR PROJECT® | WOMEN WARRIORS REPORT

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WOMEN WARRIORS REPORT

★ 2023 ★

AUTHORS AND ACKNOWLEDGMENTS

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SAM HARGROVE

ABOUT WOUNDED WARRIOR PROJECT

Wounded Warrior Project is a nonprofit 501(c)(3) veterans service organization that is transforming the way America's wounded, ill, and injured post-9/11 veterans are empowered, employed, and engaged in their communities. WWP supports warriors through and beyond their transitions to civilian life with services in mental health, physical health, peer connection, career counseling, and financial wellness. A full list of WWP programs can be found at the end of this report.

In addition to its direct services to warriors, WWP advocates before Congress, the Department of Veterans Affairs (VA), and the Department of Defense (DoD) for veteran policies and initiatives that make a real difference. Those efforts have led to the creation and passage of life-changing legislation, such as the Deborah Sampson Act, The Sergeant First Class (SFC) Heath Robinson Honoring Our Promise to Address Comprehensive Toxics (PACT) Act of 2022 and Servicemembers' Group Life Insurance Traumatic Injury Protection program.

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

ABOUT THE 2023 WOMEN WARRIORS REPORT

Women veterans are the fastest-growing segment of the veteran population.[1] This report will focus on the experiences of WWP women warriors using quantitative data from the 2022 AWS and qualitative data from focus group discussions in 2023 with women warriors and service members.[2] In 2021, WWP published its first women-focused report. The findings of this report highlighted the unique challenges that WWP women warriors face and underscored the need for further research and advocacy. While the design and methodology were updated for the 2022 survey and 2023 focus groups, many of the same themes are consistent throughout. For more information about the 2021 report, please visit woundedwarriorproject.org/2021womenwarriorsreport.

Previous AWS findings have shown that WWP women warriors have unique experiences, including higher rates of military sexual trauma (MST) compared to male warriors and higher rates of sexual assault compared to females in the U.S. general population.[3,4] Furthermore, WWP women warriors view their military experience less positively and struggle more with connection and veteran identity in their post-service lives compared to male warriors.[3]

The purpose of this report is to present the findings from the focus group discussions held in 2023 and the 2022 AWS through the lens of those who self-identify as women and draw comparisons with those who self-identify as male. The findings allow us to identify gender-based research gaps and provide evidence-based policy recommendations to advocate for women veterans' needs.

METHODOLOGY

Exploratory sequential mixed methods were used to understand WWP women warriors' experiences and needs as women veterans.

QUANTITATIVE SURVEY METHODS

The methods for the descriptive survey have been outlined in the 2022 AWS report.[2] In brief, data came from the WWP AWS, administered from June to August 2022, of wounded, ill, and injured post-9/11 veterans registered with WWP (referred to as "warriors"). The 2022 AWS was administered by NORC at the University of Chicago and invitations were sent to 94,781 WWP warriors. Data collection continued for 10 weeks, from June 15 to August 24, 2022. The final response rate was 20.4% (n=19,303; 13,374 were male, 5,148 were female, and 781 were missing sex value).

The 2022 AWS data represents the 165,967 warriors (134,287 male; 28,543 female; 3,317 missing sex value) registered with WWP as of April 2022. Further information about the 2022 AWS methodology can be found in the 2022 AWS report. A breakdown of the standardized questionnaire scales included in the survey can be found in the Appendix of this report.

In 2021, the design of AWS changed to a longitudinal survey format, and the recruitment process involves inviting a selected sample that is reflective of the wider WWP population. Therefore, even though not all the participants from the focus groups completed the 2022 AWS, the data points may still be reflective of their experiences as registered (or eligible to be registered) WWP women warriors.

QUALITATIVE FOCUS GROUP METHODS

Qualitative data analysis was used to complement the breadth of quantitative data. Overall, nine focus group sessions (five in-person and four virtual on Zoom) were conducted from March to May 2023 and lasted approximately 90 minutes each. Eight of the focus groups were with women veterans, and one was with women active-duty personnel. A facilitator led the focus groups using a semi-structured interview guide, informed by quantitative data from the 2022 AWS, to gain WWP women warriors' perspectives on key topics such as mental health, transition to civilian life, access to care, and their veteran experience. A second facilitator attended all groups as well as a WWP mental health teammate in case any participants required further support.

Focus groups were audio recorded and transcribed verbatim to facilitate qualitative analysis. The transcriptions were analyzed using thematic analysis by authors KLW and SE separately. Once the findings were coded, the results were sent to each coauthor to validate the results. Differences were discussed within the team and adjusted after reaching a consensus.

Roundtable sessions with community leaders were held after the in-person focus groups. The roundtables were not recorded and were not analyzed for the purpose of this research, but focus group participants were invited to attend in conjunction with the focus group sessions. In addition to this, a virtual town hall was also organized for WWP women warriors as part of this initiative, with presentations from community leaders, including the VA's Center for Women Veterans, as well as WWP teammates about different WWP programs.

In appreciation for their time and commitment, focus group participants received a thank you card and WWP notebook.

RECRUITMENT PROCESSES AND TARGET POPULATION

The sampling selection and recruitment strategies for the focus groups were based on the following eligibility criteria:

- Registered with WWP as a woman (or eligible to register for those who participated in the active-duty focus group)
- For women of veteran status: to have exited the military after September 11, 2001

The initial recruitment strategy for the focus groups was to solely invite WWP women warriors who had completed the 2022 AWS and opted in to hear about future research opportunities. However, this did not lead to a high number of responses. The recruitment strategy pivoted with the help of the WWP Digital Marketing team to reach out to more WWP women warriors.

A total of 62 women warriors (56 veterans and six active-duty service members) participated in the focus groups, with an average group size of seven participants. The in-person focus groups were each conducted at different WWP office locations across the country, and recruitment was targeted to WWP women warriors in the local vicinity. For the virtual focus groups, the 50 states were divided into regions. Email invitations were sent to targeted WWP women warriors within those regions to ensure representation from across the U.S., across all focus groups. There was a range of diversity and ages, as well as representation from different military ranks and branches (apart from Space Force) and geographic locations. Please see the Appendix for further details regarding the recruitment process.

DATA COLLECTION PROCESS

Data from the focus groups were collected using a semi-structured interview guide, which explored WWP women warriors' experiences across five key domains: mental health, financial wellness, social health, transition, and access to care.

FINDINGS FROM FOCUS GROUP DISCUSSIONS

Findings from the focus group discussions have been broken into key themes aligned with the five domains, each with supporting topics and sub-topics, which are outlined in the table below. A summary of each key theme is included at the end of the corresponding section of this report, and quotes from these discussions have been embedded alongside pertinent data points to provide a more holistic picture of WWP women warriors' experiences.

TABLE 1: BREAKDOWN OF FOCUS GROUP FINDINGS

KEY THEMES	SUPPORTING TOPICS	SUB-TOPICS
Mental Health and Wellness	Coping strategies and skills, poor mental health, barriers to good mental health, MST	Hobbies, substances
Financial Wellness	Lack of financial education, lack of financial wellness, barriers to financial wellness, good financial wellness	Education, employment
Social Health and Isolation	Women veteran identity, lack of support for women veterans, barriers to social health, factors that help promote social health	-
Transition	Discrepancies in perceptions of women and male veterans, being a woman veteran, complicated transition, lack of support and preparation for transition, impact of military career, supportive factors for transition, advice for others on transition	-
Access to Care	Medical experiences, gender-specific care, barriers to care	Medical scenarios, comments from health care professionals

TABLE 2: SECTIONS OF THE REPORT

SECTION	DEFINITION
Mental Health and Wellness	**Emotional and psychological health impacting one's overall well-being, resilience, productivity, and drive.** This section explores PTSD, anxiety, depression, suicidality, and brain health.
Financial Wellness	**Empowerment through well-managed economic resources.** This section explores income, employment, food security, and debt.
Social Health	**Health, resilience, and camaraderie marked by meaningful relationships and experiences with both individuals and a community.** This section explores loneliness and resilience.
Transition from Military Service	**Adjustment to civilian life and self-perception after leaving military service.** This section explores the experiences of transition for WWP women warriors due to the findings from the focus group discussions.
Access to Care	**Reliability and accessibility of support and care available to warriors.** This section explores health care coverage, telehealth, barriers to care, as well as instrumental support and caregiving.
Special Topics: Trauma and Other Exposures; Physical Health	This section explores additional data points for trauma and other exposures (MST and environmental exposures) and physical health (physical activity, sleep, and chronic pain).

OVERVIEW OF THE REPORT

The findings from this report are outlined according to the key themes developed and identified from the focus group discussions.

Each section provides an overview of the relevant data points from 2022 AWS, making comparisons between WWP women warriors, male warriors, and other populations, as well as quotes from the focus group discussions. At the end of each section, there is a qualitative summary about the themes discussed in the focus groups. Following each qualitative summary, there is a recommendations section, where policy and research recommendations are provided. Further information about the different sections of the report is outlined in Table 2.

APPENDIX

The Appendix provides detailed supplemental information on topics such as questionnaire scales used in the 2022 AWS, a list of all WWP programs, and contact information for the WWP Resource Center.

KEY FINDINGS

WWP women warriors are **more likely** to present with moderate to severe symptoms of post-traumatic stress disorder (PTSD), depression, and anxiety than male warriors.

The rates of suicidal ideation and the prevalence of at least one attempted suicide **are higher** among WWP women warriors than male warriors.

More WWP women warriors report experiencing MST than male warriors, yet a higher percentage of male warriors are accessing VA benefits related to care for MST than women warriors (6.8% vs. 4.6%).

WWP women warriors are **more likely** to attempt to navigate the VA system but face more barriers to care within the VA, whereas male warriors are less likely to use VA care.

For both WWP women and male warriors, an increase in the time since leaving military service increases the odds of self-reported PTSD.

The unemployment rate among WWP women warriors **is higher** than among male warriors.

A **higher number** of unemployed WWP women warriors reported family and/or child care responsibilities as a barrier to employment, compared to unemployed male warriors.

A **higher percentage** of WWP women warriors experience loneliness compared to male warriors.

A **higher percentage** of WWP women warriors indicated they had difficulty or put off getting needed care for physical injuries or problems than male warriors.

Despite experiencing high rates of trauma, WWP women warriors score **slightly higher** in post-traumatic growth than male warriors. This points to greater positive coping after experiencing trauma (see Appendix for further details about the Post-Traumatic Growth Inventory scale).

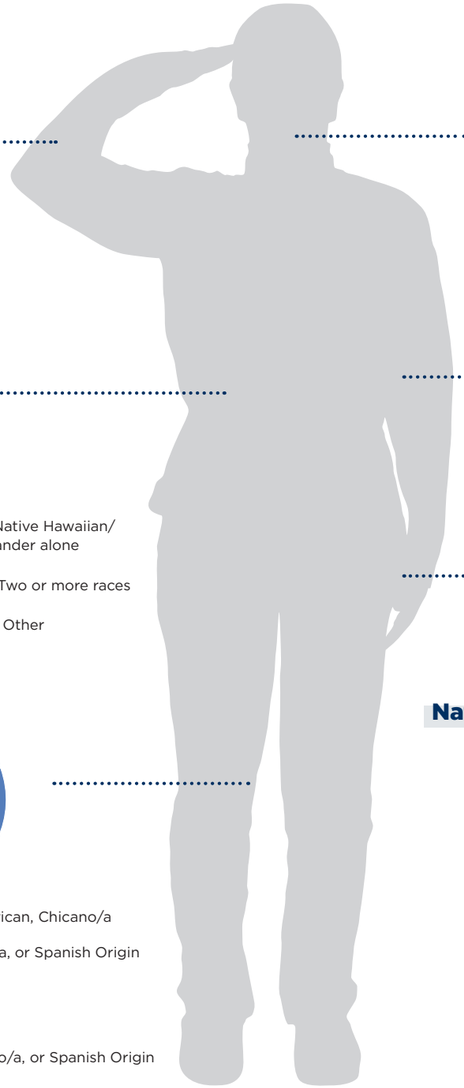
Among WWP women warriors who use non-VA providers for primary care, the most common reasons reported include:

- Easier access to care
- Appointments at more convenient time
- Better-quality care

WWP WOMEN WARRIORS: A 360° VIEW

This 360-degree view provides an overview of the women warriors registered with WWP as of April 2022.

To provide further context, this section compares WWP women warrior demographic data with male warriors. The Appendix includes the summary tables comparing WWP women and male warriors alongside the post-9/11 veteran population, the broader U.S. veteran population, and the U.S. general population.[5]



MARITAL STATUS:

47.4%

ARE MARRIED, compared to 69.1% of male warriors.

AVERAGE AGE:

40

EDUCATION:

55.5%

HAVE A BACHELOR'S DEGREE OR HIGHER, compared to 39.7% of male warriors.

RACE

- **54.1%** White alone
- **26.1%** Black or African American alone
- **2.2%** Asian alone
- **1.7%** American Indian/ Alaskan Native alone
- **1.0%** Native Hawaiian/ Pacific Islander alone
- **11.3%** Two or more races
- **3.7%** Other

BRANCH OF SERVICE:

Nearly three in 10 WWP women warriors have served in more than one branch of the military (28.8%)

- **Army 61.4%**
- **National Guard or Reserve 30.6%**
- **Navy 18.0%**
- **Air Force 17.6%**
- **Marine Corps 6.9%**
- **Coast Guard 1.3%**
- **Space Force 0.2%**

ETHNICITY

- **8.8%** Mexican, Mexican American, Chicano/a
- **6.0%** Other Hispanic, Latino/a, or Spanish Origin
- **4.3%** Puerto Rican
- **0.6%** Cuban
- **80.3%** Not of Hispanic, Latino/a, or Spanish Origin

TOP 5 Service-Related Injuries and Health Problems

83.7%
ANXIETY

81.2%
DEPRESSION

76.8%
SLEEP PROBLEMS

72.7%
POST-TRAUMATIC STRESS DISORDER (PTSD)

53.6%
MIGRAINES OR CHRONIC HEADACHES

WOUNDED WARRIOR
LISA CRUTCH

OVERALL QUALITY OF LIFE

WWP's vision is to foster the most successful, well-adjusted generation of wounded service members in our nation's history. We believe that being a well-adjusted generation is predicated on an enhanced quality of life (QoL) — the ability to fully participate in and enjoy life.

In line with this commitment to enhanced QoL for warriors, WWP seeks to understand how it may be impacted by different experiences or areas of well-being. In the 2022 AWS, QoL was measured using the Veteran RAND 12-Item Health Survey (VR-12).[6] The VR-12 provides a physical and mental health summary score, reported as a Physical Component Score (PCS) and a Mental Health Component Score (MCS). Higher PCS and MCS indicate better health.

Overall, WWP women warriors had an average PCS of 38.6 and MCS of 34.5 in the 2022 AWS, which is different from the scores for male warriors (PCS of 39.0; MCS of 35.9). Compared with U.S. women general population scores, WWP women warriors scored lower in mental health and slightly higher in physical health.

VR-12
QoL Measurement

higher **PHYSICAL COMPONENT SCORE (PCS)** + *higher* **MENTAL COMPONENT SCORE (MCS)**

= BETTER QUALITY OF LIFE

TABLE 3: VR-12 SCORES – WWP WARRIORS AND COMPARATIVE POPULATIONS

	★ WWP Women Warriors	WWP Male Warriors	U.S. Women Population[7]	U.S. Population[6]	U.S. Military/ Veterans[8]
Mental Component Score	34.5	35.9	50.8	50.1	42.9
Physical Component Score	38.6	39.0	37.0	39.8	40.7

When comparing time since leaving military service and MCS, there appears to be a gender-based difference. WWP women warriors report consistently low MCS regardless of time since leaving service. In contrast, male warriors' MCS decrease over time.

WOUNDED WARRIOR **PELE HUNKIN** WITH HER CHILDREN

MENTAL HEALTH & WELLNESS

WOUNDED WARRIOR
SEVERA PARRISH

WWP defines "mental health" as "emotional and psychological health impacting one's overall well-being, resilience, productivity, and drive." Research has shown differences between the mental health of male and female veterans, with one women veteran focused study looking at the impact of military service on mental health and how that influences other factors such as employment rates and various mental health outcomes.[9] A systematic review on women veterans' mental health found that overall, women veterans indicate higher rates for certain mental health conditions compared to male veterans, and unique health risk factors and outcomes.[10]

To better understand the unique mental health challenges that women warriors face, we've examined data from the 2022 AWS and gathered qualitative feedback during focus groups. The 2022 AWS asked WWP warriors about their mental health, in particular, symptom severity of PTSD, depression, anxiety, self-directed violence, and substance abuse as well as self-reported prevalence of traumatic brain injury (TBI). To complement the quantitative findings, the 2023 focus groups asked WWP women warriors to describe what a good and/or bad mental health day looked like to them and what makes them happy.

"I think it's the mental health aspect of it, of telling myself, 'don't allow yourself to get isolated.'"

– FOCUS GROUP PARTICIPANT

ANXIETY

Anxiety is the number one injury or health problem reported by WWP women warriors and, like PTSD and depression, it is reported at a higher rate when compared to male warriors. Overall, WWP women warriors scored an average anxiety score of 10.2, which falls within the moderate range of anxiety symptom severity. When asked about anxiety symptoms in the past two weeks, nearly half (49.3%) of WWP women warriors presented with moderate to severe anxiety symptoms, compared to 46.2% of male warriors.

The most common anxiety symptoms reported by WWP women warriors include having trouble relaxing, worrying too much about different things, and feeling nervous, anxious, or on edge. WWP women warriors report all these symptoms at higher rates than male warriors, whereas male warriors reported becoming easily annoyed or irritable at a higher rate than women warriors.

TABLE 4: TOP ANXIETY SYMPTOMS REPORTED BY WWP WARRIORS

Percentages show WWP warriors who reported experiencing these symptoms "nearly every day."

Top Anxiety Symptoms Reported by WWP Warriors (2022)	★ WWP Women Warriors	WWP Male Warriors
Trouble relaxing	27.2%	22.8%
Worrying too much about different things	24.2%	(Not top three)
Feeling nervous, anxious, or on edge	23.5%	20.6%
Becoming easily annoyed or irritable	(Not top three)	24.7%

DEPRESSION

Depression is the second most common injury or health problem reported by WWP women warriors and is reported at higher rates when compared to male warriors. Overall, WWP women warriors had an average depression score of 11.8, which falls within the moderate range of depressive symptom severity. When asked about depressive symptoms in the past two weeks, nearly three in five (58.7%) WWP women warriors presented with moderate to severe depressive symptoms, compared to 54.1% of male warriors.

The most common depression symptoms reported by WWP women warriors include sleep challenges, feeling tired or having little energy, and having a poor appetite or overeating. WWP women warriors reported all these symptoms at higher rates than male warriors, whereas male warriors reported having little interest or pleasure in doing things at a higher rate than women warriors.

NEARLY
3 in 5
WWP women warriors presented with moderate to severe depressive symptoms

"Those emotions are so gone that I don't even know what happiness looks or feels like anymore. So, it's a very pretend feeling."
– FOCUS GROUP PARTICIPANT

TABLE 5: TOP DEPRESSION SYMPTOMS REPORTED BY WWP WARRIORS

Percentages show WWP warriors who reported experiencing these symptoms "nearly every day."

Top Depression Symptoms Reported by All WWP Warriors (2022)	★ WWP Women Warriors	WWP Male Warriors
Trouble falling or staying asleep, or sleeping too much	35.7%	31.1%
Feeling tired or having little energy	33.4%	26.0%
Poor appetite or overeating	22.3%	(Not top three)
Little interest or pleasure in doing things	(Not top three)	17.8%

POST-TRAUMATIC STRESS DISORDER

As the fourth most commonly reported injury or health problem among WWP women warriors, PTSD is a critical challenge impacting the population. More than half (50.7%) of WWP women warriors presented with moderate to severe symptoms of PTSD, which is higher than what is seen among the general U.S. veteran population[11] and the U.S. women veteran population.[12,13] Furthermore, WWP women warriors are more likely to present with moderate to severe symptoms of PTSD than male warriors (48.2%).

The 2022 AWS also shows that there is a positive relationship between time since military service and self-reported rates of PTSD. For both WWP women warriors and male warriors, an increase in the time since leaving military service increases the odds of self-reported PTSD.

MORE THAN
HALF
of WWP women warriors present with moderate to severe symptoms of PTSD

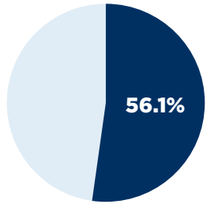
SELF-DIRECTED VIOLENCE

The issue of self-directed violence, including suicide, is well-documented among the general U.S. veteran population, and suicide prevention efforts have become a top priority among the entire veteran service community. Veterans are 1.5 times more likely to die by suicide than non-veteran adults, with an estimated 16.8 veteran suicides per day.[14] A research study focusing on women veterans found the onset of suicidal ideation, attempt, and non-suicidal self-injury was most likely to occur before military service; however, the prevalence of these behaviors was higher after military service.[15]

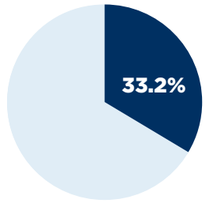
SUICIDAL THOUGHTS AND BEHAVIOR

In the 2022 AWS, nearly three in 10 (29.1%) WWP women warriors reported having suicidal thoughts in the past 12 months. Of those WWP women warriors who reported suicidal thoughts, 65.2% reported having them in the past two weeks. The prevalence rates are different when compared to WWP male warriors. A lower number of male warriors experienced suicidal thoughts in the past 12 months (28.0%), but a higher number among those reported suicidal thoughts in the past two weeks (73.8%).

The rates of suicidal ideation and the prevalence of at least one attempted suicide are higher among WWP women warriors than male warriors:



More than half (56.1%) of WWP women warriors reported at least one instance of **suicidal ideation** in their lifetime, compared to 50.8% of male warriors.



About one-third (33.2%) of WWP women warriors have attempted suicide at least once in their lifetime, compared to 23.5% of male warriors.

> **"It just got to the point where, if this is the way life is going to be, I might as well do something that I know eventually is going to kill me."**
>
> **– FOCUS GROUP PARTICIPANT**

RESOURCES USED FOR SUICIDALITY

When faced with thoughts of suicide, it's important that veterans have a support system or trusted confidant that they can lean on. When asked about whom they talk to about suicidal thoughts or attempts, the five most common responses from WWP women warriors included professional care, family and friends, and religious leaders:

- **Counselor or therapist (48.1%)**
- **Doctor or other health care provider (35.3%)**
- **Family member(s) (31.6%)**
- **Friends (30.1%)**
- **Religious leader (8.0%)**

MENTAL HEALTH SUPPORT AND CARE

While mental health and emotional challenges make up three of the top five injuries and health problems reported by WWP women warriors, most report that they have sought professional care in the past year. Nearly eight in 10 (76.9%) WWP women warriors have visited a professional more than 12 times in the past 12 months to help with issues such as stress, alcohol, drugs, or emotional or family problems.

When asked about other, more specific tools and resources used for coping with stress, emotional, or mental health concerns in the past year, the five most common responses from WWP women warriors included talking with family and friends, prescription medication, services at a VA medical center, talking with another veteran, and physical activity. WWP women warriors reported utilizing these tools and resources at higher rates than male warriors, with the exception of "talking with another veteran."

NEARLY
8 in 10
WWP women warriors have sought professional care 12+ times in the past 12 months

TABLE 6: TOOLS AND RESOURCES USED FOR STRESS, EMOTIONAL CHALLENGES, OR MENTAL HEALTH CONCERNS

TALKING TO FAMILY AND FRIENDS	TALKING WITH ANOTHER VETERAN	PRESCRIPTION MEDICATION	SERVICES AT A VA MEDICAL CENTER	PHYSICAL ACTIVITY
★ WWP Women Warriors				
71.1%	58.0%	66.6%	60.7%	58.0%
WWP Male Warriors				
64.2%	61.1%	57.4%	54.0%	54.0%

BRAIN HEALTH

HEAD-RELATED TRAUMA

Head-related trauma is one of the common invisible wounds sustained by post-9/11 service members and has been referred to as the "signature injury" of this generation.[16] Military service members are at an increased risk of brain injury due to head-related trauma as a result of blasts or injuries sustained during combat or training exercises.[17] The majority of WWP women warriors (78.6%) 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.

Among WWP women warriors who reported being injured during one of these events, most (57.9%) reported experiencing symptoms typical of head-related trauma (such as losing consciousness or being "knocked out") immediately following the event.

Furthermore, 19.9% of WWP women warriors self-reported experiencing TBI as a result of serving in the military after September 11, 2001, compared to 39.9% of male warriors.

ABOUT
1 in 5
WWP women warriors self-reported TBI

SUBSTANCE USE

The 2022 AWS measured substance use through drug abuse and alcohol drinking habits.

3 in 5
WWP women warriors report having no problems related to drug abuse

DRUG ABUSE

Overall, most (60.4%) WWP women warriors have no problems related to drug abuse. Just over one-third reported low to moderate (38.5%) levels, while 1.2% had substantial or severe levels of problems related to drug abuse. Compared to WWP male warriors, women warriors reported lower rates of drug abuse. WWP male warriors reported a severe level of problems related to drug abuse twice as often as women warriors.

WWP women warriors who indicated a substantial or severe level of problems related to drug abuse reported lower MCS, but higher PCS, highlighting that the influence of drug abuse on well-being is complex.

TABLE 7: DEGREE OF PROBLEMS RELATED TO DRUG ABUSE AMONG WWP WARRIORS

Degree of Problems Related to Drug Abuse	★ WWP Women Warriors	WWP Male Warriors
No problems reported	60.4%	56.5%
Low level	35.4%	36.8%
Moderate level	3.1%	4.6%
Substantial level	1.0%	1.7%
Severe level	0.2%	0.4%

"I ended up being homeless [related to substance use] and I thought I did everything right, but I couldn't get any medical help. I was getting talked down to by the psychiatrist and they wouldn't even transfer the meds that I had...I'm not proud of things. I'm 15 months clean." – FOCUS GROUP PARTICIPANT

ALCOHOL

About two in five (42.7%) WWP women warriors screened positive for potential hazardous drinking or active alcohol use disorders, indicating they may have unhealthy and unsafe drinking habits. This is a lower percentage than reported by male warriors (44.0%).

WWP women warriors who indicated hazardous drinking or active alcohol disorders, compared to those who did not, reported lower MCS scores, but higher PCS, suggesting a complex relationship between excessive alcohol consumption and well-being.

2 in 5

WWP women warriors screened positive for hazardous or active alcohol use

MENTAL HEALTH: FOCUS GROUP SUMMARY

Overall, from the focus group discussions, four supporting topics were identified under the key theme Mental Health, which are outlined below.

COPING STRATEGIES AND SKILLS: WWP women warriors shared that coping strategies like exercise, reading, and spending time with their pets are some of the things that help them have a "good" mental health day.

POOR MENTAL HEALTH: During the focus group discussions, WWP women warriors shared that a "poor" mental health day would include behaviors such as oversleeping, not showering, or feeling unworthy or shame.

BARRIERS TO "GOOD" MENTAL HEALTH: WWP women warriors shared that barriers to achieving a "good" mental health day include isolation, the long-term impacts of PTSD or poor mental health, stigma around talking about mental health (particularly when serving), and having to support others when they needed support themselves.

MST: Although we did not specifically ask about MST, it was raised by participants during every focus group. Some of the discussions included experiences of MST, barriers to reporting, feeling as if they were pushed out of the military because of MST, not having their experiences validated when trying to access care, and the importance of raising awareness to support both women and male veterans. Further information from 2022 AWS on MST can be found in the sections Access to Care and Trauma and Other Exposures.

"And the unfairness of it all, in my opinion, is that you have to make a choice between taking care of yourself or keeping your career." – FOCUS GROUP PARTICIPANT

MENTAL HEALTH RECOMMENDATIONS

WWP RECOMMENDS ENACTING POLICY THAT WOULD ENCOURAGE THE VA TO...

- Develop a stronger and more public campaign to engage women veterans in mental health offerings.
- Develop cultural competency training for Veteran Crisis Line operators and community providers to help them provide more appropriate assistance specifically for women veterans.
- Explore new opportunities for non-pharmaceutical-based mental health treatment options.

ADDITIONAL RESEARCH SHOULD BE CONDUCTED TO BETTER UNDERSTAND...

- Root causes of trauma among women veterans and positive and negative coping skills that are adopted in response to trauma.
- Factors that impact women veterans' mental health issues, as well as the factors and treatments that can improve these issues.
- Why differences exist in mental health among women veterans and male veterans.
- Risk factors for suicide attempts and how they differ between women veterans and male veterans.
- Factors that contribute to the higher rates of attempted suicide among WWP women warriors compared to male warriors.

FINANCIAL WELLNESS

WOUNDED WARRIOR
TONYA OXENDINE

WWP defines "financial wellness" as "empowerment through well-managed economic resources." Findings from previous research studies show some differences between financial outcomes and employment among female and male veterans.[18,19] This section explores employment, income, financial strain, debt, food security, financial well-being, and homelessness. To complement the quantitative findings, the 2023 focus group discussions included WWP women warriors' experiences of financial knowledge and wellness, as well as employment.

EMPLOYMENT

INDUSTRIES OF EMPLOYMENT

WWP women warriors are employed across a diverse range of industries. Of the 49.5% of WWP women warriors who are currently employed, the most common industries include health care and social assistance, public administration, professional, scientific, and technical services, and finance and insurance.

Feeling supported by employers is important for veterans' professional growth and fulfillment. Employers can provide this support through mentorship programs or veteran resource groups. Among the WWP women warriors who are employed, 24.0% reported their employer has one of these resources or services available. This is a smaller rate than reported by male warriors (27.6%).

TABLE 8: TOP FIVE INDUSTRIES OF EMPLOYMENT AMONG WWP WARRIORS

Industry	★ WWP Women Warriors	WWP Male Warriors
Other	30.4%	25.0%
Health care and social assistance	22.2%	8.5%
Public administration	18.7%	21.4%
Professional, scientific, and technical services	5.7%	8.9%
Finance and insurance	4.4%	3.4%

> **"You get a job, and then all of a sudden, you're like, 'Thank God I got a job. Oh— I got a VA appointment'... and then your life is in flux because if you start going to the appointments, then the employer will be like, 'I shouldn't hire them veterans in the first place.'"**
>
> **– FOCUS GROUP PARTICIPANT**

EMPLOYMENT AND VA DISABILITY RATINGS

When looking at disability ratings alongside employment status, 100% disability ratings are least common among employed WWP women warriors, while 50.7% of those who are unemployed and looking for work have disability ratings of 100%.

Among WWP women warriors who are not currently looking for work, 63.5% have a disability rating of 100%. When asked why they are not looking for work, the most common reasons reported are mental health issues from a service-connected disability (30.1%) and physical injury from a service-connected disability (17.4%), followed by being retired (16.2%).

TABLE 9: EMPLOYMENT STATUS AMONG WWP WARRIORS WITH 100% VA DISABILITY RATING

Employment Status	★ WWP Women Warriors with 100% Disability Rating	WWP Male Warriors with 100% Disability Rating
Employed	36.6%	37.2%
Unemployed	50.7%	54.9%
Do not currently want/need to work	63.5%	72.0%

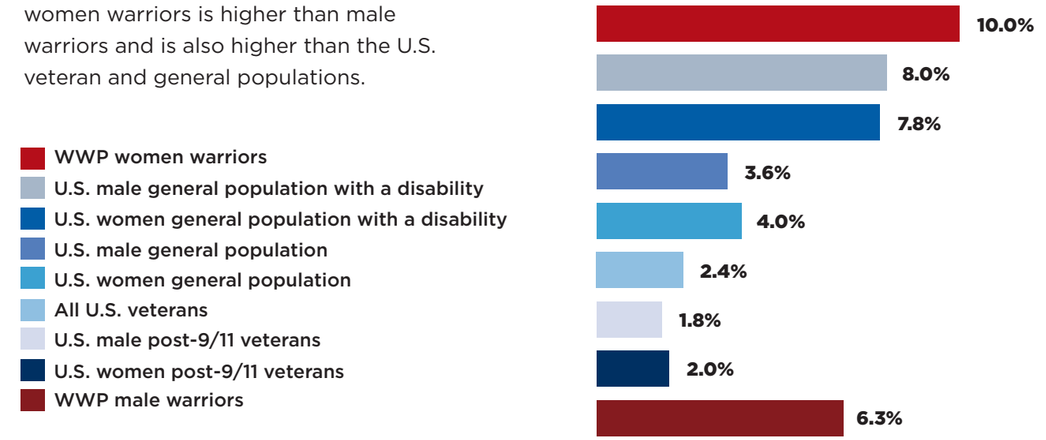
Please note the percentages do not equal 100% due to using different definitions for employed and unemployed. Please see the 2021 AWS report for further details on the definitions.

> **"I had to go into business on my own because even though I have a master's degree, I can't use it here because... I'm overqualified or underqualified because I was in the Army for X amount of years and I just don't have the [right] experience."**
>
> **– FOCUS GROUP PARTICIPANT**

UNEMPLOYMENT

The unemployment rate among WWP women warriors is higher than male warriors and is also higher than the U.S. veteran and general populations.

FIGURE 1: UNEMPLOYMENT RATES AMONG WWP WARRIORS AND COMPARATIVE POPULATIONS[20]



The unemployment rate for WWP women warriors is

4X HIGHER

than the U.S. veteran population

BARRIERS TO EMPLOYMENT

Understanding the barriers and gaps that contribute to the time it takes to find a job can better serve warriors and ensure they get connected with the resources and services they need for financial stability and success.

For the 10.0% of WWP women warriors who are unemployed, the top-reported barriers to employment are:

- Mental health or psychological distress: **51.3%**
- Lack of skills or knowledge to translate military skills to the civilian workforce: **27.8%**
- Family and/or child care responsibilities: **27.6%**

A higher number of unemployed WWP women warriors compared to unemployed male warriors reported family and/or childcare responsibilities as a barrier to employment **(27.6% vs. 17.4%)**.

Top-reported barriers to employment for unemployed male warriors:

- Mental health or psychological distress: **47.4%**
- Lack of skills or knowledge to translate military skills to the civilian workforce: **39.2%**
- Other: **29.8%**

INCOME

The average weekly income for WWP women warriors employed full-time is $1,371, and for WWP women warriors working part-time, the weekly income is $867. This is lower than the average weekly income for WWP male warriors employed full-time and higher compared to WWP male warriors employed part-time ($1,407 and $555, respectively).

The median household income reported by WWP women warriors is $50,000 to $74,999. That income range is the same as the median household income reported by male warriors ($50,000 to $74,999) and encompasses the median income of $70,784 for the U.S. general population.[21]

FINANCIAL STRAIN

Financial strain is higher among WWP women warriors than male warriors, with 65.4% indicating that at some point in the past 12 months, they did not have enough money to make ends meet (64.0% for male warriors).

The proportion of WWP women warriors who reported they did not have enough money to make ends meet in the past 12 months was higher among WWP women warriors who are currently unemployed compared to WWP women warriors who are currently employed full-time.

TABLE 10: FINANCIAL STRAIN AMONG WWP WARRIOR SUB-POPULATIONS

WWP Warrior Sub-populations	★ WWP Women Warriors	WWP Male Warriors
Unemployed	84.0%	79.4%
Part-time employment	70.8%	74.0%
70% or more VA disability rating	66.6%	64.8%
100% VA disability rating	65.6%	63.6%
Full-time employment	58.7%	57.9%

% who reported not having enough money to make ends meet in the past 12 months

WWP women warriors reported that in the past 12 months, the top two reasons for financial strain or struggle were the increased costs of goods (e.g., food, gas, rent) (80.7%) and family obligations (27.3%). The top reasons for financial strain and struggle were similar among WWP women warriors and male warriors; however, there appeared to be gender-based differences for the bottom two reasons. More WWP women warriors than male warriors reported being out of work (20.8% vs. 16.8%) and medical bills (7.4% vs. 5.8%) as reasons for financial strain or struggle.

TABLE 11: TOP REASONS FOR FINANCIAL STRAIN OR STRUGGLE AMONG WWP WARRIORS

Reason for Financial Strain or Struggle	★ WWP Women Warriors	WWP Male Warriors
Increased costs of goods (e.g., food, gas, rent)	80.7%	82.0%
Working but not making enough money	26.4%	26.9%
Family obligations	27.3%	26.5%
Out of work	20.8%	16.8%
Medical bills	7.4%	5.8%

DEBT

More than nine in 10 (92.3%) WWP women warriors have debt other than a mortgage, of which 55.9% have at least $20,000 in total debt (excluding mortgages). This is similar to the level of indebtedness reported by WWP male warriors (92.9% and 57.1%, respectively).

FOOD SECURITY

The U.S. Department of Agriculture (USDA) defines food security as having access to enough food for an active, healthy life.[22] The overall food security mean score for WWP women warriors was 1.93, which falls in the middle of food secure and insecure, but closer to food insecure. This is similar to the mean score for WWP male warriors (1.85).

Forty percent of WWP women warriors met the threshold for being food insecure, which is higher compared to male warriors (38.4%) and nearly four times higher than what is seen in the U.S. general population (10.2%).[23] Similarly, high food security is less common among WWP women warriors than among male warriors and the U.S. general population (60.0%, 61.6%, and 89.8%, respectively).

"I'm a single mom. I was abandoned by my ex-husband... I was only at 60% disability. The eviction notice came in 30 days. I had to get state health insurance and food stamps, and I had to ask for emergency rent to stay there."

– FOCUS GROUP PARTICIPANT

TABLE 12: FOOD SECURITY AMONG WWP WARRIORS AND THE U.S. GENERAL POPULATION

U.S. Household Food Security Survey scores

Level of Food Security	★ WWP Women Warriors	WWP Male Warriors	U.S. General Population
Very low food security	24.2%	22.9%	3.8%
Low food security	15.8%	15.5%	6.4%
High food security	60.0%	61.6%	89.8%

FINANCIAL WELL-BEING

Nearly half (49.3%) of WWP women warriors report that they live paycheck-to-paycheck ("sometimes" to "all the time"), and 39.4% say they have little to no confidence that they could find the money to cover a $1,000 emergency expense. This is slightly different from the percentages reported by WWP male warriors, which were 45.4% and 44.0%, respectively.

Individuals from every income level can experience financial well-being, or lack of it, during their life. The overall financial well-being mean score for WWP women warriors was 5.2, indicating moderate financial distress. This is similar to the overall mean score for male warriors (5.3) and in line with the U.S. general population's overall score of 5.7, also indicating moderate financial distress.[24]

TABLE 13: FINANCIAL WELL-BEING AND DISTRESS AMONG WWP WARRIORS AND THE U.S. GENERAL POPULATION

Level of Financial Well-being	★ WWP Women Warriors	WWP Male Warriors	U.S. General Population[24]
High financial well-being (low distress)	27.9%	31.4%	42.0%
Moderate financial well-being (moderate distress)	49.5%	48.5%	28.0%
Low financial well-being (high distress)	22.6%	20.1%	30.0%

HOMELESSNESS

About one in 25 (3.9%) WWP women warriors reported some form of homelessness in the past 12 months. This is similar to the responses from male warriors (4.0%). Of the WWP women warriors reporting homelessness in the past 12 months, 36.2% indicated they are no longer homeless (slept in a home or apartment they owned or rented within the previous 24 hours).

FINANCIAL WELLNESS: FOCUS GROUP SUMMARY

Overall, from the focus group discussions, four supporting topics were identified under the key theme of Financial Wellness, which are outlined below.

LACK OF FINANCIAL EDUCATION: Not having enough knowledge about financial wellness and stability, both during their military service and as even part of transition, was a concern shared by many, with some mentioning they felt unprepared going into civilian life. One topic that was discussed was the lack of tailored financial support (e.g., for single parents or those who had not worked prior to going into the military) and the perception that the Transition Assistance Program (TAP) provided by the military was a one size fits all model.

LACK OF FINANCIAL WELLNESS: Some WWP women warriors shared examples of when they have felt a lack of financial wellness. For example, some WWP women warriors shared that, as single mothers or those carrying other family obligations, it is difficult not having enough financial support during those times. A few WWP women warriors also reported feeling "stuck" and unable to move closer to friends or family due to their current financial circumstances.

BARRIERS TO FINANCIAL WELLNESS: When trying to change their circumstances, WWP women warriors mentioned that some of the employment barriers they experienced included not knowing how to transition military skills, feeling overqualified or underqualified for civilian jobs, finding purpose again with their work, lack of support or flexibility from employers around family obligations, or taking time off for health appointments.

GOOD FINANCIAL WELLNESS: During the discussions, there were also positive experiences shared by a few WWP women warriors around their financial and employment situations, which included enjoying their civilian jobs or retirement and employment benefits.

> **"I have a mortgage because that's the only thing I was able to keep. That's all I have. And now my house is in forbearance. I can't pay my mortgage. So, what's going to happen when that runs out? Am I going to lose my house?"**
>
> – FOCUS GROUP PARTICIPANT

FINANCIAL WELLNESS RECOMMENDATIONS

WWP RECOMMENDS ENACTING POLICY THAT WOULD ENCOURAGE THE VA TO…

- Expand eligibility, benefits, and awareness for VA's Edith Nourse Rogers STEM Scholarship:
  - Extend access to those pursuing or enrolled in an associate's level or graduate degree program.
  - Increase the amount of time or maximum award of the benefit and eliminate the current post-9/11 GI Bill requirement.
  - Develop an outreach campaign focused on educating women veterans on the scholarship.
- Make the VET-TEC pilot program permanent to create enduring opportunities for veterans seeking high-technology careers.
- Invest in mentorship and transition support services for women veterans.
  - Establish a pilot program, in collaboration with the Department of Labor, that connects women veterans with professional mentors.
  - Create a pilot grant supporting community organizations that offer women veteran-specific programs in areas including formal mentorship, peer support, military-to-civilian transition, education, and career planning or employment.

ADDITIONAL RESEARCH SHOULD BE CONDUCTED TO BETTER UNDERSTAND…

- Why differences exist in unemployment rates among women and men — in both the veteran and civilian populations.
- The issue of underemployment among women veterans and whether there are differences in associated factors between the women veteran, male veteran, and civilian women populations.
- The impact of supporting family obligations on women veterans' financial wellness.

WOUNDED WARRIOR **JESSICA COULTER** WITH HER SONS

SOCIAL HEALTH

WWP defines "social health" as "health, resilience, and camaraderie marked by meaningful relationships and experiences with both individuals and a community." Adjusting to civilian life can present new challenges for warriors because they've lost the camaraderie and support they once had within the military. Additionally, when inherent standards have existed for military service members to maintain values such as "honor" and "heroism," challenges to maintain those beliefs can create barriers to trust and connection with civilians after a veteran leaves service.[25] A systematic narrative review found veterans have a unique experience of loneliness and social isolation due to their military experiences and highlighted this as an important area to explore further.[26]

This section explores loneliness and resilience. To complement the quantitative findings, the 2023 focus groups asked WWP women warriors to describe other connection points, such as their social lives, communities, and hobbies.

LONELINESS

Loneliness and being alone are two different things. Individuals can feel lonely even if they are surrounded by people. The average loneliness score of 6.6 among WWP women warriors falls within the threshold indicating loneliness, which is similar to the average score among male warriors (6.1); however, more WWP women warriors fall into the loneliness range. When categorized into groups, the majority (73.0%) of WWP women warriors are considered lonely, compared to 64.9% of male warriors. Just 27.0% of WWP women warriors are considered not lonely.

WARRIORS REPORTED THAT THEY

FEEL ISOLATED:	FEEL LEFT OUT:	LACK COMPANIONSHIP:
WWP Women Warriors: **82.0%**	WWP Women Warriors: **79.4%**	WWP Women Warriors: **77.8%**
WWP Male Warriors: **76.7%**	WWP Male Warriors: **71.6%**	WWP Male Warriors: **69.0%**

"I'm very isolated just in general. I don't have a lot of access to vets here. The vets that are here — it seems to be like an older crowd."
– FOCUS GROUP PARTICIPANT

When comparing levels of loneliness and time since leaving military service, WWP women warriors' prevalence of loneliness is consistently higher than male warriors' regardless of time since leaving military service. Experiencing loneliness and chronic loneliness can have an impact on the physical and emotional well-being and quality of life for an individual. Making new connections and finding support through community is critical for warriors to overcome these challenges.

RESILIENCE

Resilience is an individual's ability to overcome adversity. WWP women warriors have a mean resilience score of 4.8, which falls within moderate levels of resilience. This is similar to the mean resilience score for male warriors (4.9) and lower than the overall score for a general population sample (6.9).[27]

TABLE 14: RESILIENCE AMONG WWP WARRIORS

	"I am able to adapt when changes occur."		"I tend to bounce back after illness, injury, or other hardships."	
	WWP Women Warriors	WWP Male Warriors	WWP Women Warriors	WWP Male Warriors
Not true at all	4.2%	4.6%	5.2%	5.1%
Rarely true	10.4%	11.2%	12.1%	11.9%
Sometimes true	40.5%	36.9%	41.1%	37.1%
Often true	30.2%	30.2%	27.1%	28.9%
True nearly all the time	14.7%	17.2%	14.5%	17.0%

SOCIAL HEALTH: FOCUS GROUP SUMMARY

Overall, from the focus group discussions, four supporting topics were identified under the key theme of Social Health, which are outlined below.

WOMEN VETERAN IDENTITY: WWP women warriors shared how being a woman veteran impacted their social health. Some WWP women warriors spoke about how they keep their civilian friends separate from their military friends. They do not share all their military experiences with their civilian friends but highlighted the importance of having civilian friends to be more than the uniform. A few WWP women warriors shared how some of their military friends are "trauma-bounded."

LACK OF SOCIAL SUPPORT FOR WOMEN VETERANS: A main topic shared by WWP women warriors was the lack of outreach or community for women veterans, with some sharing they had been the only woman or the youngest person in attendance at local veteran events. The importance of social connection with other women veterans was discussed during the focus groups. A few WWP women warriors shared that some women do not identify as a veteran or want to separate themselves from anything to do with the military but then find themselves without that support from other veterans.

BARRIERS TO SOCIAL HEALTH: WWP women warriors shared some of the barriers they faced when trying to have a social life. One of the barriers discussed included wanting to socialize but feeling socially anxious due to their mental health or trauma experiences. Other barriers included being in rural areas, where there is less support for veterans and friends are geographically spread apart, and lack of family events.

FACTORS THAT HELP PROMOTE SOCIAL HEALTH: WWP women warriors shared some of the factors that have helped them to have a social life, including meeting friends through work or hobbies, receiving support from organizations, free events, and purposefully trying new activities to meet people.

SOCIAL HEALTH RECOMMENDATIONS

WWP RECOMMENDS ENACTING POLICY THAT WOULD ENCOURAGE THE VA TO...

- Enhance connection offerings for women veterans that:
  - Provide monthly in-person events for women veterans, focused on awareness and education of VA and VSO community programs.
  - Conduct in-person and virtual quarterly town halls at each regional office, led by the Women Veteran Coordinators, to allow engagement and connectivity with women veterans and VA staff.

ADDITIONAL RESEARCH SHOULD BE CONDUCTED TO BETTER UNDERSTAND...

- The types of peer support that women veterans seek, and would be most beneficial, as they transition from military to civilian life.
- Root causes of isolation and barriers to social engagement among women veterans.
- The impact of military experiences on resilience among women veterans.

TRANSITION FROM MILITARY SERVICE

WOUNDED WARRIOR
MELISSA MCMAHON

Veterans face unique challenges, such as the transition to civilian life and self-perception after service. Research has shown women veterans may undergo different transition experiences compared to male veterans,[28] including, for some, adjusting to family life.[29]

This section explores veteran identity, which helps us understand WWP women warriors' self-perception after service and beyond transition. To complement the quantitative findings, the 2023 focus groups asked WWP women warriors about their transition experience and if they'd recommend joining the military to somebody else, in particular their daughter or a friend's daughter.

While the 2022 AWS did not ask warriors specific questions about transition or self-perception after service, we learned in the 2021 survey that there are differences when comparing WWP women and male warriors. In terms of veteran identity, the greatest differences are that WWP male warriors more often reported that they view their military experience positively, co-workers respect that they're a veteran, and they're able to maintain social support of military friends.

FIGURE 2: VETERAN IDENTITY AMONG WWP WARRIORS (2021)[3]

Percentage of WWP warriors who agree or strongly agree.

"What I wish they would've told us is that transition is never going away. You are always in transition."

– FOCUS GROUP PARTICIPANT

TRANSITION: FOCUS GROUP SUMMARY

Overall, from the focus group discussions, seven supporting topics were identified under the key theme Transition, which are outlined below.

DISCREPANCIES IN PERCEPTIONS OF WOMEN AND MALE VETERANS: Compared to their male peers, WWP women warriors felt they faced negative perceptions. For instance, sometimes others would assume that because they're women, they are not the veteran in the household. Some stated that people perceived that they would leave the military to have children or that women who serve in the military are not heterosexual.

> **"I feel like as women, we have to be so much stronger because we don't just automatically get that respect."**
>
> **– FOCUS GROUP PARTICIPANT**

BEING A WOMAN VETERAN: Some WWP women warriors expressed mixed feelings about being a woman veteran and shared they do not always disclose that they were in the military. Being a woman veteran was an intersectional theme that encompassed other topics as well as being an individual entity on its own.

COMPLICATED TRANSITION: WWP women warriors expressed that transitioning out of the military and adjusting to civilian life wasn't what they expected. Some felt as if they were being forgotten and even shared how the impact of transition on their family and managing environmental trauma triggers in everyday life brought on additional challenges.

LACK OF SUPPORT AND PREPARATION FOR TRANSITION: WWP women warriors felt that more education and preparation around transition should start from the moment you join the military. This would include tools and coping strategies for your time in service and throughout transition. A few WWP women warriors shared that there also needs to be more support around transition for individuals with brain injuries or those who struggle to take in a lot of new information at once.

IMPACT OF MILITARY CAREER: Negative experiences from their military career also impacted their experience of transition. Some WWP women warriors shared that being pregnant while in the military was challenging, or they felt as if they were pushed out of the military, particularly if they had been outspoken about experiences they had been through.

SUPPORTIVE FACTORS FOR TRANSITION: Some of the supportive factors that have helped WWP women warriors transition from the military include a supportive circle of family and friends, finding purpose after the military, feeling valued for their service, and using the positive skills learned during the military (e.g., adaptability).

ADVICE FOR THOSE STARTING TRANSITION: For individuals joining the military or about to start transition, WWP women warriors shared advice that included documenting details, learning about the transition process, and speaking to women veterans about their experiences.

WOULD YOU RECOMMEND JOINING THE MILITARY TO SOMEBODY ELSE?
As part of the focus group discussions, participants were asked if they would recommend joining the military to their daughter or a friend's daughter, which received mixed responses.

SOME OF THE REASONS PARTICIPANTS WOULD RECOMMEND JOINING THE MILITARY INCLUDE the benefits packages, such as the G.I. Bill for education, a stronger social network built on shared experiences and connections with other service members, the ability to develop independent skills while having financial stability, or being able to travel and move around the country and sometimes internationally.

SOME OF THE REASONS FOR NOT RECOMMENDING JOINING THE MILITARY INCLUDE the risk of military sexual trauma, the negative impact on one's mental health, the lack of support from leaders (formal and informal), the development of a shared identity which is lost when an individual transitions out of the service, or being overlooked as secondary to male veterans.

TRANSITION RECOMMENDATIONS

WWP RECOMMENDS ENACTING POLICY THAT WOULD ENCOURAGE THE VA TO...

- Collaborate with the DoD to develop supplemental track offerings during the DoD Transition Assistance Program to build awareness of gender-specific health care, benefits, and services available to women veterans.
- Collaborate with VSOs and the DoD to familiarize women veterans with community-based services that can ease challenges during the transition to civilian life.
- Establish virtual transition programming to allow service members to attend at their post-service destination. For example, this would benefit a transitioning service member who is located in Washington state but plans on moving to San Diego, California after service.

ADDITIONAL RESEARCH SHOULD BE CONDUCTED TO BETTER UNDERSTAND...

- Women veterans' military identity and its impact on their post-military-service lives.

> **"What I would say is yes, abso-freakin-lutely... [military service] educates you, it prepares you even more so than your parents. And it helps shape you and allows you to learn how to live life."**
>
> **– FOCUS GROUP PARTICIPANT**

ACCESS TO CARE

WOUNDED WARRIOR
YOLANDA POULLARD

Receiving the necessary support and access to timely and accessible care is critical for the well-being and overall quality of life. But this is more important for WWP warriors, who live with service-related injuries and health problems. It is important to understand the barriers to care WWP warriors face in order to help best support them, and to determine whether there are unique barriers between WWP women warriors and male warriors.

This section explores health care coverage, health care providers, health care services, barriers to care, telehealth, instrumental support, and caregiving. To complement the quantitative findings, the 2023 focus groups asked WWP women warriors about their health care experiences.

Overall, WWP women warriors are more likely to attempt to navigate the VA system. However, they face more barriers to care within the VA and many report that their needs are not being met, whereas male warriors are less likely to use VA care.

"Once I was able to get in and get with the doctor, I finally had what I felt like was much, much better [and] focused on all the different issues of my health." – FOCUS GROUP PARTICIPANT

HEALTH CARE COVERAGE

The most common form of health care coverage reported by WWP women warriors was VA Health Care (90.4%) or TRICARE (53.2%). These were the most frequently cited forms of health care coverage among WWP male warriors as well.

HEALTH CARE PROVIDERS

Overall, the three most common health care providers that WWP women warriors utilize for any service are VA medical centers (79.3%), non-VA providers (55.2%), and VA community-based outpatient clinics (35.8%). WWP women warriors reported using all of these providers at higher rates than male warriors.

Previous research has explored VA experiences for women veterans, highlighting some potential obstacles women face.[12] While nearly three in four (71.0%) WWP women warriors reported using VA medical centers for primary care, just 61.9% use them for women's health care services.

TABLE 15: PROVIDERS USED BY WWP WARRIORS FOR SPECIFIC SERVICES

	VA Medical Center		Non-VA Providers		VA Community-Based Outpatient Clinic		Community Care Network Provider	
Type of Service	WWP Women Warriors	WWP Male Warriors	WWP Women Warriors	WWP Male Warriors	WWP Women Warriors	WWP Male Warriors	WWP Women Warriors	WWP Male Warriors
Any service	79.3%	74.8%	55.2%	50.4%	35.8%	33.0%	35.0%	24.2%
Primary care	71.0%	65.1%	27.3%	26.1%	25.7%	26.8%	12.7%	9.2%
Specialty care	53.3%	53.5%	23.0%	22.5%	14.9%	13.8%	18.2%	11.2%
Mental/ behavioral health care	56.0%	53.9%	17.9%	14.7%	16.2%	16.6%	8.3%	5.3%
Women's health care	61.9%	-	25.2%	-	14.9%	-	11.1%	-
Reproductive health/ contraceptive services	38.1%	10.9%	16.6%	4.3%	8.4%	2.0%	7.4%	1.3%
Same-day or urgent care	38.9%	37.1%	39.2%	35.3%	10.3%	9.4%	17.3%	12.4%
Emergency room care	40.6%	37.9%	42.1%	39.6%	6.8%	6.1%	14.5%	11.4%

HEALTH CARE SERVICES

Overall, 92.6% of WWP women warriors have sought to use VA health care services since separating from the military, compared to 91.1% of male warriors. The top three main services WWP women warriors receive through VA benefits (either at the VA or in the community) are:

- Regular or routine health care
- Prescription medications, eyeglasses, hearing aids, or other devices
- Mental health care

WWP women warriors report receiving most health care services through VA more often than male warriors. However, though WWP women warriors reported MST at a rate three times higher than male warriors, they reported receiving MST care through the VA less often.

"I use the VA for all of my care. Every single pregnancy that I've had started out with within the VA system, and then they would transfer me out [into Community Care] when I got further along."

– FOCUS GROUP PARTICIPANT

TABLE 16: SERVICES WWP WARRIORS RECEIVE THROUGH VA (EITHER AT VA OR IN THE COMMUNITY)

VA Services	★ WWP Women Warriors	WWP Male Warriors
Regular or routine health care	90.5%	89.5%
Prescription medications, eyeglasses, hearing aids, or other devices	79.7%	75.2%
Mental health care	76.0%	70.8%
Women's health services	68.9%	-
Specialist health care (e.g., cardiologist, endocrinologist, gastroenterologist)	63.0%	58.5%
Dental care	36.8%	34.7%
Special emphasis care, such as for a spinal cord injury, TBI, blind rehabilitation, prosthetics	15.5%	23.8%
Maternal care	7.1%	0.5%
Care related to military sexual trauma	4.6%	6.8%
Care related to toxic exposure	4.1%	5.0%
Home health care	2.1%	2.8%
Nursing home care	0.4%	0.6%

Among WWP women warriors who use non-VA providers for primary care, the most common reasons reported include easier access to care (82.6%), appointments at more convenient times (59.1%), and better-quality care (49.8%). These are also the most common reasons reported by WWP male warriors.

INFERTILITY AND REPRODUCTIVE HEALTH SERVICES

Due to the limitations in the number of WWP warriors reporting on reproductive health services in 2022 AWS, the findings could not be reported. However, we learned from the 2021 AWS, among WWP women warriors, 14.7% indicated they had, at some point, consulted a doctor or medical care provider for reproductive or infertility services, of which 48.2% sought infertility testing. It is important to note

that the survey data was collected during and before the Supreme Court decision was released on the Dobbs v. Jackson Case in 2022, in which the court held that the U.S. Constitution does not confer a right to abortion.

FIGURE 3: SERVICES USED FOR ASSISTANCE WITH BECOMING PREGNANT AMONG WWP WOMEN WARRIORS (CHOOSE ALL THAT APPLY)

Data from 2021 AWS.[3]

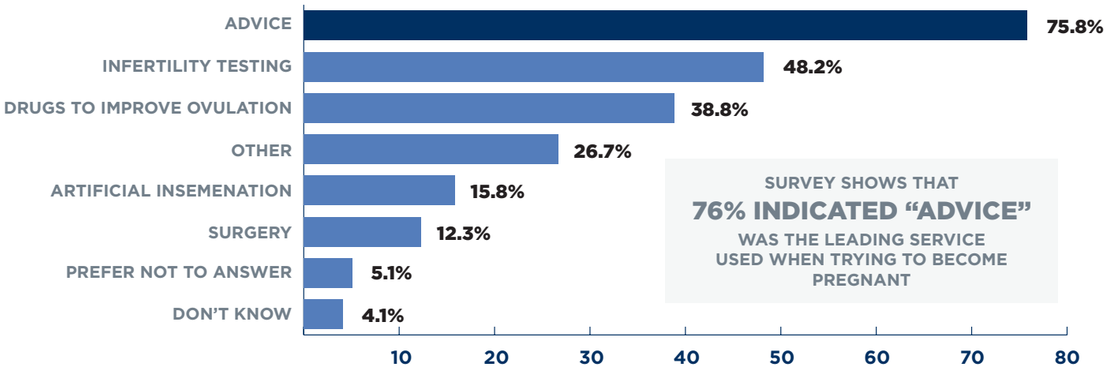


TABLE 17: REASONS WWP WARRIORS USE NON-VA PROVIDERS FOR PRIMARY CARE

Reasons	★ WWP Women Warriors	WWP Male Warriors
Easier access to care	82.6%	86.1%
Appointments at more convenient times	59.1%	60.8%
Better-quality care	49.8%	52.7%
Provider that you really like and trust	47.0%	47.2%
Required immediate attention and could not get appointment at VA	45.2%	38.8%
Dissatisfied by prior experiences with VA care	38.5%	36.5%
Need information on eligibility for VA services	11.4%	8.9%
Perceived or confirmed ineligibility to receive the needed services at VA	11.2%	9.1%

BARRIERS TO CARE

More than half (53.2%) of WWP women warriors indicated they had difficulty or put off getting needed care for physical injuries or problems, which is a higher proportion than male warriors (42.0%).

BARRIERS TO VA CARE

The AWS asked about significant barriers that have stopped WWP women warriors from using VA care now or in the past. The top barriers reported by WWP women warriors include a lack of access to VA health care services and benefits (19.9%), VA providers not being sensitive enough to their needs (19.7%), and the VA being too far away (17.0%).

The full list of barriers to VA care is outlined in Table 18. WWP women warriors report almost every barrier at a higher rate than male warriors. Differences in barriers to VA care between WWP women warriors and male warriors were particularly highlighted for the following: VA providers aren't sensitive enough to my needs (19.7% vs. 13.7%), lack of access to child care (9.4% vs. 4.3%), VA facilities lack privacy or safety (6.1% vs. 3.2%).

TABLE 18: SIGNIFICANT BARRIERS TO VA CARE (NOW OR IN THE PAST) REPORTED BY WWP WARRIORS

Barriers	★ WWP Women Warriors	WWP Male Warriors
There is not enough access to VA health care services and benefits	19.9%	15.8%
VA providers are not sensitive to my needs	19.7%	13.7%
The VA is too far away	17.0%	15.4%
The VA hours are inconvenient	13.5%	11.9%
I don't understand my benefits	11.7%	12.5%
I have no access to child care	9.4%	4.3%
I am embarrassed or afraid to seek mental health services	7.1%	7.9%
VA facilities lack privacy or safety	6.1%	3.2%
I haven't been provided with any information about VA health care	4.3%	4.3%
I have no way to get to a VA facility	2.9%	2.1%
Other	11.6%	8.5%

BARRIERS TO CARE FOR PHYSICAL INJURIES AND HEALTH PROBLEMS

The most common barriers to physical health care reported by WWP women warriors include difficulty scheduling appointments (74.4%), delays or cancellations in treatment (66.1%), and lack of availability in VA specialty clinics (62.1%). These are the top barriers reported by WWP male warriors as well. However, women warriors report experiencing them at higher rates.

TABLE 19: BARRIERS TO CARE FOR PHYSICAL INJURIES OR HEALTH PROBLEMS REPORTED BY WWP WARRIORS

Barriers	★ WWP Women Warriors	WWP Male Warriors
Difficulty scheduling appointments with provider	74.4%	69.6%
Delays or cancellations in treatment	66.1%	59.6%
Lack of availability in VA specialty clinics	62.1%	58.5%
VA requirements made it difficult getting referrals to specialty treatment for your physical problems	58.2%	52.6%
Personal schedule (work, school, family responsibilities) conflicted with the hours of operation of health care facilities	55.7%	56.1%

TELEHEALTH

Telemedicine can help address some of the barriers to care because it provides cost-effective care for a range of medical needs and is more accessible. The idea of telehealth appears to be well received by WWP women warriors, as most who have been offered a telehealth appointment have utilized it, and even many of those who were not offered a telehealth appointment report that they would have used it if offered.

More than eight out of 10 (83.5%) WWP women warriors reported that they were offered a telehealth appointment in the past 12 months. Among them, 91.2% report utilizing telehealth at some point in the past 12 months. A lower number of male warriors reported being offered a telehealth appointment (76.6%), and among those, 88.9% reported utilizing telehealth at some point in the past 12 months.

TABLE 20: AVAILABILITY OF TELEHEALTH APPOINTMENTS IN PAST 12 MONTHS AMONG WWP WARRIORS

In the past 12 months, has a provider offered you a telehealth appointment where you met with a doctor, nurse, or health professional by video or phone?	★ WWP Women Warriors	WWP Male Warriors
No, I was not offered a telehealth appointment	16.6%	23.3%
Yes, I was offered a telehealth appointment for physical health care	25.3%	28.2%
Yes, I was offered a telehealth appointment for mental health care	21.0%	17.3%
Yes, I was offered a telehealth appointment for both mental health care and physical health care	37.3%	31.1%

In the past 12 months, 16.6% of WWP women warriors reported that they were not offered a telehealth appointment. This is a different rate as reported by male warriors (23.3%). When asked if they would have utilized telehealth if offered, most WWP women warriors reported that they would (69.9%).

TABLE 21: UTILIZATION OF TELEHEALTH APPOINTMENTS AMONG WWP WARRIORS

Would you have utilized a telehealth appointment if offered?	★ WWP Women Warriors	WWP Male Warriors
Would have used telehealth services if offered for mental health care	20.0%	16.9%
Would have used telehealth services for physical health care	8.1%	9.6%
Would have used telehealth services for both mental health care and/or physical health care	41.8%	36.5%
No	30.1%	37.1%

When using telehealth for mental health care, WWP women warriors tend to use it with higher frequency than when using it for physical health care. Among WWP women warriors who have used telehealth when offered in the past 12 months, those using telehealth once or twice a month for mental health care (35.7%) is higher than those using it for physical health care (24.0%).

TABLE 22: HOW OFTEN WWP WARRIORS USE TELEHEALTH FOR PHYSICAL AND MENTAL HEALTH CARE

(Among those who have used telehealth services when offered in the past 12 months)

	Physical Health Care		Mental Health Care	
Frequency	WWP Women Warriors	WWP Male Warriors	WWP Women Warriors	WWP Male Warriors
Never	11.2%	13.3%	7.2%	11.9%
Less than once a month	56.1%	58.2%	39.4%	45.3%
Once or twice a month	24.0%	20.5%	35.7%	29.5%
Once or twice a week	4.9%	4.7%	12.2%	9.3%
Nearly every day	0.5%	0.4%	1.0%	0.5%
More often	3.4%	2.9%	4.5%	3.5%

TELEHEALTH AND HEALTH CARE COVERAGE

WWP women warriors who were offered a telehealth appointment and utilized it most often reported Medicare (94.0%) or directly purchased health care (92.2%) as their primary type of health care coverage. This is slightly different compared to WWP male warriors, who most often reported Medicare (91.2%) or Medicaid and government insurance from another country other than the U.S. (both 90.1%) as their primary type of health care coverage.

WWP women warriors who were not offered a telehealth appointment most often reported Indian Health Service (28.8%) or Medicaid (21.2%) as their primary type of health care coverage. This was different for WWP male warriors, who most often reported government insurance from another country other than the U.S. (28.7%) and insurance through a current or former employer or union (26.1%).

INSTRUMENTAL SUPPORT

Having someone within your social network that you can call on for help and support, whether it's tangible, material or functional, can provide comfort, improve quality of life, and enhance overall well-being WWP women warriors reported lower levels of this kind of support than male warriors. Just over half (55.7%) of WWP women warriors reported normal or high levels of instrumental support, compared to 68.9% of male warriors — and 44.3% reported low support (compared to 31.1% of male warriors).

MORE THAN
2 in 5
WWP women warriors reported low instrumental support

TABLE 23: TYPES OF HEALTH CARE COVERAGE AND TELEHEALTH UTILIZATION AMONG WWP WARRIORS (IN PAST 12 MONTHS)

	Utilized Telehealth When Offered		Not Offered a Telehealth Appointment	
Types of Coverage	WWP Women Warriors	WWP Male Warriors	WWP Women Warriors	WWP Male Warriors
TRICARE or other military health care	91.5%	89.8%	16.7%	23.0%
VA (enrolled for VA health care)	91.4%	89.1%	14.3%	20.3%
Insurance through a current or former employer or union (by you or another family member)	91.0%	87.1%	18.1%	26.1%
Insurance purchased directly from an insurance company (by you or another family member)	92.2%	87.9%	16.9%	23.9%
Medicare, for people 65 and older, or people with certain disabilities	94.0%	91.2%	12.4%	14.9%
Medicaid, Medical Assistance, or any kind of government assistance plan for those with low incomes or a disability	90.2%	90.1%	21.2%	20.4%
Indian Health Service	87.7%	85.0%	28.8%	19.9%
Government health insurance from a country other than the U.S.	84.6%	90.1%	12.4%	28.7%

CAREGIVING

A caregiver provides the additional support system that many warriors need to help them with daily activities due to service-related injuries or health problems. More than one in four (28.7%) WWP women warriors reported they need this assistance. WWP women and male warriors report needing this assistance at similar rates (28.7% and 31.6%, respectively). However, WWP women warriors more often report that they aren't receiving this needed support (61.4%), compared to male warriors (47.1%).

The Program of Comprehensive Assistance for Family Caregivers (PCAFC) provides various resources and support to caregivers of eligible veterans (often referred to as the "caregiver program"). Of the WWP women warriors who receive aid and assistance (11.1%), 22.7% are participating in PCAFC. For WWP male warriors, 16.7% receive aid and assistance and of those, 31.0% are participating in PCAFC.

CAREGIVER RELATIONSHIPS

Among WWP women warriors who receive aid and assistance from another person, most often, it is spouses who occupy this role (54.7%). This is the same for WWP male warriors but at a higher prevalence (78.3%), whereas women warriors report parents, siblings, or children as their caregivers at a higher rate than males.

TABLE 24: CAREGIVER RELATIONSHIPS OF WWP WARRIORS AND U.S. POST-9/11 VETERANS

Caregiver Relation to Veteran	★ WWP Women Warriors	WWP Male Warriors	U.S. Post-9/11 Veterans[30]
Spouse	54.7%	78.3%	33.2%
Parents or siblings	17.1%	9.6%	29.4%
Children	10.7%	1.9%	5.8%
Other	17.5%	10.1%	31.6%

NOTE: *The U.S. post-9/11 veteran sample includes WWP warrior caregivers.*

ACCESS TO CARE: FOCUS GROUP SUMMARY

Overall, from the focus group discussions, three supporting topics were identified under the key theme Access to Care, which are outlined below. The majority of the focus group discussions focused on Access to Care, and it was the most referenced theme across all the key themes.

MEDICAL EXPERIENCES: When accessing care, the majority of WWP women warriors shared negative medical experiences. These included comments from health care professionals, such as assumptions the woman warrior was not the veteran, minimizing or invalidating their experiences, not feeling listened to, or having to retell their story to multiple providers. Positive medical experiences about health care providers included affirming statements, asking questions about the individual's well-being while navigating challenges, providing results, referrals, or support that the woman warrior was asking for, and following up after an appointment to affirm consults were handled in a timely manner.

GENDER-SPECIFIC CARE: WWP women warriors shared they felt there were some discrepancies in accessing care between women and male veterans, specifically while trying to access care for nutrition, support for weight-related concerns or pain. The focus group discussions also explored WWP women warriors' experiences around reproductive rights, both within the VA and while they were still serving. Participants generally stated support for the existing DoD and VA policies related to reproductive health care.

BARRIERS TO CARE: Some of the barriers to accessing care that WWP women warriors discussed during the focus groups include inconsistent care, gaps in care, wait times, insurance, and disability ratings. Depending on where they lived, some WWP women warriors had different experiences or did not see the same provider at each visit. Lack of individualized care or communication between providers and lack of military competence resulted in gaps in care for some. Long wait times, inflexibility around appointments, unique insurance circumstances, and their disability rating presented additional challenges for WWP women warriors when accessing care, especially if the VA is the only choice because they can't afford other health care options.

> **"I am also considered my husband's caregiver. When I transitioned to being retired myself and got my VA rating…I'm no longer in the circle of family support."**
>
> **– FOCUS GROUP PARTICIPANT [ON BEING BOTH A WOMAN VETERAN AND A CAREGIVER OF ANOTHER INDIVIDUAL]**

ACCESS TO CARE RECOMMENDATIONS

WWP RECOMMENDS ENACTING POLICY THAT WOULD ENCOURAGE THE VA TO...

- Conduct a system assessment of innovative technologies used for serving women veterans, considering the following aspects:
  - Transfer of records and systems across Veterans Integrated Services Networks and the VA system.
  - Home-based services (including assessments).
  - 3D mammography technology installations and implementations (under the Dr. Kate Hendricks Thomas SERVICE Act (P.L. 117-133)).
  - Telehealth and VA Video Connect services.
- Expand VA clinic hours and days of operation and produce a report evaluating access to care issues related to hours and days of operation.
- Ensure gender-specific services are readily available at the VA or in the community, particularly in rural and hard-to-reach geographic areas, and create a program that assists with transportation to and from appointments.
- Allow women veterans to weigh in on what community care providers they are referred to for services, especially infertility and gender-specific care.
- Ensure adequate representation of women in VA providers and staff, as many women warriors voiced concerns about the lack of women in these roles.
- Publish an online directory of VA-approved community care providers specializing in women's health care.
- Facilitate greater collaboration between the Veterans Health Administration, Veterans Benefits Administration, and National Cemetery Administration in a centralized office that provides direct support for the women veteran population.
- Increase communications, investment, and research about women veterans as they age.

ADDITIONAL RESEARCH SHOULD BE CONDUCTED TO BETTER UNDERSTAND...

- Factors that impact women veterans' health care experiences with the VA. Research on this topic has been ordered under the Deborah Sampson Act and should be completed and shared.
- The accessibility of VA-supported child care programs for veterans at VA facilities. WWP recommends that the VA conduct this evaluation.
- Whether providing child care for women veterans who are undergoing counseling and mental health care increases access to care — especially for those who are primary caretakers to children dependents. Programs like those outlined under section 5107 of the Deborah Sampson Act (PL 116-315, Title V) should be studied with priority.

WOUNDED WARRIOR
MELISSA MCMAHON

SPECIAL TOPICS

WOUNDED WARRIOR
BETH KING

The following topics were not key themes identified in the focus group discussions but are important data points to consider to better understand WWP women warriors' experiences and needs as women veterans.

TRAUMA AND OTHER EXPOSURES

MILITARY SEXUAL TRAUMA

In the 2021 AWS, the survey design explicitly assessed prevalence of MST, asking WWP warriors whether they experienced sexual assault or sexual harassment involving military personnel, DoD civilian employees, and/or contractors while in the military:

OVER TWO-THIRDS (64.9%) OF WWP WOMEN WARRIORS INDICATED EXPERIENCING SEXUAL HARASSMENT, compared with 5.1% of male warriors.

MORE THAN TWO IN FIVE (44.0%) WWP WOMEN WARRIORS INDICATED EXPERIENCING SEXUAL ASSAULT, compared with 2.7% of male warriors.

WWP WOMEN WARRIORS INDICATED EXPERIENCING SEXUAL ASSAULT AT A RATE MORE THAN TWO TIMES HIGHER than females in the U.S. general population (44.0% vs. 17.6%).[4]

In the 2022 AWS, MST was assessed by asking warriors to self-report all their service-connected injuries, with MST being one of the options in a comprehensive list. In this context, one in 10 (10.1%) of all WWP warriors reported MST (of those, 76.5% female and 23.5% male).

When breaking down the prevalence of MST and the number of deployments, the highest percentage of reported MST for both WWP women and male warriors were amongst those who said zero deployments, suggesting there is a risk of MST at any point during military service, not just during deployments.

When asked about the main services WWP warriors receive through VA benefits (either at VA or in the community), 5.6% of all WWP warriors reported care related to MST, compared to 6.6% in 2021 (79.1% of those respondents were women).

POST-TRAUMATIC GROWTH

Understanding WWP women warriors' experiences of post-traumatic growth (PTG) provides an opportunity to see the full spectrum of responses and the positive outcomes that can follow trauma. It is important to note that PTG is not mutually exclusive from PTSD or other mental health conditions, but it can provide stability for individuals.

WWP women warriors have a mean growth score of 21.7, which is slightly higher than the mean growth score of male warriors (20.0) and similar to the mean scores reported in previous research studies exploring PTG in military personnel and veterans, suggesting moderate growth.[31]

TABLE 25: WWP WARRIORS' MEAN SCORES WITHIN THE FIVE POST-TRAUMATIC GROWTH DOMAINS

PTG Domain	★ WWP Women Warriors	WWP Male Warriors
Appreciation of life	5.6	5.2
Personal strength	4.8	4.4
New possibilities	4.5	4.1
Spiritual change	4.0	3.6
Relating to others	3.3	3.1

WWP women warriors were asked to identify areas in which their lives have changed as a result of traumatic experiences. Most commonly, women warriors agreed that "I have a greater appreciation for the value of my own life" (37.8%), "I changed my priorities about what is important in life" (35.9%), and "I discovered that I'm stronger than I thought I was" (30.2%).

WWP women warriors who report experiencing MST have lower post-traumatic growth (PTG) scores than women who do not report experiencing MST (20.9 vs. 22.4). The difference between PTG scores for WWP male warriors who do and do not report MST is much smaller (20.4 vs. 20.0, respectively).

In the five PTG domains, WWP women warriors had the highest growth scores within appreciation of life (5.6) and personal strength (4.8).

EXPOSURE TO ENVIRONMENTAL HAZARDS

Support for veterans living with health conditions as a result of exposure to environmental hazards has been a large focus in recent years, culminating in the full passage of the PACT Act. Please note that the PACT Act was signed into law on August 10, 2022, and its benefits had not been enacted yet at the time of the 2022 AWS.

The most common exposures to environmental hazards reported by WWP women warriors include exposure to loud noises (88.8%), dust and sand (73.5%), and insect repellent (72.6%).

Burn pits

Among WWP women warriors who were deployed to Operation Enduring Freedom, Operation Iraqi Freedom, or Operation New Dawn (where burn pits were most commonly used), 64.0% indicated burn pit exposure — most of whom were exposed daily or weekly (75.2%). These findings are different from rates of exposure reported by male warriors, with 82.9% and 83.4%, respectively.

TABLE 26: WWP WARRIORS AND HAZARDOUS EXPOSURES/EXPERIENCES DURING SERVICE

Types of Exposures/Experiences	★ WWP Women Warriors	WWP Male Warriors
Exposure to loud noises	88.8%	96.2%
Dust and sand	73.5%	90.1%
Insect repellent (spray, lotion, or cream applied to your skin)	72.6%	80.4%
Smoke from oil fires	70.4%	49.9%
Ate local food other than food provided by Armed Forces	65.1%	76.7%
Diesel, kerosene, and/or other petrochemical fumes	64.5%	87.4%
Solvents or degreasers	54.1%	75.7%
Pesticide-treated uniforms	51.8%	65.6%
Burning trash/feces	49.3%	76.2%
Industrial pollution	47.2%	57.7%
Other exposure you consider harmful	45.9%	57.1%
Skin exposure to JP8, diesel, or other petrochemical fluid	40.7%	73.5%
Paint operations (vehicles or equipment)	38.3%	47.0%
Radiation	24.8%	31.0%
Contact with prisoners of war (POWs)	12.7%	35.3%
Depleted uranium (DU) (e.g., handling DU munitions)	10.8%	26.1%

Exposure-related symptoms

WWP women warriors who reported exposure to environmental hazards were asked follow-up questions about what symptoms they have experienced as a result of the exposure(s). The five most common exposure-related symptoms reported were chronic sinus infection/sinusitis (33.4%); shortness of breath, breathlessness (33.2%); decreased ability to exercise (32.4%); sore throat, hoarseness, change in voice (27,2%), hay fever or other respiratory allergy (24.6%); and chest pain, chest discomfort, or chest tightness (24.6%).

TABLE 27: EXPOSURE-RELATED SYMPTOMS AMONG WWP WARRIORS

Exposure-related Symptoms	★ WWP Women Warriors	WWP Male Warriors
Chronic sinus infection/sinusitis	33.4%	29.3%
Shortness of breath, breathlessness	33.2%	39.3%
Decreased ability to exercise	32.4%	39.5%
I do not have these symptoms	29.7%	24.7%
Sore throat, hoarseness, change in voice	27.2%	26.3%
Hay fever or other respiratory allergy	24.6%	19.9%
Chest pain, chest discomfort, or chest tightness	24.6%	29.2%
Cough for more than 3 weeks	20.4%	27.9%
Wheezing or whistling in the chest	19.4%	25.5%
Congestion without sputum or phlegm production for more than 3 weeks	16.3%	20.8%
Sputum or phlegm production for more than 3 weeks	14.7%	16.8%
I do not wish to answer	8.1%	9.3%

Exposure-related health conditions

WWP women warriors who reported exposure to environmental hazards were also asked follow-up questions about what health conditions they've experienced as a result of the exposure(s). These include long-term and chronic diseases that can negatively impact warriors' health and may require ongoing medical treatment. The five most common exposure-related health conditions were:

- Neurological problems (e.g., numbness, tingling, or weakness in arms or legs, or difficulties with thinking or memory) **(37.0%)**
- Chronic multi-symptom illness (e.g., irritable bowel syndrome, chronic fatigue syndrome, and fibromyalgia) **(31.6%)**
- Hypertension or high blood pressure **(20.0%)**
- Problems of the immune system **(16.8%)**
- Cancer or a malignancy (tumor) of any kind **(5.8%)**

TABLE 28: EXPOSURE-RELATED HEALTH CONDITIONS AMONG WWP WARRIORS

Have you experienced or been diagnosed with any of the following health conditions since toxic exposure? Choose ALL that apply.	★ WWP Women Warriors	WWP Male Warriors
Hypertension or high blood pressure	20.0%	36.0%
Coronary artery disease	0.8%	2.1%
Angina pectoris	1.4%	1.5%
Heart attack or myocardial infarction	0.7%	1.9%
Heart condition other than coronary artery disease, angina, or myocardial infarction	5.1%	5.3%
Neurological problems (e.g., numbness, tingling, or weakness in arms or legs, or difficulties with thinking or memory)	37.0%	34.7%
Problems of the immune system	16.8%	9.2%
Liver condition	4.4%	8.6%
Chronic multi-symptom illness (e.g., irritable bowel syndrome, chronic fatigue syndrome, and fibromyalgia)	31.6%	22.9%
Cancer or a malignancy (tumor) of any kind	5.8%	4.2%
I do not wish to answer	8.5%	9.9%
I do not have these health conditions	34.0%	30.0%

Exposure-related treatment

Despite most WWP women warriors reporting exposure to environmental hazards, less than one in 10 (7.1%) reported receiving treatment at the VA for the exposure and 7.8% reported that they tried but have not received treatment at the VA. More than half have not received or tried to receive treatment (65.1%), and just over a quarter have not received treatment but are enrolled in the VA Burn Pit Registry (20.0%). As noted, the 2022 AWS was administered before the passage of the PACT Act. WWP will continue to track exposure-related treatment, as benefits have been expanded through this new law.

TABLE 29: EXPOSURE-RELATED TREATMENT AMONG WWP WARRIORS

Have you received treatment at the VA for exposure to environmental hazards?	★ WWP Women Warriors	WWP Male Warriors
Yes	7.1%	8.8%
No, but I tried to receive treatment at the VA	7.8%	8.9%
No, but I have enrolled in the VA Burn Pit Registry	20.0%	27.6%
No, I have not tried to receive treatment at the VA	65.1%	54.7%

Exposure-related disability claims

Among WWP women warriors, 16.4% have filed a VA disability claim for an exposure-related condition. About three in 10 who have filed a VA disability claim for an exposure-related condition have been granted VA service connection (33.5%).* Compared to WWP male warriors, fewer women warriors have filed a VA disability claim, and more have been granted VA service connection (19.33% and 32.0% of male warriors, respectively).

TRAUMA AND OTHER EXPOSURES: FOCUS GROUP SUMMARY

MST, post-traumatic growth, and toxic exposure were not specifically asked about in the focus groups. However, those topics were discussed by WWP women warriors occasionally throughout the group sessions. MST was discussed in reference to lived experiences, access to care, and mental health. Further information on MST can be found in those sections.

Post-traumatic growth was not discussed explicitly in the focus groups, but discussions about positive psychological change occurred while discussing mental health and other health-related topics. When asked what a good mental health day looks like for them as a woman veteran, a common sentiment was the ability to "choose" or to "make it" a good day.

**Only pertains to warriors whose military status is "veteran."*

Toxic exposures and related health conditions were not key themes for the focus groups and not discussed explicitly during the groups.

TRAUMA AND OTHER EXPOSURES RECOMMENDATIONS

WWP RECOMMENDS ENACTING POLICY THAT WOULD ENCOURAGE THE VA TO...

- Avoid re-traumatization of MST survivors. DoD should evaluate alternatives to current practices that require MST victims to physically visit the Sexual Assault Prevention and Response program office upon out-processing.
- Develop a report that details ongoing efforts to increase support services and decrease further traumatization of MST survivors who seek treatment or benefits through the VA.

ADDITIONAL RESEARCH SHOULD BE CONDUCTED TO BETTER UNDERSTAND...

- The impact of MST on women veterans' post-traumatic growth.
- Potential mental and physical health conditions that may be consequences of MST.
- How military cultural norms and stigma influence coping resources and support for MST survivors.
- The differences in MST symptoms among men and women regarding cultural and societal exposures and their impact on quality of life.

PHYSICAL HEALTH

Physical health includes several key factors, such as physical activity, chronic pain, and sleep quality. Issues like service-related injuries can make it difficult for many warriors to live an active and healthy lifestyle. Every warrior's journey looks different, but how these factors create barriers or affect their overall quality of life is important to understand.

PHYSICAL ACTIVITY

Nearly three in five (58.0%) WWP women warriors report using physical activity (e.g., exercise, golf, gym workouts, biking, etc.) as a resource or tool to help them with feelings of stress or emotional or mental health concerns.

The total average physical activity (including leisure, household, and occupational activities) reported by women warriors is 8.1 "metabolic equivalent value" MET-hours per week, with 69.6% of women warriors not meeting the World Health Organization (WHO) recommendation of 10 MET-hours per week.[32,33] These findings are dissimilar to the responses from male warriors (10.0 MET-hours per week and 63.1%, respectively).

> **"I used to do long distance hiking, but with my physical [health], I can't really do that yet. So, I'm just walking for now."**
>
> **– FOCUS GROUP PARTICIPANT**

BODY MASS INDEX (BMI)

Body mass index is defined as a person's weight relative to his or her height (weight [pounds]/height [inches]2 x 703).[34] BMI weight categories:[35]

- Underweight (< 18.5)
- Healthy weight (18.5-24.9)
- Overweight (25-29.9)
- Obese (30-39.9)
- Severely obese (40+)

The average BMI among WWP women warriors is 29.9, which falls within the range for overweight. This is similar to the average BMI for male warriors (31.0).

Nearly half (46.7%) of WWP women warriors are considered obese or severely obese (BMI ≥ 30), compared to 52.9% of male warriors. Obesity rates among women warriors differ from the U.S. adult population, where 42.4% are considered obese and 9.2% severely obese.*,[36]

"I was like, 'OK, so I've gained 20 pounds, I have high cholesterol, this has never happened in my life. Is there any other test we can run?' [The doctor was] like 'no, you can meet with a dietician.'" – FOCUS GROUP PARTICIPANT

CHRONIC PAIN

The majority of WWP women warriors (76.1%) scored in a range indicating moderate or severe pain. The overall average score among WWP women warriors was 5.3, which indicates moderate pain that interferes with activities and enjoyment of life. In comparison, the overall average score among male warriors was 5.2.

Rates of pain are similar among WWP women and male warriors but there are different prevalence rates among the self-reported injuries that may lead to chronic pain. For example, WWP male warriors self-report higher percentages of service-connected injuries than women warriors, including bone, joint, or muscle injury (66.8% vs. 62.3%), nerve injuries (33.3% vs. 27.2%), and spinal cord injury (18.1% vs. 8.3%). Further information about self-reported service-connected injuries can be found in the Appendix.

**2017-2018 age-adjusted obesity rates of U.S. adults (20 years and older).*

TABLE 30: CHRONIC PAIN (PEG SCORES) AMONG WWP WARRIORS

PEG Question	★ WWP Women Warriors	WWP Male Warriors
What number best describes your pain on average in the past week?	5.5	5.4
What number best describes how, during the past week, pain has interfered with your enjoyment of life?	5.3	5.3
What number best describes how, during the past week, pain has interfered with your general activity?	5.4	5.3

Pain management

Nearly half (47.3%) of WWP women warriors who reported pain in the past three months say that they were "only a little effective" or "not at all effective" in managing their pain (37.8% and 9.5%, respectively). Only 7.9% say they were "very effective" at managing pain, and 41.7% say they were "somewhat effective" in managing pain.

TABLE 31: PAIN MANAGEMENT EFFECTIVENESS AMONG WWP WARRIORS

Effectiveness in Managing Pain	★ WWP Women Warriors	WWP Male Warriors
Very effective	7.9%	7.9%
Somewhat effective	41.7%	39.1%
Only a little effective	37.8%	39.3%
Not at all effective	9.5%	11.2%
I haven't had pain in the past three months	2.1%	1.4%
Don't know	1.0%	1.1%

The top five most common methods used to treat or manage pain among WWP women warriors were over-the-counter pain medication (77.4%), prescription pain medication (57.2%), meditation (e.g., mindfulness, mantra, spiritual medication) (50.5%), massage (46.2%), and physical therapy (e.g., physical, rehabilitative, or occupational therapy) (32.4%). This is similar to the top five most common methods among WWP male warriors, though women warriors report utilizing these methods at higher rates (Table 32).

TABLE 32: METHODS FOR TREATING AND MANAGING PHYSICAL PAIN AMONG WWP WARRIORS

Method	★ WWP Women Warriors	WWP Male Warriors
Over-the-counter pain medication	77.4%	70.1%
Prescription pain medication	57.2%	49.9%
Meditation (e.g., mindfulness, mantra, spiritual medication)	50.5%	33.6%
Massage	46.2%	36.8%
Physical therapy (e.g., physical, rehabilitative, or occupational therapy)	32.4%	29.8%
Chiropractic/spinal manipulation	30.9%	27.3%
Psychotherapy	27.1%	18.9%
Guided imagery or progressive relaxation (e.g., relaxation techniques)	30.2%	17.6%
Educational class/workshop	18.8%	12.1%
Yoga/tai chi	23.1%	11.3%
Acupuncture	14.8%	10.8%

SLEEP

Sleep is an important factor to consider when looking at the overall physical health and well-being of an individual. Duration of sleep and sleep quality can affect mental health and lead to unhealthy lifestyle decisions such as diet, behaviors, and exercise.[37,38,39] More importantly, for veterans, issues relating to sleep disruption don't go away when they return home.[40]

Overall, WWP women warriors reported sleeping an average of 5.5 hours per night, with 76.3% reporting fewer than the recommended seven hours of sleep per night, which is similar to the findings from male warriors (5.4 and 78.4%, respectively). In contrast, only 32.8% of U.S. adults reported sleeping fewer than seven hours per night.[41]

The proportion of WWP women warriors getting less than the recommended amount of sleep is more than double that of the general U.S. population.

TABLE 33: SLEEP DURATION AMONG WWP WARRIORS AND U.S. ADULTS

	★ WWP Women Warriors	WWP Male Warriors	U.S. General Population (Adults 18 years & over)
Sleeping less than 7 hours per night	76.3%	78.4%	32.8%

Only 7.0% of WWP women warriors indicated good sleep quality, while 93.0% of WWP women warriors indicated poor sleep quality. These findings are different from the sleep quality reported by male warriors (9.7% and 90.3%, respectively).

PHYSICAL HEALTH FOCUS GROUP SUMMARY

Physical health was not a key theme identified in the focus group discussions. Although it was not specifically discussed as an individual topic, we acknowledge the overlap between physical and mental health and the intersectional nature of these topics when discussing well-being and quality of life.

PHYSICAL HEALTH: RECOMMENDATIONS

WWP RECOMMENDS ENACTING POLICY THAT WOULD ENCOURAGE THE VA TO...

- Adapt the VA MOVE! program to better meet the specific needs of women veterans.
- Extend more outreach and communication to women veterans about new innovation and well-being programs, including VA THRIVE and VA RENEW.

ADDITIONAL RESEARCH SHOULD BE CONDUCTED TO BETTER UNDERSTAND...

- Differences in chronic pain among women and male veterans. Furthermore, there is limited research in this area within the civilian population to make comparisons.
- Positive and negative coping skills women veterans adopt in response to chronic pain.
- The utilization of pain management resources among women and male veterans.

APPENDIX

PUBLIC LAW TABLE

Public Law	Name of Law	Description of Effort	Year of Passage
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 Warrior 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 childcare 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
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

360 TABLES

To provide further context, these tables compare WWP warrior demographic data with demographic data of the broader female U.S. veteran population, post-9/11 veteran population, and U.S. general population, as reported by the U.S. census.*

TABLE 34: SEX – WWP WARRIORS AND COMPARATIVE POPULATIONS

Sex	WWP Warriors	U.S. Post-9/11 Veteran	U.S. Veterans	U.S. General Population
Male	82.7%	83.8%	90.3%	49.5%
Female	17.3%	16.2%	9.7%	50.5%

TABLE 35: AGE – WWP WARRIORS AND COMPARATIVE POPULATIONS

Age (years)	WWP Women Warriors	WWP Male Warriors	U.S. Male Post-9/11 Veterans	U.S. Women Post-9/11 Veterans	U.S. Male Veterans	U.S. Women Veterans	U.S. Male General Population	U.S. Women General Population
Average	40	41	37	36	61	50	38	40
Below 18	-	-	0.6%	0.8%	0.1%	0.3%	23.6%	22.2%
18-24	1.9%	0.9%	12.4%	13.7%	3.1%	6.1%	8.1%	7.6%
25-34	22.6%	18.9%	33.5%	34.3%	8.4%	15.3%	14.0%	13.5%
35-44	47.4%	49.9%	28.4%	30.5%	9.4%	18.4%	13.1%	12.8%
45-54	19.1%	21.5%	15.3%	13.2%	13.0%	19.7%	12.7%	12.6%
55-64	8.4%	8.1%	8.3%	6.4%	16.7%	21.7%	12.8%	12.6%
65+	0.7%	0.7%	1.7%	1.1%	49.3%	18.4%	15.7%	18.6%

**U.S. Census Bureau. 2023. American Community Survey 5-year Estimates Public Use Microdata Sample 2021.*

TABLE 36: RACE – WWP WARRIORS AND COMPARATIVE POPULATIONS

Race	WWP Women Warriors	WWP Male Warriors	U.S. Male Post-9/11 Veterans	U.S. Women Post-9/11 Veterans	U.S. Male Veterans	U.S. Women Veterans	U.S. Male General Population	U.S. Women General Population
White alone	54.1%	69.3%	71.9%	59.6%	79.9%	66.8%	68.3%	67.8%
Black or African American alone	26.1%	12.4%	13.5%	22.9%	11.5%	20.2%	12.2%	12.9%
American Indian/ Alaskan Native alone	1.7%	1.9%	0.8%	1.0%	0.7%	0.9%	0.8%	0.8%
Asian alone	2.2%	2.4%	3.0%	3.9%	1.8%	2.7%	5.5%	5.9%
Native Hawaiian/ Pacific Islander alone	1.0%	1.1%	0.3%	0.6%	0.2%	0.4%	0.2%	0.2%
Other	3.7%	3.8%	3.3%	3.8%	1.9%	2.6%	5.8%	5.4%
Two or more races	11.3%	9.1%	7.1%	8.3%	4.0%	6.3%	7.1%	7.0%

TABLE 37: ETHNICITY – WWP WARRIORS AND COMPARATIVE POPULATIONS

Ethnicity	WWP Women Warriors	WWP Male Warriors	U.S. Male Post-9/11 Veterans	U.S. Women Post-9/11 Veterans	U.S. Male Veterans	U.S. Women Veterans	U.S. Male General Population	U.S. Women General Population
Mexican, Mexican American, Chicano/a	8.8%	8.9%	7.7%	8.4%	4.4%	5.7%	11.6%	10.9%
Puerto Rican	4.3%	4.9%	2.7%	2.5%	1.5%	1.9%	1.8%	1.7%
Cuban	0.6%	0.5%	0.4%	0.5%	0.3%	0.4%	0.7%	0.7%
Other Hispanic, Latino/a, or Spanish Origin	6.0%	5.7%	3.4%	3.8%	1.8%	2.7%	4.8%	4.7%
Not of Hispanic, Latino/a, or Spanish Origin	80.3%	80.1%	85.8%	84.7%	92.1%	89.4%	81.1%	82.0%

TABLE 38: EDUCATION – WWP WARRIORS AND COMPARATIVE POPULATIONS

Education	WWP Women Warriors	WWP Male Warriors	U.S. Male Post-9/11 Veterans	U.S. Women Post-9/11 Veterans	U.S. Male Veterans	U.S. Women Veterans	U.S. Male General Population	U.S. Women General Population
Less than high school diploma/GED	0.2%	0.3%	1.9%	2.0%	5.1%	2.6%	32.5%	29.8%
High school diploma/GED	4.2%	10.7%	23.1%	13.9%	28.9%	17.5%	22.3%	20.4%
Some college or associate degree	40.2%	49.4%	43.0%	41.5%	37.4%	41.6%	22.4%	24.7%
Bachelor's degree	30.2%	24.5%	19.6%	24.4%	16.9%	22.1%	14.4%	15.7%
Master's degree	23.0%	13.6%	10.0%	14.3%	8.3%	12.7%	5.6%	7.2%
Professional or doctorate degree	2.3%	1.6%	2.5%	3.9%	3.4%	3.5%	2.9%	2.2%

TABLE 39: MARITAL STATUS – WWP WARRIORS AND COMPARATIVE POPULATIONS

Marital Status	WWP Women Warriors	WWP Male Warriors	U.S. Male Post-9/11 Veterans	U.S. Women Post-9/11 Veterans	U.S. Male Veterans	U.S. Women Veterans	U.S. Male General Population	U.S. Women General Population
Married	47.4%	69.1%	57.1%	50.6%	63.8%	50.1%	40.0%	38.2%
Widowed	1.4%	0.5%	0.6%	1.1%	7.5%	6.5%	2.1%	6.9%
Divorced or separated	29.8%	19.5%	13.8%	20.3%	16.4%	24.8%	8.9%	11.6%
Never married; single	21.4%	10.9%	28.5%	28.1%	12.3%	18.5%	49.0%	43.4%

TABLE 40: CHILDREN IN THE HOUSEHOLD – WWP WARRIORS AND COMPARATIVE POPULATIONS

Children in the Household (age 17 or younger)	WWP Women Warriors	WWP Male Warriors	U.S. Male Post-9/11 Veterans	U.S. Women Post-9/11 Veterans	U.S. Male Veterans	U.S. Women Veterans	U.S. Male General Population	U.S. Women General Population
At least one child	54.7%	61.9%	53.7%	47.5%	79.7%	66.1%	51.3%	49.9%
No children	45.3%	38.1%	46.3%	52.5%	20.3%	33.9%	48.7%	50.1%

TABLE 41: ACTIVE DUTY – WWP WARRIORS AND COMPARATIVE POPULATIONS

Military Status	WWP Women Warriors	WWP Male Warriors	U.S. Male Post-9/11 Veterans	U.S. Women Post-9/11 Veterans	U.S. Male Veterans	U.S. Women Veterans
Active duty	3.8%	3.8%	23.1%	21.0%	5.8%	9.3%

TABLE 42: BRANCH OF SERVICE – WWP WARRIORS

Branch of Service	WWP Women Warriors	WWP Male Warriors
Army	61.4%	65.1%
National Guard or Reserve	30.6%	32.0%
Marine Corps	6.9%	18.8%
Navy	18.0%	13.3%
Air Force	17.6%	11.5%
Coast Guard	1.3%	0.9%
Space Force	0.2%	0.2%
Served in more than one branch	28.8%	31.7%

TABLE 43: HIGHEST MILITARY PAY GRADE – WWP WARRIORS

Pay Grade/Rank	WWP Women Warriors	WWP Male Warriors
E1-E4 (junior enlisted)	38.6%	31.5%
E5-E6 (midgrade enlisted)	38.7%	43.5%
E7-E9 (senior enlisted)	12.4%	16.8%
W1-W5 (warrant officers)	0.9%	1.6%
O1-O3 (junior officers)	5.0%	3.0%
O4-O10 (senior officers)	4.4%	3.7%

TABLE 44: UNEMPLOYMENT – WWP WARRIORS AND COMPARATIVE POPULATIONS

Population	Unemployment**
WWP Women Warriors (2022)	10.0%
WWP Male Warriors (2022)	6.3%
U.S. Women Post-9/11 Veterans	2.0%
U.S. Male Post-9/11 Veterans	1.8%
U.S. Post-9/11 Veterans	1.9%
U.S. Male Veterans	2.3%
U.S. Women Veterans	2.6%
U.S. Veterans	2.4%
U.S. General population	3.7%
U.S. Male General population	3.6%
U.S. Women General population	4.0%
U.S. General population with a disability	7.7%
U.S. Male General population with a disability	8.0%
U.S. Women General population with a disability	7.8%

***Data from U.S. Bureau of Labor Statistics at time of 2022 AWS (August 2022)[20]*

TABLE 45: VA DISABILITY RATINGS – WWP WARRIORS AND COMPARATIVE POPULATIONS

VA Disability Rating	WWP Women Warriors	WWP Male Warriors	U.S. Male Post-9/11 Veterans	U.S. Women Post-9/11 Veterans	U.S. Male Veterans	U.S. Women Veterans
0%	0.6%	0.6%	1.0%	1.0%	1.0%	1.1%
10 or 20%	2.7%	2.5%	5.8%	5.0%	6.4%	5.3%
30 or 40%	4.2%	3.7%	5.1%	5.2%	3.6%	4.2%
50 or 60%	6.6%	6.9%	5.2%	5.2%	3.0%	3.8%
70, 80, 90, or 100 %	77.4%	78.3%	14.1%	15.3%	8.8%	11.0%
None/ Pending or on Appeal	8.6%	8.1%	68.8%	68.3%	77.1%	74.5%

TABLE 46: SELF-REPORTED INJURIES AND HEALTH PROBLEMS AMONG WWP WARRIORS

Self-Reported Injury/Health Problem	WWP Women Warriors	WWP Male Warriors
Sleep problems	76.8%	80.1%
PTSD	72.7%	76.6%
Anxiety	83.7%	74.1%
Depression	81.2%	72.8%
Hearing loss or tinnitus	52.4%	70.4%
Bone, joint, or muscle injury (e.g., fracture, break or injury to extremities, back, shoulder or neck)	62.3%	66.8%
Migraines or chronic headaches	53.6%	63.9%
Traumatic brain injury (TBI)	19.9%	39.9%
Nerve injuries	27.2%	33.3%
Head injury other than TBI	11.6%	18.4%
Spinal cord injury	8.3%	18.1%
Military sexual trauma	44.6%	2.9%
Burns or lacerations	4.1%	8.7%
Blindness or other vision impairment	3.8%	5.5%
No severe physical or mental health problems experienced	2.0%	1.9%
Amputation	0.6%	1.6%

SCALES

Topic Page number	How We Measure It	Interpretation of Scores	Scale Reference
Quality of life Pg. 11	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.
Anxiety Pg. 14	General Anxiety Disorder 7-Item (GAD-7)	Cutoff score of 5, 10, and 15 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. 15	Patient Health Questionnaire-9 (PHQ-9)	A cutoff score of 10 was used to indicate the presence of depressive symptoms warranting further consideration for treatment.	Kroenke K, Spitzer RL, Williams JB. The PHQ-9: validity of a brief depression severity measure. Journal of General Internal Medicine. 2001 Sep;16(9):606-13.
Post-Traumatic Stress Disorder (PTSD) Pg. 16	PTSD Checklist for DSM-5 (PCL-5)	A cutoff score of 32 was used to denote the presence of PTSD symptoms.	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.
Suicide risk Pg. 17	Columbia-Suicide Severity Rating Scale (C-SSRS)	For purposes of this survey, only questions related to suicidal ideation and suicide attempts were asked (omitting questions related to preparatory acts of suicide).	Posner K, Brent D, Lucas C, Gould M, Stanley B, Brown G, et al. Columbia-suicide severity rating scale (C-SSRS). New York, NY: Columbia University Medical Center; 2008;10:2008.
Head-related trauma symptoms Pg. 19	The Neurobehavioral Symptom Inventory (NSI)	The final summary NSI score indicates the presence and severity of postconcussive symptoms, ranging from 0 to 88, with higher scores corresponding to greater distress or impairment of postconcussive symptoms.	King Jr PR, Donnelly KT, Donnelly JP, Dunnam M, Warner G, Kittleson CJ, et al. A psychometric study of the neurobehavioral symptom inventory. Journal of Rehabilitation Research and Development. 2012;49(6):879-88.
Drug abuse Pg. 20	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. 21	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.
Food security Pg. 28	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 of food secure (scores 0 to 1) and food insecure (score 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. 29	InCharge Financial Distress/ Financial Well-Being Scale (IFDFW)	Final scores can be categorized as low (1 to 4), moderate (5 to 6), and high (7 to 10) financial well-being.	Prawitz A, Garman ET, Sorhaindo B, O'Neill B, Kim J, Drentea P. InCharge financial distress/ financial well-being scale: development, administration, and score interpretation. Journal of Financial Counseling and Planning. 2006;17(1)
Loneliness Pg. 34	Three-Item Loneliness Scale	Overall loneliness scores range from 3 to 9, for which a higher score represents 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.
Resilience Pg. 35	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
Instrumental support Pg. 49	NIH Toolbox	Scale breaks down responses into high or low levels of instrumental support.	Slotkin J, Nowinski C, Hays R, Beaumont J, Griffith J, Magasi S, et al. National Institute of Health (NIH) toolbox adult social relationship scales. 2012.
Post-Traumatic Growth (PTG) Pg. 56	Post-Traumatic Growth Inventory-short form (PTGI-SF)	A total PTGI-SF score is created by adding all the scores together from the 10 statements (scores range from 0 to 50).	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
Physical activity Pg. 62	The Physical Activity Scale for Persons with Physical Disabilities (PASIPD)	The scale measures the "metabolic equivalent value" (MET), which indicates the intensity of exercise and includes household and occupational activities, as well as leisure (moderate, vigorous, and strengthening physical activity). The scale rates responses from 1 (never) to 4 (often) for how often participants complete an activity in a week and rates the duration from 1 (less than 1 hour/day) to 4 (greater than 4 hours/day). The total PASIPD score is calculated by multiplying the duration (hours per week) by the weight (the METs) and adding the results together.	Washburn RA, Zhu W, McAuley E, Frogley M, Figoni SF. The physical activity scale for individuals with physical disabilities: development and evaluation. Archives of Physical Medicine and Rehabilitation. 2002 Feb 1;83(2):193-200.
Pain Pg. 63	The Pain, Enjoyment of Life and General Activity scale (PEG scale)	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.	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.
Sleep Pg. 65	The Pittsburgh Sleep Quality Index (PSQI)*	Provides a total summary score of overall sleep quality ranging from 0 to 21, with higher scores indicating poorer sleep quality.	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

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FOCUS GROUPS RECRUITMENT

Recruitment strategy

A geographic recruitment strategy was utilized to identify women warriors across the United States and included recruitment efforts for individuals residing in all 50 states. Emails were sent to women warriors who lived in zip codes of specific geographic areas. The recruitment strategy initially targeted potential participants who had participated in prior Annual Warrior Surveys and had selected an option to be included in future potential research opportunities as well as resided in a geographic area of focus. This strategy was used for the first five focus groups. The strategy was modified for the sixth focus group to conduct a radius report of women veterans and send them a recruitment email for the focus group. For in-person focus groups, zip codes included 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. For the Washington, DC focus group, a purposive recruitment strategy was used to recruit active-duty service members, as they may not have registered with WWP.

Recruitment Strategy	Focus group	No. of Email Invites Sent	No. of Responses	No. of Attendees
2022 AWS Opt-in list email invites	Virtual Focus Group 1	34	8	3
	Jacksonville Focus Group	35	9	7
Digital Marketing e-blast email invites	San Antonio Focus Group	48	14	12
	San Diego Focus Group	1,003	14	11
	Virtual Focus Group 2	2,703	12	6
	Chicago Focus Group	247	8	5
	Virtual Focus Group 3	834	28	6
	Virtual Focus Group 4	7,552	18	6
	Washington, DC Focus Group	16	7	6

Breakdown of focus group participants

- There was representation in the focus groups from all of the Armed Forces with the exception of the Space Force. The Army and Navy had the highest amounts of representation, which is reflective of the Army and the Navy being the largest two branches of the Armed Services.* Participants also represented the Air Force, Marine Corps, Coast Guard, Army National Guard, and Air National Guard, as well as the Reserve components for the Marine Corps, Air Force, and the Army.
- The average age of WWP women warriors is 41, and the average age of the focus group participants was 42 (41.7).

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 where possible 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. Additionally, the recruiting structure was modified to identify more potential participants in the focus groups, which led to greater response rates, but no additional focus groups were added to mitigate the low attendance of the first focus group. There is also a possibility email invites for the focus groups were sent to junk inboxes and limited the awareness of the project. Another limitation for participants was availability at the time focus groups met to complete collecting data within the project's timeline. Access to Care was the most referenced topic across all the focus groups, but this may have been due to the order of questions within the semi-structured guide and something to consider for future projects. The semi-structured guide was created inductively from previous research and literature on women veterans.

WWP PROGRAMS

Wounded Warrior Project is committed to helping warriors and their families face the future with confidence. 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. To learn more about these programs, the WWP Resource Center is just a phone call away to offer guidance, direction, and a listening ear. Call 888.WWP.ALUM, Monday – Friday, 9 am – 9 pm EST, or visit woundedwarriorproject.org/programs.

Experiencing things like PTSD, anxiety, depression, or emotional challenges? WWP Mental Health programs can help.

Telephonic emotional support: WWP Talk is a nonclinical telephonic emotional support and goal-setting program that connects warriors and/or family members, via a weekly call, with a dedicated team member who can help with developing an individualized plan to promote a path toward personal growth.

Adventure-based healing: Project Odyssey® is a 12-week program that includes outdoor, adventure-based learning to help warriors develop better coping and communication skills. Project Odyssey is

**Statista (2023). Active and reserve United States military force personnel in 2021, by service branch and reserve component [internet]. [Cited July 18 2023]. Available from: https://www.statista.com/statistics/232330/us-military-force-numbers-by-service-branch-and-reserve-component/*

also available as a couples' program.

Clinical PTSD treatment: Warrior Care Network® treatment provides warriors with the tools to help manage symptoms of post-traumatic stress disorder, military sexual trauma, and traumatic brain injury during a two-week accelerated program at one of our partner academic medical centers.

Experiencing things like pain, sleep issues, or self-confidence challenges? WWP Physical Health and Wellness programs can help.

Fitness and nutrition: WWP's Physical Health and Wellness program empowers warriors and family members to make long-term changes toward a healthier lifestyle through movement, nutritional education, coaching, goalsetting, and skill-building.

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

Cycling: Soldier Ride® is a multiday adaptive cycling event that lets warriors get active and build camaraderie while riding alongside fellow warriors.

Experiencing things like a lost sense of camaraderie or isolation? WWP Connection programs can help.

Warrior and family events: The Alumni Connection Program creates meaningful engagement opportunities through face-to-face and virtual programming for warriors and family members to meet/connect with other veterans and families within and outside of their communities.

Group meetings: WWP Peer Support Groups offer a safe, judgment-free environment to regularly meet, share experiences, and build relationships with other veterans through meetings held nationwide.

Experiencing challenges with employment, VA benefits, or personal finances? WWP Financial Wellness programs can help.

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

Benefits counseling: The WWP Benefits Services program puts a team of certified VA representatives in charge of helping each warrior and family navigate the VA claims process and receive the benefits they have earned.

Financial education and counseling: WWP's Financial Education team is here to help warriors and families succeed in improving their financial well-being through education and support.

Experiencing a loss of independence due to catastrophic injury? The WWP Independence program can help.

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

Eager to get involved and help shape legislation? WWP's Government Affairs Team is here to support you.

Veteran advocacy opportunities: Government Affairs amplifies warriors' voices before Congress, VA, and other federal policymakers and provides opportunities for warriors to advocate for change

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