BACKGROUND

The 2023 Women Warriors Report focuses on the experiences of women warriors who are registered with WWP (WWP women warriors), using qualitative data from 2023 focus group discussions and quantitative data from the 2022 WWP Annual Warrior Survey.* This report aims to present these qualitative and quantitative findings through the lens of those who self-identify as women and draw comparisons with those who self-identify as male.

The findings allow WWP to identify gender-based research gaps and provide evidence-based policy recommendations to advocate for women veterans’ needs.

FOCUS GROUPS

Nine focus group sessions (four virtual on Zoom and five in person) were conducted between March to May 2023 and lasted approximately 90 minutes each. Eight focus groups were with women who are veterans, and one was with women who are active-duty personnel. The focus groups were analyzed using thematic analysis and fell into six key themes and two additional topics — all outlined in this executive summary.

ANNUAL WARRIOR SURVEY

WWP’s 2022 Annual Warrior Survey represents over 165,000 wounded, ill, and injured post-9/11 veterans across the continental U.S. and its territories who are registered with WWP. For more information about the Annual Warrior Survey, visit annualwarriorsurvey.com.

*One of the focus groups was conducted with active-duty women personnel only. These women are not currently registered with WWP but are eligible to do so.
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 that of male warriors. The full Women Warriors Report 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. A breakdown of the standardized questionnaire scales included in the survey can also be found in the full report.

### Marital Status

- 47.4% are married, compared to 69.1% of male warriors.

### Ethnicity

- 54.1% White alone
- 26.1% Black or African American alone
- 2.2% Asian alone
- 1.7% American Indian/Alaskan Native alone
- 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

### Race

- 40% White alone
- 10% Native Hawaiian/ Pacific Islander alone
- 13% Black or African American alone
- 3% Two or more races
- 3% Other

### Average Age

- 40

### Branch of Service

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

#### Top 5 Service-Related Injuries and Health Problems

- **Migraines or Chronic Headaches**
  - 53.6%
  - Not Hispanic, Latino/a, or Spanish Origin

- **Sleep Problems**
  - 76.8%
  - Not Hispanic, Latino/a, or Spanish Origin

- **Post-Traumatic Stress Disorder (PTSD)**
  - 72.7%
  - Not Hispanic, Latino/a, or Spanish Origin

- **Anxiety**
  - 83.7%
  - Not Hispanic, Latino/a, or Spanish Origin

- **Depression**
  - 81.2%
  - Not Hispanic, Latino/a, or Spanish Origin
MENTAL HEALTH

WWP women warriors are more likely to present with moderate to severe symptoms of depression, PTSD, 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.
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

Despite being more educated, WWP women warriors face higher rates of unemployment than male warriors and women in the U.S. general population.¹

Financial strain and moderate to high financial distress are more common among WWP women warriors than male warriors.

**2022 UNEMPLOYMENT RATE:**

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<thead>
<tr>
<th></th>
<th>WWP WOMEN WARRIORS</th>
<th>WWP MALE WARRIORS</th>
<th>U.S. WOMEN GENERAL POPULATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>2022 UNEMPLOYMENT RATE (%)</td>
<td>10.0%</td>
<td>6.3%</td>
<td>4.0%</td>
</tr>
</tbody>
</table>

Family and/or child care responsibilities are one of the top barriers to employment for unemployed WWP women warriors (27.6%) — only 17.4% of unemployed male warriors report this barrier.

“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 DON’T HAVE THE WORK EXPERIENCE OR 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

**FINANCIAL STRAIN**
(did not have enough money to make ends meet at some point in the past 12 months):

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<tr>
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<th>WWP WOMEN WARRIORS</th>
<th>WWP MALE WARRIORS</th>
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<tbody>
<tr>
<td>2022 UNEMPLOYMENT RATE (%)</td>
<td>65.4%</td>
<td>64.0%</td>
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**MODERATE TO HIGH FINANCIAL DISTRESS:**

<table>
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<th>WWP MALE WARRIORS</th>
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<tbody>
<tr>
<td>2022 UNEMPLOYMENT RATE (%)</td>
<td>72.1%</td>
<td>68.6%</td>
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</table>

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.
SOCIAL HEALTH

Wounded Warrior Project®

WOUNDED WARRIOR PROJECT®

WOMEN WARRIORS REPORT: EXECUTIVE SUMMARY 2023

SOCIAL HEALTH

WWP women warriors report higher rates of isolation, feeling left out, and lacking companionship than male warriors.

<table>
<thead>
<tr>
<th></th>
<th>WWP Women Warriors</th>
<th>WWP Male Warriors</th>
</tr>
</thead>
<tbody>
<tr>
<td>FEEL ISOLATED:</td>
<td>82.0%</td>
<td>76.7%</td>
</tr>
<tr>
<td>FEEL LEFT OUT:</td>
<td>79.4%</td>
<td>71.6%</td>
</tr>
<tr>
<td>LACK COMPANIONSHIP:</td>
<td>77.8%</td>
<td>69.0%</td>
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</tbody>
</table>


WWP women warriors have lower resilience scores than male warriors and the U.S. general population.2

<table>
<thead>
<tr>
<th></th>
<th>WWP Women Warriors</th>
<th>WWP Male Warriors</th>
<th>U.S. General Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>RESILIENCE SCORES:</td>
<td>4.8</td>
<td>4.9</td>
<td>6.9</td>
</tr>
</tbody>
</table>

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.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2041449/pdf/nihms29561.pdf
TRANSITION FROM MILITARY SERVICE

Veterans face unique challenges, such as the transition to civilian life and self-perception after service. For WWP women warriors, the challenges of veteran identity are magnified.

There were mixed responses from focus group discussions about whether WWP women warriors would recommend joining the military to their daughter or a friend’s daughter.

Some of the reasons participants would recommend joining the military include:
- Benefits packages, such as the GI Bill for education
- A stronger social network
- The ability to develop independent skills while having financial stability

Some of the reasons for not recommending joining the military include:
- Risk of military sexual trauma
- Negative impact on mental health
- Being overlooked as secondary to male veterans

“WHAT I WISH THEY WOULD’VE TOLD US IS THAT TRANSITION IS NEVER GOING AWAY. YOU ARE ALWAYS IN TRANSITION.” – FOCUS GROUP PARTICIPANT

Data from 2021 Annual Warrior Survey

66.0% OF WWP WOMEN WARRIORS AGREE

82.3% OF WWP MALE WARRIORS AGREE

78.3% OF WWP WOMEN WARRIORS AGREE

83.7% OF WWP MALE WARRIORS AGREE

78.8% OF WWP WOMEN WARRIORS AGREE

86.0% OF WWP MALE WARRIORS AGREE

TRANSITION RECOMMENDATIONS

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

• Collaborate with the Department of Defense (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 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.
Overall, WWP women warriors are more likely to attempt to navigate the VA system than male warriors. However, they face more barriers when seeking care.

### ACCESS TO CARE

#### BARRIERS EXPERIENCED WHEN ACCESSING VA CARE:

<table>
<thead>
<tr>
<th>Greatest differences reported between WWP women and male warriors.</th>
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</thead>
<tbody>
<tr>
<td>VA providers are not sensitive to my needs.</td>
</tr>
<tr>
<td>I have no access to child care.</td>
</tr>
<tr>
<td>Received care for MST through the VA:</td>
</tr>
<tr>
<td>Though WWP women warriors reported military sexual trauma (MST) at a rate more than three times higher than male warriors, they reported receiving MST care through the VA less often.</td>
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<table>
<thead>
<tr>
<th>WWP WOMEN WARRIORS</th>
<th>WWP MALE WARRIORS</th>
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<tbody>
<tr>
<td>92.6%</td>
<td>91.1%</td>
</tr>
<tr>
<td>53.2%</td>
<td>42.0%</td>
</tr>
<tr>
<td>19.7%</td>
<td>13.7%</td>
</tr>
<tr>
<td>4.6%</td>
<td>6.8%</td>
</tr>
</tbody>
</table>

#### 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.

"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
**SPECIAL TOPICS**

WWP women warriors reported experiencing MST at a rate more than three times higher than male warriors. When asked explicitly about sexual harassment and assault, the gap widens even further.

When asked about MST as a service-connected injury in the 2022 Annual Warrior Survey, about one in 10 (10.3%) WWP warriors reported MST as a service-connected injury. Of them:

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<thead>
<tr>
<th>Percentage who are MST</th>
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<tr>
<td>76.5%</td>
<td>23.5%</td>
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The 2021 Annual Warrior Survey asked explicitly about sexual harassment and assault during service.

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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.


WWP women warriors report a slightly higher mean post-traumatic growth score than male warriors. This indicates higher levels of positive coping following trauma—despite experiencing higher rates of trauma.

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<th>Post-traumatic growth scores:</th>
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<td>21.7</td>
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WWP women warriors report lower rates of obesity compared to male warriors and the general population.

<table>
<thead>
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<th>Percentage who are obese or severely obese:</th>
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<tr>
<td>46.7%</td>
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<td>51.6%</td>
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WFP women warriors reported experiencing MST at a rate more than three times higher than male warriors. When asked explicitly about sexual harassment and assault, the gap widens even further.

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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.

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: 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.