

**PRIVATE FIRST CLASS
YOMARI CRUZ, 2010**



**WOUNDED WARRIOR
YOMARI CRUZ, 2017**

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WOMEN WARRIORS INITIATIVE REPORT

Executive Summary

About the Women Warriors Initiative

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

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

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

Methodology

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

Top-Line Findings

Demographic Profiles

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

CURRENT LIVING SITUATION



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

RACE / ETHNICITY

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

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

CURRENT MILITARY STATUS

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



43% SEPARATED OR DISCHARGED

34% RETIRED, MEDICAL

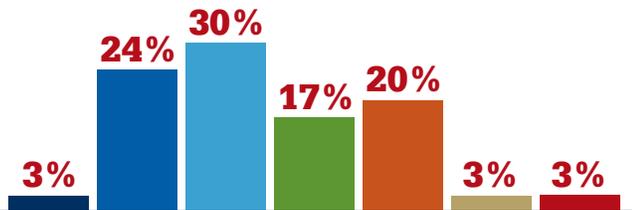
16% RETIRED, NONMEDICAL

4% ACTIVE DUTY

3% RESERVIST

EDUCATION LEVEL

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



- PROFESSIONAL OR DOCTORATE
- MASTER'S DEGREE
- BACHELOR'S DEGREE
- ASSOCIATE DEGREE
- SOME COLLEGE CREDIT, NO DEGREE
- BUSINESS, TECHNICAL, VOCATIONAL CERTIFICATE
- HIGH SCHOOL DIPLOMA OR GED

EMPLOYMENT STATUS



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

Transition

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

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

Key Takeaway

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

Employment

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

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

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

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

Key Takeaways

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

VA Health Care and Services

Access to VA Health Care

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

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

Key Takeaways

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

Rural Areas

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

Key Takeaway

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

Telehealth

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

VA Women's Health

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

Key Takeaway



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

Military Sexual Trauma

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

Key Takeaway

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

VA Benefits for MST Survivors

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

Key Takeaway

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

Treatment for MST Survivors

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

Key Takeaway



Greater proactivity, collaboration, and personalized attention is needed to better support MST survivors. A Patient-Aligned Care Team (PACT) can provide the outlet for clinical and nonclinical health care professionals to better communicate and collaborate.

Applying this model to MST-related care may help illuminate gaps in care and services, allow

for more holistic treatment, and improve cohesiveness among providers.

Mental Health

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

Key Takeaway



Women warriors feel they lack a clear understanding of the resources at their disposal and how to navigate them in a timely manner. In response, orientation programs have

been beneficial for women veterans seeking mental health care by preparing them with the expectations and information to choose the right treatment for them. Expanding mental health orientations will help VA to reach more veterans, set consistent expectations for treatment, and empower more veterans to access effective mental health care.

Isolation

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

Key Takeaway



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

Conclusion

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

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Introduction

Women are the fastest-growing cohort both in military service and the veteran population. To better understand their needs, Wounded Warrior Project® (WWP) began a women veteran-focused initiative to identify and address the unique issues faced by post-9/11 women veterans and to advocate for meaningful legislative and policy action to improve the lives of all women veterans.

Since 2010, WWP has conducted an annual survey of all registered warriors to guide its programs and legislative efforts. The 2019 Annual Warrior Survey found that women warriors experience military sexual trauma (MST), anxiety, and depression at higher rates than male warriors. In open-ended comments, women spoke up about feelings of isolation, loneliness, and the struggle to identify with other veterans or civilian women. To gain a deeper understanding of these issues, WWP conducted its first Women Warriors Initiative survey in early 2020.

The results of this survey augment those of the Annual Warrior Survey, painting a clearer picture of the everyday challenges faced by women warriors. Following the survey analysis, in mid- to late- 2020, WWP held 13 roundtable discussions with women warriors to learn more about the challenges presented in the survey and seek input on how to address them. These roundtable discussions gave us deeper insight into not only the survey findings, but also women warriors' experiences and what has helped them. Their voices supplement the findings and recommendations throughout this report.

Methodology

Survey Administration

The survey was administered from January 22, 2020, through February 19, 2020 (28 days), to 19,581 women warriors registered with WWP. The survey was not incentivized, but women warriors were encouraged to take the opportunity to provide feedback to help WWP identify gaps in programs and services for women veterans. There were 4,871 responses, with a 25% response rate.

The data set used for analysis includes the 4,871 respondents who completed any portion of the survey. Of those respondents, 182 (4%) are currently on active duty and 153 (3%) are reservists. Those respondents did not receive the questions on military-to-civilian transition or VA health care. When the survey closed, all incomplete results were recorded. Wherever percentages are presented, missing responses were removed from the denominators. Therefore, denominators vary across questions.

The survey contained a total of 43 questions. At the end of the survey, respondents were provided an open-text question for additional comments. The question asked respondents what challenges as a woman veteran they would like Wounded Warrior Project to be made aware of, and 2,412 women provided comments. These qualitative remarks help augment the quantitative findings

and ensure we are not overlooking any challenges specific to female veterans. Their comments are found throughout the report and were not edited except to remove any identifiable information.

The primary source for comparison data in the report is the 2019 Annual Warrior Survey, a survey administered to all warriors in WWP’s member database as of February 2019. The Annual Warrior Survey assesses warrior demographics, mental and physical well-being, and financial wellness across several outcome domains. In 2019, 35,908 warriors completed the survey: 83% male and 17% female. Results of the 2019 Annual Warrior Survey final report were weighted to represent the WWP population at the time of administration. However, in this report, we use unweighted data. Westat administers and prepares the Annual Warrior Survey, and it has found there is typically little variation among weighted and unweighted results.

Roundtables

The initial methodology for the Women Warriors Initiative, devised in 2019, was to include a series of in-person roundtables and a town hall on women veterans’ issues. However, shortly after the survey was fielded, the COVID-19 pandemic began. WWP shifted the plan and held 13 roundtables virtually, using the Zoom platform, from May to September 2020. The results of the Women Warriors Initiative survey informed the selected topics of discussion. The WWP Government Affairs team developed the discussion questions, and while the topics rotated, the focus was to discover what worked, what didn’t, and how WWP could identify potential programs and policies to address the challenges of women warriors. Table 1 provides the dates and topics of each roundtable.

WWP used survey and membership data to narrow down the list of potential participants in the roundtables. Email invitations were sent to potential participants, and WWP program staff conducted follow-up invite calls. A total of 98 women warriors participated in 13 roundtables. The roundtables were scheduled for two hours each. Roundtables were recorded, and a researcher with WWP took detailed notes. After each roundtable, the WWP team held an after-action meeting to assess notes and themes.

Table 1: Roundtable Dates and Topics

ROUNDTABLE	DATE	DISCUSSION TOPIC
1	May 29, 2020	Transition
2	June 18, 2020	Access to Care in Rural Areas
3	June 30, 2020	Financial Stress
4	July 1, 2020	WWP Women Warrior Staff
5	July 9, 2020	Mental Health
6	July 15, 2020	Transition
7	July 28, 2020	Mental Health and Military Sexual Trauma
8	August 18, 2020	Access to Care in Rural Areas
9	September 3, 2020	Financial Stress
10	September 16, 2020	Isolation With Women Warrior Leaders
11	September 18, 2020	Isolation With Women Warrior Leaders
12	September 29, 2020	Financial Stress
13	October 15, 2020	Isolation With Women Warrior Leaders

Demographic Profile

Survey

The average age of Women Warriors Initiative survey respondents is 41, with 78% of women warriors age 35 and older. Less than half of women warriors are married (44%), while 19% are single and another 19% are divorced (Figure 1). This is quite different from male warriors — in the 2019 Annual Warrior Survey, 72% reported being married. About 71% of women warriors have children, and of those women, the majority have one to two children (Figure 2). Nearly half of women warriors are single mothers (49%).

Figure 1: Current Marital/Relationship Status

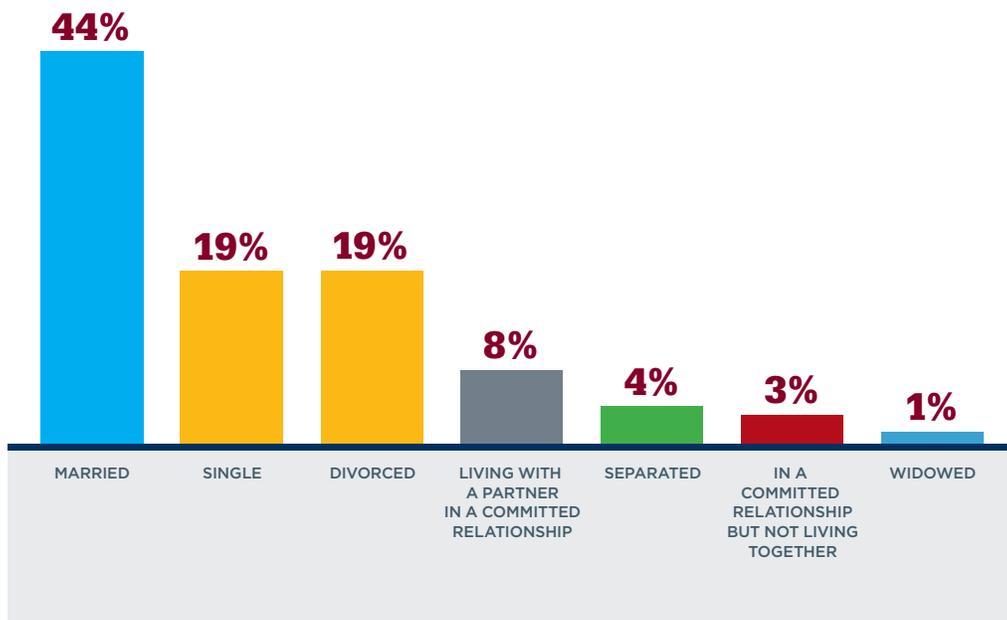


Figure 2: Number of Children

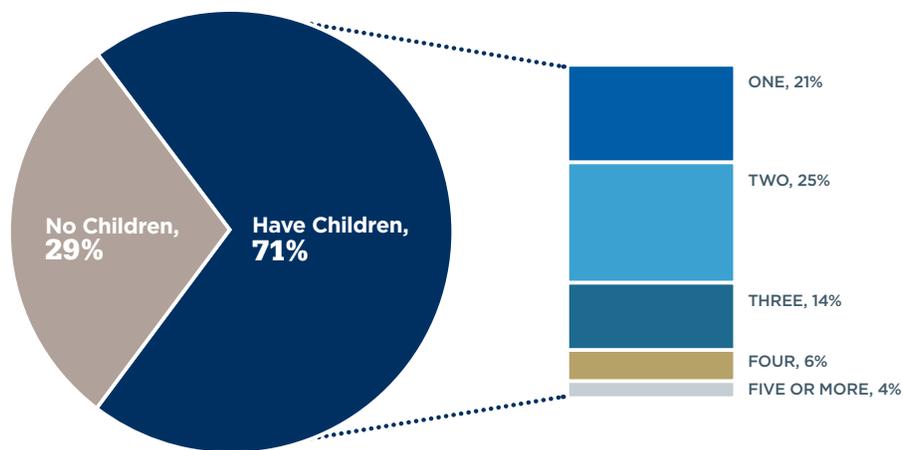
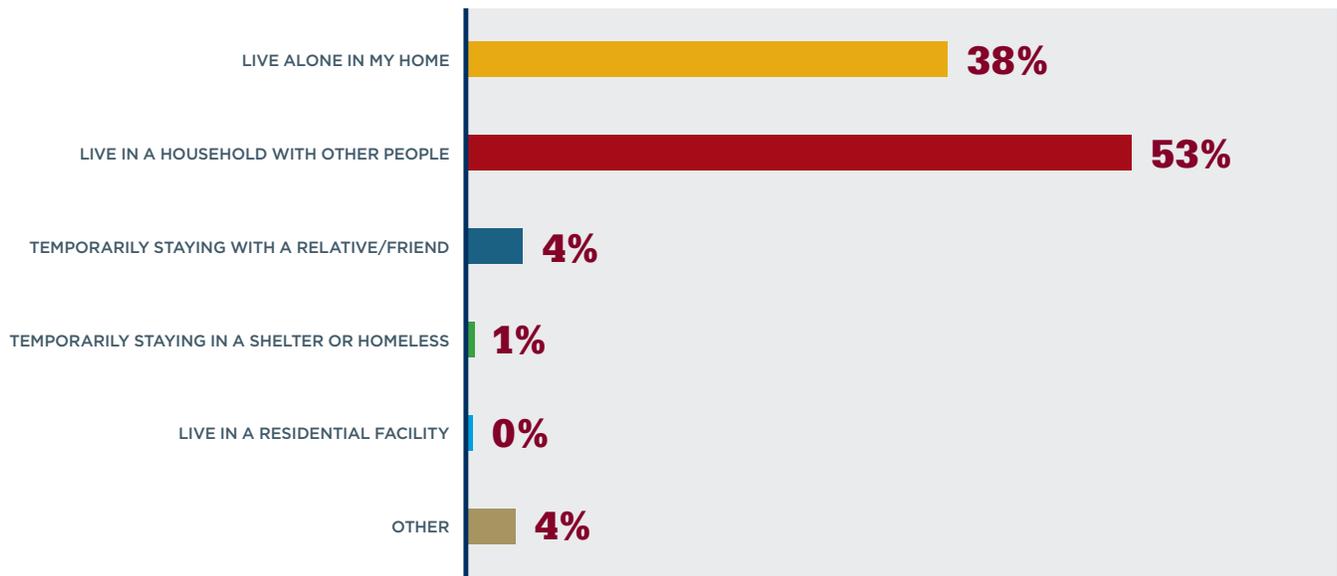


Figure 3: Current Living Situation



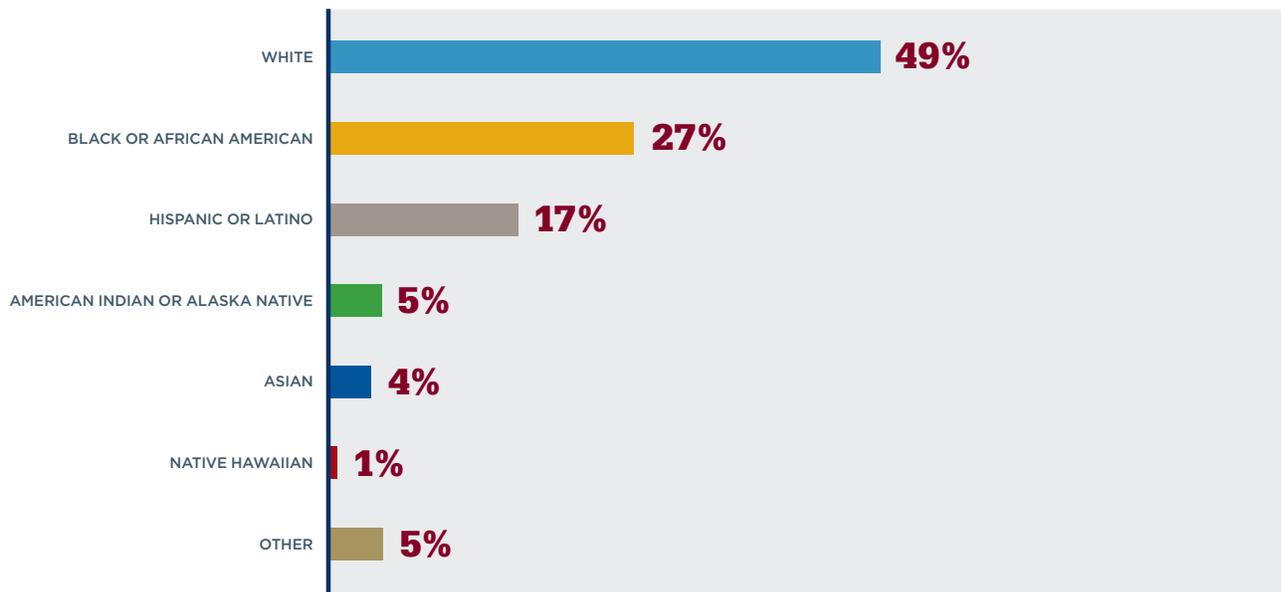
Current Living Situation:

While just over half of women live in a household with other people (53%), 38% of women warriors indicated they live alone in their own home (Figure 3). Additionally, 4% of women warriors reported they are temporarily staying with a relative or friend. The National Coalition for the Homeless explains this temporary situation as being “precariously housed” and at risk of becoming homeless (Hoback & Anderson). Another 1% are staying in a shelter or are homeless. Temporary housing and homelessness stands out as a concerning data point, as the 2019 Annual Warrior Survey also found that women warriors had higher rates of self-reported homelessness over the past 24 months than males (6% for females vs. 5% for males).

Race/Ethnicity:

The women warrior population is more diverse than the male warrior population. About 49% are White, 27% Black or African American, and 17% Hispanic or Latino (Figure 4). Almost a quarter of women warriors reported more than one race/ethnicity category. This is slightly different than the breakdown of race/ethnicity in the 2019 Annual Warrior Survey, where 54% of women reported being White. However, similar rates reported being Black or African American (28%) and Hispanic or Latino (19%). For comparison, 66% of male warriors are White, 14% are Black or African American, and 19% Hispanic or Latino, as reported on the 2019 Annual Warrior Survey.

Figure 4: Race/Ethnicity

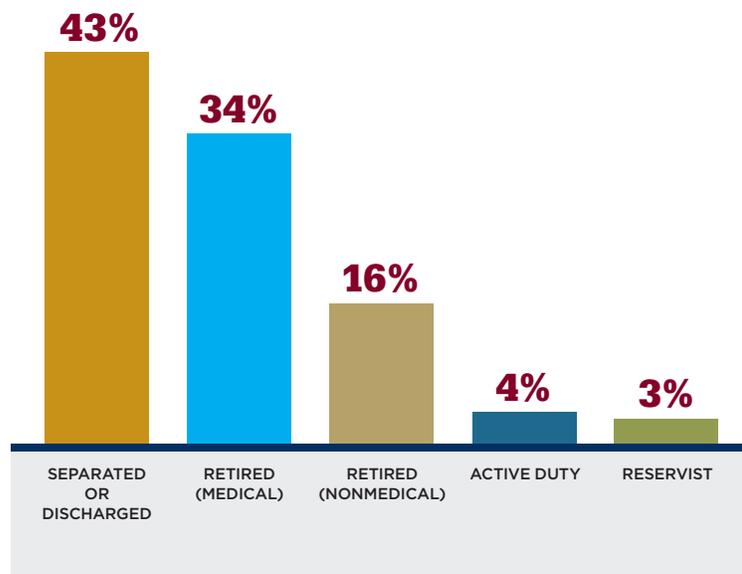


Warriors could mark more than one race/ethnicity category

Current Military Status:

Women warriors provided their current military status, and most reported being separated or discharged from the military (43%), while another 34% are medically retired (Figure 5). This was similar to the women who responded to the 2019 Annual Warrior Survey, where 35% were retired medically and 42% reported being separated or discharged. For those not on active duty, the average number of years out of service was eight. The majority served in the Army (45%), while 14% served in the Air Force, 14% served in the Navy, and 6% served in the Marine Corps.

Figure 5: Current Military Status



Employment and Education Status:

Excluding women on active duty, 34% of women warriors report being employed full time and 10% part time. About a quarter of women warriors are disabled and not able to work (26%). About 12% are unemployed and looking for work (Figure 6).

The majority of women are educated, with 57% holding a bachelor's degree or higher — a quarter of whom have a master's or professional/doctoral degree (Figure 7). Of note, women warriors' education rates are higher than their male counterparts. According to the 2019 Annual Warrior Survey, 35% of male warriors reported holding a bachelor's degree or higher. The sample of women responding to this survey was also slightly more educated than the women respondents in the 2019 Annual Warrior Survey, where a little less than half of women reported holding a bachelor's degree or higher (49%).

Figure 6: Current Employment Status

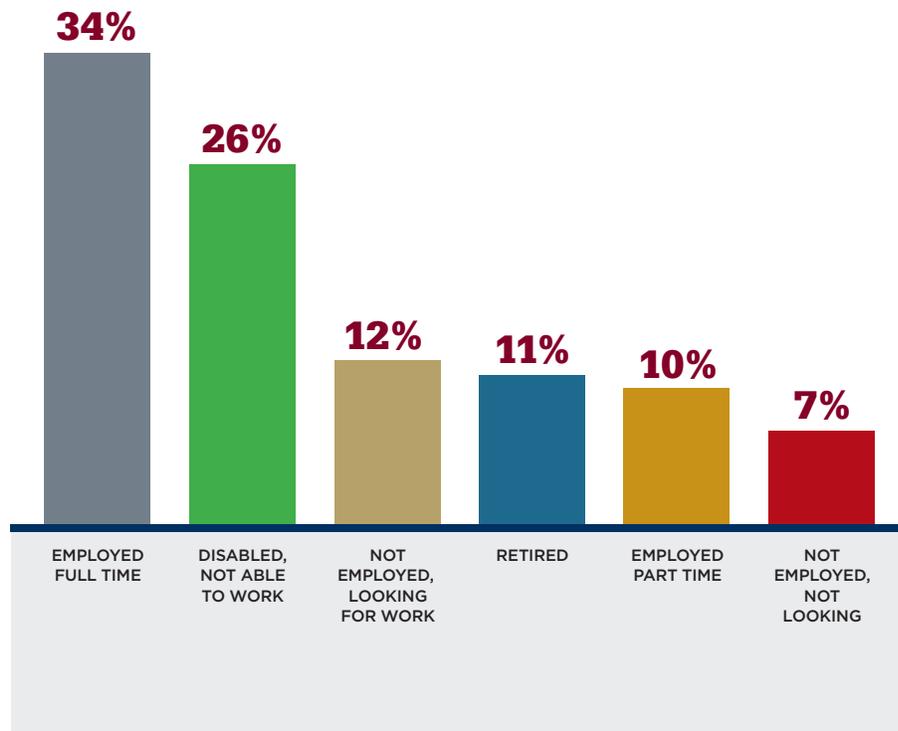
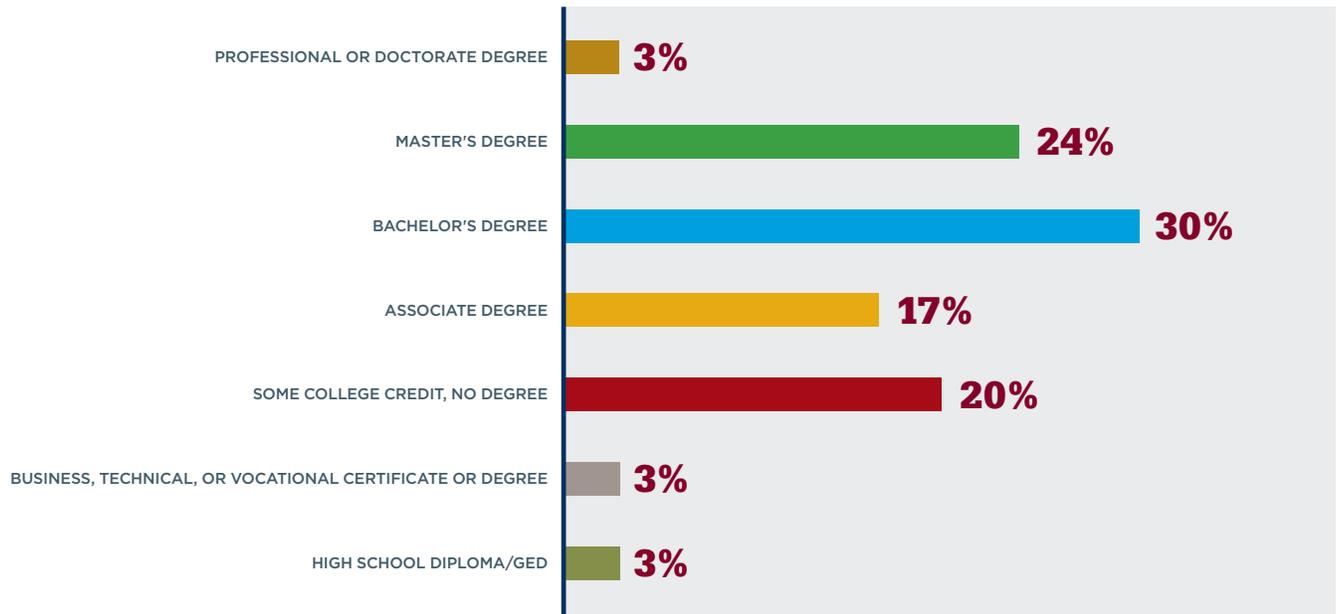
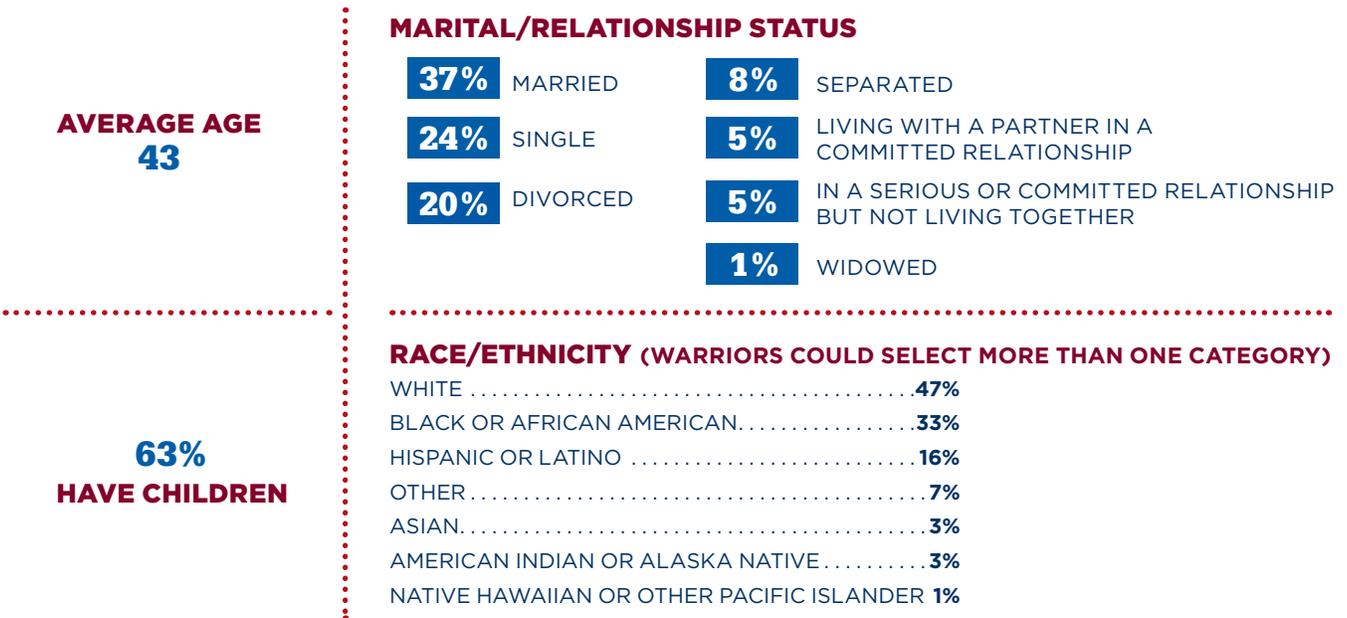


Figure 7: Highest Degree or Level of Education Completed



Roundtables

Roundtable participants make up a subgroup of the surveyed population, and as Figure 8 shows, women warriors across the country participated. The following is a demographic profile of the 98 roundtable participants:



CURRENT MILITARY STATUS

SEPARATED OR DISCHARGED	42%
RETIRED (MEDICAL).....	39%
RETIRED (NONMEDICAL).....	16%
RESERVIST.....	2%
ACTIVE DUTY	1%

EMPLOYED FULL OR PART TIME 49%

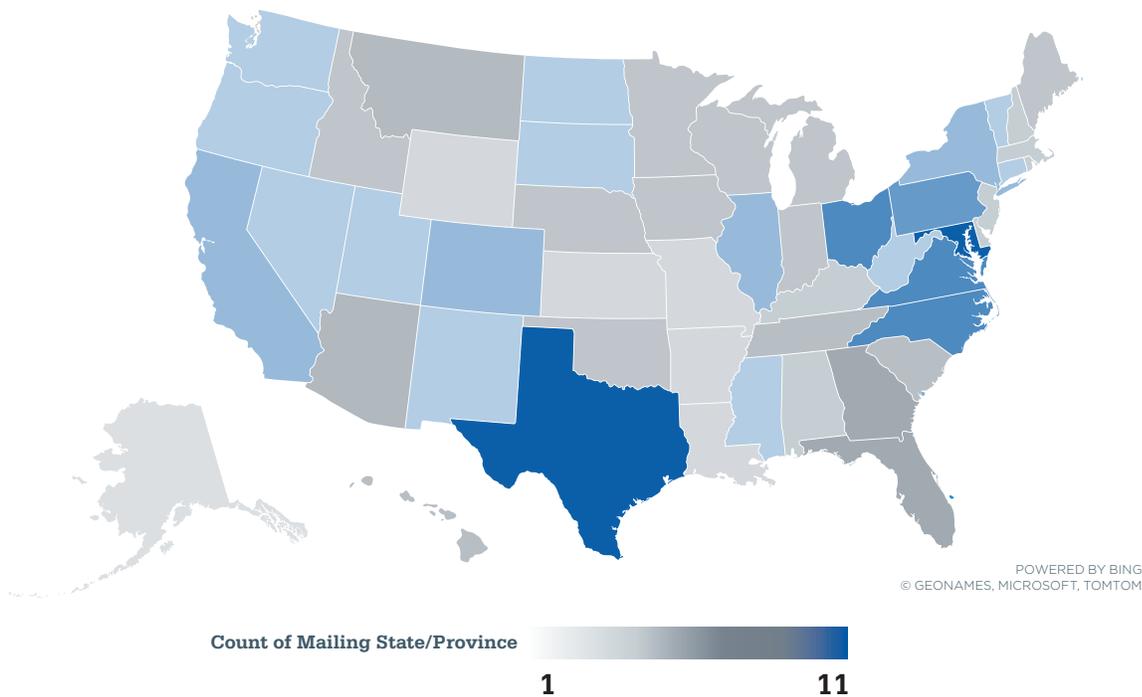
BACHELOR’S DEGREE OR HIGHER 73%

AVERAGE YEARS OUT OF SERVICE 7

Branch of Service

ARMY	39%
NAVY.....	18%
AIR FORCE.....	11%
RESERVES	11%
NATIONAL GUARD	10%
MARINE CORPS	9%
COAST GUARD.....	2%

Figure 8: Roundtable Participants by State



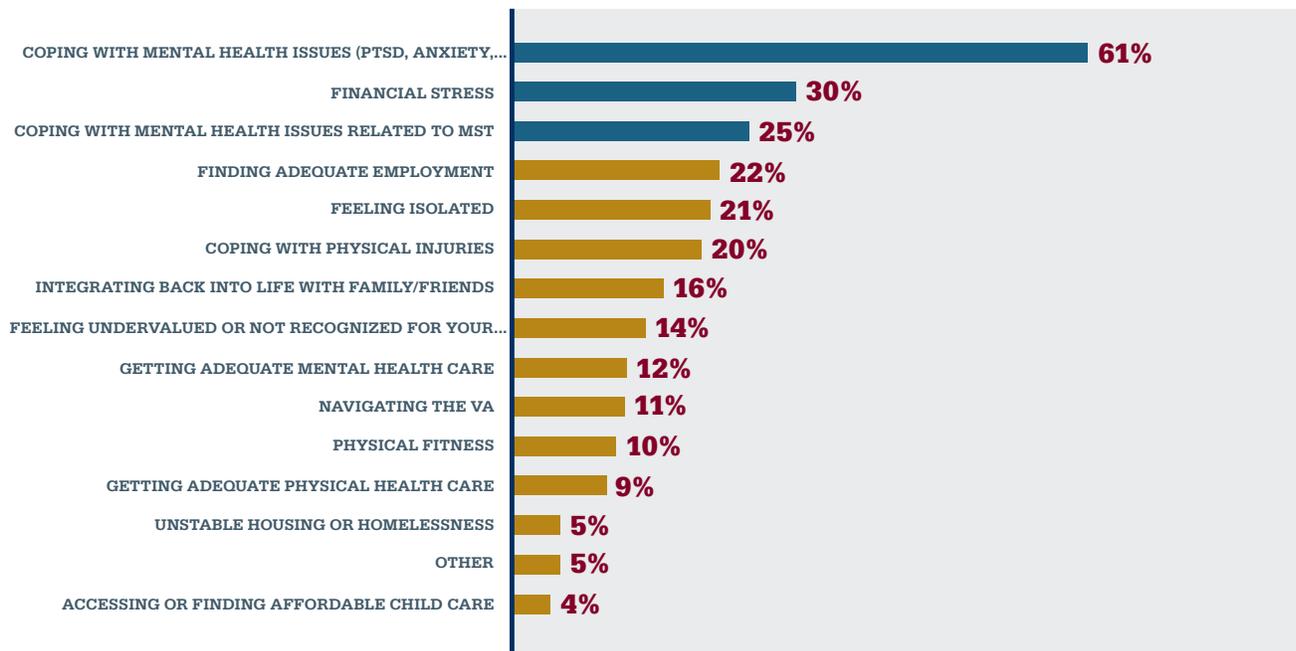
A key feature of the Women Warriors Initiative is that women warriors spoke directly to the issues that most affect them as an individual. Through the survey, women warriors collectively elevated the importance of issues they face. Then, through the roundtables, they addressed specific concerns on issues like transition, access to care, mental health, and financial readiness. The sections below contain a mix of quantitative data from the survey and qualitative data from the roundtables, alongside recommendations derived from the concerns raised directly by participants.

Challenges With Transition

To better understand the different challenges faced by women warriors transitioning out of military service, survey respondents identified the top three challenges they faced during their military-to-civilian transition. Figure 9 shows the challenges identified by women warriors, with the top three being coping with mental health such as post-traumatic stress disorder (PTSD), anxiety, depression, etc. (61%), financial stress (30%), and coping with mental health issues related to MST (25%). Closely behind the top three is finding employment (22%), feeling isolated (21%), and coping with physical injuries (20%).

Figure 9: Top Challenges During the Military-to-Civilian Transition

Respondents identified top three challenges faced



Discussion with women warriors brought to light many of the nuances and factors that contribute to these challenges. As WWP serves a population of wounded, ill, and injured veterans, many women warriors were medically retired or discharged from service. In many cases, these warriors were unprepared or even unwilling to transition. Women warriors explained feeling unsupported by their commands, forced to leave service for reasons beyond their control and influence, and then abandoned during their time of need — a career-ending health crisis. As one warrior put it, “I left feeling like I wasted 22 years of my life being dedicated to an organization that did not actually care about me.”

Of those who separated from service by their choice alone, many felt a similar sense of abandonment. In some cases, that lack of support was the warrior’s impetus to leave service. One warrior shared her experience, recounting that she reached out for advice from her command when the Coast Guard base at which she was stationed did not have child care availability. She was quickly dismissed and told to find an au pair, an impossible expense for her family living

in San Francisco. When it became clear she would receive no further support, she decided to leave service, feeling that her command was entirely out of touch with the day-to-day challenges of her life.

Women warriors who leave service under these circumstances and with a negative impression of the military may then be reluctant to access VA resources.

In Focus: Transition Assistance Program

Another significant transition challenge raised by women warriors was the lack of knowledge about VA resources at the point of transition and the cumbersome, confusing processes required to access those resources.

In general, women warriors feel there is no reliable system in place to help them navigate VA benefits and services. The Transition Assistance Program (TAP), which is designed in part to inform veterans on how to apply for disability compensation and enroll in the Veterans Health Administration (VHA), has been described by warriors as inadequate in providing individualized assistance to help veterans enter and navigate the system. Many women felt that the information provided at TAP was not relevant to their needs, especially as it relates to care and services for women's health and for those experiencing military sexual trauma. Adding to this issue, the major influx of information is difficult to process and retain at a time when veterans may already be overwhelmed by their changing circumstances.

Those who found effective support resources, whether provided by VA or nongovernmental organizations, often happened upon them by chance or were directed to them by peers. Word of mouth is a powerful tool in the military community but given their significantly smaller shares of the veteran and service member populations, women may have a more difficult time connecting with others who share similar experiences and can recommend helpful resources. Women most often looked to other veterans or their chain of command for advice. Anecdotally, when these individuals were able to facilitate connections with advocates or organizations, outcomes were more successful, and women felt more supported. As such, peer mentorship presents itself as a major need among women veterans.

“Coming out of the military to civilian life was like going to another country,” as one warrior put it. “The language is different, the way you think is different. I wish someone would have prepared me for that.”

Recommendation: Improve the transition process between DoD and VA.

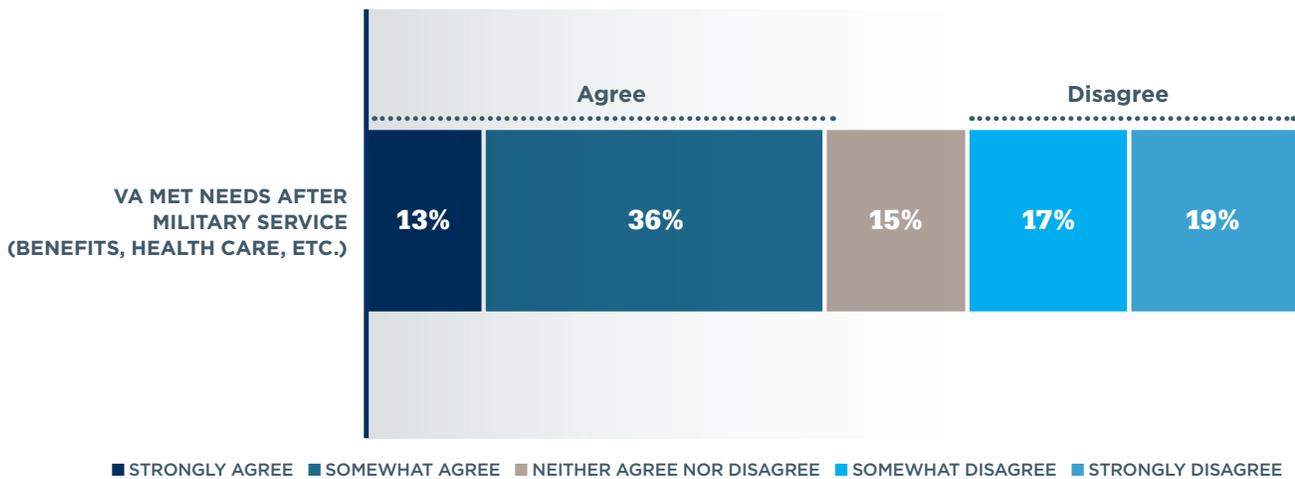
Though VA can assist with many of the major challenges women warriors identified in our survey, the process for accessing those services is both challenging and burdensome, adding additional stressors to transition. Finding and navigating resources specifically for women is often a matter of luck or help from other contacts who have preceded them in transitioning.

It is clear that the process must begin while on active duty, beginning with better education and information on VA programs and services and substantial support to guide warriors to the resources needed to meet their individual needs. Perhaps most importantly, however, is ensuring that this information is actionable — that transitioning or newly transitioned veterans are obtaining timely access to the resources that serve their core needs. To ensure no veteran falls through the cracks, follow-up measures should be taken to confirm that a veteran’s needs, including those he or she may not have originally anticipated, are being met.

VA Health Care and Services

In addition to identifying the top challenges women warriors faced with their transition back into civilian life, we asked them to rate how well the VA met their needs after they left military service (benefits, health care, etc.; Figure 10). Less than half of women warriors agreed that the VA met their needs (49%). While 15% of respondents neither agreed nor disagreed, 36% had a negative outlook on the ability of the VA to meet their needs (17% somewhat disagreed, 19% strongly disagreed).

Figure 10: Level of Agreement With the VA Meeting Their Needs After Military Service



To better understand why some women warriors’ needs are not being met, we dug deeper into their utilization habits and perspectives on accessing care.

Access to VA Health Care

Almost all women warriors reported being enrolled in VA health care (95%). About 2% reported they are eligible but not enrolled, and 3% do not know if they are enrolled or do not know if they are eligible.

Of the 95% enrolled in VA health care, almost eight out of 10 women warriors use the VA as their primary health care provider (79%). For women warriors using the VA as their primary health care provider, 64% say they have had challenges accessing the care they need. The top barriers to care include appointment availability due to provider schedule (61%), poor-quality care (43%), and appointment availability due to personal schedule (26%). Nearly 1 in 4 women warriors reported that the services needed are not offered (Figure 11). Women warriors provided more detail on their challenges through survey comments:

There's a culture of harassment both from veterans and even service providers at the VA, and many providers are not at all versed in the differences between female and male health concerns, norms, etc.

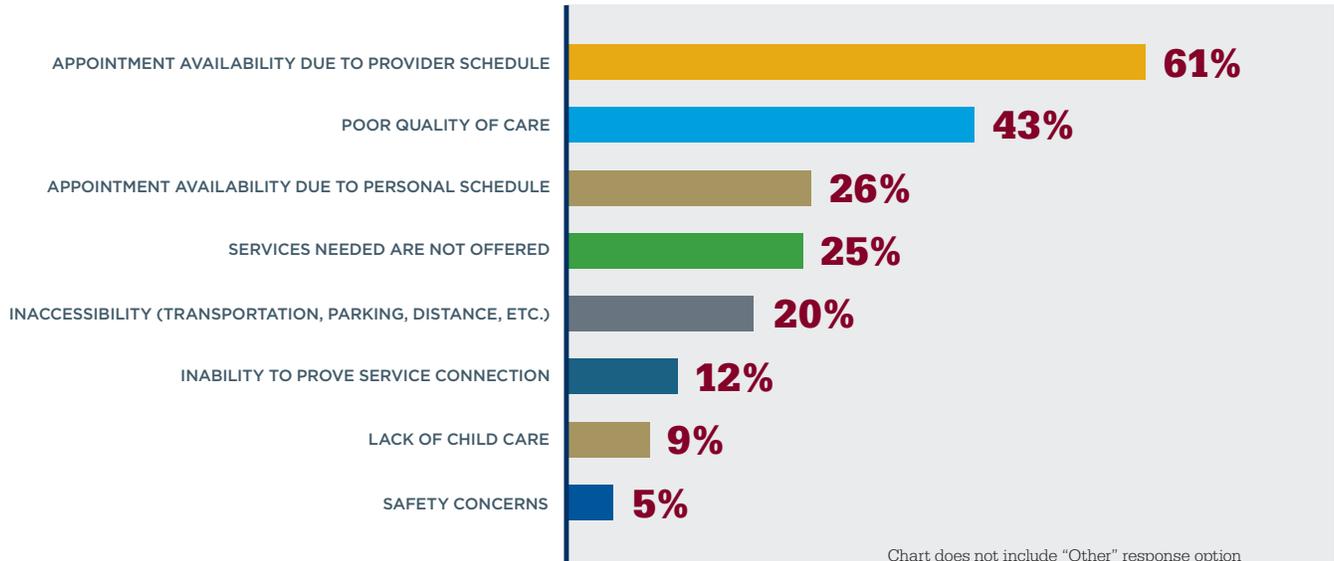
Lack of female doctors/female presence at the VA. The doctors don't take into consideration that you might feel uncomfortable with multiple males and no other female in the room while you're in a hospital gown being examined. If you do say something you're made to feel as if you're making a big deal out of nothing. There should be policies in place for this.

[Area VAMC] is horrible. They flaunt this fancy women's health clinic, and access to women's health at the CBOC's, but getting an appointment is impossible. I had to fight and change providers 3 times to get a pap after having an abnormal one. At one point I was told they only had one provider and she only worked Thursday afternoons. I have never had the same PCP for 2 years in a row. Mental health is a completely different story. I love my psychiatrist and have been with her for 8 years.

Getting specialized care for anything female-related means traveling at least an hour to a larger branch vs a clinic, so in many cases this isn't realistic.

Figure 11: Reported Barriers to Accessing VA Health Care for Those Using the VA as Primary Care Provider

Respondents identified top three challenges faced



Nearly 27% of women warriors selected “Other” when asked about the challenges they experienced accessing VA health care, most noting their concerns with quality of care. While “poor-quality care” was a response choice, women took advantage of the “Other” text field to elaborate on their experiences. These women warriors did not feel like they were getting adequate treatment through the VA, often citing a lack of follow-up to their physical or mental health concerns. One warrior wrote:

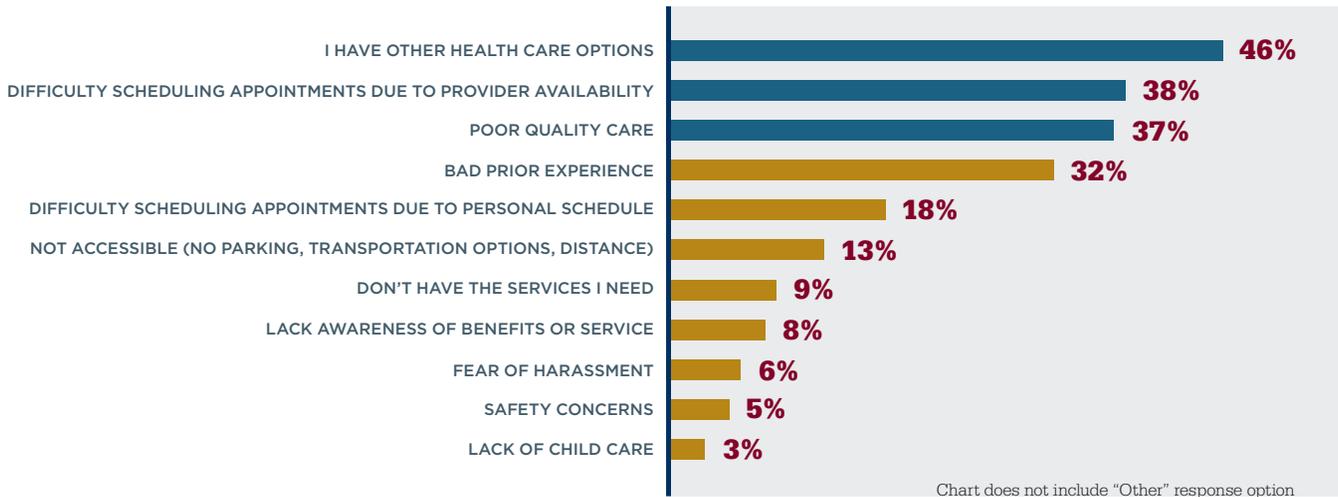
The doctors won't listen or hear me. They already have a “pre-set” answer to my concerns and dismiss me without giving me what I truly need. I have to fight twice just to [have] a little consideration.

During roundtable discussions, several women warriors quoted the oft-used adage, “if you've seen one VA, you've seen one VA” to describe the lack of consistency in quality and processes from one VA to the next. Stories of this inconsistent care at VA facilities were common. In one case, a warrior chooses to drive to a VA medical center in a different city — despite access to another VA hospital only minutes from her home — due to the dramatic difference in the quality of care she receives. She seeks out her chosen VA because of its friendlier environment and a provider who takes her health concerns more seriously.

Women warriors who do not use the VA as their primary care provider (21%) were asked to identify the reason why. The most common reason reported was having other health care options (46%), followed by difficulty scheduling appointments due to provider availability (38%), and poor-quality care (37%). Close behind that, 32% identified having a bad prior experience that kept them from using the VA as a primary care provider (Figure 12).

Figure 12: Reported Reasons Women Warriors Do Not Use the VHA as Their Primary Care Provider

Respondents identified top three reasons



Of women warriors who are not using the VA as their primary care provider, nearly 21% selected “Other” as one of their top reasons. The most common topics women warriors provided as “Other” included poor-quality care or that they have other care options. Women warriors wrote that they had previous experiences that led them to believe that VA care was not as high quality as other care. Two examples of this experience include:

They've made mistakes giving me other patients paperwork. I'm not positive the VA offers the absolute best care so I also use my employer sponsored health insurance.

Appointment be to far out by months, and then they send you to the wrong departments. They don't listen or just don't care and it's the fewer of them that do this. Which makes everyone look bad.

In Focus: Finding and Financing Child Care to Attend Appointments

Child care also represents a significant obstacle for women veterans seeking care. Nearly one in 10 women warriors indicated this as one of the top three barriers they face, illustrating the experience more vividly in their comments:

Finding childcare for appointments that don't allow children is very difficult. I'm a single stay at home mom to a 2 and 4 year old. Dental care, Pap smears, counseling week areas where it's difficult to bring children.

The VA either needs childcare or needs to offer some type of support. I have been denied being seen several times for having my child with me.

Recommendation: Implement the congressionally mandated program to provide child care to veterans during health care appointments.

The need to find and finance child care in order to attend health care appointments is burdensome, expensive, and adds undue stress to the process. No veteran should have to choose between her child and her own well-being, including the 49% of respondents to the Women Warriors Initiative survey who are single mothers. Some are forced to compromise by bringing their children to their appointments, a suboptimal solution at best. On the topic, one woman warrior told us, “You can’t open up to a doctor if you have children there. You’re not as connected because you’re concerned with your child.” Others may forgo care altogether, putting their health at higher risk.

In VA’s 2015 Study of Barriers for Women Veterans to VA Health Care, 42% of women indicated that finding child care to attend medical appointments is “somewhat hard” or “very hard.” In that same study, three out of five women reported that they would find on-site child care “very helpful.”¹

Fortunately, Congress has recognized this substantial barrier and implemented change through P.L. 116-315, the *Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act*. Section 5107 of this statute requires that VA provide child care assistance to veterans in need of regular or intensive health care services through a variety of options: stipends, direct provision of care, payments to private child care agencies, or collaboration with other federal agencies. WWP strongly urges VA to implement this child care program summarily, systematically, and well within the five-year time frame Congress has allotted for its realization.

In Focus: Comfort, Safety, and Convenience of VHA Facilities

For many women warriors, especially the 1 in 4 who have experienced military sexual trauma, entering a VA facility to attend a health care appointment is a daunting experience. Roundtable participants described the anxiety they feel walking through the crowded spaces and recount their veteran status being questioned by both staff and fellow patients. In one case, a woman warrior who receives mental health care related to military sexual trauma was required to walk through an inpatient substance abuse ward to reach her counselor. This triggering experience was enough to make her seek care through other methods.

¹ Study of Barriers for Women Veterans to VA Health Care (April 2015), available at https://www.womenshealth.va.gov/docs/WomensHealthServices_Barriers to Care Final Report_April2015.pdf.

Recommendation: Evaluate the physical layouts and utilization patterns of VHA facilities to assess safety, convenience, and overall ease of access by women veterans.

VHA facility directors, providers, and other decision-makers should conduct thorough reviews of their facilities in order to improve the layout and flow of these spaces, as well as address safety concerns. The COVID-19 pandemic has shown that VA facilities have the ability and resources to modify existing unit locations in order to segregate certain facilities based on exigent concerns, including patient safety. In particular, VA should assess the location and layout of existing or proposed women's health units. Consider their relation to parking lots, distribution of functioning security cameras, lighting, private entrances, proximity to recreational or lounge areas, restrooms, and inpatient units — to name a few.

As a management best practice, senior VHA facility staff should conduct walk-throughs to identify the spaces and routes that potentially pose issues for women veterans or trauma victims. Facilities should prioritize those routes that lead to mental and women's health providers and, when necessary, adapt the facility's layout to maximize privacy and safety. This process should be undertaken at regular and frequent intervals, ensuring that as providers turn over, offices shift, and populations evolve, all veterans are reliably able to reach their care providers in a stable and welcoming atmosphere.

In Focus: Hours of Operation

The 2019 Annual Warrior Survey found that in accessing both physical and mental health care, women warriors report hours of operation as one of the top three barriers to care. Women warriors lead busy lives, holding demanding responsibilities in their families, communities, and workplaces and often prioritizing their own well-being last. As a result, many women find it difficult or impossible to access care during typical workday hours. Respondents to our women's survey echoed this theme in their written comments:

VA only has MST groups during working hours. They forget about working veterans who need care after working hours. The VA has not evolved with the rest of the world in offering care in the evening (offer VA appointments until 7 pm).

The availability of Mental Health care providers at the VA is very limited for females that work outside of the home. Hours are limited and days in which the health care provider is in is also limited. I have started looking outside the VA for better care.

Recommendation: Extend hours of operation at VA health care facilities.

Increasing VA's hours of operation is a clear solution. Doing so will not only improve women veterans' experiences but will likely increase their overall engagement in their health care, as evidenced by VA's 2015 Study of Barriers to Care for Women Veterans. VA found that "Convenience of appointments was a strong predictor of frequency of VA usage. ... Women reporting agreement that VA has convenient appointment times use VA care more frequently."² Furthermore, it is reasonable to assume that as a woman's participation in health care increases, so too do her preventive efforts, her knowledge and confidence about her health, and, ultimately, her health outcomes. Extending the operating hours at VA facilities, including medical centers and community-based outpatient clinics, will ensure that women veterans are able to receive the care they need without having to make unnecessary sacrifices.

Rural Areas

While issues like appointment availability, provider turnover, and other concerns we have discussed seem to impact women veterans across the board, those who choose to live in rural areas face additional hurdles in accessing health care. We also found that they may judge outcomes by a different standard than those living in urban hubs. As one warrior put it, "If I'm going to drive three hours both ways to my appointment, I want it to be worth it." Distance and transportation challenges color these warriors' opinions on health care quality in a major way.

In Focus: Transportation to Appointments

For some, driving long distances is not only an inconvenience but a health risk. For example, one woman warrior shared that she fears long drives due to her medical condition, which can cause dizziness and fainting. Others with chronic pain say that the hours spent in the car worsen their symptoms. To serve warriors with these complications, VA partners with veteran service organizations (VSOs) or other service providers to facilitate transportation to medical appointments. However, these options may not be right for all women veterans.

Recommendation: Establish a feasibility study to determine the potential of a VA partnership with rideshare companies to improve transportation for women veterans.

VA's Veterans Transportation Program (VTP) was created to provide veterans with travel solutions to and from VA health care facilities. The program helps to offset some of the costs associated with travel for veterans requiring support — be it physical or financial — to reach their VA and authorized non-VA care. VTP operates three programs: Veterans Transportation Service (VTS), which is a direct provider

² Study of Barriers for Women Veterans to VA Health Care (April 2015), available at https://www.womenshealth.va.gov/docs/WomensHealthServices_Barriers to Care Final Report_April2015.pdf.

of transportation; Beneficiary Travel, which reimburses veterans for the travel costs they incur; and Highly Rural Transportation Grants (HRTG), which provides funding to states and organizations to serve veterans in rural communities. While these are all important resources, they do not provide an experience or atmosphere that meets the needs of women veterans. One MST survivor, for instance, expressed her discomfort sharing the confined space of a car or van with male veterans, potentially for hours at a time. Partnering with rideshare companies to facilitate transportation for veterans seeking medical care presents an innovative opportunity to ease the stressors brought on by VA's traditional travel programs for women veterans.

Rideshare companies have emerged as a ubiquitous source of transportation for many Americans. Unhindered by a centralized infrastructure system, rideshares are able to serve passengers across the nation and provide what many may consider a more comfortable environment than traditional public transportation.

In some regions, VA has implemented innovative rideshare partnerships to serve veterans for whom health or financial issues pose barriers to travel. In one illustration, the Florida Department of Veterans' Affairs — through its direct support organization Florida Veterans Foundation — recently partnered with Uber “to provide veterans with limited free rides to medical appointments during the COVID-19 pandemic.” The VA Boston Health Care System launched a similar program in 2018, designed to transport homeless veterans to job interviews and housing opportunities. VA labeled the project an “instant success” and has since expanded it into more health care systems. These pilots may well serve as models for a nationwide program that would benefit women veterans who are uncomfortable using VA's current transportation options or who have medical conditions that hinder their ability to transport themselves. VA should also consider developing an information campaign that targets women veterans, highlighting its current programs that may help those who struggle with transportation challenges.

In Focus: Geographical Scarcity of Resources

Scarcity of providers is also an issue accentuated in rural communities. One woman spoke of women's care in her area and the clinic's difficulty in keeping providers on staff. “For a couple of months they will have a women's health provider, then a couple of months later you will get a letter that your care is moving. As soon as I feel like I have established myself with a provider they change. It forces me to use a civilian doctor, and that doctor is just ok.”

Women warriors are generally open to utilizing community care, but those living in rural areas occasionally struggle to find network providers in nearby areas, a reflection of the frequent scarcity of providers operating in rural America. “[For my physical therapy and chiropractor] I haven't really seen that community care has benefited me as far as distance and time. By the

time I find one in-network, I'm driving the same distance that I would to the VA," explained one warrior. Others who seek women-specific health services through the Community Care Network (CCN) have faced similar dilemmas. In many cases, this impacts treatment decisions. One warrior living in a rural area utilizes VA for her obstetrics and gynecological care, but due to lack of equipment, she is referred to the community for mammograms. "It's a two-hour drive [to reach my mammography appointment], and I won't do that anymore," she said, explaining that she hasn't received a mammogram in years due to the long drive. "It is discouraging, and a safety concern." While the Community Care Network is a preferable option for women veterans who are uncomfortable at VA facilities or who live in highly rural communities, the geographic limitations of provider availability should be understood and explained to women who are offered or choose community care. Utilization of CCN may still be preferable from a timeliness standpoint, if not distance.

Recommendation: Conduct a landscape study of women-specific health care resources.

As the number of women veterans continues to grow, VA must be prepared to adapt its offerings to meet the gender-specific health care needs of this population, especially those in underserved or hard-to-reach areas. Understanding the landscape of resources available to women warriors will allow VA to identify specific areas experiencing significant gaps and increase capacity by targeting providers for CCN enrollment or fortifying VA-delivered care options. To this end, VA should conduct a thorough study detailing the VA facilities, CCN providers, and non-CCN providers administering women's health care. This study must include a discussion on access standards including, but not limited to, wait times, distance, and operating hours, as well as the types of care offered, such as maternity care, mammography, and reproductive care.

VA is currently undertaking a market assessment — dictated by Sec. 203 of P.L. 115-182, the *VA Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act* — intended to inform its recommendations for the modernization and realignment of VHA facilities. The information gathered through this process may well serve to identify geographical gaps in care and services devoted to women veterans. From the data, VA should derive current and projected gender demographics; current and future market demand and capacity of women's health providers, broken out by specialty; average wait times, distance, and cost of services associated with women's health providers; quality and satisfaction measures; and all additional factors that will paint a clearer image of the true landscape of care for women veterans. It is important, also, that the data reflect the specific women's health services offered by a provider. To illustrate, a health care center that facilitates basic gynecological exams may not also offer specialty services critical to women's health, like mammography, maternity and post-partum care, or counseling for concerns like menopause or sexual dysfunction. It is a thorough understanding of this minutiae that truly moves the needle to improve access to care for women veterans.

Telehealth

For many Americans, the COVID-19 pandemic has marked their foray into virtual platforms for the first time. Across the globe, people are leaning on technology to connect with their loved ones, educate their children, go to work, and — critically — deliver health care. For its part, VA was able to quickly pivot into a virtual environment by investing in its Video Connect platform as well as a workforce to support it. Though not without growing pains, VA's telehealth capabilities have been largely effective for the women veterans who have utilized it, many of whom plan to continue doing so long after the pandemic has passed. The COVID-19 pandemic has answered many of the concerns previously raised about IT security, practice authority, and state licensure. It has not, however, altered the availability of IT resources of infrastructure, particularly in rural or underserved communities.

Beyond the obvious health and safety benefits that telehealth offers during a global pandemic, the delivery method presents several ancillary benefits that greatly benefit women veterans. For instance, women who struggle with high anxiety as a result of military sexual trauma appreciate that telehealth allows them to avoid male-dominated VA facilities. Additionally, telehealth allows veterans to reach their providers without the need to secure child care, a major barrier to care that is consistently reported to WWP by women warriors.

WWP has seen the benefits of virtual delivery of our own programs, notably, WWP Talk. Through the Talk program, warriors receive a weekly call from a WWP teammate who listens without judgment, lends a compassionate shoulder to lean on, and helps warriors to develop the resilience and coping skills to achieve the goals they set for themselves. Women utilize this entirely telephonic program at higher rates than men, constituting nearly 40% of participants in FY20, or more than double their share of the WWP population.

In another illustration of the benefits of virtual health resources, women warriors represented over half (55%) of participants in WWP's Physical Health and Wellness program virtual offerings. Along with activities like workouts, fitness challenges, and health education classes, the Physical Health and Wellness program offers a 12-week coached program designed to help warriors reach their individual wellness goals. Adapting this program into a virtual platform lessened barriers to entry, allowing women warriors to participate at unprecedented levels — resulting in a 13% increase in participation by women warriors.

Telehealth presents a promising opportunity to connect veterans with health care delivered directly by VA in a far more accessible environment when functional infrastructure is in place to support it. Many of the women warriors we interviewed who live in highly rural areas were effusive about the benefits of telehealth, but nearly all relayed an experience of technical

or infrastructure challenges that resulted in lost connections with their providers during appointments. While telehealth ideally eliminates the need for transportation, some warriors still had to drive into more populated areas just to reach cellular service. WWP staff experienced this firsthand during our roundtable discussions. It was not uncommon for rural women warriors to join the conversation from their cars, having driven to the nearest town to find a better signal, including one woman warrior who drove hours outside of the Native American reservation where she resides. They called in from parking lots and park benches: hardly the ideal environment for a medical appointment.

IT infrastructure, including cellular coverage, is a challenge in rural America that is not unique to women veterans and is outside the scope of the VA's control. However, WWP urges members of Congress, particularly those who sit on the House and Senate Committees on Veterans' Affairs, to advocate for increased telecommunications infrastructure in rural and underserved communities, including through consumer subsidies for cellular and broadband service.

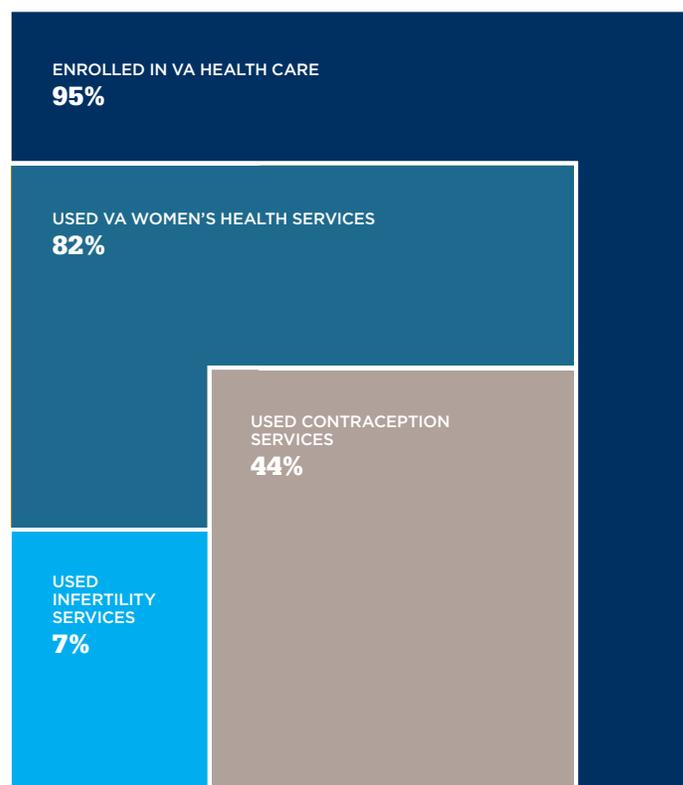
VA Women's Health Services

Of the 95% of women warriors enrolled in VA health care, 82% are currently, or have in the past, used the VA for women's health services. For those using women's health services, 44% are currently, or have in the past, used the VA for contraception services, and 7% for infertility or assistive reproductive services (Figure 13). Through their comments, women warriors also provided insight into VA women's health services.

I would say that I wish the VA would develop more comprehensive women's health services in house. I worry things will get lost in translation as I get transferred between the VA, [Army medical centers], and two different private practices for pregnancy/infertility. It's also added to wait times.

Easier access to women's health care services and specialist for the services. Being in [city], the closest women's clinic is [city] which is about 2 hours away. Outsourcing patients is a good idea but it often takes a while and the follow up with the VA for results takes a while. At least in my experience. Also, their follow up for female issues is not amazing and in my experience not taken seriously.

Figure 13: Women Warriors Using VA Women's Health Services



In Focus: Provider Turnover and Communication

A qualified and committed staff is one of the most essential tools in VA's arsenal. Health care providers, frontline staffers, benefits adjudicators, program managers, patient advocates, and the many more clinical and nonclinical employees serving at VA all play an important role in delivering care to women veterans. Accordingly, staffing levels and practices have major downstream effects on a veteran's experience, contributing to chronic concerns like wait times, care coordination, and satisfaction. Personnel gaps or insufficiencies can negatively impact the quality of care a veteran receives and whether that care is utilized in the first place. Due to frequent provider turnover, one warrior gave up on VA mental health care entirely, saying, "I'd been through 20 different mental health providers since I got out in 2014. ... I've had them resign, I've had them retire, I've had them move. And every time you get a new provider you have to start over your story. You have to retraumatize yourself to a new therapist every time and start from scratch." While this warrior spoke to the challenges that staffing problems pose to mental health progress, the same can be applied to all aspects of care.

Another woman warrior explained her frustration with her providers, stating, “I had a really great female provider for two years. She always took notes and listened. But once she left, now I have a different provider every time I go. Now they seem dismissive, they lack empathy, they don't take notes. One doctor ordered a test for me, and he sent me out for something we never even discussed. He had to have gotten me confused with another patient. He didn't write anything down, didn't get on a computer, anything.” The frequent provider turnover and lack of personal connection this warrior describes represent significant barriers to health care.

Recommendation: Conduct a review of the VA staffing resources required to support current and projected utilization by women veterans.

VA should consider the growing need for women's health services and develop plans to maintain or increase staffing levels based on utilization projections. VA reported that from 2008 to 2017, the percent of women veterans who used VA benefits increased 14 points — from 36% to 50%.³ This trend indicates that as the sheer number of women serving and transitioning to veteran status rises, so too will utilization. This finding should inform the way in which VA allocates and funds its staffing resources dedicated to women veterans.

Congress, too, recognizes the importance of appropriate staffing and has made efforts to legislate improvements. The *Deborah Sampson Act* — enacted via the *Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act* — included several provisions to ensure adequate staffing of positions that serve women veterans, including women's health primary care providers, women veterans program managers and coordinators, and peer specialists. WWP strongly supports these measures and recommends that VA swiftly carry out the studies associated with each.

Women's Health Clinics

Throughout the roundtables, warriors shared generally positive experiences with VA's women's health clinics. VA has taken steps in recent years to increase the number of these specialty clinics housed in VA medical centers, an improvement that has not gone unnoticed by warriors. One commended the newly established women's health clinic at her local VA for its comfortable, welcoming atmosphere. Another described her preference for her women's clinic, where she feels she receives a level of holistic care that other primary care providers can't match. While many women warriors share these positive sentiments, women warriors identified areas of improvement to enhance their experience. In sum, they ask for larger spaces and staffs, separate entrances and waiting areas, and greater consistency of care.

³ VA Utilization Profile for Fiscal Year 2017 (May 2020), available at https://www.va.gov/vetdata/docs/Quickfacts/VA_Utilization_Profile_2017.pdf.

In Focus: Comfort and Safety of Women's Health Clinics Within VA Medical Centers

Women warriors had largely positive feedback about the women's health clinics at their local VA Medical Centers, where they are available. These women-centric spaces are more welcoming, comfortable, and appropriate for the women veterans who patronize them. VA has made strides in establishing a number of these specialty clinics across the country, but more can be done to make them widely available.

Recommendation: Expand and improve women's health clinics in VA medical centers.

WWP supports VA's efforts to expand women's health clinics into VA medical centers where the growing demand supports the investment. Additionally, VA should ensure that women's clinics are accessible by a separate entrance. Many women warriors report that the experience of walking through VA facilities, where male veterans often cluster in reception or waiting areas, is a major stressor and barrier to receiving health care. Those who are able to access their women's health clinics by a private entrance conveyed far more positive experiences. In future plans to remodel or build new women's clinics, entrances should remain a top consideration.

In Focus: Women's Health Clinic Facilities

As is true of much of the feedback that WWP received about VA programs and services writ large, consistency of care across women's health clinics can be improved. As described in the aforementioned anecdotes, many women were effusive about the environment of care at their local clinics, appreciating thoughtful details like fireplaces and calming music. Not all women, however, shared this sentiment. One described the cramped and uncomfortable space where she once attended an appointment: "The women's clinic, its like, back in a closet somewhere." Authoring a report detailing best practices for establishing, maintaining, and modernizing women's health clinics will help to ensure that women veterans across the nation experience consistent and high-quality care.

Recommendation: Develop a report on VA women's health clinics to identify best practices and standardize quality of care.

Such a report should include information on access standards like hours of operation, number of designated providers and their specialties, scope of services, and location; physical layout considerations like size, private entrances and waiting rooms, parking accommodations, and proximity to high-traffic and male-dominated areas; and contributions to ambiance, such as interior design, lighting, and music. These factors, alongside others that VA deems appropriate, will constitute best practices that guide the construction or refurbishing of all women's health clinics. Applying lessons learned from highly regarded and well-functioning VA facilities to all those across the country will help to standardize quality of and access of care of the growing number of women veterans who seek it through VA women's health clinics.

In Focus: Inadequate Women’s Health Equipment in VHA Facilities

As women make up the fastest-growing population of service members and veterans, the demand for resources and spaces to support women’s health needs will only continue to grow. VA has taken steps to better integrate women into the VHA system through, for example, the development of women’s health clinics, but some facilities still lack consistent provision of basic fixtures, supplies, and equipment.

One woman warrior shared with WWP her recent experience: She went to a VHA emergency room when she experienced severe abdominal pain. When VHA staff realized the examination room was not equipped with stirrups to perform a pelvic exam, she was shuttled from room to room in search of the proper equipment while clothed in nothing but a hospital gown. The warrior felt exposed, vulnerable, and frustrated by the lack of preparation. Another warrior rushed to a VHA emergency room when she began bleeding during the second trimester of her pregnancy. The facility was unable to perform an ultrasound for lack of equipment, leaving the warrior untreated and in distress. While she understood that VHA does not generally provide maternity care, the warrior believed she would have access to the basic radiology required and was concerned at the lack of information and direction she was given when this proved untrue.

Recommendation: Review the availability of women’s health equipment in VHA facilities.

Through a comprehensive review of the fixtures, supplies, and equipment available to support women’s health care — such as the Women Veterans Retrofit Initiative implemented by the Deborah Sampson Act — VA can improve its readiness to meet the growing needs of women veterans in spaces that are high-quality, fully equipped, and comfortable. VA should also take special consideration toward the community care resources at its disposal, amplifying and capitalizing on the Community Care Network (CCN) where the massive expense of medical equipment outweighs the potential usage by a small population. In locations where return on investment is excessively low, VA should determine the viability of the CCN to serve women veterans, considering factors like drive time, appointment availability, and other key access standards. Without compromising basic health care necessities, this method will ensure VA appropriates its resources responsibly and to those areas of greatest impact. Finally, VA facilities must better educate women warriors on the capabilities of their medical centers and emergency rooms. In emergency circumstances such as those described above, wherein proper medical equipment may dramatically alter the health outcomes of a woman — and in some cases, a child — precious time can be saved through clear direction to the appropriate care.

Contraception Services

About 44% of women warriors who have used VA women’s health services have used contraceptive services. Over half of the women warriors who have used or currently use the VA for contraception services rated the care they received as Excellent or Good (56%). Nearly 15% rated their care as Poor or Terrible (Figure 14). Women warriors who rated their care as poor were asked to identify the top reasons. The majority reported having a poor provider or bad experience (77%), with less than half reporting that services are not consistent/frequent enough (48%) and 33% reporting difficulty accessing care at their VA medical center (Figure 15).

Of the women warriors who rated their care as Poor or Terrible, nearly 28% selected “Other” as one of their top reasons. The most common themes for women warriors who selected other reasons were issues with receiving care they felt was adequate or with the contraception prescribed. Many wrote of feeling that providers did not understand their needs or were not knowledgeable. Women warriors with contraception issues had adverse reactions or felt their options were limited. One woman warrior wrote:

“When referred outside my experience was great every time. Inside the VA it’s usually a battle and dishonest and lacking.”

Figure 14: Rating of Care Received for VA Contraception Services

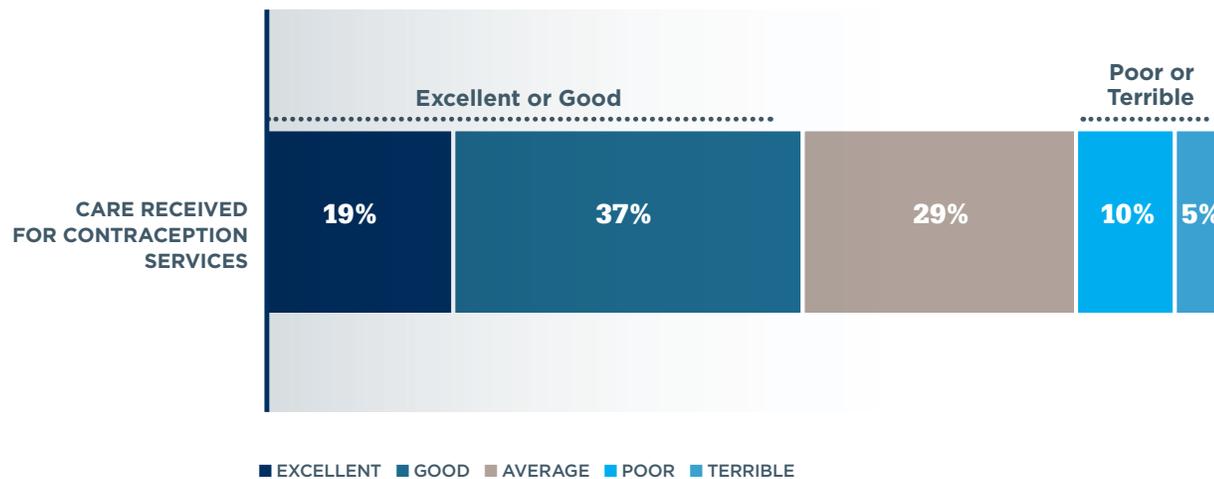
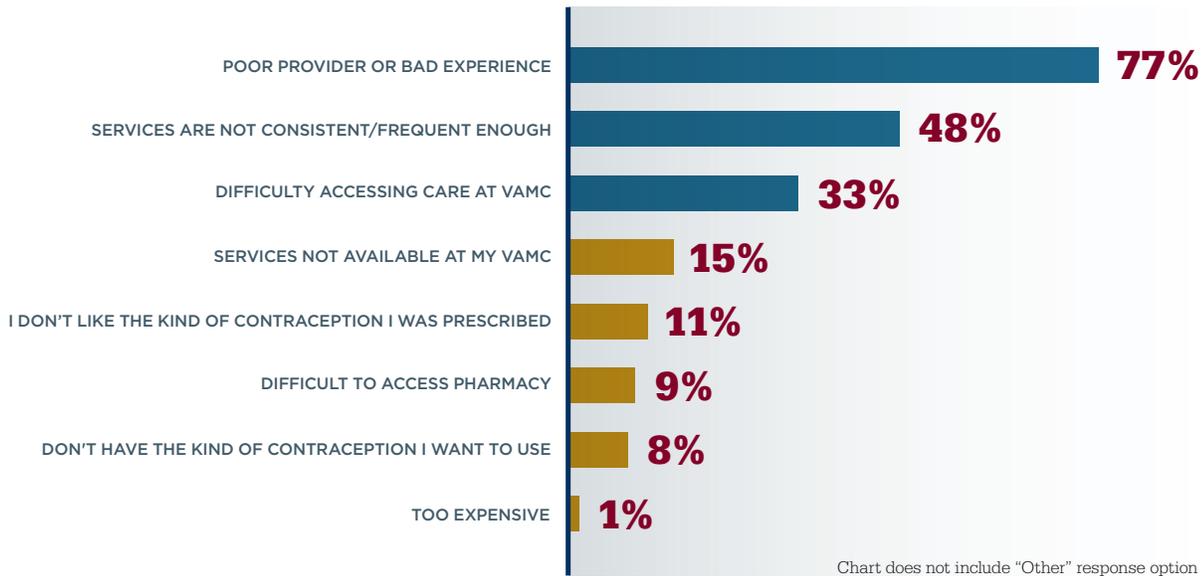


Figure 15: Top Reported Reasons for “Poor” or “Terrible” VA Contraception Services

Respondents identified top three reasons



Infertility or Assistive Reproductive Services

Prior research has shown that servicewomen may be more likely to have infertility issues than the general U.S. population (Foster, 2018). While only 7% of women warriors who use VA women’s health services are currently using or have used infertility or assistive reproductive services, it is important to gain insight into the care they received. This survey did not cover the reasons such few women warriors are using these services, but future phases of the Women Warriors Initiative survey will explore this topic further.

Over half of women who have used, or currently use, the VA for infertility or reproductive services rated the care they received as Excellent or Good (52%). Nearly 26% rated their care as Poor or Terrible (Figure 16). Women warriors who rated their care as poor were asked to identify the top reasons. The majority reported that services were not available at their VA medical center (42%) and that they had a poor provider experience (42%). Closely following that, 39% reported that the VA did not have the kind of infertility or assistive reproductive services they wanted to use, and 34% reported that services are not consistent or frequent enough (Figure 17).

Of the women who rated their care as poor, nearly 28% selected “Other” as one of their top reasons. The most common theme in the “Other” comments was that they ended up being denied infertility or assistive reproductive services, primarily due to not being married or because their need was deemed not service-connected.

I was not afforded services due to the department of defense standards based on written law due to the fact that I am not married. No matter that I have previously been married and have sacrificed everything for my country and given up much time of my child bearing years to our country to the mission without question.

Figure 16: Rating of Care Received for VA Infertility or Assistive Reproductive Services

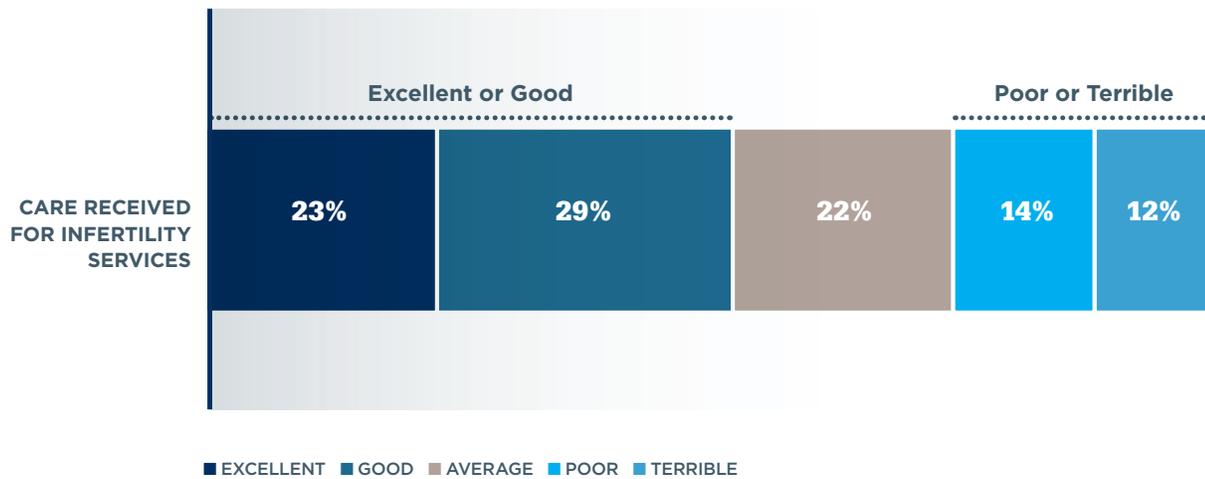


Figure 17: Top Reported Reasons for “Poor” or “Terrible” VA Infertility or Assistive Reproductive Services

Respondents identified top three reasons

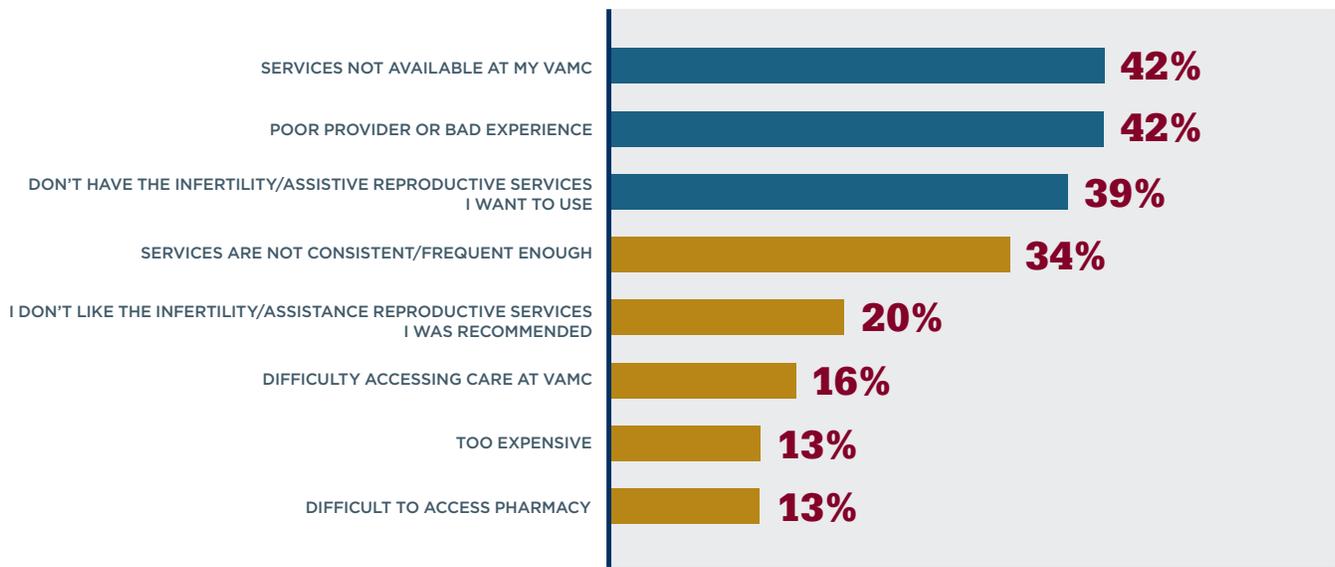


Chart does not include “Other” response option

When assisted reproductive technologies like in-vitro fertilization (IVF) were adopted as a covered benefit in 2016, WWP applauded VA for recognizing this deeply meaningful issue. The ability to naturally start a family is extremely significant to many people, and the loss of the ability to do so should not be a price of service.

While the sample size of the respondents to questions regarding infertility and reproductive health services on the Women Veterans Survey was small, the size of the group in no way reflects the importance of these services. The underrepresentation of women in the military and as veterans in relation to their proportion of the general population likely accounts for the small sample size. However, the same considerations apply to men and women in regard to the availability and restrictions of reproductive health services, and in-vitro fertilization in particular.

The women warriors we interviewed during this initiative did not comment on their experiences with infertility, but survey findings representing the 7% of those who have used VA's reproductive services do provide insights into the quality and challenges associated with these services. In the future, WWP is committed to exploring this issue further in order to identify practical solutions to help more women veterans build their families and live healthier lives.

In the meantime, WWP urges VA, DOD, Congress, and the White House to extend all possible latitude in matters of reproductive health and services and assisted reproductive technology (ART), including IVF. Existing laws and regulations that limit reproductive options should be reviewed and, where possible, the most expansive and liberal interpretation should be adopted. For example, cryopreservation is limited, as is access to ART, where only those “severely ill or injured ... with a lawful spouse” may receive services.⁴ However, only about 50% of women veterans are married, according to VA data. The women warriors WWP serves reported an even lower marriage rate (44%). Infertility is a life-altering diagnosis that can deeply affect a veteran's physical, emotional, and social well-being. In order to best serve the women warriors who have sacrificed their childbearing abilities in service, VA and Congress must be prepared to dig deeper into the causes of this hardship, the demand for services to rectify it, and safe, effective solutions.

Military Sexual Trauma

Transition for MST Survivors

One of the top three challenges with transition women warriors identified was coping with mental health issues related to MST (25%). Mental health issues and military sexual trauma were common themes in the survey comments from women warriors as well:

Women specific issues seem to be talked around not through. There is a lot of talk about making services available especially MST related mental health care, in three years of persistent attempts to seek care for myself and my patients (I am also a private practice provider) I have yet to be seen or have one person seen by a qualified MST provider.

As a victim of MST, I don't want to go to activities that are primarily men or in a group of people that I haven't met yet. My triggers are safety and trust so I haven't attended an event yet even though I have wanted too.

Connecting with others, it's difficult to disclose being a victim of MST and even harder to decide to seek treatment.

⁴ VHA DIRECTIVE 1332(2) FERTILITY EVALUATION AND TREATMENT, June 20, 2017 (Amended May 13, 2020)

Research has shown that female service members transitioning to civilian life face different challenges than their male counterparts, especially with MST and PTSD. One study found that women veterans who experienced MST without combat exposure experienced PTSD at similar rates as men who were in combat (Burkhart & Hogan, 2015). According to the 2019 Annual Warrior Survey, the majority of women warriors have deployed at least once (86%), and of those who had deployed, 84% reported being deployed to a combat zone. In addition, 44% of women reported experiencing MST, while 3% of male warriors reported MST. While males typically underreport sexual assault (O'Brien, Keith, & Shoemaker, 2015), the difference is significant. The prevalence increases with the inclusion of sexual harassment. This survey found that nearly 73% of women warriors report experiencing sexual assault or harassment while in the military (Figure 15). This is in line with prior research, which has found that including all forms of assault and harassment within the definition of MST has a prevalence varying from 22% to 84% (Kintzle, et al., 2015). This survey did not separate harassment from assault, which may explain the difference in percentages in this survey and the 44% reporting MST as an injury on the 2019 Annual Warrior Survey. In the 2020 Annual Warrior Survey, we added the same question used in the women's survey to compare responses. While the 44% of women warriors reporting MST as an injury did not change, 77% of women warriors reported experiencing either sexual assault or harassment while in service (61% experienced sexual harassment specifically).

In Focus: Communication and Connection to Resources

In recent years, both prevalence and reporting of sexual assault and harassment have increased within the DoD. While the rise in reporting should be regarded as a positive step, perhaps owing in part to DoD's efforts to improve reporting confidentiality as well as cultural shifts, the women warriors we spoke to were clear that more must be done to support survivors of military sexual trauma while still on active duty. One MST survivor felt that DoD holds the responsibility to inform veterans of their treatment options and ensure they reach that treatment expeditiously. She said, "The first thing I noticed was the DoD side of it. When I got out, there was no help, and I had a diagnosis, but there was no follow up. ... there was no emphasis making sure that you even understood what you qualify for or no follow up to make sure that you even got to the VA. It's like, 'okay, we're done, see you later. Goodbye.' ... This went on for a couple years until I got into a deep depression."

Women suggested that information about VA's programs and services for MST survivors should be distributed by DoD as soon as a service member is identified to be separated and through means that protect their privacy. Several believe that an online option, such as a dedicated website, may be the best way to connect with service members searching for MST resources.

Recommendation: Improve coordination between DoD and VA for MST-related care.

Overall, women warriors strongly agreed that DoD and VA must collaborate more closely to improve the transition of care. “[When a Service member has experienced MST] DoD should have a warm hand-off. They shouldn’t be left alone to figure it out. They should walk out the door right into care.” This woman warrior’s statement perfectly encapsulates WWP’s vision of appropriate care for survivors of sexual trauma. To meet this ideal, DoD and VA must better collaborate and communicate, instituting a comprehensive strategy to educate MST survivors on their treatment options, build a stable of support for these survivors, and streamline access to critical services.

If implemented properly, Section 538 of the *National Defense Authorization Act (NDAA) for Fiscal Year 2021* will take important steps to improving care coordination. The provision calls for DoD and VA to jointly develop, implement, and maintain a standard of coordinated care for survivors of sexual trauma, focusing on education and agency staff collaboration. WWP looks forward to reviewing the departments’ strategy and ensuring its swift and sweeping enactment.

“[When a Service member has experienced MST] DoD should have a warm hand-off. They shouldn’t be left alone to figure it out. They should walk out the door right into care.” This woman warrior’s statement perfectly encapsulates WWP’s vision of appropriate care for survivors of sexual trauma.

While we applaud this new initiative, more can be done to improve the systems of support already in place. DoD would benefit from a comprehensive review of all its programs and processes that support transitioning services to ensure sexual trauma is adequately addressed. For example, inTransition is a DoD program offering coaching and assistance to transitioning service members in need of mental health care. It was specifically designed to serve those diagnosed with PTSD and recently expanded to include protocols for traumatic brain injury (TBI). DoD should assess to this program to determine how well it is serving service members with MST-related mental health conditions, how well its staff is informed of and effectively connecting participants to the relevant VA resources, and whether or not new practices on par with those in use for PTSD and TBI should be adopted to address MST. This is merely one example where an evaluation of current resources may illuminate gaps in knowledge, care, and collaboration in an effort to better support sexual trauma survivors.

VA Benefits for MST Survivors

In Focus: MST as a Service-Connected Injury

Women warriors also noted difficulty getting MST recognized as the source of their service-connected mental health conditions. One Marine Corps veteran explained, “I went through TAP and had a VA representative start my claim. I had MST in my file, and he completely bypassed it... he told me I couldn’t get anything for that except anxiety. I have more than anxiety from my injury.”

Simply the recognition of their experience is what many women warriors desire, and in fact require, to move forward in their mental health recovery. Recurrent denials of disability claims not only impact financial security, but for some women veterans, retrigger the sense of betrayal they felt after the initial trauma.

A 2018 report published by the VA Office of Inspector General (OIG) found that nearly half of denied claims related to MST were improperly processed, potentially leading to “inaccurate claims decisions and psychological harm to MST victims ...”⁵ Among the most egregious issues, OIG cited the lack of reviewer specialization, lack of an additional review level, discontinued special focused reviews, and inadequate training among VBA employees. These are avoidable problems that have led to an unacceptable number of errors. WWP commends VA for concurring with the recommendations OIG proposed, which are aimed at improving employee training and specialization as well as quality of processing. These are commonsense objectives that will not only enhance many veterans’ disability, mental health, and physical health options, but will also make a strong statement that VA acknowledges the serious and prevalent impact of sexual trauma.

Through both of its arms — Health and Benefits — VA delivers care to MST survivors. Both administrations must operate on the same continuum of care and with the sensitivity to meet trauma victims where they are in their journey. One pain point along this continuum is VBA’s compensation and pension exam. Many women warriors reported difficult experiences and acute stress during these exams, which are often the deciding factor in whether or not they receive significant health care and financial support.

Recommendation: Ensure support persons are allowed in all MST-related compensation and pension (C&P) exams.

VA compensation and pension exams are justifiably thorough in nature. To best distribute VA’s limited resources to veterans who have earned them, it’s important that examiners obtain a clear understanding of a veteran’s injuries or illnesses, as well as the total impact these have had on his or her life. As a result, veterans seeking compensation for conditions related to sexual trauma run the risk of retraumatization during their appointments, be it due to mental stress or triggering physical examinations. Having a trusted support person in the room during an exam

can greatly improve a veteran's comfort level, and we applaud VA for its policy to allow family members, caregivers, and significant others into the examination space. However, women warriors shared with us that this policy is not always executed in practice. Several shared their stories of being denied the ability to have a support person present with the ostensible rationale of preserving health care privacy, despite the existing VA policy.

WWP recommends that VA take steps to reeducate compensation and pension examiners on a veteran's right to have a support figure by his or her side. Allowing a loved one to simply be present during an examination ensures that the veteran feels safe, supported, and is able to make the best possible contribution to his or her claim.

Recommendation: Conduct wellness checks with veterans after MST-related C&P exams.

Compensation and pension exams for conditions resulting from sexual trauma can be extremely stressful experiences. Veterans are asked to recall their trauma in detail, in an unfamiliar space, and with a provider they have yet to build a trusting relationship with. While these exams are necessary, it's important to respond to them with the greatest compassion. During a roundtable discussion on the topic of military sexual trauma, warriors shared with WWP how a retraumatizing C&P exam can set back mental health recovery. One warrior told us, "I was sobbing through the exam, a mess. Then [my examiner said], 'okay, we know we just took you through hell: go find your own treatment.' You have to relive everything, and there's no help. I couldn't get out of bed for two weeks after."

WWP understands how stressful circumstances can harm a warrior's mental health and takes steps to mitigate negative responses by conducting outreach. For example, recognizing that the COVID-19 pandemic introduced unprecedented stressors to many warrior's lives, WWP launched Operation Check-In — an initiative wherein WWP teammates made more than 39,000 phone calls to connect with warriors who may be struggling. The project resulted in a 55% increase in referrals to WWP mental health programs and a 37% increase in referrals to partner mental health providers. The simple act of reaching out can trigger critical steps in a veteran's mental health recovery by connecting him or her to resources that can help at a time when they need it most.

C&P exams are an important milestone along a warrior's wellness journey and should be treated as such: an opportunity to facilitate healing for the injuries incurred as a result of service. Conducting wellness checks after MST-related C&P exams is a simple step to ensure that survivors are aware of and have access to mental health resources that can support them during this difficult step of the process.

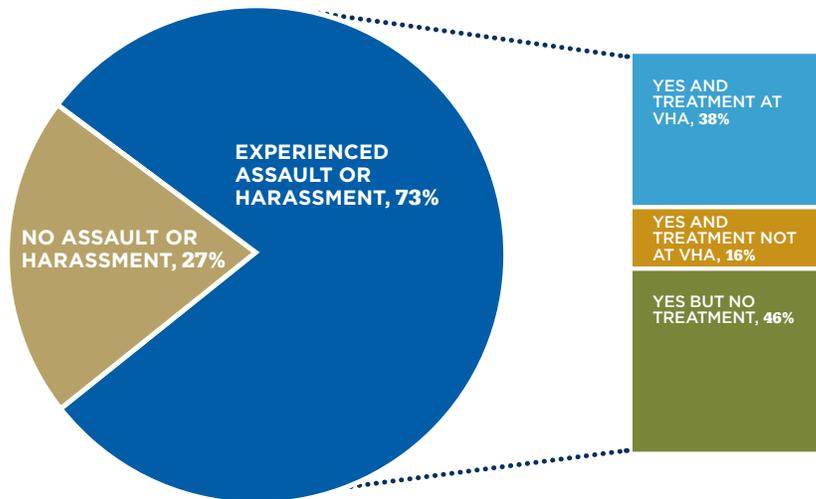
⁵ Department of Veterans Affairs Office of Inspector General, "Denied Posttraumatic Stress Disorder Claims Related to Military Sexual Trauma (August 2018), available at <https://www.oversight.gov/sites/default/files/oig-reports/VAOIG-17-05248-241.pdf>.

Treatment for MST Survivors

In Focus: Continuity of Care for MST Treatment

Nearly half of women warriors who have experienced sexual assault or harassment while in the military reported that they have not sought treatment (46%). This falls in line with prior research that has found that women veterans who experience MST report less use of health care services than women who experience civilian sexual assault (Kintzle, et al., 2015). However, 38% have sought or received treatment with the VHA, and 16% have sought or received treatment elsewhere (Figure 18).

Figure 18: Reported Sexual Assault or Harassment in the Military Broken Out by Treatment



Through the roundtables, women warriors spoke of feeling like VA health care providers were not listening to their concerns. One woman said, “It’s a nightmare to get help or treatment for mental health [from her area VA]. I’m using my employer’s insurance, paying out of my paycheck, to see a civilian doctor. I’m a disabled veteran and I could use the VA, but I’m not. It is so hard to get MST treatment, I pay more money just to get the treatment I need and it’s sad.” Seeing a female provider is preferable for some, but in all, warriors indicated they simply want a provider who is sensitive to their injuries and experiences.

Perhaps the greatest stressor women warriors relayed in accessing MST-related care was a lack of coordination between providers. One warrior shared, “I don’t like to go to a new doctor every time I have a mental health issue. ... They don’t communicate with each other, there’s no cohesiveness there. So getting that would be huge.” Relaying the details of a traumatic experience time and time again to providers across specialties who turn over frequently is frustrating and potentially damaging to a veteran’s progress.

The aftereffects of MST are significant and wide-ranging, potentially impacting a veteran's physical, mental, relational, and financial health in ways he or she never predicted. These interconnected outcomes must be addressed through an equally interconnected team. However, frequent staff turnover, jurisdictional challenges between VBA and VHA, and poor communication are a few of the most common reasons women cite for the lack of coordinated care they experience.

Recommendation: Establish a Patient-Aligned Care Team (PACT) specialty for military sexual trauma.

The Veterans Health Administration (VHA) began implementing the PACT model of care nearly a decade ago in order to transform the health care delivery system into one that is personalized, proactive, and patient-driven. Collaboration is a key element to this approach, designed to create a space for health care professionals and families to coordinate a veteran's complex care needs as a team. While every veteran is eligible for a primary care PACT, VA has also identified specialty areas that benefit from the PACT model, such as homelessness, infectious diseases, serious mental illness, and women's health. MST is a similarly unique, multilayered context around which VA should consider building a PACT.

Due to its variable nature, providing care for veterans struggling with MST involves a wide range of support from both clinical and nonclinical health care professionals. It is imperative to ensure that all operate with the same goals in mind, the same understanding of the veteran's history and needs, and the same attention to a veteran's progress or setbacks. When functioning effectively, a PACT can provide the outlet for providers to better communicate and collaborate, ultimately improving patient outcomes and experience. Applying this model to MST may help illuminate gaps in care and services for survivors, allow for more holistic treatment, and improve cohesiveness when commonplace changes — like provider turnover — inevitably arise.

In Focus: The Power of Peer Support for MST Survivors

Peer support is another factor that women warriors regarded as important in coping with and reducing stigma around MST. “I saw a lot, and it's time for me to speak up. ... When I joined the military, it was just understood that you take what you get and keep moving. I want to help young ladies and men today,” one warrior explained. For these survivors, support groups can serve as a productive and healing outlet. However, some women warriors relayed difficulties in finding groups where they felt comfortable and accepted: “I tried to get help with MST, but [the VA] kept putting me into a PTSD combat trauma group of only men. I called the MST Coordinator, but I couldn't get ahold of anyone.” Similarly, another survivor shared that she was placed in an Operation Iraqi Freedom/Operation Enduring Freedom (OIF/OEF) support group composed entirely of men. She described her discomfort in discussing the sexual trauma she endured: “They are talking about their knee injury. I can't talk about what happened to me.”

“I tried to get help with MST, but [the VA] kept putting me into a PTSD combat trauma group of only men. I called the MST Coordinator, but I couldn’t get ahold of anyone.”

WWP understands the critical nature of peer support in healing from sexual trauma. Our programs are designed with this sensitivity in mind, intended to create supportive spaces — both environmentally and emotionally — for MST survivors to interact authentically with their peers. WWP’s Warrior Care Network® is one such program offering mental health treatment in a group environment. Since its inception, women have been overrepresented in the population of Warrior Care Network participants, constituting approximately 25% in total. Of these women, over one-third report MST as their primary stressor. WWP frequently assigns these women warriors to an MST-specific intensive outpatient program (IOP) that is intentionally delivered through a cohort model. During the three-week treatment program, facilitated through Rush University Medical Center, participants build strong bonds with other veterans in their cohorts who share similar experiences, helping MST survivors to develop interpersonal skills and restore trust in the military community. Connection to and support from peers is an absolutely essential tool for MST survivors during their mental health recovery. WWP encourages others to apply this lesson in providing all forms of care to veterans in need.

Mental Health

Prior research has shown some differences in mental health challenges for women veterans. Specifically, for post-9/11 veterans, women experience higher rates of depression and non-PTSD anxiety compared with men, but experience PTSD at similar rates (Runnals, et al., 2014). Through the 2019 Annual Warrior Survey, we also found differences in self-reported mental health for women warriors when compared to men — the top reported health issues by women warriors included anxiety (86%), sleep problems (85%), and depression (83%), while males reported sleep problems (88%), PTSD (83%), and anxiety (80%). With these differing needs, it is important to consider effective care.

In Focus: Misunderstanding or Lack of Awareness of Available Mental Health Resources

The first step in delivering effective mental health care is ensuring that those who need it most are educated about and connected to the resources at their disposal. However, many women warriors felt they lacked a clear understanding of their options. Their frustration lies in a misunderstanding of the differences in DoD and VA-furnished mental health care, an incomplete grasp of the full breadth of the options available, or difficulty identifying the type of treatment that meets their needs. One warrior described her confusion: “I was having trouble maneuvering [through VA]. I thought VA would be similar to DoD ... but I couldn’t understand it at all. I initially swore off VA. ... So I lost the VA, and then I got it back, based on how I was treated and how I could understand the system better. I think that’s the missing piece.” The experience this woman warrior is describing represents a common theme shared by veterans seeking mental health support: a lack of understanding about what resources are available and how to navigate them.

Recommendation: Implement an online orientation for VA mental health services.

When women were able to access consistent treatment with a trusted provider, they generally reported positive outcomes. For one woman warrior, her local VAMC's two-day mental health orientation class was hugely beneficial in setting appropriate expectations and connecting her with the right type of care: "I've had great experiences with getting mental health at VA. ... I think [a virtual orientation] would be a really great opportunity for people. How our VA does it, they talk about the different types of classes they have, they talk about what individual therapy is, what's recommended." Expanding mental health orientations through a virtual platform will help VA to reach more veterans, set consistent expectations for treatment, and, most importantly, empower more veterans to access effective mental health care.

Anxiety

In the 2019 Annual Warrior Survey, anxiety was the top reported health issue (86%) women experienced as a result of their post-9/11 military service. For comparison, 83% of male warriors reported experiencing anxiety, making it the third-most common health issue or injury for males. To assess the current rate of anxiety in the women warrior population, WWP included the General Anxiety Disorder-7 (GAD-7) scale on the Women's Veterans Survey. The range of possible scores on the GAD-7 is 0 to 21, with higher scores indicating more severe anxiety symptomatology. Sixty-one percent of women warriors meet the criteria for moderate to severe generalized anxiety disorder. Figure 19 shows the distribution of women warriors by severity of anxiety symptoms. Respondents' average GAD-7 score is 11.9, which is in the moderate range, lower than the average found through DoD/VA Consortium to Alleviate PTSD studies (15.2 across both genders) (Barnes, et al., 2019). Still, 92% of women warriors report feeling nervous, anxious, or on edge in the past two weeks. Figure 20 shows the frequencies for each of the GAD-7 scale questions. One woman warrior wrote:

I believe the WWP probably is aware of many, if not all of the challenges that women veterans face; however, the pressure we go through while serving leads to a lot of anxiety over time. For me, I did not realize how much pressure I was under until it was too late, and the stigma that is associated with asking for help makes it virtually impossible to find a suitable or affordable outlet. As women, we have to prove ourselves that much more than men, especially in certain career fields, and with the pressure of military and family life combined, my anxiety ballooned tremendously; so much so that I struggle even more now than I did when I was active duty to control it. It affects my home life, my concentration, my moods, and my ability to do or participate in certain activities. I am doing all that I can to manage it in positive ways, and I will continue to strive to do so, yet that it is my one challenge that hits home the most or the hardest.

Figure 19: Percentage Distribution of Women Warriors by Severity of Anxiety Symptomology (GAD-7)

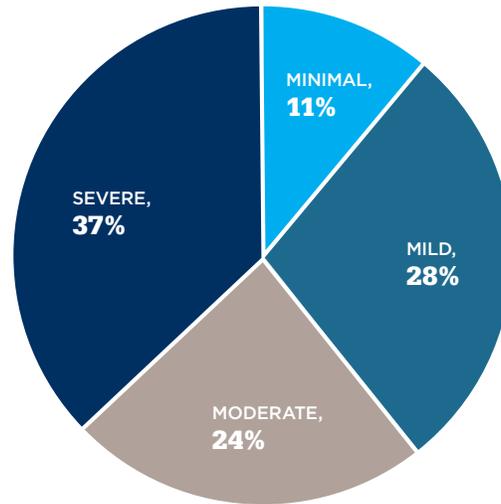


Figure 20: Frequency in the Past 2 Weeks of Being Bothered by Various Types of Problems (GAD-7)

	NOT AT ALL	SEVERAL DAYS	OVER HALF THE DAYS	NEARLY EVERY DAY
Feeling nervous, anxious, or on edge	8.2%	36.3%	22.7%	32.8%
Not being able to stop or control worrying	13.0%	35.2%	21.9%	29.9%
Worrying too much about different things	9.7%	34.6%	21.9%	33.8%
Trouble relaxing	7.3%	31.0%	22.6%	39.1%
Being so restless that it is hard to sit still	21.6%	34.9%	21.5%	22.0%
Becoming easily annoyed or irritable	9.3%	31.8%	23.6%	35.2%
Feeling afraid as if something awful might happen	24.5%	32.8%	19.3%	23.4%

In our roundtable discussions, anxiety was a common theme, especially among MST survivors. One woman told of avoiding the VA hospital as much as possible due to anxiety brought about by the process: entering through scanners, parking in overcrowded lots, and having a security guard question why she was there and her veteran status. Another woman reported repeatedly canceling her appointments because of the heightened anxiety that VA causes her.

Anxiety suffuses many of the interactions that women have with VA. Institutional changes — for example, customer service procedures that include woman veteran awareness, facilities layout, and examinations procedures — can passively reduce the anxiety many respondents felt when visiting VA facilities.

Isolation

Identity

Military service is by nature a purpose-driven profession. The armed forces attract and breed individuals who see beyond their own interest, who are willing to sacrifice on behalf of a greater mission. Justly, we thank these veterans for their service, honor them on holidays, depict them in monuments, even applaud them at ballgames. These acts, both significant and small, express our national gratitude and provide veterans and service members the opportunity to show pride in their service. However, the experience is more complicated for women veterans. With high rates of MST, mental health conditions, and physical injuries, some women warriors hide their veteran status.

One MST survivor told us, “Now I can say I am proud of my service, but there were a lot of years I felt betrayed ... I felt like if I acknowledged I was a veteran, I had to acknowledge all of the bad things that happened.” This warrior packed away her medals, awards, uniforms — anything that reminded her of her service. She is not alone. Many women warriors relayed similar stories or described the shock that others would express after learning of their veteran status.

In this survey, less than half of women warriors say they felt respected for their service (47%, Figure 21). A recent study found that 55% of post-9/11 veterans seldom or never felt they got the respect they deserved as a military veteran in the first few years of leaving service (Parker, Igielnik, Barroso, & Cilluffo, 2019). The study did not note any significant differences by gender. In the women’s survey, the feeling of disrespect as a woman veteran was a common theme through their survey comments.

“We still aren’t respected as Veterans when compared to males. When my husband goes with me to the VA, they address him thinking he’s the veteran.”

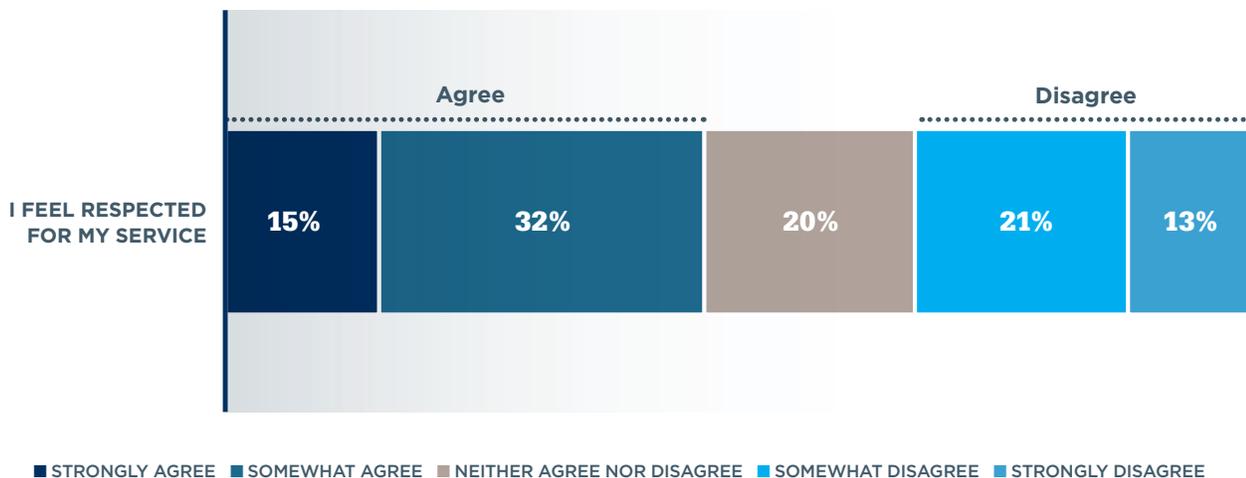
Women warriors do not get the same treatment or respect as the men. The men are shown much more respect. They are looked upon as mighty fighter while the women are seen as merely support. The secretary, nurse or cook. Not as someone who fought side by side with the male vets.

The lack of overall care and respect, the resources for a healthy life and the time actually spent on Women Veterans issues should be a priority finally addressed by the VA and all organizations for Veterans.

I have a hard time adapting and fitting into the military and staying up with the “boys club” and now that I’m coming to retirement it’s hard to even fathom how I will fit in with women in my community. I have endured and overcome many challenges and trauma in my career but I am also a mother, a daughter, a sister and I feel left out because other women just see me as a Soldier. I’ve also been facing challenges finding my own identity be it not wearing the same thing everyday to simply finding things I enjoy that aren’t influenced by my career. I’ve also noticed that I don’t always have the best tactics in “civilian” communication, you learn how to be direct, matter of fact and assertive and it doesn’t get received very well.

“I have endured and overcome many challenges and trauma in my career but I am also a mother, a daughter, a sister and I feel left out because other women just see me as a Soldier.”

Figure 21: Level of Agreement With Feeling Respected for Their Service



In Focus: The Inability to Fully Identify With the Veteran Community or With Civilian Women

These experiences contribute to the crisis of identity that some women warriors felt after leaving service. Women infrequently see themselves represented in a veteran community that is 90% male, yet struggle to relate to civilian women who cannot relate to their military experiences. Communication with civilians, whether in the workplace or in social settings, is a common challenge. Women warriors commiserated on being viewed as brash or aggressive by civilian women who don’t share the direct style of communication used among service members.

Women warriors described feeling a sense of relief in being with one another: like-minded individuals who innately understand their experiences and attitudes. This kind of social support is critically important in reducing isolation and increasing resiliency, two factors for which women

veterans show poorer outcomes when compared to male veterans, according to the 2019 Annual Warriors Survey. The period of transition is one inflection point during which social support is most profoundly needed, as veterans work to define their new identity in the civilian world. One woman warrior who recently transitioned from service said, “I didn’t know the level of disconnection I was going to have. The military teaches you how to be connected with each other. Civilian culture is so different.”

Recommendation: Implement peer support groups for transitioning service members.

The transition process can be overwhelming. While still performing their military duties, women warriors may be burdened with child care and family obligations, searching for new employment, dealing with mental health conditions and trauma, managing pain or physical injuries, finding and financing a new home, and struggling with their new civilian identity. Peer support groups can serve the important purpose of providing emotional support to service members who are struggling with these pressures.

During many sessions, roundtable participants shared that their best source of information during the transition process came from other service members who had previously transitioned or worked with those who had. The kinds of peer connections that foster support and the transition of knowledge are invaluable.

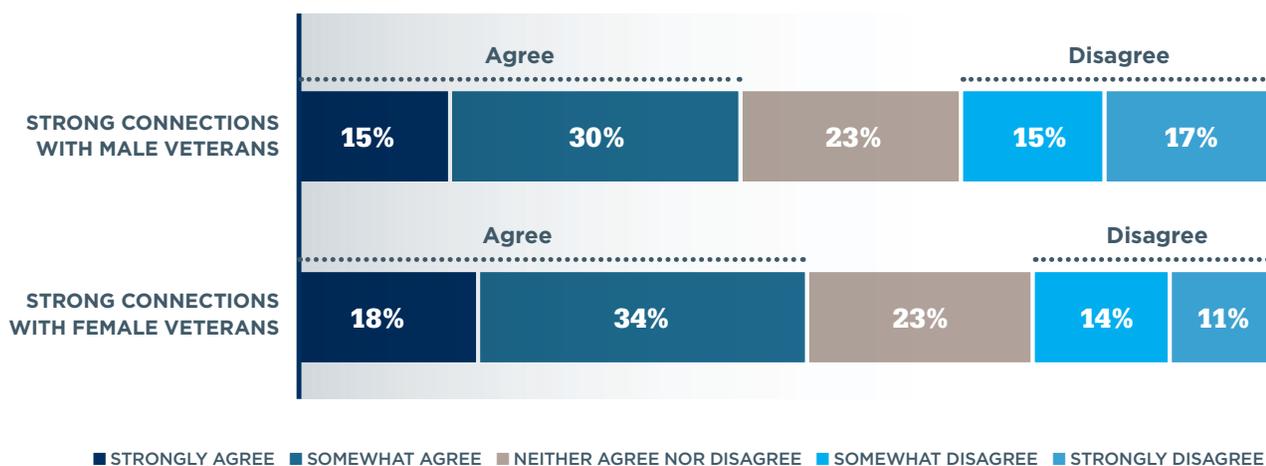
WWP recommends that DoD establish peer support groups designed specifically for service members going through the transition process. Doing so will provide spaces for service members to express their shared challenges and concerns while building support systems that fight against the isolation many described feeling during their transition.

Social Support

Prior research has found that social support can enhance resilience, which in turn helps in coping with traumas such as PTSD and MST (Ozbay, et al., 2007). In the National Strategy for Preventing Veteran Suicide, the VA highlights increasing social support as a protective factor against suicide as one of their objectives in their goal to create supportive environments that promote the general health of veterans (U.S. Department of Veterans Affairs, 2018). The Women Warriors Initiative survey asked women veterans if they felt strong connections with both male and female veterans. Less than half agreed that they had strong connections with male veterans (45%), while just over half felt they had strong connections with female veterans (52%, Figure 22). One warrior wrote about the importance of connections with female veterans:

As a woman veteran we have spent our entire career out numbered and surrounded by men in the military. It would be such a relief to have spaces set aside where woman veterans can really connect, support and heal together. Veterans have a deep bond and share many of the same experiences. I feel there are experiences that are specific to just woman veterans that need to be address such as sexism, sexual harassment, sexual assault, double standards in child rearing woman veterans experience that male veterans typically do not, and so much more.

Figure 22: Level of Agreement About Strong Connections With Male and Female Veterans



Loneliness

While social isolation can be measured in different ways, this survey included a three-item loneliness questionnaire adapted from the Revised UCLA Loneliness Scale (Hughes, Waite, Hawkley, & Cacioppo, 2004). The range of possible scores is from 3 to 9, with higher scores indicating greater loneliness. The mean loneliness score for women warriors is 6.9 (median 7.0). This is slightly higher than the estimates found among veterans in the National Health and Resilience in Veterans Study with current probable PTSD (mean = 6.0), but lower than veterans with current probable PTSD and depressive symptoms (mean = 7.7) (Nichter, Haller, Norman, & Pietrzak, 2020). Overall, 80% of women warriors scored in the lonely range on the scale. Figure 23 provides the frequencies for the individual loneliness scale questions.

In Focus: Loneliness and Feelings of Fulfillment

Loneliness can be described as perceived isolation. To further assess the perceived isolation of women warriors, the survey asked additional questions on how fulfilling they find personal relationships and daily life. We were interested in comparing the feelings of loneliness with the sense of fulfillment they may or may not feel. Overall, 47% of women warriors agreed or strongly agreed that they get fulfillment in their personal relationships, while 43% of women warriors agreed or strongly agreed that they get fulfillment in things they do each day (Figure 24). While these percentages are less than half, it is still a higher rate than the percentage of women warriors who scored as “not lonely.” Of the 80% of women who scored in the lonely range, 37% felt fulfilled in the things they do each day, and 34% felt fulfilled in their personal relationships. This speaks to the complex nature of isolation and the potential to explore a varied approach to factors that may influence and reduce the feeling of isolation among women. Women warriors provided comments highlighting the isolation they feel.

It is a challenge making the transition to civilian from military; dealing with isolation and getting involved with the community.

The isolation we put ourselves through, the fear of being unwanted or not able to fulfill anything for anyone.

I would have to say that it's hard to communicate how I feel/felt at times because I look perfectly normal. The fact that I don't look how I feel makes me not want to be seen because it feels like more is expected of me than what I am capable of doing at the time. It's very hard to put my thoughts into words that make sense, so it's easier for me to just be alone instead of putting myself in a situation to feel basically for lack of better words stupid.

Figure 23: Frequency of How Often Women Warriors Feel Isolated (UCLA Three-Item Loneliness Scale)

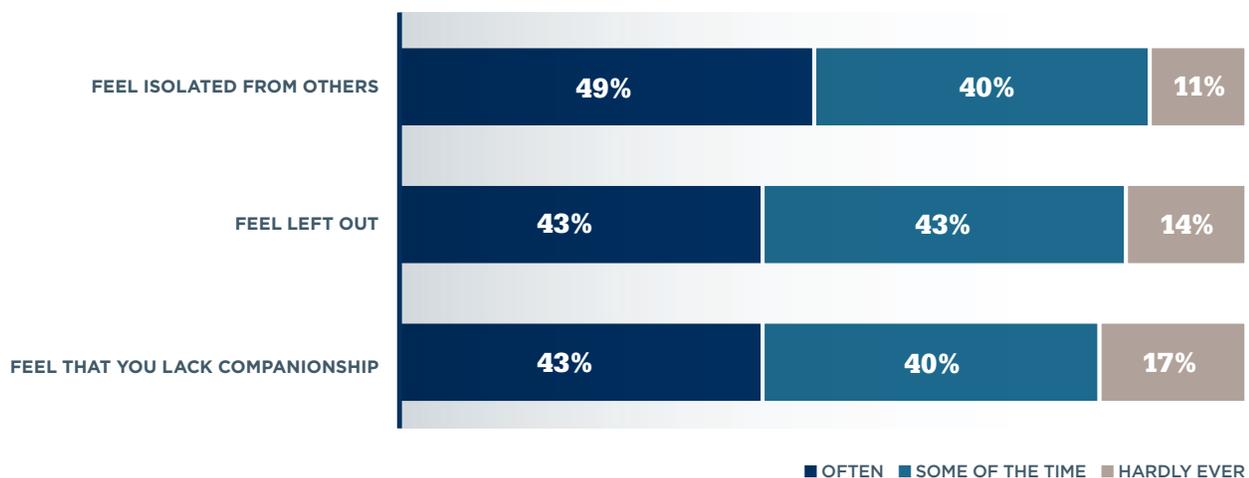
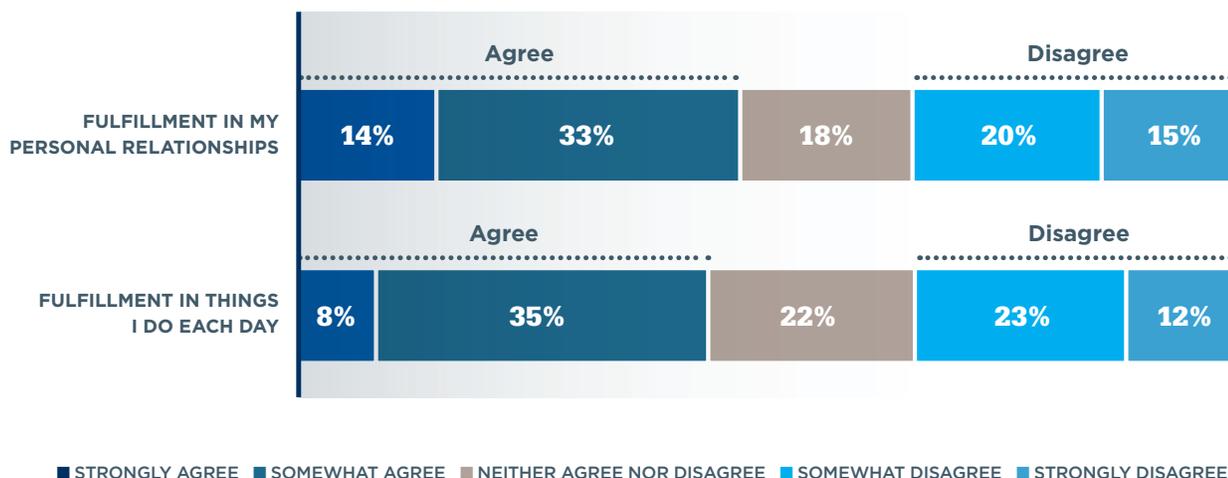


Figure 24: Level of Agreement on Fulfillment in Personal Relationships and Daily Life



Recommendation: Establish virtual, women-only support groups.

Peer connection opportunities are paramount in the fight against veteran suicide. For women veterans in particular, who are less likely to feel they have people in their lives to depend on, social support is an important protective factor. However, their small share of the veteran population both underscores the need for and represents a challenge in creating spaces for women veterans to connect. Physical distance alone is a barrier to women-only event and opportunities. Virtual platforms, however, can enable meaningful communication and connection despite physical distance.

In FY20, WWP’s Connection program — previously reliant on face-to-face interactions — pivoted to a nearly all-virtual format due to the COVID-19 pandemic. As a result, women’s representation dramatically increased from 26% of participants in face-to-face events to 43% of participants in virtual events. For this disparity, WWP credits the virtual environment both for its lower barriers to entry and its ability to involve warriors regardless of physical location. WWP sought to apply this lesson to other aspects of program delivery, piloting women-only virtual peer support groups.

These forums allow women warriors who may be physically distant from one another an opportunity to connect while avoiding obstacles like child care, drive time, or crowded spaces. Given the initial positive response, five additional groups were launched in October 2020 alone, contributing to a total of 12 women-only peer support groups.

VA should capitalize on this moment of social distancing, during which many veterans are becoming comfortable with virtual platforms for the first time, to pilot online peer support groups for women veterans.

Financial Wellness

Another top challenge identified by our survey, financial stress (30%), further confirms findings from the 2019 Annual Warrior Survey. In the 2019 Annual Warrior Survey, women warriors were more likely than male warriors to say that their financial status had worsened over the previous year (29% of women vs. 23% of men).

It's been hard to adjust financially and due to my chronic health condition it's been hard to maintain adequate support. I've had to request financial support frequently. I'd like more focus to help homeless veterans! As a veteran it's absolutely heart-wrenching to see a fellow vet digging in trash to eat or sleeping outside. As a woman veteran, I'd like the WWP to be more aware of veteran homelessness especially single fathers and mothers.

I feel more should be done to help give women a “plan of attack” ahead of the retirement/sep transition. A large number of women are single/divorced & need to continue to support families post Service, which is daunting considering the lack of services for women out there. This plan, would allow women to have those tangible markers and steps that would steer towards successful transition/new life. Empowerment to be solely successful in your life is brings tangible benefits of financial, family, and social happiness that are priceless.

Similar themes came across in three roundtables held on financial stress. More specifically, women talked about difficulties separating from the military, caring for their families, and finding adequate employment.

Family responsibilities deeply color a woman warrior's sense of financial stability. One warrior shared how, while undergoing the medical discharge process, she went through a week of TAP feeling confident she knew what resources were available to support her, her husband — also separating from service — and their newborn baby. They had put money aside to prepare, but reality was completely different. The family learned they did not qualify for the unemployment benefits they planned to secure and had trouble accessing food stamps through the Special Supplemental Nutrition Program for Women, Infants and Children (WIC). She could not find a job and quickly found she was unprepared to translate her skills to the civilian world. She felt completely abandoned.

This warrior was not alone in her struggle. For many, the realities of securing a steady income diverged from their expectations.

Employment

The unemployment rate for women warriors in 2019 was estimated to be at 14%, compared to 11% for male warriors. In addition, while women warriors have higher rates of education, their average full-time salary was found to be about 80% of the average male warrior salary. Comments on this survey from women warriors further illustrated these challenges.

The biggest challenge I have had is finding a job commensurate with my experience. I have used employment services from the unemployment office and the veteran-centered office here in [city]. No luck. I am severely underpaid.

In Focus: Cultural Differences and Lack of Professional Networks After Transitioning Into the Civilian Workforce

Military and civilian cultural differences also present themselves in the workplace, according to women veterans. Speaking of her direct style of communication, viewed by others in her workplace as too aggressive, one warrior said: “I felt shunned. ... People don’t understand. In the military, we’re molded to act like that.” She described the relief she felt moving on to a workplace where she was surrounded by other veterans who she felt understood and respected her, a sentiment shared by others. Women warriors described other factors important to them in finding a civilian career: covered mental health treatment, diversity, a familial atmosphere, and support for their needs brought on by service-connected disabilities.

Among the general veteran population, mentorship during transition and in civilian careers is cited as a pressing need. Women veterans are no different and may benefit even more from professional mentoring, particularly if seeking employment in traditionally male-dominated fields. Veterans may have acquired highly valuable skills and knowledge during their military service but lack the same specialized industry experience and professional networks as their peers in the private sector. A strong alumni network of former service members can help veterans refine and maintain their competitive edge by engaging with others who understand their background, unique skills, and the life experiences that set them apart.

Recommendations: Establish a pilot program connecting women veterans to professional mentors.

A warrior shared, “If you’re trying to break into a ... profession that is already dominated by males, you don’t have that camaraderie or network that men do.” Overwhelmingly, women warriors concurred that professional mentorship would be hugely beneficial as they begin their civilian careers, not only for the advice a mentor could provide on practical skills like interview preparation or resume-building, but in preparing them for the cultural changes they are likely to experience. Low levels of women veteran representation can pose challenges to navigating internal processes, adapting to the workplace, and understanding and managing unwritten norms that can be very different from the military environment veterans are used to.

WWP recommends that VA establish a pilot program to connect women veterans to professional mentors. As VA noted in its Veterans Employment Toolkit, “a critical element to workplace retention ... was employer support and development of veteran mentoring programs. Veteran mentoring programs create peer support among veterans in the civilian workplace.” Adapting the model that VA depicts in its toolkit into one designed specifically for women veterans may help to set women up for success early as they enter into post-military careers while building a strong network of professional support for these women.

Formal mentorship programs, whether through government agencies, employers, or organizations like VSOs and business organizations, can help smooth the transition process and build relationships that would normally be built over the course of a career. Access to mentors at all levels of the workforce can help transitioning service members and veterans gain insight into career paths and employment options, including educational advancement, of which they might otherwise remain unaware.

In Focus: Insufficient Preparation for the Transition Into the Civilian Workforce

DoD's TAP was developed in large part to prepare transitioning service members for life after the uniform, especially with respect to employment and financial stability. The curriculum includes modules on financial planning, VA benefits and services, and preparing for civilian careers, alongside elective tracks for service members pursuing specific pathways like entrepreneurship or higher education. Though TAP is mandatory for all retiring or separating service members, the women warriors we interviewed reported varying levels of satisfaction with the program, often dependent on each individual's location, rank, medical history, buy-in from command, and other inconsistencies. For example, one warrior going through medical retirement attended a TAP class that largely focused on employment opportunities in physical fields like construction and trucking, vocations which would never be plausible for her due to her injuries. In sum, women warriors feel that TAP should be more individualized to their needs.

Recommendation: Expand access to resume training.

“The hard thing about resume-writing was transferring over what you did in the military to civilian language. It's difficult to try to get them to understand what you did when you were in [service],” one warrior told us. Women veterans resoundingly agreed with this sentiment, believing that building the right resume was one of the most decisive factors in finding employment. Many turned to resources beyond the DoD to assist them in shaping their resumes, to great effect: “Working with someone who can help rework your resume is so important. I did, and it made a big difference. I went from not getting call-backs to having to actually turn down offers.”

DoD offers resume-building courses that several warriors reported as being the most valuable portion of TAP. WWP recommends that DoD seek out ways to expand, individualize, and professionalize this training through one-on-one resume counseling.

Recommendation: Utilize professional and corporate partners to conduct practice interview preparation during TAP.

Consistently, women warriors reported anxiety surrounding the transition to the civilian workforce. They struggled to translate their military service to a potential employer during what was, for some, their first experience with a corporate job interview. TAP includes a mock interview module in an effort to prepare service members for this experience, wherein TAP participants pair up and practice interviewing one another. While mock interviews are a valuable training exercise, the process could be improved by incorporating real-life professionals with hiring experience. Women warriors did not feel that mock interviewing with other service members was beneficial, as they and their peers lack the civilian or corporate experience to ask realistic questions and provide applicable feedback. Civilian business professionals and hiring managers would be better suited to participate in this exercise.

 **In Focus: Finding Employment and Pay Commensurate With Experience and Education**

Some women warriors indicated they even felt misled through TAP. They were told that military experience was in demand but did not see this reflected in their job searches. One woman warrior said, “I sent resumes to different job types, including in IT and HR. I had 20 years of experience in the military, and had my MBA. I was too qualified for entry-level jobs. I understood I didn’t have corporate experience, so I was willing to take an entry level position. But then I was overqualified for those, and not qualified for the higher-level jobs. I couldn’t get anywhere.”

Recommendation: Establish partnerships with the Department of Labor and the Office of Personnel Management to educate veterans and transitioning service members on the federal employment application process.

After leaving service, many women warriors reported an eagerness to capitalize on the federal government’s veteran preference hiring practices by seeking employment in the public sector. Unfortunately, most were unsuccessful. Women warriors felt frustrated and confused by the USA Jobs website. Some even felt their status as a disabled veteran was a detriment to their applications rather than a signal of their public service. In all, women warriors felt dismissed by hiring managers and the government they wished to continue serving. Improved education on the topic of federal employment can help ease some of this angst by informing veterans about ways to set their applications up for success.

The Office of Personnel Management conducts webinars and hosts online courses on topics like writing a federal resume and navigating USAJobs.com. Employing similar tactics or partnering with OPM to produce more online content can help to spread this valuable information to warriors. Other topics of interest include the General Schedule pay system, veterans' preference, civilian workplace culture, and an overview of state and federal employment counseling services. As the Department of Labor maintains an important stake in veteran employment and conducts substantial efforts through its Veterans' Employment and Training Service (VETS), it too should be included in resulting partnerships, joint initiatives, and outreach campaigns.

There is ample opportunity to amplify the resources already developed by OPM and VETS, and even more potential to create new materials that speak directly to the gaps in knowledge and training that veterans have identified. In doing so, however, agencies must keep outreach at the forefront of their plans. As an illustration, VA's Center for Women Veterans hosts a link to OPM's *Feds Hire Vets* webpage alongside one to leading to a VETS site. However, these links are not conspicuously displayed, and many women veterans remain unaware that they exist. Any and all programs should be advertised prominently and proactively to those who would benefit most, including veteran and transitioning servicewomen. By collaborating with and appropriately promoting resulting initiatives, VA, OPM, the Department of Labor, and other federal stakeholders can better target, inform, and assist veterans who wish to continue serving their government even after they've taken off the uniform.

Conclusion

Through the Women Warriors Initiative survey and roundtable discussions, we found women warriors face differing challenges with transition, access to care, and quality of care. Women warriors are experiencing military sexual trauma and associated mental health challenges at a high rate. These challenges and experiences are leading to isolation for some women warriors. Along with mental health and isolation, women warriors also noted that financial stress was a major challenge in transitioning to civilian life. Women warriors provided comments that they have issues with underemployment and translating their military skills to appropriate work. Women warriors earn less on average than their male counterparts, yet they report higher education levels. With just under half of women warriors being single mothers, women warriors also commented that supporting a family is financially challenging.

The survey allowed us to analyze the importance of the issues facing women veterans. Then, through the roundtables, we were able to address the specific concerns regarding transition, access to care, mental health, and financial wellness. Below are the recommendations that resulted.

Recommendations

Military-To-Civilian Transition

Discussion with women warriors brought to light the many nuances and factors that contribute to a difficult transition from service. As WWP serves a population of wounded, ill, and injured veterans, many were medically retired or discharged from service unexpectedly. The VA has programs and services that can assist with these challenges, but the process of accessing those services is complex and burdensome.

- I. Improve the transition process between DoD and VA.** Implement clear and consistent processes to ensure transitioning service members are educated on resources that meet their individual needs, accessing these resources in a timely manner, and being proactively and comprehensively served by VA and other partners.

VA Health Care and Services

Women warriors encounter obstacles when seeking out VA health care. Chief among them are issues like appointment availability, convenience of services, provider turnover, and quality of care. These barriers impact women veterans' willingness and ability to access health care that is appropriate for their needs, as well as their experience in doing so. While VA has made strides in expanding gender-specific spaces and treatment options, more can be done to fully integrate women veterans into the VA health care system.

- II. Implement the congressionally mandated program to provide child care to veterans during health care appointments.** Doing so summarily and systematically across all VA medical centers will reduce a prevalent barrier to care for women veterans.
- III. Evaluate the physical layouts and utilization patterns of VHA facilities to assess safety, convenience, and overall ease of access by women veterans.** Women veterans, particularly trauma survivors and those with mental health conditions, may find VHA facilities intimidating environments. Improvements can be made to maximize patient privacy, comfort, and safety.
- IV. Extend hours of operation at VA health care facilities.** Many women find it difficult or impossible to access care during typical workday hours. Improving convenience and availability of appointments will increase utilization and provide a better experience for women veterans.

- V. Establish a feasibility study to determine the potential of a VA partnership with rideshare companies to improve transportation for women veterans.** Rideshare may provide an experience and atmosphere that better meets the needs of women veterans than VA's traditional travel programs.
- VI. Conduct a landscape study of women-specific health care resources.** A more thorough understanding of the VA facilities, CCN providers, and non-CCN providers administering women's health care, alongside a discussion on specialty care and access standards, will improve VA's ability to deliver gender-specific care in underserved or hard-to-reach areas.
- VII. Conduct a review of the VA staffing resources required to support current and projected utilization by women veterans.** The number of women serving and transitioning to veteran status is rising alongside the number who utilize VA services. To best serve this population with the women's health providers and specialists it will require, VA should develop plans to maintain or increase staffing resources dedicated to women veterans.
- VIII. Expand and improve women's health clinics in VA medical centers.** Where they are available, women veterans prefer to patronize these specialty clinics that are more welcoming, comfortable, and appropriate for their needs. VA should continue to invest in these clinics where the demand exists.
- IX. Develop a report on VA women's health clinics to identify best practices and standardize quality of care.** While many women veterans appreciate the environment and standard of care they receive at women's health clinics, not all encounter the same level of quality. Applying the lessons learned from well-performing clinics to those across the country will help to standardize quality of and access to care at women's health clinics.
- X. Review the availability of women's health equipment in VHA facilities.** VA can improve its readiness through a comprehensive review of the fixtures, supplies, and equipment available to support women's health care, amplifying and capitalizing on the Community Care Network where necessary.

Military Sexual Trauma

Military sexual trauma (MST) remains consistently among the topmost concerns cited by women veterans. While the aftereffects of MST are wide-ranging and often variable, women warriors commonly described feeling a sense of isolation, experiencing a lack of support in the wake of a traumatic event, and struggling to avoid further traumatization when seeking treatment or benefits. Among providers, greater productivity, collaboration, and personalized attention is needed to better support MST survivors.

- XI. Improve coordination between DoD and VA for MST-related care.** DoD and VA must better collaborate and communicate, instituting a comprehensive strategy to educate MST survivors on treatment options, build a stable of support for these survivors, and streamline access to critical services.
- XII. Ensure support persons are allowed in all MST-related compensation and pension (C&P) exams.** VA's policy to allow family members, caregivers, and significant others into examination rooms is not always executed in practice. VA should take steps to reeducate compensation and pension examiners on this policy that greatly improves a veteran's comfort level and reduces the risk of retraumatization.
- XIII. Conduct wellness checks with veterans after MST-related C&P exams.** Examinations for MST-related conditions can lead to retraumatization, setting veterans back in their mental health recovery. Conducting wellness checks after MST-related C&P exams is a simple step to ensure that survivors are aware of and have access to mental health resources that can support them during this difficult step of the process.
- XIV. Establish a Patient-Aligned Care Team (PACT) specialty for military sexual trauma.** A PACT can provide the outlet for clinical and nonclinical health care professionals to better communicate and collaborate. Applying this model to MST-related care may help illuminate gaps in care and services, allow for more holistic treatment, and improve cohesiveness among providers.

Mental Health

While VA provides robust mental health care, many women warriors felt they lacked a clear understanding of the resources at their disposal and how to navigate them in a timely manner. In addition, women veterans commonly reported feeling isolated, with respect to both their identity as a veteran and coping with loneliness. This is perhaps most evident during the period of transition from service. Their small share of the veteran population both underscores the need for and represents a challenge in creating spaces for women veterans to connect.

XV. Implement an online orientation for VA mental health services.

Orientation programs have been beneficial for women veterans seeking mental health care by preparing them with the expectations and information to choose the right treatment for them. Expanding mental health orientations will help VA to reach more veterans, set consistent expectations for treatment, and empower more veterans to access effective mental health care.

XVI. Implement peer support groups for transitioning service members.

The transition process can be overwhelming for servicewomen who are struggling to balance their numerous and evolving obligations. Peer support groups provide these women spaces to express their shared challenges and concerns while building support systems that fight against isolation.

XVII. Establish virtual, women-only support groups. Because of their comparatively small number, physical distance alone can pose a barrier to gender-specific events and opportunities. Virtual peer support groups can enable meaningful communication and connection despite distance and other obstacles frequently faced by women, such as child care, drive time, and discomfort in crowded spaces.

Financial Wellness

With respect to financial security, women warriors referenced their difficulties in caring for their families, translating their military mindset and skill set into a civilian environment, and securing appropriate employment. Many felt that they were not adequately prepared by DoD and VA to be competitive or successful in the civilian workforce. Women warriors called for greater access to personalized career counseling, networking and mentorship opportunities, and clearer preparation for the cultural differences many have encountered.

- XVIII. Establish a pilot program connecting women veterans to professional mentors.** Mentors are a hugely beneficial tool as women veterans transition into civilian careers, providing guidance on practical skills like resume writing and interview practice as well as preparation for the cultural changes they are likely to experience.
- XIX. Expand access to resume training.** Many women warriors believe that building the right resume was one of the most decisive factors in finding employment and the most valuable part of their transition training. DoD should seek out ways to expand, individualize, and professionalize this training through one-on-one resume counseling.
- XX. Utilize professional and corporate partners to conduct practice interview preparation during Transition Assistance Program (TAP).** While mock interviews are a valuable exercise, this TAP training could be improved by incorporating professionals with hiring experience — rather than other service members — into the process.
- XXI. Establish partnerships with the Department of Labor and the Office of Personnel Management to educate veterans and transitioning service members on the federal employment application process.** Women veterans felt frustrated, confused, and dismissed by the federal government’s hiring processes. VA should amplify the education and training resources already in practice by federal partners, develop new materials targeted specifically to women veterans, and conduct greater outreach to those seeking federal employment.

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