



BREAKING BARRIERS: Women in Army Special Operations

Updated August 18, 2023

The Commanding General commissioned this study to identify barriers female Soldiers encounter in Army Special Operations Forces (ARSOF) units and establish lessons learned and best practices in order to recruit, maximize comprehensive integration, and retain extraordinary Soldiers.

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Special Operations Command

Disclaimer: The views and opinions expressed in this document are those of the authors and study participants, and do not necessarily reflect the official position of the United States Army or the United States Army Special Operations Command.



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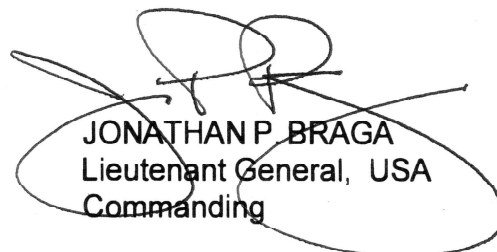
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MEMORANDUM FOR RECORD

SUBJECT: Breaking Barriers: Women in Army Special Operations

1. In 2021, USASOC completed a comprehensive study of women in Army Special Operations Forces with the intent to identify and break down barriers to serving in USASOC units. We chose to conduct this study, devoid of outside influence, to see ourselves and identify how we can take better care of our people. The results provided valuable insight into the attitudes, experience, and challenges of all USASOC Soldiers.
2. The staff conducted a critical analysis of the findings, and we are directly addressing the 42 recommendations outlined in the study. The implementation, assessment, and analysis of these action items is an iterative process. Our goal is to become an ever more inclusive organization through critical self-examination and pragmatic action.
3. Although disappointed by some of the findings and comments in the study, we are committed to addressing these issues with candor and transparency. I'm encouraged by the report stating that 72% of women would support their daughters serving in an ARSOF formation. I'm confident the incredible men and women in this formation are making USASOC a better place to work every day for our sons and daughters alike.
4. It is an honor to lead the 36,000 Men and Women of USASOC. You are truly America's finest Warriors. Your unique talents and attributes allow the command to defend the Nation without fear, without fail, without equal. Together we will continue to provide the Nation's premier Special Operations element by attracting and retaining America's top Soldiers.


JONATHAN P. BRAGA
Lieutenant General, USA
Commanding

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Women in ARSOF Study Preface

In early 2021, without external provocation, the USASOC Commanding General directed an introspective look into our formations to illuminate and ultimately eliminate unique barriers that female service members encounter while serving in our formations. Since the conclusion of the *Women in Army Special Operations Forces (WiA) Study* in December 2021, USASOC and the Army have made significant progress to break down barriers for all service members across our formations. **The general findings of this study reached well beyond the original intent and target audience as it led to gender agnostic discoveries on recruiting, retention, education, policy, healthcare, single parents, child development centers, barracks, safety, and small stature service members in the Army.** In USASOC, we strive to maintain a culture where everyone has a voice regardless of rank, gender, age, or any other attribute. This study's findings are a testament to this endeavor and provided several thousand Soldiers the unique opportunity to share candid comments knowing this command will genuinely listen to their feedback and evolve to better support them. While we acknowledge some of the comments are disappointing and not representative of the USASOC culture and organization as a whole, we chose to conduct this study, devoid of outside influence, to better see ourselves and our most important asset – our people. We stand committed to breaking down all barriers and pledge to continuously strive to address this topic with candor and transparency. This preface is designed to share a summary of actions the command has proactively taken to benefit all Soldiers and bolster the readiness, lethality, and agility that the Nation expects from Army Special Operations Forces.

Just as we encourage our Soldiers to continually grow and develop as warfighters and leaders, USASOC has a responsibility to each Soldier, and our nation, to maintain a state of continuous progress and improvement. Change is an inherent and essential component of organizational progress and just as an individual may seek therapy to overcome a pervasive challenge, this study's approach allowed researchers to “peel back the layers” to provide USASOC with un-biased and objective findings for genuine organizational self-reflection. Organizational change requires a detailed plan, advocacy at all echelons, open communication, constant feedback, and most significantly – behavioral change. Since the completion of the study, USASOC has engaged leaders at all levels, identified essential advocates, created an actionable plan with continuous feedback, and jumped into action. The following paragraphs summarize USASOC's ongoing efforts to address each challenge presented in the WiA Study.

The USASOC research team, led by an Organizational Psychologist, applied a three-pronged approach to this study consisting of a survey, moderated focus group discussions, and command team interviews. From February 2021 to March 2021, a total of 5,010 participants completed the Women in ARSOF Survey to help identify challenges female service members encounter. This was the largest voluntary response rate for a USASOC survey. Subsequently, from April 2021 to August 2021, the research team conducted 48 focus groups with 198 female service members at 14 subordinate commands/units in the continental United States, followed by 25 command team interviews at the group, battalion, and company level.

While some of these findings could be taken out of context to portray a dire state of the force, in reality USASOC is leading the Special Operations enterprise as the first component to purposefully invest in female initiatives with 2,300 female Soldiers and 470 female civilian employees assigned (8% of USASOC), of which the majority of women genuinely desire to continue serving in USASOC formations. As People remain the number one priority for this command, USASOC will continue to advocate for and empower every Soldier and civilian employee.

Eighteen of the 42 final recommendations are directly related to awareness and education. The *vulnerable population* identified in the study presents an interesting challenge. The preponderance of leaders at all echelons hold ARSOF Military Occupational Specialties¹ (MOSs) and often maintain a mindset that all Soldiers in their charge should be somewhat autonomous and more mature as they have been specially assessed and selected. However, as leaders progress from tactical settings to organizational leadership roles it becomes essential to understand that the support MOSs,² which are vital to SOF's mission

¹ ARSOF MOSs are defined as: Ranger Regiment (11-Series), Special Operations Aviation (15-Series), Special Forces (18-Series), Psychological Operations (37-Series), Civil Affairs (38-Series).

² Support MOSs are defined as all other MOSs in ARSOF units other than those listed above.

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success, are comprised of a large contingent of Soldiers that are junior in rank and time in service. A number of these Soldiers come directly from an Initial Entry Training (IET) status and often require additional attention from junior leaders. The initiatives birthed from this study will provide these first line supervisors with an appreciation and awareness of the barriers female service members face and arm them with the tools to ensure our young Soldiers are getting the outstanding leadership they are entitled to receive. USASOC has presented the findings of this study up and out to the United States Special Operations Command, Department of the Army, and beyond with immensely helpful feedback and support. Most importantly, the findings and ongoing progress of the recommendations have been disseminated down and into all USASOC formations via email from the USASOC Commanding General (CG), leadership professional development and education, and the Women in ARSOF Initiative.

The USASOC Women in ARSOF Initiative. The WiA study identified 44% of women experience equipment fitting challenges, indicating the need for change. In response, the command sponsored a grass-roots modernization effort that started in one of the subordinate commands led by a Civil Affairs (CA) Officer that has since been formalized and expanded as the WiA Initiative. The Initiative and position were elevated to the USASOC HQs with routine touchpoints with USASOC CG and staff. The WiA Initiative is an all-inclusive program that currently spans three Lines of Effort (LOE). The eight themes of barriers identified in the study and ensuing recommendations for action have been nested within the USASOC WiA Initiative; the graphic below displays this relationship. The Initiative has gone well beyond the initial 42 recommendations by partnering with Army, sister-services, and research endeavors to optimize performance. It has also been institutionalized at various levels of professional military education within USASOC from the ARSOF Pre-Command Course, Captains Career Course, US Army JFK Special Warfare School and Center staff on-boarding, the Field Grade Developmental Program, and continues to grow.



LOE #1: Mentorship & Sponsorship. The Mentorship and Sponsorship LOE is focused on creating a culture of excellence through education and accountability. The goal is to empower Soldiers, leaders, and civilian employees to share lessons learned, best practices, create communities of support, and share their stories to support recruiting and retention.³ Many of these activities use direct communication via the Women in ARSOF MS Teams and SharePoint Portal to share updates, policy changes, informing Soldiers of ongoing mentorship opportunities, and to receive feedback. The MS Teams and Portal were established in May 2022 and currently has over 1,900 members, consisting of men and women. The Women in ARSOF Newsletter Series was created to inform and educate the force on the findings and ongoing

³ Although leaders are also Soldiers and civilian employees, this delineation is important for context as we discuss leader education and awareness. In this context, the terms *Soldier* and *civilian employee* refer to those individuals not holding a leadership position, while the term *leader* represents any individual in a position of leadership in our formations.

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actions related to the study. In sum, nine newsletters were released to the force and readers were provided an opportunity to give feedback.

“This was the best article that professionally exposed the key challenges I have faced as a female service member. Thank you for this. I have felt more inclusion through this organization thanks to these articles and generosity/care of those writing it!”

– Direct quote from Soldier in response to WiA Newsletter Series, Issue #3: Gender Bias

Gender Bias. This study interlaced both real and perceived barriers using Soldier voices to describe their experience in USASOC. Gender bias emerged as an all-encompassing theme as it had various touchpoints with many other themes. While reading this chapter, the reader will encounter many raw comments from survey participants and focus group discussions; these comments were used to transparently display how corrosive sentiment and behaviors can permeate into decision making processes that impact the force and could continue if not recognized and addressed. Examples of gender bias were described throughout the study, however these findings were not exclusive to men versus women, it also addresses the challenges ARSOF women face with other female service members, leaders, and occasionally spouses.

In response, USASOC has aggressively addressed these concerns head-on in multiple ongoing engagements across the formation from the publishing of periodic updates, inclusion of our updates to Women in ARSOF at all senior level Capability Exercises and engagements. One recommendation to address sexism was to generate self-awareness in our professional courses. Since the study’s release, we have institutionalized awareness and education on topics including gender bias into key foundational discussions with leaders at all echelons including unit on-boarding, USASOC Commanders Decision Round Tables, the Rangers’ Dating Etiquette Course, the Field Grade Development Program, and other Leader Development Programs. Additionally, the USASOC CG personally addresses this topic with the O-5 (LTC) and O-6 (COL) commanders during the ARSOF Pre-Command Course.

Social Support. The Army Women’s Initiative Team (WIT) was formally established in December 2022 with the purpose of studying issues, developing actional policy changes, and making recommendations to senior leaders pertaining to women in the Army. The Army received roughly 800 applications with over 25 applicants from the USASOC enterprise, of which six USASOC Civilians and Soldiers were selected as representatives. In addition to the Army WIT and the Women in ARSOF Initiative, other USASOC units have initiated mentorship programs such as: the 528th Special Operations Sustainment Brigade Female Mentorship Program, 10th Special Forces Group (SFG) Female Mentorship Program, and U.S. Army JFK Special Warfare Center and School. These unit programs routinely come together for a series of activities including seminars on managing postpartum depression and anxiety, dual military life, optimizing physical performance, and single parenting in the military.

Sexual Harassment. We acknowledge that this study identifies sexual harassment as a concern for many of our female service members and civilian employees however, now that we are armed with this knowledge the command has since launched a campaign of awareness and change led by the Women in ARSOF Initiative Team. Eradicating sexual harassment is a leader responsibility. Regardless of the level, all leaders from first-line supervisors to our general officers must be aware that these behaviors are occurring and be equipped with the right tools to address them. With full command support, our Women in ARSOF Initiative Team continuously engages leaders at all echelons (NCOs and Officers alike) at key points in their career during professional military education courses and other critical moments; including but not limited to the Pre-Command Course and the Captains Career Course. This is ideal positioning for this topic - as the study revealed, nearly all instances of sexual harassment begin as an incident of unprofessional behavior. Educating leaders and Soldiers on how to spot unprofessional behaviors and intervene is an essential component in the ultimate elimination of sexual harassment within our ranks. Although USASOC’s rate of report per 1,000 of sexual harassment and assault are consistently 80% and

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95% less than the Army's general purpose force, this topic has our full attention and we will continue addressing it with candor and transparency. According to the study's findings, 79% of men serving in our formations agree that the contributions of female service members are respected within our organization and we will not rest until that number is 100%.

Morale & Well-Being. Morale was reported as a challenge by 25% of ARSOF women due to issues with barracks living conditions, feelings of isolation, and loneliness. Regardless of gender, the WiA Study captured the health, safety, and security concerns associated with living in the barracks. With the support of Army Senior Leaders and the Installation Garrison Senior Commanders, USASOC garnered a total of \$489M for barracks improvements in FY24, FY25, and FY26. Despite these challenges, 62% of women reported a desire and intent to remain in ARSOF due to the ARSOF culture, family-centric ideology, and opportunities for professional development.

LOE #2: Health & Readiness. The goal of this LOE is to optimize performance of ARSOF personnel, increase lethality, and extend operational lifespan of service members while maintaining quality of life. The Women in ARSOF survey identified pregnancy & postpartum and childcare as a major readiness challenge. Additionally, subsequent follow-on focus group discussions revealed overall access to women's health care as an additional challenge. As a result, in June 2023 USASOC submitted four potential topics for consideration to the 2024 Defense Advisory Committee on Women in the Services study solicitation. The topics include: (1) Physical and Physiological Characteristics of Female Elite Warfighters, (2) Pregnancy and Postpartum Impacts on Readiness, (3) Long and Short-term Impacts of Intentional Dehydration, and (4) Endocrine Adaptations of Female Elite Warfighters. Since the completion of the study in 2021, the Army has made great strides with policy updates that address many of the identified issues and fulfill eight of the study's recommended actions; the following is a partial list of the updated regulatory guidance: *AD 2022-06 (Pregnancy, Postpartum, and Parenthood)*, *AD 2022-05 Army Combat Fitness Test(ACFT)*, *AD 2023-05 (Administrative Absence for Non-covered Reproductive Healthcare)*, and *AD 2023-11(Army Body Fat Assessment for the Army Body Composition Program)*.

Pregnancy and Postpartum. The survey component of the study identified the top five pregnancy and postpartum challenges as: (1) postpartum depression, anxiety, and stress, (2) the inability to function at the level of the rest of the unit, (3) lactation, (4) convalescent and caregiver leave, and (5) diastasis recti abdominis, (i.e., abdominal separation during and following pregnancy). In April 2022 the *Army Directive 2022-06 (Pregnancy, Postpartum, and Parenthood)* was published; it incorporated evidence-based health and wellness guidance to improve the quality of life, promote flexibility, and enable all Soldiers to safely continue their duties, return to readiness, perform critical assignments, and advance people in their careers while growing their families. Additionally, *Army Directive 2023-05 (Administrative Absence for Non-covered Reproductive Healthcare)* addresses various reproductive health conditions not previously covered.

Access to Women's Healthcare. Challenges accessing women's healthcare were identified through focus group discussions on the topic of pregnancy and postpartum. These discussions illuminated issues including difficulty obtaining access or referrals to women's health clinics, contraception, fertility/infertility, and hormone monitoring. USASOC is working with Army and unit level physicians to inform and educate Soldiers in areas such as field hygiene, postpartum, urinary health, etc. Additionally, there are unique risks for women in military service. Recent literature demonstrates females are at increased risk for bone stress injuries, anterior cruciate ligament injuries, medial collateral ligament injuries, and sports-related concussions in gender-compared sports. As a result, USASOC is developing a research protocol with Army Research Institute of Environmental Medicine and USSOCOM Human Performance division that focuses on health and readiness of female warfighters.

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Childcare. The WiA Study identified challenges related to Family Care Plans³ (FCP) and childcare in general. These challenges were found to be gender agnostic and binned within the Health & Readiness Line of Effort. Parents, regardless of gender, routinely struggle with Child Development Center (CDC) availability, hours of operation, cost of childcare, and FCPs. Creating a platform to share best practices and information of resources, such as ChildCare Aware® and educating leaders on FCPs has been actioned and Soldiers at all echelons are now taking advantage of programs specifically designed to support our warfighters. Additionally, armed with data from this study and others, with the full support of the Army and Air Force Secretaries, USASOC incessantly pursued the construction of a CDC for 7th SFG at Camp Bull Simons and funding (\$16M) has been identified for construction in FY25.

LOE #3: Modernization. This LOE recognizes and incorporates the anthropometric differences between men and women into innovation efforts across the DOTMLPF-P (Doctrine, Organization, Training, Materiel, Leadership, Personnel, Facilities, Policy) to enhance the lethality, survivability, and combat effectiveness of our diverse force. Currently, anthropometric data of female ARSOF Soldiers is limited, however this effort is actively working with U.S. Army Combat Capabilities Development Command (DEVCOM) to revise duty uniform, dress uniform sizing, fitment standards, and maternity uniform evaluation. Additionally, USASOC is providing data in support of the Naval Health Research Center Special Operations Forces Anthropometric Study.

Equipment Fitting. The WiA study identified nearly half (44%) of women experience equipment fitting challenges, indicating the need for change. Focus group discussions uncovered challenges with ill-fitting body armor, Army Combat Helmet, ruck systems, and urinary devices that can impact the readiness of our Soldiers. Since then, USASOC has conducted limited user assessments on Army Modular Scalable Body Armor, Army Integrated Helmet Protection System, and multiple urinary devices. There are also three ongoing evaluations for the wedge body armor prototype, helmet strap adjustable for hair, and additional urinary devices. USASOC participated in U.S. Combat Capabilities Development Command Combat Protective Ensemble (CAPE) user assessment as a prototype evaluator to increase capabilities and address capability gaps while keeping integration and interface at the forefront of ensemble design. Evaluator perspectives will enable the DEVCOM engineers, scientists, and designers to advance the load management and uniform subsystems projected for release to the Soldier formations in 2035.

⁴Family Care Plan: A Family Care Plan (FCP) is a method by which the Army ensures a Soldier's Family Member(s) are taken care of when the Soldier is absent due to military requirements. Pursuant to the FCP, the Soldier will appoint a "guardian" for the family member to act in the Soldier's place while he or she is unavailable. The governing regulation is Army Regulation 600-20. Army Regulation 600-20 (Army Command Policy) dictates that Soldiers will arrange for a FCP if any of the following apply: (1) a pregnant Soldier who has no spouse or is married to another service member of any service, (2) a Soldier who has no spouse or is residing apart from their spouse and has joint/full legal and physical custody of one or more family members under the age of 19; (3) a Soldier who is divorced or not remarried, and has liberal or extended visitation rights by court decree that allows family members to be solely in the Soldiers care in excess of 30 consecutive days, (4) A Soldier whose spouse is incapable of selfcare, and (5) A Soldier categorized as half of a dual-military couple of any Service who has joint or full legal custody of a one or more family members under the age of 19 or who has adult family members incapable of self-care regardless of age.



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December 2021

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Executive Summary

In January 2021, the Commanding General commissioned the Women in ARSOF Study to identify barriers female Soldiers encounter in Army Special Operations Forces (ARSOF) units and establish lessons learned and best practices in order to recruit, maximize comprehensive integration, and retain extraordinary Soldiers. The research team applied a three-pronged approach consisting of survey development and execution, followed by moderated focus group discussions, and command team interviews. From February 2021 to March 2021, a total of 5,010 participants completed the Women in ARSOF Survey to help identify unique challenges women encounter throughout their service in the United States Army Special Operations Command (USASOC). Subsequently, from April 2021 to August 2021, the research team conducted a total of 48 focus groups, with a non-random sample size of 198 women at 14 CONUS-based component subordinate commands and component subordinate units (CSC/CSUs) followed by 25 command team interviews at the group, battalion, and company level.

USASOC continues to uphold the reputation of being an excellent place to serve, regardless of gender. This study focused on the female experience within USASOC formations and illuminates several contributing factors that make service in the command desirable and rewarding. However, to ensure *all* ARSOF Soldiers are empowered to exemplify the disciplined and premier problem-solvers the Nation expects, several common barriers among female service members must be addressed. Although a majority of female study participants held support military occupational specialties (MOSs), the findings in this study infer that until all barriers are universally removed, comprehensive integration of women into Special Forces and Ranger career fields will not be possible.

Equipment Fitting. Nearly half (44%) of female service members in USASOC experience equipment fitting challenges; ill-fitting equipment negatively affects many Soldiers' ability to perform basic Soldier skills (i.e. shoot, move, communicate), consequently creating adverse effects on overall lethality and survivability. Body armor, the Advanced Combat Helmet (ACH), and the MOLLE ruck system emerged as a nearly universal concern for women, especially for those under 5' 5" tall. In an effort to address these concerns and align efforts in this arena, the 95th CA BDE is leading the USASOC Female Operator Modernization Forum. The inaugural forum focused on fitting issues with body armor and helmets; PEO-Soldier provided an overview of the new Modular Scalable Vest (MSV) which appears to be a suitable solution for the majority of the body armor related concerns identified in this study. Although currently being fielded, USASOC has minimal (48) MSV allocations. Equipment items from the SPEAR program also tend to alleviate many of the equipment related concerns however, given the limited quantities available, an enterprise-wide MSV fielding for USASOC units would help ensure females (and small stature men) are optimally equipped until the SPEAR program is capable of equipping all ARSOF Soldiers.

Though equipment challenges were initially presented as a women's issue, fitting concerns are not unique to female Soldiers as small-stature men encounter many of the same equipment sizing issues. It is also important to note that although prohibited by USSOCOM policy, numerous women reported purchasing commercial-off-the-shelf body armor in order to remain tactically

competent and proficient. Other concerns include the nonexistence of specialized devices to facilitate bladder relief for female aviators and flight crew, lack of small sizes at installation Central Issue Facilities (CIF), and policy resolution on female hair standards during airborne operations.

Over the course of this study it became evident that gender bias is deeply embedded into staff processes and equipping, at all echelons, thus creating additional barriers. The majority of these biases are a result of preconceived beliefs that female service members should not receive gender-specific “accommodations.” A fundamental step toward comprehensive integration is the realization and acceptance that women may require different tools than men to perform the same task. A mentality change is necessary to modify the archaic attitude that supplying tools to female service members is an act of accommodation versus simply providing our warfighters with the right tools for the job.

Gender Bias and Sexism. Gender bias and sexism are manifesting in a variety of ways as 40 percent of women service members reported *Gender Bias in the Workplace* as a challenge. The research team captured a significant number of overtly sexist comments from male service members primarily focused on an aversion to females entering the 18 series career field.

“Woman in 18 series MOSs are/will not be welcomed on a Team.”

“Females have no place on a Team. It’s an unnecessary wrench in a perfectly functional system in the name of “political correctness.” This trend is another factor that has systematically blunted the tip of the spear.”

These statements are not outliers as they represent a common sentiment among male respondents on the Women in ARSOF Survey. Blatant sexism has the ability to derail integration efforts beginning at the lowest echelon, the Team. However, contradicting opinions are also prevalent within this same demographic as many male service members genuinely welcome women into all formations, including a Team, as long as assessment, selection, and qualification course standards are not lowered or changed in anyway.

“There is only one thing that will reduce sexual bias in SOf-- the most masculine community on earth-- and it will take decades: putting women in positions where they can succeed alongside their male counterparts, and stand up for themselves to call out the ridiculous, sexist BS that plagues our formation.”

“In my opinion, women belong in ARSOF and they play a vital role. I think they are best used in non-direct action roles, however, if a woman can meet the physical standards as any male, than she should be able to serve on a team. It’s up to senior ARSOF leaders to ensure the standards are not lowered and are adequate to our current and future mission sets.”

Later referred to as benevolent sexism, a sentiment exists among women that they are being limited by men who are attempting to protect them. This protection ranges from career decisions being made on female Soldier’s behalf without their input, to segregation of team members in deployed environments. Additionally, the preponderance of women live with an understanding that female service members “cannot have a bad day,” and must consistently perform at or above 100 percent while proving themselves each day in order to receive any respect from their male coworkers.

Childcare and Family Care Plans. With 44 percent of women and 70 percent of men in USASOC having at least one child, childcare and family care plans surfaced as a significant stressor. For childcare, primary concerns revolve around off-installation childcare costs, Child Development Center (CDC) availability, and CDC hours of operation. Soldiers assigned to units at the Yarborough Complex on Fort Bragg and 7th SFG (A) on Eglin AFB shared challenges with CDC proximity. Difficulties with Family Care Plans appear to fall primarily on junior Soldiers. Junior enlisted Soldiers and junior NCOs are routinely forced to activate Family Care Plans with little notice for routine events such as staff duty and airborne operations. However, unit commanders are not involved in these decisions as most accounts consist of first-line supervisors mandating Family Care Plan activations. Senior NCOs and officers are not experiencing these issues to the same degree.

Social Support. Social support among peers and leadership ranked as the number four challenge for all women Soldiers. A prevailing sense of loneliness emerged when discussing social support, particularly regarding deployments, friendship, family planning, and access to women's healthcare. Support from other female service members was deemed as vital for a successful and fulfilling career in ARSOF. Yet many women reported being isolated within their units, especially during deployments where segregated living quarters create an additional layer of isolation. The decision to separately house female Soldiers was often described as a leaders' attempt to maintain good order and discipline by avoiding perceptions of unprofessional relationships or infidelity; however, most women view it as career preservation for those leaders. In addition to isolation, everyday experiences from a woman's perspective become truly invaluable as women seek advice on topics such as *"when should I have a baby?"* or *"what should I expect if I have my period at SERE school?"* Of note, social support should not be mistaken for lack of mentorship as the majority of women (69%) report having mentors and are comfortable seeking career-related mentorship from men and women.

Sexual Harassment. Sexual harassment emerged as a ubiquitous concern for USASOC women. Thirty percent of female Soldiers reported sexual harassment as a challenge on the Women in ARSOF Survey. However, during focus group discussions, most women were shocked by this percentage as the common sentiment was that the percentage *"should"* have been closer to 90 or 95 percent. Female Soldiers in the grades of E1 through E6 have been designated, for the purposes of this study, as the **vulnerable population**. Consistent with the findings in other sections of this study, the vulnerable population is at the highest risk for sexual harassment; throughout each of the E1-E6 and O1-O3 focus groups, nearly every woman reported experiencing some degree of sexual harassment while assigned to an ARSOF unit. Furthermore, each of the 48 focus groups, regardless of rank demographic, included some acknowledgement of previous or ongoing sexual harassment in USASOC formations.

Women are simply not reporting sexual harassment. Based on FY16 - FY20 data provided by the USASOC SHARP office, on average five (5) female service members report sexual harassment each year. This indicates that while nearly 1 in 3 women (30%) claim that sexual harassment in the workplace is a problem, on average 1 in 436 women (0.002%) are reporting incidents.

The top five barriers to reporting sexual harassment are: (1) fear of reprisal, (2) trust in the system, (3) fear of retaliation, (4) confidentiality concerns, and (5) trust in the command. Focus group discussions revealed that barriers are due to the fear of becoming a pariah in their unit and the ability of the “good ol’ boy’s club” to end the victim’s career, particularly if the accused individual holds an 18-series MOS.

A degree of tolerance for sexual harassment is found within male and female populations alike as observed by the lack of bystander intervention, lack of reporting, and victims’ common belief that “*thick skin*” is necessary to achieve career success in ARSOF. O’Reilly (2020) refers to this as the continuum of harm where a permissive environment for minor offenses (e.g., bullying, sexist jokes, hazing) can create the conditions for incrementally more serious sexual misconduct to be minimized or tolerated.¹ As noted in the *Sexual Harassment, Gender Discrimination and Sexual Assault in the Special Operations Forces Community* memorandum to the HASC, the prevalence of sexual harassment in the work place is a risk factor for sexual assault for both women and men.²

Pregnancy and Postpartum. Pregnancy has a significant impact on physical fitness and readiness for female Soldiers. Consistent with the 2019 DACOWITS Report,³ ARSOF Soldiers reported that time required for planning and carrying a pregnancy to term can negatively affect women’s careers, and women feel pressured to time their pregnancies around significant career milestones or avoid having children to prevent being viewed negatively. While each woman’s career and personal situation differs, determining the “right” time to plan a child has proven to be difficult. Based on focus group discussions, the optimal time for officers is during ILE, but enlisted Soldiers cannot attend PME on a pregnancy profile thus further complicating family planning.

Self-limiting actions such as declining positions of greater authority and responsibility (i.e. command) or requesting a move from an operational to staff position in order to avoid negatively affecting the unit’s mission are normal practices among female service members. Reintegrating into work following childbirth was discussed as one of the most challenging feats women in the military encounter. The Women in ARSOF Survey identified the top five postpartum challenges for women as, (1) postpartum depression, anxiety, and stress, (2) the inability to function at the level of the rest of the unit, (3) lactation, (4) maternity leave, and (5) diastasis recti abdominis. Focus group discussions added more context to these barriers such as difficulty obtaining access to pregnancy and postpartum specialists (e.g., OB/GYN, mental health clinicians, lactation consultants, nutritionists, and pelvic floor therapists), hindrances on career progression, lactation room locations, maternity uniforms, fertility concerns, and the events following a miscarriage under 20 weeks of gestation.

¹ O’Reilly, Holly N., (2020, April 6). Sexual Harassment and Sexual Assault: What is the Connection?, *Psychological Health Center*.

² Kamarck, K. & Kaileh, H. (2021, January 14). Memorandum for the HASC. Sexual Harassment, Gender Discrimination and Sexual Assault in the Special Operations Forces Community. *Congressional Research Service*.

³ Gaddes, R. et al., (2019) Focus Group Report, *Defense Advisory Committee on Women in the Services (DACOWITS)*.

Several women reported overcoming select reintegration challenges through utilization of the USASOC Human Performance and Wellness (HPW) Program assets and facilities. However, many Soldiers are not authorized to use the HPW Program, including strength coaches, physical therapists, or nutritionist as some units very clearly prohibit support Soldiers from using these resources.

Soldier Morale and Well-being. Although morale is generally high among USASOC Soldiers, room for improvement remains. Among Soldiers residing in barracks, regardless of installation, security concerns and deteriorating facilities persist. Aside from general maintenance and pest control concerns, Soldier safety and security was the core barracks issue. Despite efforts to secure hallways with cypher locks, numerous Soldiers reported security breaches such as rosters with room numbers and names posted in common areas, door codes prominently displayed, and entry doors being propped open. These conversations led to several senior NCOs unapologetically discussing the need to move their female Soldiers out of the barracks because *“they are not safe there.”*

For Senior NCOs, opportunities to improve morale include expanding the Chaplain’s Strong Bonds program by allowing single-parents and non-married couples to attend. Though single parents are authorized to attend Strong Bonds events, this information is not getting down to the Soldier level. Among officers, particularly company grade, exclusion from casual conversations and social events due to their male coworkers’ jealous spouses creates an environment of isolation with compounding negative effects on the unit and mission. Reports of spouses approaching female officers demanding they refrain from calling or text messaging their husbands outside of duty hours were common.

Jealous spouses emerged as a noteworthy integration barrier for women entering the 18 series career field. The male service members’ comments below were extracted from the Women in ARSOF Survey to illuminate and ensure leaders are aware of this concern. Command team interviews at Special Forces Groups confirmed the sentiment of spousal challenges found within the survey comments.

“I think you should ask the wives about their position on women in SOF”

“Wives are comfortable with a Team of men working together overseas. Women add unnecessary complexity to relationships within the workplace and especially on a team.”

“Specifically in regards to Team dynamics, I don't think that a woman could ever perform so well as to outweigh the challenges presented a team with a woman on it. Most teammates spend more time with each other than they do their own wives - there is no chance that wives would be comfortable with their husbands working late/living with a woman in the capacity teams must to function. I think on a personal level it would introduce incredible issues and potentially disrupt a lot of marriages.”

Access to Women’s Healthcare. Though access to women’s healthcare was not identified as a challenge on the Women in ARSOF Survey, it emerged as an ongoing issue throughout focus group discussions. Timely access to healthcare is essential to ensuring optimal health outcomes and readiness. Primary themes gathered were difficulty gaining access or referral to women’s

health clinics, contraception, fertility, and hormone monitoring. Junior enlisted Soldiers had the most difficulty attaining referrals for women-specific healthcare needs; this is likely due, in part, to the inability to self-advocate based on age, rank, and experience.

However, women across all rank demographics expressed being discontent with the current women's specific referral process and the overall lack of referral process standardization at each installation. Additionally, the majority of women shared their proclivity to request female physicians because *"they understand,"* which often results in criticism from unit medical providers for choosing not to visit the unit PA for female-unique concerns. Thus, indicating a need for a women's healthcare advocate at USASOC.

Quality of Life in ARSOF. The Command priority of "People First" has been heavily emphasized from the USASOC headquarters down to the company level and demonstrated with increased time off, deployment scheduling, and the flexibility to care for family all while maintaining optimal unit readiness. Among ARSOF women service members, 57 percent feel that women in ARSOF are in a better situation than those in conventional Army units based on the unit culture, family centric nature, and the professional development opportunities in ARSOF. As a result, 62 percent of women reported a desire and intent to remain in ARSOF. The top five influencers for women to stay ARSOF are, (1) the military lifestyle, (2) being a valued member of the team, (3) stability, (4) trust, and (5) unit leadership.

The Women in ARSOF Survey revealed another positive quality of life indicator when 72 percent of women and 64 percent of men reported they would support their daughter's decision to serve in ARSOF, while 85 percent of women and 89 percent of men would support their son's decision. These findings indicate a strong positive relationship between Special Operations service and quality of life, especially when compared to the annual Blue Star Families – 2020 *Military Family Lifestyle Survey* findings, where only 39 percent would recommend service to their daughters while 51 percent would recommend service to their sons (*service* includes all branches of military service).

Conclusion. The Women in ARSOF Study comprehensive report interlaces both real and perceived barriers using Soldier voices to describe their service in ARSOF. The research team proposed **42 recommendations for action** across 8 themes to ensure USASOC continues to recruit the right person for the right job, maximize comprehensive integration, retain highly qualified Soldiers, and to measure progress over time.

While some of these findings could be taken out of context to portray a dire state of the force, in reality USASOC is leading the SOF enterprise as the first component to invest in female initiatives with 2,186 female Soldiers and 427 civilian women assigned, of which the majority of women genuinely desire to stay in USASOC formations. Service in USASOC was best epitomized by a company grade officer – ***"I am a SOF Soldier, not a female SOF Soldier. This is the biggest change in equality I've felt since switching to SOF."***

Chapter 1. Introduction

In January 2013, the Secretary of Defense and Chairman of the Joint Chiefs of Staff eliminated the 1994 Direct Ground Combat Definition and Assignment Rule (DGCDA), which excluded women from assignment to units below the brigade level, and directed all services to open previously-closed positions and units to women no later than January 1, 2016. On December 3, 2015, the Secretary of Defense ordered the military to open all combat jobs to women without exception. From 2013 – 2015, the *Women in the Services Review (WISR)* incorporated more than 30 studies and reviews to inform the policy change, of which the United States Special Operations Command (USSOCOM) conducted three of the primary studies. These investigations mainly focused on the psychological and social impact of integrating women into “operator” roles and the effect on unit cohesion and team dynamics, rather than concentrating on the contribution to national security by *all* women throughout special operations. In addition to the three USSOCOM sponsored *WISR* findings, a few more recent studies (Walter, 2020; Turnley, 2019; Kumar, 2018) have continued to address challenges associated with integrating women into special operations, however many of the proposed recommendations have yet to be actioned. While understanding the psychological and social impact of integration has been deemed vital, research has not accounted for the thousands of women already successfully serving throughout USSOCOM and the barriers they have encountered.

The Department of Defense (DOD) and U.S. Army have taken great efforts over the past five years to ensure female service members have the right tools to do their job, however women have yet to be truly integrated across the USASOC enterprise. Extraordinary women have served and will continue to serve in many vital roles across USASOC. There is continued evidence of potential barriers that hinder comprehensive integration and utilization of women, which in turn directly impacts mission effectiveness. In January 2021, the USASOC Commanding General commissioned the Women in ARSOF Study to identify barriers female Soldiers encounter throughout their assignment to an Army Special Operations Forces (ARSOF) unit as a way to identify lessons learned and best practices across the USASOC enterprise in order to recruit, maximize comprehensive integration, and retain exceptional Soldiers. Although a majority of female study participants held support MOSs, the findings of this study infer that until all barriers are universally removed, full and successful integration of women into Special Forces and Ranger career fields will not be possible.

The findings of this study are primarily organized around themes identified as challenges in the Women in ARSOF Survey. Focus groups across each installation revealed consistent themes; eight major themes emerged and were clustered into 39 subcategories. Prominent themes that emerged from focus groups findings were: gender bias; equipment fitting; childcare; social support; sexual harassment; Soldier morale, wellbeing, and quality of life; pregnancy and postpartum; and access to women’s healthcare. Many of these themes were multi-faceted and were in correlation with others, for example, the need for social support and access to women’s healthcare. In this report, quoted comments have been integrated from focus groups that represent common points of discussion among participants during multiple groups and are meant to be illustrative examples of each topic. Relevant survey results are also integrated into sections, when applicable. Appendix A contains a rollup of recommendations for action and Appendix B contains a breakdown of the survey responses.

Chapter 2. Methodology

The Women in ARSOF Study utilized a mixed-methods research design. A three-pronged approach was utilized by creating a survey instrument and followed up with focus groups and command team interviews. The first component was comprised of a 41-question survey used to identify initial themes that contribute to potential barriers and informed the development of focus group discussion. The second component included focus groups to gain a deeper understanding of personal experiences, perceptions, and opinions of the identified barriers. The final component of this study included interviews with one Battalion Command Team and one Company Command Team from each unit where focus groups were conducted in order to understand how these challenges were perceived from the vantage point of a command team and to collect best practices to share throughout the USASOC enterprise.

Survey. From February 2021 to March 2021, a total of 5,010 participants (1,001 women) completed the Women in ARSOF Survey to help identify unique challenges women encounter throughout their service as a part of ARSOF. The survey consisted of 41 questions, 6 of which were demographic (i.e., paygrade, assigned unit, gender, marital status, and children); MOS was specifically excluded to protect the identity of participants. The remaining 35 questions were related to potential barriers that may impede comprehensive integration and utilization of women throughout USASOC. The survey was sent via email from the Commanding General to all subordinate Commanders for distribution to all USASOC Soldiers across the enterprise. This survey was administered from 19 February to 19 March 2021. Each respondent took approximately 11 minutes to complete the survey. Of significance, 837 responses were from female Soldiers generating a 42% female response rate; during the survey timeframe, 2,002 female Soldiers were assigned to USASOC. The survey data was analyzed for major themes and used to guide the focus group discussions.

Focus Groups. From April 2021 to August 2021, a total of 48 focus groups were conducted with 198 women at 14 CONUS-based Command Subordinate Command (CSC)/Command Subordinate Units (CSUs). The Fort Bragg based units included 1st Special Forces Command (SFC) Headquarters, 3rd Special Forces Group (SFG), 4th Psychological Operations Group (POG), 8th Psychological Operations Group, 95th Civil Affairs Brigade (CAB), U.S. Army John F. Kennedy Special Warfare Center and School (SWCS), and the 528th Special Operations Sustainment Brigade (SOSB). In addition to Fort Bragg based units, the following units hosted focus groups: 1st Special Forces Group at Joint Base Lewis-McChord, Washington; 1st Capabilities Integration Group (CIG); 5th Special Forces Group and 160th Special Operations Aviation Regiment (SOAR) at Fort Campbell, Kentucky; 75th Ranger Regiment (RR) at Fort Benning, Georgia; 7th Special Forces Group at Eglin Air Force Base, Florida; and 10th Special Forces Group at Fort Carson, Colorado. Due to COVID-19 exposure of the research team and the requirement to quarantine, the final two units (8th POG and 95th CAB, both at Fort Bragg, North Carolina) were combined to meet study timelines. The number of focus group sessions by unit can be found in Table 1. Based on the initial analysis of the Women in ARSOF survey, seven major themes were identified as challenges for women. A semi-structured script was used to guide focus group discussions based on these findings. All focus groups were scheduled for three hours; most groups utilized the full three hours with the exception of one group that went over by 30 minutes.

Table 1.
Focus Group Sessions.

Unit(s)	Sessions
1 st SFC HQ	6
1 st SFG	4
3 rd SFG	5
5 th SFG	3
7 th SFG	3
10 th SFG	5
4 th POG	2
8 th POG & 95 th CAB	4
528 th SOSB	4
160 th SOAR	4
75 th RR	1
1 st CIG	2
SWCS	5
Total	48

Due to the limited nature of women serving within Army Special Operations and the desire to increase confidentiality of the participants, the focus groups were divided into six demographics based on rank (i.e., E1-E4, E5-E6, E7-E9, W1-W5, O1-O3, and O4-O6) and participants were asked to wear civilian attire so they could not be identified by rank and last name. This was requested to generate a relaxed environment that was conducive for uncensored opinions to be shared openly without fear of shifting power dynamics among participants. (See Table 2)

Table 2.
Unit/Rank of Focus Group Sessions.

Unit	Enlisted (E1-E4, E5-E6, E7-E9)	Officer (W1-W5, O1-O3, O4-O6)	All Women
1 st SFC HQ	14	12	26
1 st SFG	8	3	11
3 rd SFG	15	5	20
5 th SFG	13	4	17
7 th SFG	11	2	13
10 th SFG	13	7	20
4 th POG	3	5	8
8 th POG	7	1	8
95 th CAB	7	5	12
528 th SOSB	12	5	17
160 th SOAR	11	5	16
75 th RR	1	1	2
1 st CIG	4	2	6
SWCS	13	9	22
Total	132	66	198

Interviews. A total of 25 interviews with command teams at the group, battalion, and company level were conducted at each of the CONUS-based CSC/CSUs (with the exception of 10th Special Forces Group, due to research team scheduling conflicts) to solicit experiences with barriers women under their command encounter and to gather best practices. Interviews were conducted in person following the week of focus group sessions; each interview lasted approximately one hour in duration.

Strengths and Limitations. A mixed-methods research approach was used to draw from the strengths and minimize the limitations of the quantitative (survey) and qualitative (focus groups and interviews) research approaches. Surveys are a useful tool to gather information from a large population in a relatively short amount of time and provide the ability to generalize findings. Benefits include the cost-effectiveness, generalizability, and reliability of the collected data. However, researchers are unable to follow up on responses, which can provide little to no depth to the topic. Given this limitation, focus groups and interviews were included in the study. Focus groups provided an opportunity to understand underlying values, beliefs, and assumptions among participants. Queries were broad and open-ended, permitting participants to raise concerns that mattered the most. They provided a way to get a deeper understanding of the barrier, in the participant's own words. However, since focus groups participants drive the conversations based on personal experiences, this often results in time-constraints as groups tend to dive deeper on select questions; thus, creating a potential to limit the topics addressed during the allocated timeframe.

Chapter 3. Demographics

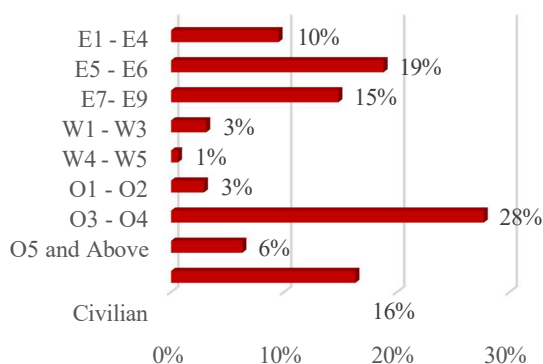
Survey. A total of 5,010 individuals completed the Women in ARSOF Survey online via SurveyMonkey® link and QR code. Of the 5,010 who provided their gender, 1,001 were female (20%); of these 1,001 women, 837 were Soldiers (84%) and 164 were government civilians (16%). Most women (n = 224) were assigned to a position within one of five Special Forces Groups, followed by the USASOC Headquarters (n = 141), and then a Psychological Operations Group (n = 123) as seen in Figure 1. In terms of rank distribution, the most women (n = 1,001) fell into the O3-O4 group (n = 277), followed by E5-E6 (n = 188), and then government civilians (n = 163) as seen in Figure 2.

Figure 1.



Assigned Unit (Female)

Figure 2.



Rank Distribution (Female)

Focus Groups. The focus groups were broken into six demographics based on rank (i.e., E1-E4, E5-E6, E7-E9, W1-W5, O1-O3, and O4-O6) to ensure participants were comfortable openly sharing opinions, feelings, and personal stories without fear of retribution (see Table 3). All focus group participants were female. Participants were asked how long they have been assigned to an ARSOF unit (see Table 4) for added context during discussions.

Table 3.

Unit Breakdown by Rank.

Unit	Enlisted (n = 132)	Officer (n = 66)	Total (n = 198)
1 st SFC HQ	14	12	26
1 st SFG	8	3	11
3 rd SFG	15	5	20
5 th SFG	13	4	17
7 th SFG	11	2	13
10 th SFG	13	7	20
4 th POG	3	5	8
8 th POG	7	1	8
95 th CA	7	5	12
528 th SOSB	12	5	17
160 th SOAR	11	5	16
75 th RR	1	1	2
1 st CIG	4	2	6
SWCS	13	9	22

Table 4.

Average Time Assigned in USASOC

	Months	Years
All Women (n = 183)	44.5	3.7
Enlisted (n = 122)	44.8	3.7
E1 – E4 (n = 46)	15.7	1.3
E5 – E6 (n = 40)	39.3	3.3
E7 – E9 (n = 36)	88.1	7.3
Warrant Officers (n = 4)	69	5.8
Officers (n = 57)	42.1	3.5
O1 – O3 (n = 38)	32.2	2.7
O4 – O6 (n = 19)	61.9	5.2

Note: Not all women reported the number of months assigned to USASOC

Interviews. Twenty-five command teams participated in the interviews at 13 CONUS-based CSC/CSUs, consisting of one group command team, nine battalion command teams, and 15 company command teams (see Table 5). The gender of the command teams were mixed. Due to scheduling conflicts and travel timelines, interviews were not conducted at 10th Special Forces Group at Fort Carson, Colorado.

Table 5.

Unit Command Team Interviews

Unit	Group (1)	Battalion (9)	Company (15)
1 st SFC HQ	0	0	1
1 st SFG	0	0	5
3 rd SFG	0	1	1
5 th SFG	0	1	1
7 th SFG	0	1	1
10 th SFG	0	0	0
4 th POG	0	1	1
8 th POG	0	0	0
95 th CA	0	1	1
528 th SOSB	0	1	1
160 th SOAR	0	1	1
75 th RR	0	1	1
1 st CIG	1	0	0
SWCS	0	1	1
Total	1	9	15

Post-Focus Group Survey. A post-focus group survey with a QR code was created and given to focus group participants at the beginning of each session on a business card. It was explained that the purpose of the post-survey was for participants that were not comfortable speaking a contrary opinion in an open forum to share their narrative and a way for participants to provide any additional comments following the event. A total of 5 Soldiers contacted the research team following their focus group session to provide additional feedback via SurveyMonkey®.

Chapter 4. Gender Bias

Gender bias is the tendency to prefer one gender over another. It is a form of unconscious bias, or implicit bias, which occurs when one individual unconsciously attributes certain attitudes and stereotypes to another person or group of people (Reiners, 2019). Gender bias, actual or perceived, has consequences for individual service members and for the military as a whole (i.e., recruiting, retention, and readiness). The Women in ARSOF Survey revealed that 40% of ARSOF women reported gender bias in the work place is a current challenge, while 61% of women and 79% of men feel that the contribution of females, in all career fields, are respected within their organizations.

Decisions Made Without Women's Input

In today's society, gender bias is frequently used to refer to the preferential treatment men receive; it is also often labeled as "sexism" and describes the prejudice against women solely on the basis of their sex (Reiners, 2019). Researchers have distinguished between two forms of sexism: hostile and benevolent (Glick & Fiske, 1996). Whereas hostile sexism is more obviously negative, benevolent sexism is often disguised as positive, portraying women as needing and deserving greater care and protection (Trobrough, 2018). Both forms deem women as less capable and competent, justifying lower expectations of them and limiting their roles (Trobrough, 2018). These beliefs are apparent in a variety of male-dominated professions, including the science, technology, engineering, and mathematics professions, as well as the military (Glick & Fiske, 1996); consequently, men in USASOC appear to demonstrate these beliefs through female-limiting decisions and actions.

"Protective" Leaders are Emplacing Invisible Barriers. Although branded as benevolent sexism, most women agree that these limiting decisions and action are a result of an unconscious bias, with the sole intent of *"protecting female Soldiers."* However, unconscious or not, invisible barriers are being emplaced for a great number of women in USASOC; in some cases, these barriers are negatively affecting retention and promotion of talented Soldiers. A field grade officer best described these acts of benevolent sexism with *"women are being limited because men are trying to protect them."* A plethora of scenarios describing male leaders making decisions, assumingly unconscious, to protect female service members emerged. A junior NCO described how she was removed from a deployment based on her leaders' belief that she was not tactically proficient enough for the mission.

"I was removed from a deployment and replaced with a guy; I was told it was because I wasn't tactically proficient enough for the mission however, PMT had not even started yet."

Her chief complaint with this decision was that pre-mission training (PMT) for the deployment had not begun. She explained that she could understand the decision if she failed to complete the necessary tasks during PMT, but the only explanation she was given was that she was being replaced by a former 11B because he had tactical experience in austere environments. Other accounts include all male meetings to discuss the status of female Soldiers while deployed. For example, a junior NCO spoke about a deployed situation saying *"on my last deployment, all the*

male members of the group got together to decide whether or not females could leave the wire.” According to this participant, the group decided it was “*too risky*” for the female Soldiers to leave the confines of the forward base from which they were operating. Another service member discussed a similar experience of being denied the ability to contribute to a mission in an austere environment – and with a frustrated tone stated “*I had a she-wee, I can wipe my own ass, and I went to SERE school where I slept right next to all the guys.*”

Another trending issue revolves around living quarters for female Soldiers in training and deployed environments. In focus groups, the majority of women explained that living in separate quarters often comes at a detriment to the mission as a significant amount of informal mission planning occurs outside of normal duty hours (i.e., team house discussions). Nonetheless, a desire for men and women to live in the same “team house” was not unanimous as several women emphasized the need for segregated living areas in order to avoid rumors and allegation of sexual misconduct. As further elaborated upon in Chapter 9, **Soldier Morale, Well-being, and Quality of Life** of this study, cohabitation often creates undesired implication for male service members due to spousal distrust. Regardless, several study participants describe personal accounts of being “left behind” on missions due to afterhours planning that resulted in a change to departure time.

Just Ask Me. As previously mentioned, the majority of women in USASOC do not believe that male leaders are making decisions with malicious intent, as one field grade officer stated “*I just want to be asked the question.*” This attitude could be observed primarily in focus groups with more senior participants (i.e., senior NCOs and field grade officers). Below are two examples that capture the essence of just wanting to be consulted before a decision is made on one’s behalf.

A field grade officer discussed her return from Military Parental Leave:

“When I had my last child, I was on orders to come to this unit. I already knew that I was coming to be the XO [Battalion Executive Officer], but when I arrived I was told that the leadership was afraid of my emotions and I was moved to a non-KD [key developmental] position in the S3.”

A junior NCO explained why she was not reenlisting:

“Before having my child I was doing very well and my career was progressing. After I had a child, it was the end of my career. Even though it’s been over two years, since then I’ve never been allowed to go to schools, TDY, or deployments even though I have a family care plan.”

Selection for Key Positions

There are two distinctive positions on this topic, many women have personal accounts involving not being selected for key positions while others, who have not personally experienced this bias, assert that some women are being placed in key positions based simply on gender rather than merit.

Lack of Published Standards and Professional Feedback. A myriad of examples emerged regarding selection of Soldiers to fill first sergeant positions. The first sergeant position is a pivotal point in most senior NCO careers and often a determining factor in selection for sergeant major (in some MOSs). Among women in USASOC, there are a significant number of women who sincerely believe (or have been directly told) they were not selected for a first sergeant position because they are female. However, it is important to note that during the course of this study the research team encountered and interviewed more than 10 female senior NCOs serving as company first sergeants in roles ranging from a qualification course first sergeant to field support company (FSC) first sergeant. The key concern is that less qualified male Soldiers were selected for positions.

“I interviewed but they selected someone less qualified. I’ve accepted that’s how somethings are. The guy that was buddy-buddy got it.”

“There are no boards. Women have to interview but the men do not. There are senior women with deployed experience but other MSGs come in and they get placed in 1SG positions. The men get “dibs” on jobs.”

“I was not selected because they didn’t like me. I’ve seen men get selected that didn’t have SERE, Airborne, etc.”

“It’s a 1SG preference not a standard.”

“I had men getting positions before me. I was told I had to be an E8(P) but others weren’t.”

“I was told, you don’t have the tactical skills to lead men”

“The requirements for positons are not consistent; the standards aren’t the same.”

“There is no clear selection criteria.”

“There should be feedback when not selected for certain positions (i.e., 1SG).”

Other examples of not being selected for key positions were presented as well, for example an officer described her experience applying to the J1 where she was told gender was the primary reason for not being selected – *“I was told I didn’t get the job because I was a woman. They picked a male more junior than me.”* Another officer recounted a competition for a Headquarters Headquarters Company (HHC) commander position

in a Special Forces Group. After explaining that *“none of the 18s wanted to command enablers so all the candidates (3) were women, but the command pulled a man off a team,”* she further elaborated that this individual *“failed”* while in command because *“he didn’t want to be there.”* Consequently, the *“Soldiers were the ones that suffered.”* These examples articulate some of the challenges and negative sentiment surrounding this topic and that the lack of published standards and a consistent feedback mechanism may be propagating misinformation about the selection processes for key positions in USASOC units.

Don’t Put Women in Jobs Just because they are Female. Women continually insist that female Soldiers should only fill key positions for which they are fully-qualified. One senior NCO explained that *“sometimes you get put in positions because you’re a female,”* which tends to make all women appear less competent if that individual is underqualified for the position, as men tend to generalize all women based on the actions of few. A junior NCO summed this up by stating *“the solution isn’t to just throw numbers of women into positions, please don’t lower the standard.”* Additionally, some women feel that the focus on Diversity and Inclusion is contributing to this predicament as senior male leaders may be receiving pressure to diversify senior positions with Soldiers lacking the requisite skills, knowledge, and experience – as one officer explained *“diversity and inclusion is making some things tougher for women, because they need to check the box and they fill positions with women.”* If women begin to internalize a belief that their selection for key position will be solely based on gender, it places Soldiers at risk for imposter syndrome as one senior NCO explained *“the fact that I have question why I was selected is hard.”* While imposter syndrome is not a recognized disorder in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), is generally accepted to be an experience of feeling like a fraud in which people feel like they do not belong in a certain position; this may lead to social anxiety that can cause feelings of a lack of confidence and competence (Cuncic, 2021).

Women Can Not Have a Bad Day

Eagly and Karau (2002) conclude that in the military and academic context, females in leadership roles, in a male-congenial workforce, are highly likely to have their competence assessed under far greater scrutiny than their male peers. Research conducted during study indicates this conclusion holds true for women in USASOC units as well. A common statement among focus group and survey participants is that as a woman *“I have to be twice as good and work twice as hard as my male counterparts.”* Other women expanded on this with statements such as:

“I have to work hard to prove my excellence while men have to work hard to prove their mediocrity.”

“I have to prove myself every single day.”

“I have to work double for the same amount of respect.”

“I have to work harder, there’s a pressure to be perfect.”

“I had to prove myself. They said they didn’t want me there initially but now I’m cool.”

A senior NCO explained that *“being a woman in the military is hard, you want to be like one of the guys and you have to put on the hard exterior. Luckily, I have had really good leadership to help me along the way.”* Other participants endorsed this opinion and reiterated that women in the military will continue to wrestle with the fact that they will have to prove themselves at every step of their career, particularly when assuming a leadership position or moving to a new unit. When discussing arrival to a new unit, one group of women deliberated internally during a focus group session and came to the consensus that when women report to a new unit they are under a microscope and have to prove their competence to establish credibility. In contrast, the group stated that *“when men sign into a unit, they have to prove they are incompetent.”* This perception creates a substantial amount of stress for some women and causes them to withdraw from social conversations and focus entirely on work. In turn, the intense focus on perfection and proving one’s self has the potential to become another cyclical challenge women must navigate as the reluctance to interact socially often labels them as unapproachable, cold, or disengaged.

“I withstood daily sexism for months despite my success at courses and certifications, with zero failure at any task or standard. During deployment, I realized through several candid conversations with various men that the battle to be seen as competent despite my sex would be there for my entire career in ARSOF because of enduring assumptions and opinions of women’s abilities. I have proven myself to men I worked with only to be told “I’m the exception to the rule” my success didn’t seem to contribute to the overall negative view of women many of these men have. To then have to prove myself to be trustworthy, endure the comments and general aversion to my presence, and prove myself on even the most basic skills and competencies has led me to feel it is more personally detrimental than it’s worth to continue putting myself in this position. I have had my intelligence ignored in favor of men’s decisions, only to see detrimental effects on the battlefield, and casualties result. I wonder in this grief if the outcome would be different if I had been a man saying the same thing before a mission. To be assumed a failure, or at best a liability, based on sex is exhausting, and it feels naive to have thought my personal efforts would make institutional cultural change. Despite my success, I no longer have any ambition to apply for other units or continue further in this community. I know that I’d have grown more and remained invested if the time I spent overcoming aversion to women was time spent under mentorship and growing my skills with the trust of coworkers/leaders.” – Survey Comment from Female, E5-E6

Being Heard

Women routinely reported *“not being heard”* as an ongoing challenge that hinders mission accomplishment. Accounts such as: *“in a meeting about reviewing a contract, a woman said something and no one listened. Then, a man said the same thing and it was acknowledged.”* were exceptionally common during focus group discussions.

“I pitch an idea and no one listens but when a guy says it, it’s heard.” –O1-O3

“At a recent meeting, there were intros and they just skipped me.” –O1-O3

“They don’t take me seriously in my shop. I give my advice but they don’t listen, then they fail and have to figure it out.” –E5-E6

Yet, other women explain situations of lack of acknowledgement when their assertiveness backfired; for example, *“your opinion sometimes falls on deaf ears. I raised my voice to have my voice heard and the response was - you don’t have to be so aggressive.”*

Attitude

For many women in ARSOF, they are instructed early in their careers to choose between two very negative female stereotypes. One participant explained that when she arrived to her unit she was counseled by another female Soldier stating *“there are 2 types of women: bitches and whores. Pick which one you’ll be.”* This harsh reality was echoed throughout various focus group participant demographics, often with seniors (enlisted and officer) explaining how they navigate this ridiculous truth. For the most part, successful Soldiers are forced to ignore, rather than confront, these biased perceptions by continually maintaining strict professional boundaries. However, this often places them in a category as unapproachable, *“bitchy,” “mean,” “opinionated,”* or *“moody.”* Examples such as:

“When a man is aggressive, he’s strong but if I am, I’m a bitch” –O1-O3

“Leaders are afraid of emotions. You want to present as calm, but if you’re passionate it can come across as dramatic” –O1-O3

“RBF [resting bitch face]: men can be neutral, but I can’t. But if I smile, I’m too friendly.” –E5-E6

“I’m in customer service (communications). If male co-worker says no, they come to me and if I say no as well, then I’m labeled as a bitch” –E5-E6

Clothing

In most USASOC units, Soldiers routinely wear civilian clothes during physical training, deployments, unit training, and while TDY. Women often encounter unique challenges in this arena.

What is Wrong with Yoga Pants? Two of the predominant concerns about clothing, regardless of rank, are *“what do I wear to PT?”* and *“what is wrong with yoga pants [leggings]?”* This topic surfaced at each focus group engagement as women described a myriad of events involving wearing yoga pants or leggings while conducting physical training. Participants consistently made it clear that leggings are accepted as normal exercise attire in all civilian fitness facilities, but it continues to be a problem with male Soldiers and leaders. Accounts of women *“getting called out”* for wearing leggings were countless, all with similar narratives of distraction and appropriateness. In contrast, the number one retort to the accusations of *“revealing too much”* or

“showing off your body” is that men habitually, and exclusively in some units, wear “ranger panties” (often times without a shirt) for physical training and during the duty day, essentially as a “duty uniform.” One senior NCO who no longer wears leggings to her place of duty due to sexual comments about her body gave the following example of what she refers to as the “double-standard.”

“A Master Sergeant asked me to come by his office and discuss a presentation I was working on. When I arrived he was standing there in his ranger panties and as I was talking, he intentionally propped his leg up on the desk so I could see everything. He proceeded to tell me that he has slept with the same [MOS removed] Soldiers as myself.”

Note: Some identifying information was redacted/alterd to protect the identity of both Soldiers.

“You can have two women wearing the same thing; one is fine but the curvy woman will get called out.”

“God forbid you wear leggings!”

“I wear baggier things because I don’t want to get called out.”

Most women do not have a problem with ranger panties, they simply loathe the double standard. Just as ranger panties have become a key component in SOF Soldiers’ exercise wardrobe, leggings or yoga pants have become such a staple in female workout attire that by 2018 over 11,000 types of yoga pants existed on the market (Bhasin & Porter, 2018).

What is the Female Equivalent? Another common challenge women encounter, related to clothing, is selecting appropriate attire for a variety of situations, both on and off duty. This extends to deployments, TDY, and non-duty events such as family days, organizational days, and the occasional hail and farewell. Junior women and those new to ARSOF units are typically the most affected by this challenge as senior Soldiers have learned via trial and error. However, there remains a strong desire among women to publish a guide with photos of acceptable physical training clothing, the female equivalent of “roughs,” business casual, and business attire. Some units have produced documents with three levels of dress labeled as “roughs, smoothies, and slicks” however, these documents show male Soldiers in each category but fail to address the female equivalent.

Are Standards Being Lowered for Women in ARSOF?

This topic received a great deal of attention on both the Women in ARSOF Survey and focus group sessions. 46% of men believe that standards are easier for females in ARSOF while only 9% of women agree with that assertion. However, 57% of women feel that the standards are merely different. To gain a better understanding of this dynamic, focus group participants were prompted to reflect on these findings. The common view point is that the standards are different because men and women are measured against different criteria. An example of the variable criteria is related to the findings in the *Attitude* section of this chapter. Men are often praised for

their assertiveness while women are systematically treated with condescension and labeled as mean, moody, or other negative characterizations for demonstrating assertive behaviors. Furthermore compassion for Soldiers is typically applauded and expected yet many women report being told they are “*too motherly*” or “*overly nurturing*.”

Blatant Sexism. The survey component of this study encompassed a substantial amount of write-in comments, 871 single-spaced pages to be exact. The write-in questions provided each participant an opportunity to add more context to their answers, specifically on questions regarding standards and what the participant wanted the Commanding General to know. As the research team conducted analyses of the survey, focus groups, and interviews, an overtly sexist sentiment emerged as a sub-theme, primarily among male senior NCOs and male company grade officers, across all echelons of command. This mentality cannot be ignored; it is present and being actively voiced within the USASOC formation and has the ability to degrade efforts to reach comprehensive integration of all ARSOF Soldiers, mainly 18-series Soldiers.

“I dread the day a woman arrives on a Team and I hope I am retired by the time that happens.” – Male, E7-E9

“There are opportunities for women in SOF, but not on a Team or in a team house in a remote location in third world shitholes. We have enough problems and don’t need females to make more.” – Male, W1-W3

“I’ve already said it: (1) Women should be welcomed, respected, trusted and cherished as ARSOF team members but should not be SF or RGRs; they should be respected auxiliaries. Women should never command SF or RGRs. (2) The day you put a transgender in my chain-of-command is the day I drop my retirement papers. I hope you then reap all of the ramifications of such moral depravity, enabling of psychosis and political cowardice.” – Male, Civilian

“I have decided to retire so I don’t have to lead a Team containing a female.” – Male, E7-E9

“Woman in 18 series MOSs are/will not be welcomed on a Team.” – Male, O3-O4

“The idea that women are EQUALLY as physically, mentally and emotionally capable as men to effectively perform the majority of jobs within ARSOF is, quite frankly, ridiculous.” – Male, E7-E9

“None of this matters - these surveys, the questions for the last several years... no one cares about women being in the military. No one cares about women in ARSOF.” – Male, W1-W3

“Ask all of the support women that ASK to go to SOF units. Do you think they are pursuing career opportunities? Please. Be honest with yourselves. They are looking for a husband, boyfriend or attention. And they get it. Because the men that choose to lay down their lives and do missions that only great men can do are warriors. Warriors do warrior

shit. Women like warriors. These are the facts. Play pretend in your circus all you want, this is truth. I know this won't get read because it will be screened beforehand, so whatever. I will just retire and watch my country fail right after I watch my unit fail." – Male, E7-E9

"If I have to go on a PDSS to some random country with one other member of my team and that other member happens to be a woman, what kind of image do you think that represents? How do you think my wife would feel? How would your wife feel? If our morality as SOF Soldiers is supposed to be ABOVE REPROACH, how are we supposed to send that message when YOU are responsible for putting us in situations where it's impossible to send that message? I'm not saying that it is impossible to be moral. I'm saying that it's impossible to come back to my unit and people not have some thoughts about what might have gone on during the PDSS. If you think that it's the unit's responsibility to NOT send a man and woman alone on a PDSS, then you just answered your own question of "do women belong in ARSOF". Our job is to be the MOST LETHAL fighting force in the world. NOT the most inclusive. Let's focus on lethality for once." – Male, E7-E9

"After much improvement, there is still way too much sexism, misogyny, gender bias, and sexual harassment and discrimination." – Male, O3-O4

While a contrary sentiment emerged from numerous male Soldiers as they shared their support for women on SFOD-As, they were often described with a caveat such as *"but the standards must maintained"* during every phase of assessment, selection, and training. These statements of support are important to note, but they are not enough to shift the overall culture.

"In my experience, the greatest amount of sexism and gender discrimination comes from those who do not or have not worked with females (SF predominantly). They seem blind to the value female Soldiers bring to the Army and ARSOF in particular, and lean on flimsy arguments heard third-hand from others with no experience actually working with ARSOF females. Almost all of those with whom I have worked that have gained even minimal exposure to ARSOF females quickly realize their value." – Male, O3-O4

"Women play a pivotal part in SOF and their contributions should not go unnoticed. They should continue to be held to the same standards as males in order to ensure the forces' lethality as we face an ever evolving threat." – Male, E5-E6

When discussing gender bias survey findings to guide focus groups, most women were not surprised to hear fellow male Soldiers with such zealous comments. One company grade officer stated, *"the CG needs to put out that if you think like this, then we don't want you in our formation. Sexism, just like racism, should not be tolerated."* In one focus group, as the research team began introductions and procedures for the session, a company grade officer stood up, walked over, and placed the article, *Special Operations Women Have Lost Their Minds Again* by John Black (excerpts below), in front of the research team and said *"have you seen this? This is what green berets think of women. Not only are they saying it out loud, but they're publishing it and no one [leadership] has said anything contrary to this opinion. How will we ever be fully*

integrated with this kind of mentality?” The article was published as a response to women in ARSOF organizing a mentorship group to help fellow female Soldiers navigate career paths.



“Once again, women have proven themselves to be a joking matter in the military, and their male peers are laughing all the way home.” – John Black, 04 Jun 2021

“So the military is worried about women NCO and Officers’ inclusivity? They already look like total shit with their stupid ponytails.” – John Black, 04 Jun 2021

Static-Line Jumpmaster Course

This section is not specifically related to gender however, it primarily affects female service members. Several women asked the research team to inquire about the height restrictions for attending static-line jumpmaster courses because of previous denied entry based on height. According to 1st Battalion, 507th Parachute Infantry Regiment (charged with training all DOD service members to conduct airborne operations), in addition to several other prerequisites, static-line jumpmaster applicants *“must have a reach of **84 inches** to properly conduct a door check.”* This requirement is based on ensuring the safety of all parachutists exiting the aircraft. *“If a Static Line Jumpmaster cannot reach the anchor line cable, is unable to sweep the door for sharp edges, cannot physically verify check pip-pin installation, etc - the jumpmaster is creating an unsafe condition for all jumpers.”*

As previously mentioned, the 84 inch reach prerequisite is not intended to discriminate against women as it also affect short stature male service members. To illustrate this point, a 2012 comprehensive anthropometric survey of U.S. Army Soldiers by Natick Soldier Research, Development and Engineering Center confirms that women are far more likely to be affected by this restriction. Using a sample size of 3,922 U.S. Army women, the *Vertical Grip Reach* of females in the 50th percentile (average) is **77.32** inches while the average man’s reach is **84.21** inches. Only women in the 95th percentile, or above, will be capable of meeting this requirement.

Vertical Grip Reach: The vertical distance between a standing surface and the center of a 1-1/4-in diameter dowel gripped horizontally in the right hand of a participant standing erect with the shoulder, arm, and hand held straight overhead is calculated as follows: overhead fingertip reach sitting plus (stature minus sitting height) minus ANSUR mean of hand length plus ANSUR mean of wrist-center of grip length. (Gordon et al., 2014)

Regardless of gender, attending a jumpmaster course often affects career progression. Study participants, both male and female, explained how the need for a jumpmaster qualification predominantly affects senior NCOs, as first sergeant positions typically require individuals to be jumpmaster qualified. In some career fields (i.e., Psychological Operations and Civil Affairs),

serving in a first sergeant position for a predetermined timeframe is a requirement for promotion to sergeant major.

Note: This study is not recommending any changes to the applicant requirements for the static-line jumpmaster course as the aforementioned prerequisites are based on safety constraints.

Queen Bee Syndrome

Though the majority of findings concerning gender bias were due to male biases affecting female service members. However gender bias was not found exclusively within the male service member population, as women continually described “*woman on woman crime*” as a formidable barrier to success. Women across USASOC formations, with no specific rank or unit demographic, consistently reported this phenomenon; research going back to 1973 suggests that *Queen Bee Syndrome* may be occurring, to some degree, at all echelons in the command.

‘Queen Bees’ are senior women in masculine organizational cultures who have fulfilled their career aspirations by dissociating themselves from their gender while simultaneously contributing to the gender stereotyping of other women. Although it is sometimes found that women who do achieve positions of power are motivated to improve career opportunities for other women and serve as their role models, several studies have shown women in positions of power to oppose rather than support attempts to improve the position of their female subordinates. In essence, when successful women turn into Queen Bees during the development of their career, they can obstruct the advancement of their female subordinates. (Derks et al., 2011; Ellemers et al., 2004; Staines et al., 1974).

While not the case for all women who participated in this study, a great deal of female service members have examples throughout their career where senior leaders, ranging from first line supervisors to commanders, were consistently “*much harder*” on subordinate women.

For illustrations purposes, while conducting focus groups for this study the research team was escorted by a retired female service member while visiting a unit. While escorting the research team, this individual stated “*I don’t know why USASOC is even doing this study, I made it to retirement in a man’s world, these women will be fine, they just have to get thick skin.*”

Recommendations

NOTE: For a list of updates on the below recommendations please refer to Appendix A.

Although gender bias appears to be somewhat prevalent within USASOC formations, most manifestations are a result of unconscious bias. To combat unconscious bias within the ranks and remove barriers emplaced due to gender biases, an increased awareness of each individual’s potential unconscious bias is necessary. As discussed, benevolent sexism is often a result of male leaders attempting to protect, or do what is best, for female service members based on their

own perception of women requiring greater protection than their male counterparts. Making leaders, male and female, aware of this potential tendency may serve as a powerful tool to help resist the instinct to protect female Soldiers, especially without their input.

- (1) **Generate Self-Awareness at USAJFKSWCS Professional Courses.** To improve and increase leader awareness, present portions of this study in USASOC professional courses including each qualification course, Noncommissioned Officer Education System (NCOES) courses, Captain's Career Course (CCC), Warrant Officer Institute (WOI) courses, and the Pre-Command Course (PCC). Additionally, consider administering the Ambivalent Sexism Inventory (ASI) in each of the aforementioned courses. The ASI taps two positively correlated components of sexism that nevertheless represent opposite evaluative orientation toward women: sexist antipathy or *Hostile Sexism* and a subjectively positive (for sexist men) orientation toward women, *Benevolent Sexism* (Glick & Fiske, 1996).
- (2) **Message to the Force.** To facilitate maximum integration efforts, USASOC Senior Leaders should consider sending a message to the force that clearly communicates gender bias and sexism will not be tolerated in any form. As one company grade officer recommended, one method may be to share some comments (i.e., from this study to let others know that sexism still exists within USASOC, "*the CG needs to put out that if you think like this, then we don't want you in our formations.*")

Chapter 5. Equipment Fitting

Women face unique challenges that fall outside of the bounds of diversity, such as obtaining gender-appropriate and properly fitting personal protective equipment and combat gear (Gaddes et al., 2018). The Women in ARSOF Survey indicated that 44% of women service members in USASOC experience challenges with equipment fitting. Focus group discussions provided an opportunity for a more in-depth conversation about the problematic pieces of equipment and when/where these items are issued. The majority of focus group participants, regardless of rank and assigned unit, continually described the lack of smaller sizing availability as problematic. Trending examples include but are not limited to body armor, Advanced Combat Helmet (ACH), MOLLE ruck system, gloves, and coveralls. Although a variety of other items were mentioned less frequently, the aforementioned challenges were consistently expressed throughout all 48 focus groups. Additionally, during discussions with aviators and flight crew members, the lack of a functional and feasible solution for female bladder relief while in flight was a prevalent concern. However, bladder relief in field conditions was also a concern among many women outside of the aviation community as well.

Frequently, these equipment challenges negatively affect Soldiers' ability to perform basic Soldier skills (i.e., shoot, move, communicate), which creates adverse effects on overall lethality and survivability. Though these challenges were a primary topic of discussion for the Women in ARSOF Study, they are not necessarily unique to female Soldiers as several participants gave accounts of small stature men encountering the same issues with oversized equipment. To get a better understanding of these barriers, the trending equipment challenges are further described below.

Body Armor

Poor fitting body armor affects nearly all females Soldiers within USASOC. The challenges include the width, length, gaps due to female anatomy, and the general inability to adjust for proper fit. Throughout 48 focus group sessions, Soldiers consistently described difficulty with proper marksmanship techniques such as, correct placement of a rifle due to the shoulder width of the vest, limited access to holstered pistols due to excessive body armor length, and the collar pushing up into the throat when in the prone supported, prone unsupported, and kneeling supported positions. In addition to the mobility issues associated with poor fitting body armor, many women reported not being issued side plates due to lack of inventory and very limited availability of extra-small and small sizes. Due to these limitations, many women across all rank demographics reported purchasing or receiving body armor as a gift to ensure proper fit.

"I just bought my own body armor." –E1-E4

"My husband gave me body armor for our anniversary last year." –E7-E9

"I bought my own body armor because I need it to fit." –O1-O3

However, all body armor must be approved by USSOCOM. See policy verbiage below:

It is command policy that the Special Operations Forces Personal Equipment Advanced Requirements (SPEAR) Body Armor Load Carriage System (BALCS) components are the only USSOCOM approved body armor components for special operations forces personnel, to include Rangers, Seals, SF, Combat Controllers and support forces. No other body armor system is approved for Special Operations Forces use unless approved by this command. Unapproved body armor systems must be removed from inventory immediately. (USSOCOM, 2004).

Ongoing Efforts. In early August 2021, Army Program Executive Office (PEO) – Soldier Systems provided 1st SFC (A) with the new Modular Scalable Vest (MSV) (body armor) to outfit 48 female Soldiers to determine the extent to which it helps resolve the form/fit issues with the Individual Outer Tactical Vest (IOTV). The MSV is a sub-component of the Army’s Soldier Protection System (SPS). Although SPS is currently only planned for issue to the Close Combat Force (CCF), expectations are that it will help resolve form/fit issues for non-CCF females and small stature Soldiers.

As of 10 September 2021, the 95th CA BDE executed the user assessment for the MSV and Vital Torso Protection (VTP) plate with 10 females receiving the initial fielding for testing in various training environments. For 60 days, females will be evaluating the MSV with VTP to provide feedback to determine if the system would be more beneficial to SOF female service members than the current IOTV MFP-2 solution. Additional females will be fielded the equipment in the coming weeks to support the user feedback and provide evaluation of equipment through 05 November 2021.

Additionally, the 95th CA BDE hosted the inaugural Female Operator Modernization Forum on 29 October 2021, which focused on body armor and helmet fitting challenges and created an environment to align efforts in this arena. During the forum, PEO – Soldier provided an overview of the MSV technology which appears to be a suitable solution to the majority of the concerns presented by participants in this study.

While the MSV may provide an MFP-2 solution, fielding is ongoing and USASOC has received a very small number (48) of systems compared to other Fort Bragg based units, such as the 82nd Airborne Division (roughly 6,000 systems). Although SPEAR (MFP-11) appears to resolve issues with the most problematic equipment items (body armor, helmet, and ruck), based on SPEAR inventory, pursuing a large MSV fielding for USASOC units would likely ensure females (and small stature men) are optimally equipped until the SPEAR program can equip all ARSOF Soldiers.

Advanced Combat Helmet (ACH)

Marksmanship Training. The recent update to AR 670-1 allows for pony tails and braids for female Soldiers. This modification now allows for the ACH to sit further down, covering where

the bun would generally be located. This change greatly increases the movement of the neck and reduces the forward tilt of the ACH. It was reported by focus group participants across all rank demographics that the forward tilt of the ACH greatly reduces the field of view (covering the eyes) during marksmanship training and Soldiers routinely describe “*resting the ACH on the Advanced Combat Optical Gunsight (ACOG)*” to create an unobstructed view of the target and reduce the eye protection from pushing into the bridge of the nose.

“I can fix it on the range eventually, but what happens if I actually need to return fire?”
-E1-E4

Static-Line Airborne Operations. The primary concerns related to the ACH during airborne operations were regarding the general oversizing and the retention system, particularly the napestrap. Due the smaller stature of most women, when compared to their male counterparts, the ACH tends to be too large for efficient use. Women consistently reported challenges associated with napestrap and wearing hair in a bun. The placement of the webbing on the retention system interferes with the placement of the hair bun and often inhibits Soldiers from performing the second point of performance, *Check Canopy*. This is caused by the bun forcing the ACH over the Soldiers eyes. Many Soldiers reported that they “*can’t see anything when I’m jumping because I’m messing with the helmet the whole time.*” The updated AR 670-1 allowing for pony tails and braids greatly assists with this problem during marksmanship training however, it is not addressed in current airborne operations regulations (USSOCOM Manual 350-3, USASOC Regulation, and TC 3-21.220).

This is a safety issue that should be addressed. Considering the nature and dynamics of something as simple as ‘line twists’ during deployment – excessive bulk and hair length will complicate issues and could make line twists unrecoverable if a jumpers hair becomes entangled/twisted in the risers.

At the time of this report, there has been no resolution on the requirement for USASOC policy development to address this concern. However, multiple staff sections are conducting ongoing coordination to resolve and address this concern.

Military Free Fall (MFF). The concern with MFF jumpers having excessive hair length is the same with regard to line twists during deployment. The added problem during MFF operations is line twists sometimes result in the need for a cutaway. If the line twists are unrecoverable because a jumper’s hair has become entangled with the risers, a simple line twist malfunction has now become a horse-shoe malfunction since the main canopy will remain attached to the jumper’s hair after the cutaway handle is pulled. Although not likely, this is certainly possible. Note: A horse-shoe malfunction with jumper’s hair/head as the anchor point will be catastrophic. Additionally, excessive hair length trailing behind a jumper in freefall could foul the deployment of a spring loaded pilot chute. That threat is unlikely with a BOC or other hand deployed main canopy but the reserve is still launched by a spring loaded pilot chute and it is directly at the base of the jumper’s neck.

Modular Lightweight Load-Carrying Equipment (MOLLE) Ruck

The MOLLE ruck system is problematic for most women under the height of approximately 5 feet, 5 inches. Primary concerns include the size of the frame, weight distribution limitations, straps being too wide, and lack of sufficient points of adjustment to accommodate small-stature Soldiers. The majority of Soldiers in the grades of E7-E9 and O4-O5 reported using the ALICE ruck instead of the MOLLE as the frame is smaller, the straps are closer together, and the ability to effectively distribute weight. However, junior Soldiers, NCOs, and officers were largely unaware of the existence of the ALICE ruck and many Soldiers purchased a commercial item or routinely borrow items from other Soldiers. Of note, many Soldiers were married to 18-series Soldiers and reported using their spouse's equipment (i.e., SPEAR) for ruck marching and training events. However, this solution is not sustainable and may become problematic if one party is required to deploy or attend extended training events.

"The MOLLE ruck rubs you raw." –E5-E6

"Courses require standard issue items prevents you from performing on par with men"
–E5-E6

"I had a 40% femoral fracture from training with the MOLLE ruck." –E5-E6

Bladder Relief

Urination in the field environment, including airborne operations, has proven to be somewhat difficult for most women. Unfortunately, the solution for many women is to purposely dehydrate themselves prior to any field environment activities. Participants across all rank demographics presented personal accounts testifying to the prevalence of intentional dehydration. A tool that allows females to urinate while standing was discussed frequently in focus group conversations. This tool is within the Army inventory (Female Urinary Diversion Device [FUDD], NSN 4510-01-470-2805) however, many Soldiers and leaders are unaware of its existence. Several Soldiers positively commented on the usefulness of similar commercial items such as the "Go-Girl" and "She-Wee." However, the primary aversion to these items are due to sanitary concerns.

"It's ten dollars and it saves me a whole lot of hassle." – E1-E4

"I had to go pee so bad but we were on a three hour convoy in Iraq and couldn't stop due to the threat, the pain was unbearable and I wound up with a complicated UTI [urinary tract infection] because I had to hold it." – O4-O5

Aviation. During focus groups with women aviators and flight crew members, concerns about urination while in flight were significant. Each aviator and crew member gave personal accounts of intentional dehydration because no options exist for urination while in flight.

"All female pilots dehydrate themselves before flying." – O4-O5

"What happens when you have to evade and you're dehydrated?" – O1-O3

“Dehydration, regardless of the cause, is detrimental to optimal human performance in all activities to include operating aircraft”.

Interviews with women in the aviation community suggest that the challenges associated with bladder relief among female Soldiers requires attention. The issue is not related to the frequency of urination but rather inability to do so while in flight. The anatomical differences between men and women lead more women than men to intentionally dehydrate themselves which may lead to less than optimal performance particularly among pilots.

Parachute Rigger Tables.

Several participants reported challenges associated with their height and the inability to properly perform the required steps associated with packing parachutes.

“The tables are too high, I cannot pack a parachute the way I was taught so I had to come up with new ways to do things.” – E5-E6

Central Issue Facility (CIF)

Soldiers of all ranks expressed concerns with the limited availability of smaller sizes at CIF for a variety of equipment items including but not limited to gloves, CBRNE equipment, and mechanic coveralls. Focus group participants reported decreased Soldier performance during training and operations due to oversized equipment. The lack of smaller sizes (extra-small and small) is potentially due to difficulties with the CIF menu updating processes. Interviews with the USASOC staff in April 2021 revealed that Fort Bragg CIF menus had not been updated in several years.

CIF Menu Update Process. The CIF menus are updated yearly at the annual Menu Review Board, the lead is the 18th ABN Corp CSM. An email invite is sent from the Corp G4 to all the CSC/CSU G4 SGMs to attend alone with a list of items to be reviewed. The CSC/CSU SGMs should send out an RFI to their subordinate units requesting feedback for items that are to be recommended for addition and deletion of the CIF items. In addition, the SGMs will send out the current CIF MOS menus to the units requesting feedback on any needed changes to the menus. Specific sizes are not requested during the recommended CIF Menu approval process. If needed, recommendations can be made by the SGMs if required sizes are known in advance.

CIF Installation Support. When discussing the initial receipt of CIF issued items upon arrival to an installation, Soldiers often described receiving outdated, broken, and outsized items as CIF personnel voice *“it’s all we have on hand.”* Focus group participants across all rank demographics described being issued antiquated patterns (i.e., Desert Battle Dress Uniform and Army Combat Uniform patterns) and this raised concerns among participants in leadership positions as they are not afforded the opportunity to train as you fight and the visual hodgepodge of gear creates a negative perception and furthers the divide between ARSOF MOSs and support personnel.

Recommendations

NOTE: For a list of updates on the below recommendations please refer to Appendix A

For all equipment related concerns, optimize support for the Female Operator Modernization Forum beginning with command emphasis and involvement at the USASOC headquarters level.

Body Armor

- (1) Pursue an MSV fielding for USASOC units.

Advanced Combat Helmet

- (2) Review the sizing requirements for the ACH.
- (3) If deemed necessary, update all USASOC airborne operations policies to ensure the wear of pony tails and braids are properly addressed to prevent potentially catastrophic events.

MOLLE Ruck System

- (4) Review the sizing requirements for the MOLLE ruck system.
- (5) Develop an informative video on different ways to configure the MOLLE ruck. A small number of women in the focus groups mentioned the ability to configure the ruck in such a way that it is less problematic. Identify these Soldiers and create a video and written guide with photographs that outlines these best practices.

Bladder Relief

- (6) Educate leaders and Soldier on the Female Urinary Diversion Device (FUDD), including how to request a purchase.
- (7) Pursue a disposable FUDD option and encourage unit level purchases to provide these tools to all assigned female Soldiers.
- (8) Assess the need for bladder relief in flight and the associated risks of intentional dehydration within the aviation community.

Parachute Rigger Tables

- (9) Evaluate the height of the rigger tables at every parachute packing facility to ensure all Soldiers, regardless of gender and height, can properly perform the necessary steps to safely pack parachutes.

Central Issue Facility

- (10) Assess the current Soldier population and determine the number of Soldiers with oversized equipment and identify the problematic issue items before the next annual Menu Review Board.

Chapter 6. **Childcare**

Within USASOC, 44% of women and 70% of men have at least one child. Childcare ranked as the number three challenge on the Women in ARSOF Survey; of the Soldiers with children, 50% of women and 35% of men acknowledged that childcare is a challenge.

Dual-Military Service Members:

24% of women in USASOC [58% have children]

3% of men in USASOC [66% have children]

During focus group discussions this topic was further explored to gain a more granular understanding of the challenges Soldiers are experiencing related to childcare. The following themes emerged.

DOD Child Development Centers (CDC)

Availability. DOD Child Development Centers (CDC) are often filled to capacity with wait times exceeding nine months to one year. This is problematic for many Soldiers, particularly junior Soldiers who typically have less flexible schedules and are financially unable to hire in-home care (i.e. nanny or au pair). Soldiers assigned to Fort Bragg based units with duty locations within the Yarbrough complex and Soldiers at 7th SFG experience considerable issues with facility locations as well. At the time of this report, Fort Bragg has no plans to construct a CDC in Yarbrough and the Garrison has not identified CDC waiting list demand for the Yarbrough population. The unique location of 7th SFG requires Soldiers to choose between childcare at Eglin AFB, which is approximately 20 miles or 25 minutes one-way (depending on traffic) or use civilian childcare in the city of Crestview, which is 12 miles or 18 minutes one-way, depending on traffic from the 7th SFG complex. Soldiers often choose care in Crestview due to proximity to their home and work location, however most childcare facilities in Crestview have limited hours of care and are not conducive to the military lifestyle.

Hours of Operation. While some installations such as Fort Jackson, SC provide 24-hour CDC childcare, none of the installations where focus groups were conducted provide this option. The typical hours of operation on most installations were reported to be 0530-1800 with a 12 hour maximum time within care. These hours are generally acceptable to accommodate routine “PT formations” and normal duty hours however, women reported challenges associated with the 1800 closing time as the duty day regularly extends well past 1800 hours. Other challenges with the opening time include early morning airborne operations and preparation for training exercises. This often results in children being left in cars while their parents work or as seen in several units, junior female Soldiers are frequently tasked by their superiors to “babysit” their children in duty areas while their supervisors perform their required tasks.

“Sometimes I just have to bring my seven year old to work.” WO

“160th really needs 24 hour childcare, our mission is not always predictable and often times lack of access interferes with the mission and causes resentment among the Soldiers.” –O1-O3

“Perhaps we shouldn’t be trying to extend childcare hours but instead invest in changing the Army culture and make it ok to spend time with your kids and get rid of the old Iron Major mentality.” – O4-O5

Cost. Cost is often a deciding factor for childcare selection. On-post CDCs offer a tiered system (based on total family income) to help ensure Soldiers of all ranks can provide adequate and safe childcare for their children. However, due to CDC capacity limitations many Soldiers are forced to locate, select, and pay for off-post care. To illustrate the financial impact, a Specialist (E4) with three years time-in-service earns approximately \$31,000 annually which places that Soldier in *Category 1* on the *Fort Bragg CDC2020-2021 Fee Chart*. For full time care, *Category 1* fees are \$260 per month for the first child and \$222 for each subsequent child (Fort Bragg Army MWR, 2019). In contrast, average childcare in NC is \$771 per month regardless of income (Thurmond, 2020). This rate is nearly three times (296%) higher than on-post CDCs.

Options to mitigate these costs and relieve some of the financial stress on Soldiers exist but the majority of Soldiers and leaders interviewed during this study were unaware of such programs. However, Child Care Aware was mentioned and praised by many focus group participants at several installations.

Child Care Aware® of America (CCAoA) works with a national network of more than 400 child care resource and referral (CCR&Rs) agencies and other partners to ensure that all families have access to quality, affordable child care. CCAoA leads projects that increase the quality and availability of child care, conducts research, and advocates for child care policies that positively impact the lives of children and families. CCAoA also provides child care assistance for military families through Fee Assistance and Respite Child Care Programs that have served more than 150,000 families and worked with more than 60,000 child care providers over nearly two decades.

Child Care Aware® of America authorizes subsidy amounts based on Total Family Income (TFI) for those eligible Army families, and supplies monthly payments directly to the prospective child care provider. The Army Fee Assistance Subsidy is the difference between what the Sponsor would pay for on-post child care and the community-based child care provider’s rate, up to a provider rate cap of \$1500 per child per month. (Child Care Aware of America, 2021)

Although Child Care aware received significant praise among focus group participants, there are challenges associated with the processes involved in applying for and receiving assistance. It was noted that leadership should understand the rigor of the application process and provide adequate time, space, and support for Soldiers to gather the requisite documentation which includes a statement of non-availability from on-post CDCs.

Family Care Plans

Army Regulation 600-20 - Army Command Policy, dictates that Soldiers will arrange for a Family Care Plan if any of the following apply:

- 1) A pregnant Soldier who
 - a. Has no spouse; is divorced, widowed, or separated; or is residing without her spouse.
 - b. Is married to another Service member of an AA or RC of any Service (Army, Air Force, Navy, Marines, or Coast Guard).
- 2) A Soldier who has no spouse; is divorced, widowed, or separated, or is residing apart from his or her spouse; who has joint or full legal and physical custody of one or more Family members under the age of 19; or who has adult Family members incapable of self-care regardless of age.
- 3) A Soldier who is divorced and not remarried, and who has liberal or extended visitation rights by court decree that allows Family members to be solely in the Soldier's care in excess of 30 consecutive days.
- 4) A Soldier whose spouse is incapable of self-care or is otherwise physically, mentally, or emotionally disabled so as to require special care or assistance.
- 5) A Soldier categorized as half of a dual-military couple of the AA or RC of any Service (Army, Air Force, Navy, Marines, or Coast Guard) who has joint or full legal custody of one or more Family members under age 19 or who has adult Family members incapable of self-care regardless of age. (Department of the Army, 2014)

Although Family Care Plans are required for many ARSOF Soldiers, junior Soldiers (E1-E6) tend to have the most concerns and challenges associated with developing and activating the care plans.

Primary Difficulties with Family Care Plans.

Finding short and long term care givers. Many junior Soldiers do not have the social network to quickly identify short term care givers when compared to more senior Soldiers who have developed networks within the local communities or military units.

Forced Family Care Plan activation with little notice for routine duties. Junior Soldiers gave multiple accounts of receiving orders from first line supervisors to activate Family Care Plans for short duration training events (i.e. early morning airborne operations, staff duty, and staff duty runner). This does not typically apply to senior NCOs or officers as those Soldiers are normally afforded much more flexibility.

Legal Guidance. Generally, family care plans (FCP) are in place so service members can fulfill their assigned duties, and commanders get broad discretion to determine what that means. So long as CDRs don't abuse it, their decisions will not be second-guessed. The flip side is that CDRs also have a responsibility to ensure their SMs have their FCPs

updated, and give them as much advance warning as possible to make arrangements. For example, forcing someone to activate their short term FCP just for staff duty is unfair, but not necessarily a violation of any regulation/policy – it is poor management. Commanders should allow for some sort of predictability for their Soldiers to the extent possible.

Based on focus group participant feedback, first-line supervisors acting unilaterally emerged as the root-cause for Family Care Plan activations for routine events, which were also typically described as *late-notice*. As with a myriad of other topics in this study, including gender bias and reporting sexual harassment, first-line supervisors without the requisite knowledge of Army regulations and processes are oppressing Soldiers, particularly those in the vulnerable population (E1-E6). Reports of Soldiers challenging first-line supervisors and requesting open-door sessions with commanders were few however, those concerns were typically eliminated following engagements with unit commanders. While all company commanders do not possess the same level of empathy, the vast majority of those interviewed over the course of this study appeared to genuinely have their Soldiers well-being in their best interest. With this in mind, it is probable that first-line supervisors are forcing junior Soldiers to activate Family Care Plans without the knowledge of unit commanders or first sergeants.

Hindrance to Career Progression

According to the survey data, the primary reason women are choosing not have children is related to career progression. Focus group participants across all rank demographics confirmed this mindset. Junior Soldiers with children reported stifled promotions compared to peers within their MOS along with a negative perception bias that often involuntarily restricts them from receiving specialized training and deployments. See Chapter 4, **Gender Bias** (*Career Decisions Are Made Without Women's Input*) for more information.

“I’m afraid to have another kid because it will end my career.” –E5-E6.

“I put my career first so that I could be successful” -O4-O5

“Military systems in general are designed for the service member to have a stay at home spouse.” -O4-O5

Recommendations

NOTE: For a list of updates on the below recommendations please refer to Appendix A

Childcare Resources

- (1) Develop a comprehensive list of all childcare resources available for Soldiers and disseminate through operations and command channels.
- (2) Conduct a needs assessment for a 7th SFG Child Development Center.

Family Care Plans

- (3) Unit commanders should understand the constraints involved with preparing a family care plan and allow service members sufficient time to identify, review, and select their short term care givers. This may alleviate significant stress on service members in the event of a Family Care Plan activation.
- (4) Educate junior leaders on Family Care Plans. First line supervisors are acting without a commander's knowledge or consent and requiring Soldiers to activate Family Care Plans in avoidable situations.

Chapter 7. Social Support

Social support from supervisors and colleagues is a crucial factor in buffering the effect of work-related stress on perceived health, and increasing the physical and mental health among military personnel (Hsieh & Tsai, 2019). Challenges with social support among peers and leadership was ranked the number four challenge for all women. Perceived low social support is particularly important given that socially supportive relationships have been identified as a major resilience factor for military related stressors (Street, Vogt, & Dutra, 2009). Focus group conversations furthered explored barriers to social support and it appears women across ARSOF need increased social support in terms of peer and professional development relationships, such as mentoring and sponsorship. However, it is important to note that the majority of women are entirely comfortable seeking career progression related mentorship from senior males but, support from female peers in this predominantly male environment was proclaimed to be vital.

Loneliness

An overall sense of loneliness carried through focus groups when discussing social support with regard to deployments, friendships, family planning, and accessing women's healthcare. It is important to note that most women in focus group sessions were non-ARSOF MOSs and report changing duty stations every three to four years. This requires them to rebuild support systems often as they do not have the luxury of being assigned to an ARSOF unit for decades, where there are robust support systems of neighbors, friends, and churches.

"Making female friends is really hard in the military."

"We need someone to check on us too." – O5

"I don't have any friends because all my co-workers are married men."

"It can be lonely."

"It (loneliness) gets worse as you progress in rank."

"I'm the only woman in 30 people, it's very insular."

Deployments. There is some evidence that deployed women may be less likely to experience positive social support from fellow service members (Street, Vogt, & Dutra, 2009). Women openly shared recent deployment experience with feelings of isolation and the need for a "sister-in-arms:"

"We need something for women deploying alone. Who do you talk to when you're deployed? There's a negative perception. For example, I was deployed with one other women and they put us on opposite shifts so they didn't have to provide two rooms and it isolated us; we never saw each other. She was having a hard time and was hanging out with a male and they said it was inappropriate. They said there had to be a third person when they were alone and if she needed someone to talk to, she could go to mental

health. Then they threatened the male, saying “you’re risking your career if you continue to engage with her”.

“When I deployed, I wasn’t allowed to stay in the team house so I was in a different location down the road. My team didn’t communicate with me and I didn’t know what was going on most of the time. One time there was an afterhours meeting for a mission the next day and the departure time was changed. No one told me - they left me behind while they went on the mission.”

“I work with a lot of men so there’s no social support. They might ask if I want to grab a beer but that’s it. My XO is a female but she’s an officer, so I can’t fraternize.”

“I had bonds and friendships in Korea but not here. I sit and hear everyone talking and making plans right in front of me. They’re warned not to hang out with me to avoid perception or consequences.” E1-E4

“No one (men) would talk to me for the first three months I was here. People are so unapproachable.”

“It’s hard for women. It’s very isolating on the compound.”

Social Support Groups. Many of these women have felt the sting of isolation and understand the magnitude of peer relationship for women-specific questions such as “*when should I have a baby?*” and “*what should I expect if I have my period at SERE school?*” As a result, attempts to organize formal social support groups as a way to share experiences and help guide fellow female Soldiers have been launched however, many have been told they are not allowed to host official events (e.g., female PT sessions and female luncheons). There is a perceived stigma that participating in woman’s only event is preferential and excludes men. However, most women are open to men attending so they can better understand and learn the difficulties encountered by female Soldiers, and not have to rely on other female Soldiers to make on the spot corrections. Female Soldiers are seeking male sponsorship and not being heard:

“We don’t want to exclude men, bring them all to hear women’s issues.”

“We had a women’s group and was told it stop because it violated EO.”

“A female LTC organized a PT group for women and it had to be disbanded.”

“Young soldiers need it the most and seniors need it too.”

“For new people – add a women’s class that discusses packing for field on period, vitamins/nutrition, etc. We need men included so they know what’s going on.”

“In regards to the basic instructor course – how are men being pulled into the fold? How do men become more aware of women’s issues? Personal conversations have way more of an impact.”

“To have an outlet or someone who’s been in the community would be priceless, especially as an outsider (support).”

“My biggest issue is that it’s very lonely in the Army as a women. It would be nice to have an opportunity to meet other women.” E5-E6

Competition. Competition among female Soldiers emerged as another social support barrier. Chapter 4, **Gender Bias** addresses the Queen Bee Syndrome phenomenon coined in 1973 and discusses the challenges associated with the common phrase “*woman on woman*” crime within the ranks. See Chapter 4 for more additional details.

Networking

Networking, network analysis, social capital, and other job-related relationships all suggest a need for contacts who aid in the social development of an individual in their job (Greenglass, 2002). Research has found that such social networks can provide individuals with advice, support, referrals, and general job-related information (Ibarra, 1997; Kay and Wallace, 2010). Social networks, formal or informal, can result in a mentee-mentor relationship and/or a protégé-sponsor relationship. Many women across all focus groups spoke of the challenges seeking professional relationships within their network. However, there was stark difference between officers and enlisted focus group discussions in terms of access to social and professional networks. Participants in the officer focus groups shared reaching out to classmates from their commissioning source and professional development courses as a form of networking, since they come into the Army with a cohort. While enlisted participants, especially E1-E6 reported they did not have “*representation and mentorship*,” junior enlisted Soldiers shared having a “battle-buddy” during basic training and advanced individual training, then arriving to their ARSOF unit without a network or trusted agent.

“When I went to ranger school – it was the best experience. I’m still in contact with my classmates.” O1-O3

“It’s hard to get advice, I feel uninformed.” –E5-E6

Additionally, the topic of perception management arose when seeking mentors. Some women said they needed to have another person (male or female) present to avoid the perception that “*they’re sleeping together*” and some women shared they were very particular with the women they choose as a mentor.

“I want to get a mentor but there’s a perception that I’m trying to sleep with them.”

“I don’t want mentorship from women who sleep with everyone.”

“I reached out to my DCO (female) as we were strapped into a C-17 for a jump; it was the right time, right place to ask.”

“I get a lot of junior Soldiers that come talk to me, but I had to put myself out there.” - O1-O3

Mentorship. 69% of women reported having a mentor. Mentors provide emotional support and feedback, share information about navigating organizational politics, strive to increase the mentee's confidence, and focus on the mentee's personal and professional development (Dougherty & Dreher, 2007). When discussing mentorship, senior NCOs and officers generally agreed that they had a mentor, often more than one depending on their desired career path and family plans. Focus group participants shared informal and formal mentorship resources, from social media, group chats, and unit sponsored women's events. Junior enlisted and NCO participants expressed frustration with finding mentor due to the perceived availability of senior female Soldiers coupled with the limited number of women within their unit. Participants in the 2019 DACOWITS study shared the same position of not having women they could look up to and emulate; during this study's focus groups, women were more likely than men to mention this as an issue.

"At the Group-level, I was offered formal woman mentor."

"We need more women in the unit; available and approachable women."

"The Commanders (O6-level) and Sergeants Major's had mentors, but those assholes didn't pay it back."

"Women are told to stay out of senior leader (male) offices."

"We need an education on mentor/mentee relationships; i.e. expectation management."

"I feel that those I see as potential mentors are too busy for me."

"My former Battalion Commander had a problem with women being social with senior leaders. His perception of me going to another senior leader was negative."

Emerging Best Practice. 10th Special Forces Group developed a *Female Mentoring and Morale Program* and to date has executed two successful iterations. During focus group sessions at this unit, women from all rank demographics spoke highly of the effort despite the initial mandatory attendance requirement.

Many women, in this unit and others, reported other obligatory meetings for women as typically being *"a waste of time."* However, this Female Mentoring and Morale effort appears to be different as women described the value and an eagerness to attend subsequent events. To provide a general understanding of the event, below was the sequence of events for the inaugural event:

Team Building Event

Uniform: Civilian PTs, boots or hiking shoes, water source and dress in layers.

0630: Meet at Red Rock Open Space Parking lot, set GPS to Friends of Red Rock Canyon. We will conduct a 3 mile Ruck march. If on profile, carry weight according to your limitations. Bring money if you would like to join us for breakfast at Rudy's

Location: GSB Classroom Winter Warfare Locker Bldg. 7473

Uniform: Appropriate Civilian Attire

0930- 0945: Leadership Opening Remarks

1000-1100: Performance Dietitian

1100-1130: Balance My Finances

1130-1300: Break for Lunch (Lunch will be provided Pizza and soft drinks)

1300-1430: Women's Mental and Physical Health (THOR and Sports Psychology, MFLAC)

1430-1500: Women in the Wilderness (Outdoor REC)

1500-1600: New update to AR 670-1 Discuss the "Why"

1600-UTC: Open Discussion Round Table with Guest Speakers

Note: Prior to the program's second event, the research team was contacted following engagements at the unit for input based on the on-going Women in ARSOF Study findings and feedback received during focus group sessions about the program's inaugural event.

Sponsorship. In sponsorship, the mentor goes beyond providing feedback and advice and leverages influence with senior executives to advocate for the protégé in ways directly leading to career advancement (Helms, Arfken, & Bellar, 2016). A sponsor is a person who has power and will use it for you. In 2012, USASOC launched the "Young Lions" mentorship program for high-performing key developmental (KD) complete officers (O-3), warrant officers in the grade of CW2, and NCOs in the grade of E8-E9. This professional development program consists of multi-day offsite events in which hand-selected Soldiers gain exposure to corporate industry leadership and mentorship from 1st SFC (A) leaders. Though the program has been reported to be a mentorship platform, it is a form of sponsorship due to the hand-selection of ARSOF Soldiers and focus on personnel in the rank of E8 and above. Many women across company grade officer focus groups discussed the perceived bias in the selection process. The nomination to Young Lions goes out as a tasking, so Soldiers do not have the ability to self-nominate into the program. *"Young Lions lack diversity; the tasking never makes past the BN level because they already have someone in mind."*

The need for more sponsorship across field grade officer and senior NCO focus groups was explained in terms of *"having to fight to get to their position and not wanting other women to struggle."*

"I take other women under my wing because I had to do it myself – woman sponsorship."
– O4-O6

"I became the girl gang leader. If they treat me (as an E-7) like this, then what do they do to E1-E6? Rank doesn't matter." – E7-E9

“We need sponsorship for women.” – O1-O3

Connecting. Seeking mentee-mentor relationships was described as “tricky” throughout all focus groups. The desire for a formal mentorship program was echoed through all focus groups for many reasons, such as career development for dual-military, MOS-specific positions, deployment preparation, and general questions but the execution of such a feat is unknown. Shared sentiment from all women is that any mentorship program that initiates at the USASOC level (top-down) will likely be unsuccessful and it needs to come from the “bottom up.” Women in junior enlisted focus groups shared the desire to have an ARSOF mentorship application on their smart phone so they could review potential mentors prior to sending a request and many field grade officers preferred to work with an individual prior to seeking a mentor-mentee relationship. Shared experiences

“I don’t want to be presumptuous or cocky and force myself as a mentor.”

“We need a place to ask questions and seek mentorship from women who are available.”

“I’m looking for both, a place to ask questions and connecting for the long term.”

“It would be so much better if higher ranking women made themselves available.”

Parenting

Women represent minorities in the military and only 7% of Soldiers in USASOC (USASOC Diversity Dashboard, 2021), suggesting they may receive less support than male counterparts. Kline et al. (2013) found relative to men, women service members reported significantly lower unit support. 26% of single-female Soldiers reported to be single parents in USASOC. Throughout focus group discussions, many single-parent Soldiers identified the need for more social support and access to family-support programs. Many of these women were at a crossroad with “Strong Bonds” and “Better Opportunities for Single Soldiers (BOSS).” BOSS does not provide childcare and for many women, they felt they were a different point in life, too senior and having children, to attend. However, “Strong Bonds” was identified as something they would like to be invited to attend with their children in order to share experiences and to connect with other single-parents; see Chapter 9, **Soldier Morale, Well-being, and Quality of Life** for more information on the Strong Bonds Program. Additionally, some women spoke of their children having friends at daycare/school and they find out the other parent is often a different rank, making it difficult to maintain a friendship due to the fraternization policy.

“Single moms in military get stigmatized for choosing to have children.”

“We need single parent retreats.”

“You can’t separate that some women are mom friends.”

“I’m a Staff Sergeant and my kid’s best friend’s mom is a Specialist. It’s not often you can find another mom to connect with – you know, understand being a single Soldier and single parent. When our Platoon Sergeant saw us talking and found out our kids were best friends, he said we were fraternizing. We weren’t allow to be friends anymore. How

messed up is that?”

Additionally, given the nature of focus group participants being non-ARSOF MOS's and need to frequently PCS for career progression, many single-parent Soldier's arrive to their ARSOF unit without a support system in place. They must quickly find another Soldier to add to their family care plan for short and long term care. Many women shared, *“just looking for another woman in the unit”* or using co-workers as a short term solution, until they found someone else.

Recommendations

NOTE: For a list of updates on the below recommendations please refer to Appendix A

- (1) Share the 10th Special Forces Group Women's Mentorship Program as Best Practice across the enterprise.
- (2) Rebrand the Young Lions program to an official sponsorship program for E8 and above.
- (3) Create a mentorship program for E7 and below.
- (4) Expand the Strong-Bonds program to include unmarried couples.
- (5) Educate senior female Soldiers on desire from younger population for availability for mentorship.
- (6) Encourage mentorship groups and explore the use of Operations & Maintenance funding at the group level.

Chapter 8. Sexual Harassment

Disclaimer: Prior to any discussions with focus group participants involving sexual harassment, the research team informed the participants that the focus groups were not the correct venue to report incidents as the research team was unqualified to take reports. Additionally, participants were instructed to keep the conversation related to sexual harassment training and reporting challenges.

This study illuminates some of the harsh realities of USASOC being a microcosm of American society. Sexual harassment is occurring throughout the United States in a myriad of occupations, in 2020 the U.S. Equal Employment Opportunity Commission (EEOC) receive over 6500 reports of harassment (Hentze & Tyus, 2021). However, several studies have found that there is a greater tolerance for sexual harassment in workplaces that have a higher percentage of male workers and supervisors, and in traditionally masculine occupations (e.g., military, law enforcement) (Vogt et al., 2007). A degree of tolerance for sexual harassment in USASOC formations is found within male and female populations alike as observed by the lack of bystander intervention, lack of reporting, and victims' common belief that "*thick skin*" is necessary to achieve career success in ARSOF and the conventional Army. Prevalence of sexual harassment in the work place is a risk factor for sexual assault for both women and men (Kamarck & Kaileh, 2021). Some refer to this as the continuum of harm, where a permissive environment for minor offenses (e.g., bullying, sexist jokes, hazing) can create the conditions for incrementally more serious sexual misconduct to be minimized or tolerated (O'Reilly, 2020). DOD's FY2018 SAPRO report found that,

Women who experienced sexual harassment were at three times greater risk for sexual assault than average. While men have a much lower risk of sexual assault compared to women, men who experienced sexual harassment were at twelve times greater risk for sexual assault than average. In sum, survey results found a positive correlation between unhealthy workplace climates and the risk of sexual assault. (DOD, 2018)

Sexual Harassment emerged as a ubiquitous concern for USASOC women despite an incongruence between survey findings and focus group discussions. The Women in ARSOF survey was open for participation from 19 February 2021 to 19 March 2021, during that timeframe 30% of female Soldiers reported sexual harassment as a challenge. However, during focus group discussions, most women were shocked by this percentage. It was common sentiment that the number "*should*" have been closer to 90 to 95%. Throughout the E1-E6 focus groups, nearly every women reported experiencing some degree of sexual harassment while assigned to USASOC. Furthermore, each of the 48 focus groups, regardless of rank demographic, included acknowledgement of previous or ongoing sexual harassment in USASOC formations.

Barriers to Reporting

According to survey data, 70% of the women who reported sexual harassment as a problem were **not** comfortable reporting the harassment. Soldiers in the grade of E1 to E4 represent the highest opposition to reporting as 86% of these Soldiers reported being uncomfortable reporting sexual harassment. The primary reasons preventing reporting are:

Top 5 Barriers to Reporting Sexual Harassment

Fear of Reprisal (90%)
Trust in the System (72%)
Fear of Retaliation (70%)
Confidentiality Concerns (67%)
Trust in the Command (64%)

Note: Focus group discussions on reporting barriers were consistent with the survey data.

The aversion to reporting is clearly demonstrated by the number of USASOC-wide sexual harassment complaints over the past several years. In Figure 3 below, the number of reports are severely low when considering the findings of this study. With one in five women reporting sexual harassment as a current problem in the workplace and most participants citing personal sexual harassment experiences, these low number of reported cases are indicative of the aforementioned *Barriers to Reporting*. At the time of this report (October 2021), there are 2186 female Soldiers assigned to USASOC. The reporting data provided by the USASOC staff suggests that on average, one (1) in 436 women (0.002%) are reporting sexual harassment while one (1) in three (3) women (30%) stated sexual harassment is a current problem in the workplace.

Figure 3. USASOC Sexual Harassment Complaints (*Female Service Members*)



The Pariah or Wearing a “Scarlet Letter.” The fear of reprisal theme was confirmed throughout focus group sessions with a variety of manifestations. Webster’s Dictionary defines a *pariah* as one that is despised or rejected, an outcast (Merriam-Webster, n.d.). This term was used by focus group participants in two separate sessions however, the term *Scarlet Letter*

surfaced in the majority of sessions. Soldier accounts of being labeled as a “walking SHARP case” were very common with study participants. For instance, a junior NCO gave an account of a deployed situation when she was being sexually harassed by a senior unit member - *“I tried to make a sexual harassment complaint and my OIC told me to quit being a little girl and said that if I complain that’s how I’ll be known throughout the regiment.”* Similar accounts from Soldiers who have previously reported appear to confirm these claims. Case in point, two junior NCOs from separate units reported that *“ever since I reported an incident, I’ve been called the walking SHARP case and people are afraid to interact with me,”* and *“we did a survey in my company and one of the four women in the company made a claim about sexual harassment, then the ISG went to each woman asking which one made the claim.”* This sentiment is not isolated to any specific rank demographic as it was a topic of conversation in nearly all focus group sessions however, senior NCOs and field grade officers consistently spoke of developing *“thick skin”* in order to *“survive in a man’s world.”*

“The Good-ol Boy’s Club.” The lack of trust in the system emerged as a two-fold, yet interconnected concern – offenders not being held accountable and the “good-ol boy’s club.” Although most Soldiers recognize there is a system in place to hold sexual harassment offenders accountable, there is a consistent belief that the close-knit nature of USASOC units will prevent action from being taken against alleged perpetrators; this is repeatedly labeled as the “good-ol boy’s club.” Two NCOs described this by asserting *“the system always fails because of the good ol boy’s club”* and *“even as a leader I have not reported incidents because the offender was a prominent figure in the command.”* Moreover, the lack of trust is further demonstrated by Soldiers insisting on going outside of USASOC chains of command to report sexual assaults. Several focus group participants have accounts of reporting incidents to other units, to include traveling to other installations. For example, one participant stated *“if it’s a green hat nothing will happen to him. A lot of Soldiers are skipping USASOC to go to 18th Airborne Corps because USASOC will do everything they can to protect the green berets.”*

Unwillingness to Report to a Unit Member. A contributing factor to this pervasive mentality is the perception that offenders are very often not held accountable for their actions. Junior enlisted Soldiers explained their aversion to reporting by saying *“I tried to report but I was told by the SHARP rep that the offender was ‘cool’ with the ISG so no allegations could stick to him”* and *“the higher-ups are all buddy-buddy, so there’s no way I would ever report anything.”* This sentiment echoed throughout most focus groups regardless of unit or installation. An overwhelming desire to report to a civilian, specifically a female civilian, was nearly universal.

Intimidation Tactics. Some of the more direct and alarming points include intimidation tactics to encourage Soldiers to withdraw reports of sexual misconduct. A senior NCO stated *“intimidation tactics are normal here, and retaliation happens all the time. The accused become passive aggressive and the accused friends become very aggressive trying to influence you to make it go away.”* During this particular focus group session, each of the other participants agreed with the statement. Participants from the same unit initially exhibited a noteworthy hesitation to answer questions or have candid discussions about sexual harassment reporting however, as more trust was established the participants began to speak freely. Over the course of the focus group sessions, one participant approached a research team member alone in the restroom and explained that she was instructed *“not to rat on anyone during these interviews.”* Finally, this

unit culture was described as excessively chauvinistic and sexist where women are present for the enjoyment of the male service members, as several senior service members clarified with statements such as *“the junior females are not safe here”* and *“we [seniors] have to protect them.”*

A Career Ender. The perception of a “good-ol boy’s club” also leads Soldiers to believe that any reports of sexual harassment will likely end their career. Although reporting misconduct is the right thing to do, when a Soldier believes doing the right thing is part of their duty, yet feels they are being punished for doing so, it creates a breach of the psychological contract. A psychological contract is an unwritten set of expectations about the exchange relationship associated with an employee’s duties and corresponding obligations owed to that employee by the organization (Schein, 1965), which in this circumstance corresponds to an expectation that reports sexual misconduct will result in cessation of the unwanted behavior without any retribution to the victim. However for many ARSOF women this contract does not exist, as two separate senior NCOs illustrated by stating *“if I had reported my assault I would not be a ISG right now”* while another recounted a difficult time in her career; *“I was offered a ISG job in exchange for sexual favors, I didn’t report it because the individual was a well-known guy in the community and it wouldn’t have gone well for me.”*

A disproportional worth between Soldiers of different MOSs surfaced as another common sentiment that negatively affects the willingness to report sexual misconduct. One senior NCO explained this by stating *“it all comes down to how much you are worth, 18s cost more to make so they are worth more which means they’ll get rid of me if I report something on an 18 series guy.”*

Unprofessional Behavior and Sexual Harassment

Although reporting in USASOC formations is exceptionally low, most women have experienced some level of harassment while serving in USASOC. However, it is important to note that most sexual harassment does not begin as sexual in nature. The vast majority of study participants report that sexual harassment is progressive and typically begins with benign interactions that progress into unprofessional behavior, and without appropriate intervention, elevates to sexual harassment.

A trending example of this continuum involves rosters and conversations about incoming personnel. When a female Soldier reports to a new unit, other Soldiers routinely see a female name on the roster and use social media to find out more about the individual. One Soldier described this by saying *“new females are looked at as fresh-meat and NCOs cover their actions [advancements] by saying they are Soldiering.”* Often this results in multiple “friend requests” and private messages offering to show the new Soldier around the post or unit areas. These nonthreatening requests frequently become more aggressive if ignored. Study participants reported dozens of social media messages related to signing in to their units, some of which were innocent but some were more direct, such as *“you’re really cute, we should hang out.”* A company grade officer resorted to social media profile modifications to avoid these type of advances – *“I changed my name on Facebook so people in the unit could no longer find me and continue sending inappropriate messages.”* Although these attempts to engage with other

Soldiers may appear innocent on the surface, when senior officers or NCOs approach and solicit other unit members in this manner, good order and discipline may deteriorate.

Soldiers in focus groups routinely explained that they often just want the unprofessional behavior to stop before it transforms into something more problematic. For the most part, Soldiers believe their careers will be negatively impacted by reporting an incident which led to discussions about other avenues of reporting aside from the standard methods. Several Soldiers discussed potential alternate means of ending the unwanted or unprofessional behaviors without the need for an investigation.

It is clear that commanders have a responsibility to investigate alleged misconduct however, a large number of participants would prefer an empowered command team with the ability to give a cease and desist order. For the participants, this recommendation alleviates some of the aforementioned concerns about the “Scarlet Letter” or ending their career by reporting on an individual that is part of the “good-ol boy’s club.” A company grade officer explained an ongoing situation in her unit – *“I’m new to the unit but since I’ve been here there seems to always be male captains sitting beside my desk talking to me. My Soldiers keep asking which one I’m dating, I’m not dating anyone, and they are just interfering with me doing my job.”* For this predicament, a simple lawful order at the company level with local paperwork (counseling statement), would likely improve her productivity and prevent this behavior from ever progressing into sexual harassment.

Sexual Harassment Training

Based on data collected in 2013 and 2014, a Kansas State University study on gender integration with a Special Forces population found a fear of interaction between males and female due to SHARP training. Doan et al. (2016) reported that male focus group participants discussed a general fear of interacting with females due to the training received with regard to sexual harassment and assault. There was a fear that a joke or comment could end their career and that a female could use a threat of reporting to manipulate the system. Seven years later, these fears are still well embedded within the ARSOF enterprise with 23% of male Soldiers reporting fear of interaction with females due to SHARP training. Other civilian studies suggest that training may have unintended consequences of activating traditional gender stereotypes and reinforce negative attitudes about women (Tinker, 2018). Survey write-in comments captured this sentiment with statements such as:

“The SHARP Program has made me hesitant to talk to members of the opposite sex without other individuals present to serve as witness. This is particularly true as an instructor, where I must provide feedback to females. I am afraid that if I fail a female who fails to meet the standards, she can end my career by claiming SHARP.” – O3-O4 (Male Service Member)

“The training hasn’t made me afraid to interact with other Soldiers, but it has made them afraid to interact with me.” –O1-O2

“I think today’s SHARP program is increasing a potential adversarial relationship between men and women. Where men feel afraid of women in their spaces because of the risk a complaint poses to the mission and their career.” – O3-O4

Women in ARSOF Survey findings were not in synch with the focus group findings in terms of SHARP effectiveness. Focus group findings indicate that SHARP training is not effective due to the execution of the training being a “check the box” requirement, lack of standardization between units, and the divisive nature of the training. Research suggests that training alone is not necessarily sufficient to change sexist attitudes and that broader organizational cultural changes may be needed (Kamarck & Kaileh, 2021).

Execution and Standardization of Training. Many women throughout all rank demographics discussed the “slide deck” they were briefed during SHARP training as being read to the audience void of emotion; consequently, the training is of no value and is not taken seriously. Due to COVID-19, the ability to gather in large numbers pushed many training requirements to a digital platform (e.g., MS Teams or opening a slide deck, then confirming completion via email) and Soldiers did not feel they received valuable training. When recounting prior unit (conventional) training, many focus group participants spoke of actors portraying scenarios and involving the audience; “that’s what made it memorable” said one participant. It was recommended to break out SHARP training sessions by rank demographic instead of allowing all ranks to attend together as many women felt more comfortable discussing these topics among peers.

Divisive Nature. Tinker (2018) found that sexual harassment training reinforces traditional notions of women as weak and men as powerful, it is reinforcing the beliefs that are at the root of most sexual harassment. This was consistent with focus group feedback. One junior NCO shared her experience at a previous unit: SHARP training consisted of males and females separated into two different rooms, resulting in two different training sessions. She said, “the men were told to stay away from us and we were told to report anything that made us uncomfortable.” This training event created a divisive environment and eroded the trust among Soldiers. Another Soldier addressed her issue of the vignettes used in training; they all had the female as the victim and the male has the aggressor.

Recommendations

NOTE: For a list of updates on the below recommendations please refer to Appendix A

Each contributing factor discussed above are interconnected creating cyclical complications for the Soldier, USASOC, and ultimately readiness. With unprofessional behavior often evolving into sexual harassment coupled with the lack of reporting due to the barriers discussed in this report, a culture of acceptance begins to appear within the formations. When Soldiers fear reporting, misconduct goes unpunished then offenders and victims begin to accept sexual harassment in the workplace as status-quo. As policy and regulatory violations are allowed to continue due to victims’ unwillingness to report, these incidents will continue and potentially increase.

Although a culture shift will require a multi-faceted approach and heavily rely on leader

intervention and emphasis, primarily at the first-line supervisor level, transparency in the process has the potential to build confidence in the SHARP program as a whole. A primary theme among focus group participants was the lack in transparency for the outcome of allegations and a genuine desire for the unwanted behavior to stop.

- (1) **Educate and Empower Junior Leaders.** Commanders are required to initiate a commander's inquiry or Army Regulation (AR) 15-6 investigation upon receiving or becoming aware of formal or informal sexual harassment complaints (AR 600-20). However, most women want to avoid investigations and genuinely want the behavior to stop. AR 600-20 addresses this desire to some degree via direct resolution.

Soldiers may make a request for **direct resolution** if their desired remedy for the aggrieving behavior can be achieved through leadership actions, peer intervention, counseling, or training. Requests for direct resolution can be made to anyone in a supervisory position, including NCOs and officers who are not in command. Requests for direct resolution are not required to be coordinated with the SARC or entered into ICRS. (AR 600-20)

Although the regulation provides an option for resolution outside of commanders, it also warns complainants stating that if a commander is informed of a complaint of sexual harassment (informal or formal), by the complainant or another party, the commander will inquire into the matter (AR 600-20). Consequently, this option still has a high probability of failure as most supervisors (NCO and officer) routinely update their commanders on new and ongoing Soldier issues with the potential to escalate, thus defeating the point of the direct resolution.

Additionally, while direct resolution should be discussed in annual refresher training, none of the participants in the 48 focus groups mentioned it as an option. There may be a gap in SHARP training or direct resolution may require additional emphasis in future SHARP training. This training should clarify direct resolution and the responsibilities of all parties involved.

- (2) **Inform Soldiers on the Outcomes of Sexual Harassment Allegations.** Some units are working to build a feedback mechanism to ease concerns by posting "justice reports" that explain the violation and subsequent administrative or punitive actions taken by the command. Although the intent is excellent, unfortunately these reports do not routinely make it down to the individual Soldier level below the company.

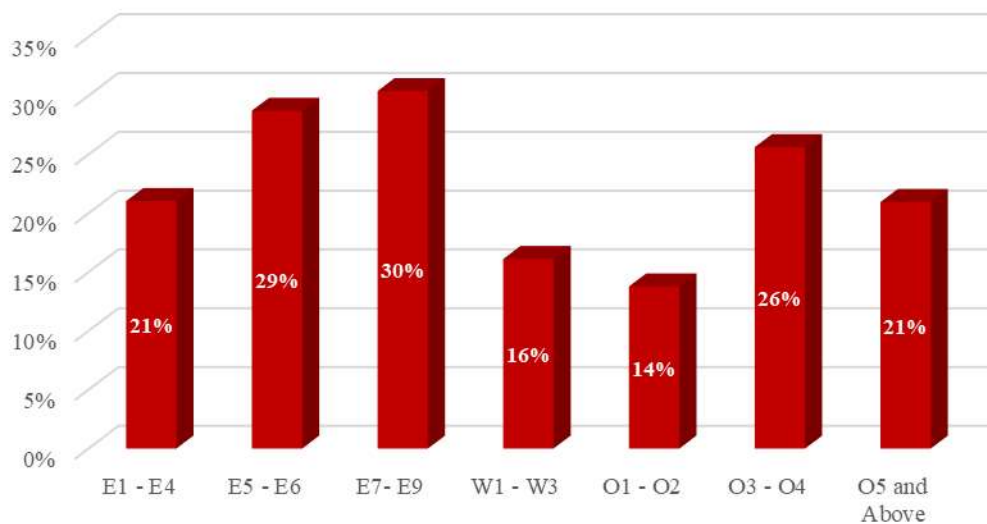
Use more direct dissemination methods to reach Soldiers at lower echelons. For example:

- Establish a USASOC level SHARP organization email account and provide monthly "justice reports." Note: Although some units are currently providing these type of reports, a USASOC-wide report would be dual-purpose as it would demonstrate the commands commitment to the Soldier while also deterring would-be violators.
- Utilize computer pop-up announcements to give snapshots of justice reports.

Chapter 9. Soldier Morale, Well-being, and Quality of Life

While morale concerns spanned all rank demographics to some degree, observable differences in the contributing factors surfaced for junior enlisted Soldiers, senior NCOs, and officers. Overall, 25% of ARSOF women reported morale as a challenge; Figure 4 below illustrates the breakdown by rank. For junior enlisted Soldiers (E1-E4) and NCOs (E5-E6), particularly those who reside in barracks, poor barracks conditions and general lack of barracks security were common themes that are negatively impacting morale. With senior NCOs (E7-E9), a theme of loneliness emerged related to isolation, low numbers of other females in a male-dominated environment, and the lack of programs for unmarried parents. Similar to senior NCO concerns, officers experience challenges with morale largely due to isolation and not feeling fully integrated into teams based on the jealousy of their male coworkers' significant others.

Figure 4. Morale Concerns (Female Service Members)



Barracks Personnel

Poor barracks conditions and lack of security were common themes among junior single enlisted Soldiers residing in the barracks, with concerns ranging from no control of the barracks master keys to poor lighting, compounded by common fears of sleeping in unsecure rooms.

Security Concerns. The primary theme among Soldiers residing in barracks was related to overall lack of security. These concerns were more prevalent at some installations than others however, the following areas were noted:

Lack of Security. General feelings of fear were widespread among barracks personnel. Women at multiple installations reported instances where other Soldiers would “bang” on their doors in the middle of the night, notes of solicitation being left on barracks doors, and occurrences of people entering rooms without the occupants’ knowledge or consent.

Additionally, access to barracks hallway areas - that lead to Soldier's living quarters – were generally unsecure at all times. Some efforts were made at most installations to secure these areas with locking doors which include cypher locks with 4-5 digit codes. Despite these efforts, the areas remained assessable as the door-codes were often taped to the door or the doors were simply propped open.

“There's never CQ or staff duty in the barracks.” – E1-E4

*“The barracks doors now have locks with PIN codes and the PIN codes are taped to the door so anyone can just walk in; but they are typically just propped open anyway.”
–E1-E4*

Moreover, to exacerbate safety concerns, most barracks have the names of the occupants posted outside each barracks room door and some units also post a roster of barracks personnel (with corresponding room numbers) in common areas. A senior NCO explained to the research team that she works very hard to get her Soldiers BAH so they can move out of the barracks, unapologetically stating *“I get my Soldiers out of the barracks ASAP because they are not safe there.”* Equally concerning, a junior enlisted Soldier spoke of a need for prescription medication, saying *“I had to get meds to be able to sleep there, I'm too scared to sleep otherwise.”*

Access to the Master Key. Soldiers reported multiple occurrences of other Soldiers requesting the master key in order to enter rooms without the occupants' knowledge or consent. These Soldiers gave detailed accounts of *“testing”* the system by requesting the master key themselves to determine if the staff duty or barracks manager would provide the key without question; all attempts to gain possession of the master key were successful. Of note, this concern was presented by participants at more than one installation. One junior enlisted Soldier described a recent event where another (male) Soldier used the master key to enter into her room stating *“my room was broken into and they left a pair of high-heel combat boots in my room.”*

Note: As this presents a security concern, the research team notified the appropriate chains of command to ensure the concerns were addressed at the appropriate echelon.

Poor Lighting. Women on most installations reported poor lighting within the barracks hallways and parking lots.

“Poor lighting in the parking lots, makes it feel like a scary movie.” – E1-E4

Building Maintenance and Pests. The two most common complaints about barracks maintenance were the presence of black mold and widespread roach infestations.

“I had to go to Lowes and get silicone gel to fill the holes in my sink because the roaches come out of the holes while I'm brushing my teeth in the morning.” E1-E4

“My roommate came home from a deployment and when we opened the closet everything was coated in black mold.” E1-E4

Senior NCOs

A general sense of loneliness was suggested during many engagements with senior NCOs. This is partly due to a smaller number of females in the senior enlisted ranks particularly within the Special Forces Groups. However, within PSYOP and Civil Affairs formations, the sentiment of loneliness is not as prevalent. As with most leadership positions, first sergeants tend to be the most isolated but a degree of separation is often required, regardless of gender.

Single Parents. Focus group discussions revealed a need among single parents within the senior NCO demographic for access to more family-style programs.

57% of Single Women (E7-E9) are Parents

The Strong Bonds program, led by unit Chaplains, was mentioned numerous times during data collection. Discussions about the Strong Bonds program were very positive and many women expressed a sincere desire to participate in the events. Although according to the USASOC Chaplain, single parents are able to attend Strong Bonds events, this information is not getting down to the Soldier level and currently a lot of single parents are being prevented from attending. Additionally, many Soldiers within USASOC formations live and function as a family, yet remain unmarried. This becomes problematic as well, since the Strong Bonds program is family centric and does not allow non-married couples to attend. However, the Chaplain Corps is currently looking into ways to provide Strong Bonds type training opportunities to unmarried couples.

Officers

Jealous Spouses. Primarily within the company grade officer population, reports of decreased morale are related to a sense of isolation created by their male teammates' personal predicaments with jealous spouses or significant others. To illustrate this, a common theme of "hiding" the gender of female teammates was prevalent. The short stories below illustrate this phenomenon:

"My team didn't use my first name and I didn't know why. I went to a unit function and one of the girlfriends said oh you're [last name] with surprise. I asked my team about it and they said they call me by my last name so if I came up in conversation, the spouses and girlfriends think I'm one of the guys." – O1-O3

"I was new to [a leadership position] so I tried to have a team building event with families. No one attended because they didn't want their wives to know I was a woman." – O1-O3

"If a woman is assigned to my team as a Green Beret, there are several married teammates that would seek employment elsewhere for the health of our marriages." – Survey Comment from Male, E7-E9

This type of isolation negatively affects unit cohesion as women are often excluded from casual conversations and social events, both at home station and deployed "which is where a lot of business happens" according to many officers. One company grade officer described an engagement with a team member's spouse – "I went to a hail and farewell, two spouses

approached me and told me not to talk or text my husband outside of duty hours.” This is problematic for a variety of reasons as Soldiers communicate at all hours of the day and night as required to accomplish the mission, particularly when serving in leadership positions. This communication barrier has the potential for catastrophic consequences if not addressed. Another officer illustrated the severity of the jealousy she experienced, stating “when I was a lieutenant, I was in a [redacted] unit and if I didn’t make an effort to be friends with the wives, then they assumed I was trying to sleep with their husband.”

Of note, during command team interviews at some of the Special Forces Groups, spousal concerns emerged as a primary barrier to full integration of women into the 18-series career field, particularly with women serving on Teams.

Loneliness Increases with Rank and Position. Very similar to the senior NCO population, a sense of loneliness appears to increase as female officers progress in their careers as fewer females hold senior positions within USASOC. Common focus group discussions described situations where women were the “*only woman*” in the building or staff section. With full acknowledgement that working with all male coworkers doesn’t directly affect one’s ability to function and excel, the majority of women prefer to have one or two other ladies to interact with on a daily basis. Reports of women seeking out other women within their organizations were very prevalent as described by several field grade officers:

“I know this sounds weird but I remember seeing another woman in the restroom but I wasn’t sure if she was just TDY so I didn’t say anything to her. After a couple weeks I saw her again so I assumed she must be work in the building. So, I introduced myself. That was many years ago and we’re still good friends.”

“When I found out there was another female [rank redacted] assigned here, there may have been a little happy dance that happened.”

Quality of Life

Life in ARSOF versus Conventional Army. Among ARSOF women service members, 57% feel that women in ARSOF are in a better situation than those in conventional Army units. However, 38% of women believe that ARSOF leaders are more cognizant of the biases and challenges facing women than conventional Army leaders. In spite of this, there is a strong desire among women to remain in USASOC formations.

Why Do Women Want to Stay in ARSOF? 62% of women reported a desire and intent to remain in ARSOF. Eisenberger et al. (1986) found that the social exchange view of employee commitment to an organization is largely influenced by an employee’s perception of organizational support (POS) to them. Perceived organizational support (POS) is valuable since it provides reassurance that the organization is ready to offer its support when it is needed: in

order to do one's job efficiently and to deal with potential setbacks (Piotrowski et al., 2020). During focus group discussions, it became evident that women in ARSOF across all rank demographics felt the ARSOF culture, family-centric ideology, and opportunities for professional development were the primary factors influencing their intent to remain in ARSOF as long as possible. Though many female Soldiers in ARSOF are support MOSs and they must return to conventional Army to take positions that ensure career progression, over two-thirds (62%) would like to remain in the USASOC enterprise. Many of these discussions were compared to their time in the conventional Army and further described below.

Top 5 Influencers for Female Soldiers to Remain in ARSOF

1. **Military Lifestyle**
2. **Valued Member of the team**
3. **Stability**
4. **Trust**
5. **Leadership at the Unit**

Strong Influence	Moderate Influence	Slight Influence
Valued Member of Team	Inclusion	Unit Manning
Stability	Promotion Opportunities	Senior Army Leadership
Military Lifestyle	Unit Resources	Unit Readiness
Trust	Equal Employment Opportunities	Number/Duration of TDYs
Retirement Benefits	Unit Manning	Unit Resources

Culture. According to the “Army People Strategy,” culture consists of the foundational values, beliefs and behaviors that drive an organization’s social environment, and it plays a vital role in mission accomplishment. For many women in focus group conversations, there was a spectrum of ARSOF culture ranging from “*feeling valued*” to a perception of “*its green berets verses me*.” For women newly assigned, they described a major culture shock of being “*micromanaged*” in the conventional Army to a more common sense approach in ARSOF (i.e., “*being treated like an adult*”, “*flexibility*”, and “*big-girl rules*”). The culture was also depicted as formal (conventional Army) to informal (ARSOF) in terms of the workplace environment. Though the informal environment was praised by junior enlisted Soldiers and junior NCOs, it was stated many times that when junior enlisted Soldiers are assigned to an ARSOF unit, it creates an unprofessional environment (e.g., addressing seniors by their first name). Senior NCOs and officers spoke of expectation management and the need to prepare them to return to the conventional Army. The ARSOF culture has created an environment where many women who do not hold an ARSOF MOS wish to remain because they feel valued and their performance is recognized.

“I felt less gender discrimination in ARSOF than conventional. It’s about performance, not reputation.” – O4-O5

“Professionalism is so much better. Lots of great mentors – you don’t get that in the big Army.” – E7-E9

“The bar is a lot higher here.” – E5-E6

“I didn’t plan to stay in but I’ve had a great experience so far.” – E1-E4

“I feel valued – my opinion is valued, and my professional work is valued.” – O1-O3

“I don’t ever want to leave ARSOF. This is the first time I’ve ever had stability and leadership that cares for my family” – E5-E6

Family-Centric Environment. The majority of focus group participants stated they were support MOSs and spent many years assigned to the conventional Army prior to their current assignment. The average number of years assigned to an ARSOF unit was 3.7 years (see Table 5). Their experience in ARSOF was repeatedly described as family centric. The Command priority of “People First” has been heavily emphasized from the USASOC HQ down to the company level and demonstrated with increased time off, scheduling of deployments, and flexibility to care for family all while maintaining optimal unit readiness.

A senior NCO shared that she was approached by a Command Warrant Officer from the conventional Army and asked, what makes ARSOF better? She stated *“Parents don’t meet their baby for the first time on a video call. It doesn’t happen here. If you know you’re going to have a baby, you either deploy later or come home early.”* Another senior NCO shared that since being in her ARSOF unit, she has been able to maintain a good work-life balance and is *“more visible at home.”* Flexibly to care for family during the COVID-19 pandemic was also a repeated theme among all rank demographics. Soldiers shared that they were told *“do what you need to do to take care of your child,”* including telework and alternating in-person workdays within units.

Professional Development Opportunities. In addition to a family-centric work environment, increased emphasis and access to professional development was frequently described. Particularly among Soldiers in support MOSs, professional development opportunities in USASOC exceed those from previous conventional Army units. Since a Soldier’s success does not depend on the number or type of positions held, but rather on the quality of duty performance in every assignment (DA PAM 600-3), Soldier’s assigned to USASOC units typically have more exposure to joint operations and receive far more advanced training than those in conventional Army units. Thus, allowing Soldier’s with experience in USASOC units to stand-out from their peers in a positive light for career progression and promotion. Additionally, one Soldier shared that there were three Soldiers enrolled in Skill Bridge as they transition out of the Army. Others shared *“the unit is sending me to trainings to help me progress; there are way more opportunities in ARSOF.”*

Supporting Daughters and Sons in ARSOF. The Women in ARSOF Survey revealed that the majority of ARSOF service members would support their children’s desire to pursue a career within Army Special Operations. 72% of **women** and 64% of **men** reported they would support their daughter’s decision to serve in ARSOF while 85% of **women** and 89% of **men** will support their son’s decision. These statistics indicate a strong positive relationship between Special Operations service and quality of life, especially when comparing these data points to the annual Blue Star Families – *Military Family Lifestyle Survey* findings. Based on responses from the 2020 Blue Star Families survey, only 39% would recommend service to their daughters while 51% would recommend service to their sons (*service* includes all forms of military service).

Blue Star Families conducted its 11th annual Military Family Lifestyle Survey from September to October 2020. Capturing experiences of nearly 11,000 respondents worldwide, and generating millions of data points, it remains the largest and most comprehensive survey of active-duty, National Guard, and Reserve service members, veterans, and their families. (Blue Star Families, 2020)

In order to better understand these figures, researchers prompted focus group participants to discover the root-cause behind these high percentages rates in USASOC. Among women service members, the most prevalent theme is best summarized by a statement from a company grade officer – *“I am a SOF Soldier, not a female SOF Soldier. This is the biggest change in equality I’ve felt since switching to SOF.”*

Why Do Women Want to Leave ARSOF? With the understanding that many female Soldiers in ARSOF are support MOSs and must return to the conventional Army to take positions to ensure career progression, 38% of women reported a desire and intent to leave ARSOF. Focus group discussions on why women want to separate revolved around work-life balance (E5-E6, O1-O3) and going to college for a commissioning opportunity (E1-E4). The research team did not directly address this topic during focus group discussions; the aforementioned reasons were derived from ARSOF versus conventional Army conversations. However, based on the Women in ARSOF Survey findings, the top five influences for female Soldiers to leave ARSOF and level of influences based on the survey are below:

Top 5 Influencers for Female Soldiers to Leave ARSOF

- 1. Work-Life Balance**
- 2. Military Lifestyle**
- 3. Civilian Employment Opportunities**
- 4. Trust**
- 5. Leadership at the Unit**

Strong Influence	Moderate Influence	Slight Influence
Work-Life Balance	Military Lifestyle	Inclusion
Civilian Employment Opportunities	Sexual or Gender Discrimination	Valued Member of Team
Leadership at the Unit	Trust	Sexual or Gender Discrimination
Stability	Inclusion	Trust
Trust	Valued Member of Team	Military Lifestyle

Recommendations

NOTE: For a list of updates on the below recommendations please refer to Appendix A

Address Barracks Concerns

- (1) **Conduct a USASOC-Wide Barracks Assessment.** Based on the number of reports received related to cleanliness and potential health concerns (mold), recommend an independent assessment of Soldier living conditions with a focus on health and safety.
- (2) **Enforce Barracks Manager and Staff Duty Accountability.** At nearly every USASOC unit that participated in this study, on multiple installations, Soldiers residing in the barracks reported the absence of barracks managers and staff duty personnel as a problem. Recommend reviewing current barracks and staff duty policies to ensure responsibilities are clearly articulated and assigned NCOs and officers are accountable.
- (3) **Consider RFID Lock Installation.** A rough order magnitude cost for installation is between \$125,000 to \$150,000 for 144-person, 3-floor, barracks configuration similar to some of the barracks on Fort Bragg.

Note: Garrisons will not replace or install RFID lock systems as real property common level of service. Units, HQDA, or SOCOM must fund, install, and sustain RFID lock systems as unit personal property.

Recognize and Address Isolation and Loneliness

- (4) **Explore Programs for Single Parents and Unmarried Soldiers.** Although the BOSS (Better Opportunities for Single Soldiers) is available to single Soldiers, it is tailored toward the junior ranks.
- (5) **Inform the Force About the Strong Bonds Program.** Numerous single parents reported a desire to take advantage of the Strong Bonds Program, citing examples such as the “Five Love Languages” program of instruction. Dr. Gary Chapman, author of the *5 Love Languages*, has several other series that may be beneficial including the *5 Love Languages for Singles, Teenagers, Children, and Couples*. It is not common knowledge among USASOC Soldiers that single parents can attend Strong Bonds events, recommend dissemination via Chaplain channels down to the lowest echelons.
- (6) **Have the Hard Conversations.** One company grade officer asked “*why isn’t there a conversation with men about having touchy conversations with their wives?*” Nearly all the female study participants from the Special Forces Groups held a support MOS. This allows for some degree of physical separation while in garrison, during training, and in deployed environments. At the time of this report there are only three 18-series female Soldiers in USASOC, therefore as women begin to fill more roles in Special Forces, particularly at the Team level, conversations with spouses (or significant others) will become vital to mission success. As previously mentioned, this is less of a concern in some units as women have held a variety of positions and those units have been fully integrated for many years.

Chapter 10. Pregnancy and Postpartum

Pregnancy has a significant impact on physical fitness and readiness for female Soldiers. The Defense Advisory Committee on the Women in the Services (DACOWITS) 2019 Focus Group Report captured that the time required for planning and carrying a pregnancy to term could negatively affect women's careers, and servicewomen felt pressured to time their pregnancies around significant career milestones or avoid having children to prevent being viewed negatively. While each woman's career and personal situation differs, determining the "right" time to plan a child has proven to be difficult. Based on focus group discussions, the optimal time for officers is during intermediate level education (ILE), but enlisted Soldiers cannot attend professional military education (PME) on a pregnancy profile thus further complicating family planning.

Prior research with U.S. Army Soldiers identified multiple barriers to postpartum exercise, including limited time, lack of childcare, financial costs of gym memberships and equipment, fatigue, negative self-image, and poor social support (DeGroot et al., 2021). These findings were well in line with this study; both pregnancy and postpartum challenges were identified in the Women in ARSOF Survey and further explored in focus group discussions with women across all rank demographics. The Women in ARSOF Survey identified the top five postpartum challenges for women as (1) postpartum depression, anxiety, and stress, (2) the inability to function at the level of the rest of the unit, (3) lactation, (4) maternity leave, and (5) diastasis recti abdominis. Discussions within the focus groups added more context to these barriers such as difficulty obtaining access to pregnancy and postpartum specialists (e.g., OB/GYN, mental health clinicians, lactation consultants, nutritionists, and pelvic floor therapists), hindrances on career progression, lactation room locations, maternity uniforms, fertility concerns, and the events following a miscarriage under 20 weeks of gestation. The shared experiences of the women in ARSOF are further illustrated below.

"Pregnancy discrimination happens, you hear the guys talking."

Access to Pregnancy and Postpartum Specialists

One of the primary concerns discussed was access to specialists during pregnancy and postpartum. In recent studies, women have noted that there is an intense focus on women's health prenatally but care during the postpartum period is infrequent and late (Tully, Stuebe, & Verbiest, 2017). Many women in focus group discussions reported receiving only one postpartum check-up, at 6-8 weeks, that merely encompassed birth control selection and clearance to resume exercise. According to the American College of Obstetricians and Gynecologists (ACOG) (2018), comprehensive postpartum visits should include a full assessment of physical, social, and psychological well-being, including the following domains: mood and emotional well-being; infant care and feeding; sexuality, contraception, and birth spacing; sleep and fatigue; physical recovery from birth; chronic disease management; and health maintenance. Many women described several issues following the check-up, related to the "fourth trimester" (i.e., the 12-week period immediately following delivery) and the difficulty obtaining a specialty referral for continued care, if at all. The ACOG (2018) emphasizes that the "fourth trimester" can present considerable challenges for women, including lack of sleep,

fatigue, pain, breastfeeding difficulties, stress, new onset or exacerbation of mental health disorders, lack of sexual desire, and urinary incontinence. Instituting the recommended comprehensive assessment would address the four of the five top postpartum challenges, indicating the need to invest in and update plans of care to optimize the health of postpartum ARSOF Soldiers. Some of the challenges described by women in ARSOF are further elaborated below.

Profile Management. ARSOF Soldiers, including those in command positions, described challenges with poor profile management. For example, providers cutting and pasting verbiage for all Soldiers, instead of individualized plans of care. *“It needs to be tailored to the woman and her job”* was a common sentiment echoed across all rank demographics in focus group discussions. A senior enlisted Soldier shared her experience following a miscarriage, *“I had to see the unit PA the following Monday and was given two weeks of convalescent leave, but no profile.”* Additionally, during a command team interview, one company commander stated that while a Soldier is issued a postpartum profile, regulatory guidance is unclear when to stop the profile following a miscarriage and when to complete a record height/weight or AFPT. While there is a need to be compassionate with a return to duty, it can be difficult to balance and adhere to regulatory guidance.

Diastasis Recti Abdominis. Diastasis recti abdominis (DRA) is condition affecting approximately one-third of postpartum women and 16% of women with children in ARSOF.

Diastasis recti abdominis is a condition in which both rectus abdominis muscles disintegrate to the sides, this being accompanied by the extension of the linea alba tissue and bulging of the abdominal wall. DRA may result in the herniation of the abdominal viscera, but it is not a hernia per se. DRA is common in the female population during pregnancy and in the postpartum period. (Michalska et al., 2018)

Considering the role of the abdominal muscles in maintaining posture and engagement in physical activities, it is suspected that it may have an impact on trunk and pelvic stabilization, and can lead to poor posture, limitations during physical activity, as well as lumbo-pelvic pain and hip pain (Michalska et al., 2018). Despite these physical limitations, DRA is classified as a cosmetic issue and a majority of insurance companies (including Tricare) do not cover surgical repair regardless of symptoms (Rosen et al., 2019). This is problematic as a multitude of focus group participants that were diagnosed with DRA shared that they *“paid out of pocket”* for surgical repair. According to the American Society of Plastic Surgeons (2020), the average cost of an abdominoplasty is \$6,154; this does not include anesthesia or operating room facility fees. One participant reported that she had *“a 4-5 finger gap”* yet, she was not able to obtain a referral for specialty care. Another participant requested a referral to a pelvic health therapist, but was told *“it’s too early to go to pelvic floor therapy at 6 months postpartum.”* Women in ARSOF are paying out of pocket for surgical repairs that could be prevented with access to specialty care. Additionally this condition was mentioned in reference to upcoming Army Combat Fitness Test (ACFT) and the leg-tuck component, due to the need of core strength.

Mental Health. The top challenge for postpartum women encompassed depression, anxiety, and stress. Women in the military are at a higher risk of postpartum depression compared with nonmilitary populations. Being in the Army was identified as a unique risk factor (Nguyen, 2013), likely due to longer and more frequent deployments and rates of PTSD being higher for Active Duty Army women (Garcia, Myer, & Witkop, 2021). Focus group discussions uncovered that many women felt they struggled with postpartum depression, anxiety, and stress for various reasons such as limited access to care and embarrassment. One Soldier said *“I personally experienced postpartum depression, but I had the requisite experience to recognize it and seek treatment as someone in the mental health field.”* There was also an issue of continuity of care; it was reported that once women start treatment, their provider PCSs and they have to start over, leading many women to utilize Military One Source to avoid being “flagged” for continued care. Other women chose to use Military One Source to avoid negative perceptions, stating *“you don’t want anyone to think you’re weak.”*

Return to Physical Fitness. The inability to function at the level of the rest of the unit was identified as the second most prevalent challenge for postpartum Soldiers. While some of the impaired ability to function was mental, as described above, a major component was physical. As previously stated, research with U.S. Army Soldiers identified multiple barriers to postpartum exercise, including limited time, lack of childcare, financial costs of gym memberships and equipment, fatigue, negative self-image, and poor social support (DeGroot et al., 2021). These findings were in line with the experiences of women in ARSOF as well. Women struggled with time and location to exercise routinely. Though many women described installation level Pregnancy/Postpartum Physical Training Programs (P3T) at prior conventional Army units, women in ARSOF are not mandated to attend. Other options for pregnant and postpartum women include utilization of their unit Human Performance and Wellness Program (HPW) (formerly THOR-3).

USASOC Human Performance and Wellness (HPW) Program. The intent of the HPW program is to increase performance which, in turn, increases readiness for unit commanders. It is a commander’s program to maximize the human performance of the Special Operations Force (SOF) enterprise. The SOF enterprise includes all members and personnel assigned to a SOF designated unit. This is in contrast to what was reported in many focus group sessions as approximately half of all women stated that they are not “allowed” to utilize the program or resources because they are not an ARSOF MOS (18, 37, 38). It was evident that some units allow all Soldiers regardless of MOS to access the specialized services, which is in accordance with SOCOM Policy 10-12, but some units very clearly prohibit non-ARSOF Soldiers from utilizing these resources. Some are so extreme that gym equipment usage is limited or prohibited, exercise equipment is not allowed to be signed out, and non-18 series MOS Soldiers can only access facilities if they are training to attend a special school (i.e., Ranger). *“I can’t go because I’m not an 18-series”* and *“I’m a support person so I get to put to the back of the line”* were common sentiments echoed throughout many focus groups. In contrast, units that allowed universal access to HPW resources (i.e., strength conditioning, physical therapy, dietician, and nutritionist), women reported rapid recovery as amplified by a field grade officer saying *“I used THOR3 and had a tailored plan. I was able to pass my PT test at 6-months postpartum and meet height/weight standards.”* Of note, Soldiers in units that allowed universal access to the HPW resources reported higher rates of unit cohesion and feeling like everyone “is

on the same team,” which appears to help reduce with the “us [support MOS Soldiers] versus them [18-series Soldiers] mentality.”

In addition to limited access to the HPW program, many women struggle with issues related to height and weight. DeGroot et al. (2021) found that the risk for decreased performance on the APFT postpartum may be modifiable with careful monitoring of weight before and during pregnancy as well as early weight loss following pregnancy. One warrant officer stated, *“most of my stress is from having to take a PT test,”* a senior NCO stated *“as soon as I had my baby, I was worried about height/weight, and PT testing,”* and another stated *“I lost weight really fast in an unhealthy way,”* indicating the need for increased access to a dietician/nutritionist and a formalized USASOC Pregnancy/Postpartum Physical Training program.

Based data averages from the past 12 months, at any given time there are 82 pregnant Soldiers assigned to USASOC.

Miscarriage. Roughly 15 to 20 percent of all pregnancies in the United States end in miscarriage, as defined as the loss of a pregnancy occurring in the first 20 weeks of pregnancy. 14% of female ARSOF Soldiers reported that miscarriage resources and support were a challenge on the Women in ARSOF Survey. Response to loss can range from relief to devastation with much variability in the time required to achieve resolution (Swanson, 1999). Miscarriage is not just a women’s issue, it is human issue affecting both partners; emotional distress with enduring grief is common for many parents. This grief is often accompanied by a veil of silence or secrecy about the loss, creating feelings of isolation. The need for resources, specifically Chaplains and for the spouse to be with them, were common topics of discussion for women across focus groups. Many women offered to tell their story of loss and the support they did not receive from their leadership teams, specifically in terms of time off following the loss.

Lack of Convalescent Leave Standardization. Convalescent leave after completion of pregnancy (to include miscarriage) is determined on an individual basis, by the attending physician as written by DA PAM 40-502. AR 600-8-10 only addresses convalescent leave for the Soldier following the birth of the child. However the overwhelming sentiment from focus group participants across all rank demographics is that while women were given time off, it varied primarily based on rank and ability to self-advocate. One junior enlisted Soldier participant shared with tears in her eyes, *“I just miscarried on Thursday and I was given the weekend to recover.”* She was in a Tuesday focus group session, while the researchers offered to break, she wanted to share her story so other women have the possibility of better resources in the future. This was not uncommon to hear among the vulnerable population (E1-E6) in this study.

“I had to go to the local hospital for my miscarriage after the on-post hospital ER told me I was just having my period and refused to help me because I wasn’t “pregnant” in the system yet. The local hospital did the bloodwork and confirmed my lost pregnancy. I miscarried on a Sunday and went to the aid station on Monday. I got a week off but had to physically check in every day.” – E5-E6

“When I miscarried, the unit PA gave me one day off, but the off-post doctor recommended 3 weeks.” – E1-E4

During the course of this study, the U.S. Air Force published updates to Air Force Instruction (AFI) 36-3003, Military Leave Program and Air Force Manual (AFMAN) 41-210, Tricare Operations and Patient Administration to include an authorized period of recovery for all women suffering miscarriage and stillbirth. Commanders are now required to grant convalescent leave for no less than the minimum durations stipulated, dependent upon the gestational age of the fetus (see below) and creates a standardized profile minimum. A similar policy for USASOC personnel is highly recommended given the traumatic and extremely personal time of loss. This recommended policy could benefit all ARSOF Soldiers, to include Active Duty spouses, during a time of mourning.

Gestation (Weeks + Days)	Convalescent Leave Minimum	Profile Minimum	Additional Notes
<u>First Trimester</u> Less than or equal to twelve weeks and zero days ($\leq 12+0$)	7 days	60 days no Physical Fitness Testing (PFT)	With or without surgical intervention
<u>Second Trimester</u> Twelve weeks, one day to sixteen weeks, zero days ($12+1 - 16+0$)	14 days	180 days no PFT testing	With or without surgical intervention
<u>Second Trimester</u> Sixteen weeks, one day to nineteen weeks, six days ($16+1 - 19+6$)	21 days	180 days no PFT testing	In accordance with DAFI 34-501 and the commonly used definition for 'fetal death', if neonate is $>20+0$ weeks gestation OR has a fetal weight of 350 grams or more, mother should receive 42 days of convalescent leave. In cases of multiple pregnancies (such as twins or triplets), if one fetus meets the fetal weight of 350 grams or more, mother should receive 42 days convalescent leave).
<u>Second Trimester</u> Twenty weeks, zero days to twenty seven weeks, six days ($20+0 - 27+6$)	42 days	365 days no PFT testing	-
<u>Third Trimester</u> Twenty eight weeks, zero days to term ($28+0 - \text{term}$)	42 days	365 days no PFT testing	-

Adapted from AFMAN 41-210, Table 4.1, 22 June 2021

Lactation. Research has documented significant benefits of breastfeeding on the postpartum mother, such as weight loss and exercise tolerance. DeGroot et al. (2021) found a benefit of breastfeeding on physical fitness as mothers who were breastfeeding at two months had higher pass rates (on the ACFT) than did those that never breastfed. These benefits have been recognized within the U.S. Army and is supported with Army Regulation 600-20, Army Command Policy (2020), section 5-5. Women across all rank demographics described three

primary challenges with lactation, (1) access to a designated private space to express milk, (2) access to a lactation consultant, and (3) general support from leadership.

Lactation Rooms. AR 600-20 states that Commanders will designate a private space, other than a restroom, with locking capabilities for a Soldier to breastfeed or express milk. Commanders will also ensure Soldiers have adequate time to express milk but must be aware that each situation is unique. A common sentiment across E1-E4, E5-E6, and O1-O3 focus groups was agreement that though there is a regulation, it is not enforced and women are pumping in restrooms because their company and/or battalion do not have a designated space. Many women in senior NCO and field grade officer focus groups report having the luxury of their own office which helps alleviate some of the concerns. One woman shared, *“I had supportive leadership – I kept my milk in the fridge and had my own office to pump.”* Some women also reported that they had a lactation room in their area, but only because *“female leadership made it happen.”* Other women shared that if there was a lactation room, they were not aware of the location.

Lactation Consultants. Access to a lactation consultant was voiced as difficult to obtain. One company grade officer stated that *“I learned how to pump at work, and all things lactation on social media.”* Other women reported booking appointments weeks out and the lactation consultant failing to show up for the appointment. For some other women, there was a general lack of knowledge on how to schedule consults with a lactation consultant.

Leader Support for Lactating Women. An overall echoed sentiment was that leadership needs to have a better understanding of lactating women and the requirements associated with supporting these mothers. Some women stated they received feedback from their leadership that they were *“taking another break.”* Leadership across the ranks may need an education on how often and when lactating women need to express milk. For example, new mothers commonly express milk every two to three hours for 15 to 30 minutes, but this timeframe may change as the child ages. When a child is six months old and begins eating solid foods, the number of breaks a Soldier needs to breastfeed or express milk may decrease (AR 600-20).

Convalescent and Parental Leave

In addition to the aforementioned issue of convalescent leave for Women in ARSOF who suffer a miscarriage, 23% of survey participants identified convalescent leave as a challenge for other reasons, such as guilt and impact on evaluations. The update and expansion of Military Parental Leave has been helpful for many parents in terms of bonding with the child, extra time for CDC waitlists, and time to prepare (both mentally and physically) for a return to full duty. Garcia, Meyer, & Witkop (2021) found that full utilization of maternity leave has been shown to decrease postpartum depression among active duty military women. While 82% of women reported using the full duration of convalescent and parental leave, many women in focus groups discussed guilt associated with being away from work for an extended amount of time, specifically in relation to rated time on evaluations.

Conversations about the feelings of guilt were primarily related to obligations to Soldiers, the inappropriate co-worker perception they were *“on vacation,”* and an internalized need to fix many things upon their return. Other women discussed the pressure to return from leave early

due to unrated time on evaluations or to attend a school or take a position. Most positions involve work that is highly interdependent on other members of the organization, which places a considerable demand on raters to assess and articulate how much an individual contributed to the output of the group (Evans & Robinson, 2020). The opinion of many women was that they were *“out of sight, out of mind”* while on maternity leave. One company grade officer remarked, *“I just had a baby and they moved my job while on I was on maternity leave.”*

Infertility

Career progression is the number one reason women without children have decided not to have children. However, once these women get into positions with increased rank which may afford the flexibility to have children, they often face infertility issues due to age. A woman's reproductive lifespan is entirely dependent on the number of oocytes with which she is born. A decline in oocyte quantity and quality occurs gradually, but begins to accelerate after the age of 32 and even more quickly after the age of 37 (Martini & Doyle, 2019). These women voiced concerns that they may never be able to have children because they waited too long and they were not aware of any fertility preservation methods covered by insurance. Historically, there have been no formal policies through the active duty military health care program (TRICARE) that provide coverage for assisted reproductive technology (ART) or gamete cryopreservation. Currently, the exceedingly costly option to pursue fertility preservation falls upon the Soldier. The Society for Assisted Reproductive Technology estimates that the average cost of one in-vitro fertilization (IVF) cycle (i.e., egg/sperm harvest, fertilization, and implantation) in the United States ranges from \$10,000 to \$15,000. In addition to ART, some Soldiers shared that they are paying out-of-pocket for oocyte storage due to operational tempo and aging, *“I have deployment coming up and I’m not getting any younger.”*

Fertility Clinics. There are currently seven military fertility clinics across the United States. Three of which, Madigan Army Medical Center (Tacoma, WA), Walter Reed National Military Medical Center (Bethesda, MD), and Womack Army Medical Center (Fayetteville, NC) are geographically available for women in ARSOF. The CDC estimates that 16.8% of married females in the United States, aged 25-44, experience infertility and received infertility services (CDC, 2017). In comparison to civilian IVF services, space-available IVF services at select DOD hospitals (e.g., Walter Reed ART Institute) range from \$4,800 to \$7,000 per cycle (Congressional Research Service, 2021). One Soldier undergoing infertility treatment stated, *“though my leadership is very supportive of my appointments, TRICARE doesn’t cover much so it’s financially challenging.”* In addition to the testimony of women in ARSOF, a participant shared that he would not have been able to afford IVF treatments for his wife, if it had not been for the numerous deployment and TDY opportunities. Furthermore, these costly services are exacerbated by the prolonged waitlists of 6- 12 months to receive care. Another, woman shared challenges with the language used on the referral to the infertility clinic, saying *“it needs to be specific to make the referral correct.”*

Self-Limitation

Parents, and especially mothers, feel they should be able to be both an ideal worker and a good family member because it is perceived that other parents and women are able to do so (LaGraff,

2020). Reintegrating into work following childbirth was a challenge; many women spoke of the guilt associated with “*having my head in the game*” generating the perceived need to reduce responsibilities at work to ensure the mission is successful. There was an overwhelming sentiment of self-limitation and guilt across multiple focus groups. One NCO said, “*I had a hard conversation with my CSM and told him I wanted to start a family with my husband. I asked if I needed to move to a staff job/vacate an operational billet. He said absolutely not, Soldiers with families are stable.*” Other women reported voluntarily moving positions to have a baby so they did not negatively impact mission demands and felt guilty for choosing a family. A field grade officer admitted that she turned down a command opportunity because she has a two and four year-old at home. She felt that she could not do both jobs full time and needed to choose between her Soldiers and her children.

“I told my Commander (that I was pregnant) when I was three months into command. I told him to replace me because I was having twins. I didn’t think I would be as effective.”

Uniforms

First time mothers often reported challenges acquiring Maternity Utility Uniforms simply due to the unknown process of drawing and exchanging sizes from CIF with a copy of their pregnancy profile and signed memorandum from the unit commander. Currently, there is no list of resources or published processes on how to get uniforms and many women seek other women that have had children on active duty to help them navigate the system.

Recommendations

NOTE: For a list of updates on the below recommendations please refer to Appendix A

- (1) Review profiling process and management for pregnant and postpartum Soldiers.
- (2) Routinely screen for Diastasis Recti Abdominis at an appropriate postpartum timeframe.
- (3) Routinely screen for mental health needs at an appropriate postpartum timeframe.
- (4) Expand the HPW Program (formerly known as THOR3) resources to all Soldiers assigned to a USASOC unit, regardless of MOS.
- (5) Create a USASOC P3T Program for pregnant and postpartum Soldiers, potentially within HPW.
- (6) Create, publish, and distribute a USASOC miscarriage policy for Soldiers and spouses that miscarry under 20 weeks.
- (7) Educate leaders on pregnant and postpartum Soldiers.
- (8) Review Army lactation policy to ensure rooms are readily available for lactating Soldiers; if no room is available due to age of the building consider leasing or purchasing lactation pods.

Chapter 11. Access to Women's Health Care

Women's healthcare was not initially identified as a challenge on the Women in ARSOF Survey, however throughout focus group discussions it was identified as women spoke of difficulty accessing care during pregnancy and postpartum. Once these women spoke of challenges, women without children provided additional context with their encounters. Timely access to healthcare is essential to ensuring optimal health outcomes and readiness. Manski et al. (2014) identified a range of barriers to accessing medical care in deployment settings, including confidentiality concerns, lack of female providers, and health-seeking stigma, which were reported to disproportionately impact reproductive health access. There is evidence to suggest female veterans experience potentially modifiable barriers that contribute to delayed health care or unmet health care needs (Washington et al., 2011). Overall themes gathered through focus group discussions included difficulty gaining access or referral to the women's health clinic, contraception, fertility, and hormone monitoring indicating a need for a women's healthcare advocate at USASOC.

Access and Referrals

According to the ACOG (2021), it is essential that obstetrician–gynecologists are knowledgeable and prepared to address the unique risks to women's reproductive health that are associated with military service. Junior enlisted Soldiers spoke of the difficulty attaining a referral to a women's clinic or specialist for women-specific healthcare needs; this is likely due to the inability to self-advocate due to age, rank, and overall lack of standardization for the referral processes at each installation. In addition to difficulty obtaining a referral, it seems that each installation has a different process to access the women's clinic. A company grade officer discussed how she was unaware that the unit PA could generate referrals to specialty clinics and another shared *“we don't have enough resources at the unit, so you have to get a referral to installation.”*

Many women across all demographics shared their proclivity to request female physicians because *“they understand”* however, many women reported facing backlash for not using their unit PA or trusting a male provider. One Soldier described feelings of dismissal when receiving care from her male provider in an example where she sought care for heavy menstruation occurring over a four year period, *“he said it was normal but once I requested a female, she did a full working up, actually diagnosed my condition, and created a treatment plan.”*

Contraception

Reports suggest that around 55% of pregnancies in service women are unintended and due to knowledge and support of contraceptive use (Hosker, 2018). In addition to these barriers, junior enlisted Soldiers report an added barrier to receiving contraception was an association with promiscuity or “judgement.” A junior enlisted Soldier shared that when she asked her first-line supervisor how to get birth control, his response was *“who are you sleeping with?”* This sentiment was common throughout this population and it seems that younger service members are unaware of installation birth control clinics and options. One company grade officer reported that her mother sends her birth control from home because she didn't *“know where to go and it was easier that way.”* In addition to avoiding an unintended pregnancy, hormonal contraceptives

are commonly used to treat menstrual symptoms to regulate or suppress menstrual cycles, especially during deployments. Many women shared stories of intrauterine device (IUD) insertion but not being given quarters for the heavy bleeding and pain following the procedure. Supporting accounts of conception related barriers include:

“Every time I go to the hospital or deploy, I have to get a pregnancy test but I’m gay. It won’t happen. I had to decline birth control and sign a counseling statement. They made my wife get an IUD before her deployment.” – O1-O3

“Womack doesn’t fit for diaphragms. They said they don’t do it and to just use condoms.” – O1-O3

“Some providers won’t prescribe birth control due to their religious beliefs. That’s fine, but don’t schedule with me with them when that’s the appointment I planned.” – E5-E6

“I was scheduled for an IUD placement with my unit PA. He asked me if it was okay for some 18Ds to watch for educational purposes, but the guys looked familiar because I’ve seen them at group so I said no.” – E5-E6

Fertility and Hormone Regulation

As previously stated in this study, the number one reason women without children have decided not to have children is due to career progression. Senior NCOs and officers spoke of postponing children in order to deploy and attend schools required for career advancement. This demographic of women across all focus groups shared the need for a checklist and education on how to preserve oocytes; questions such as *“how can I freeze my eggs?”*, *“what’s covered by TRICARE?”*, and *“how do I start the process?”* were common and addressed in Chapter 10, **Pregnancy and Postpartum**, of this study.

Access to Nutritionist and Dieticians. As well as fertility concerns, the need for unobstructed access to a nutritionist was discussed in relation to reproductive health and overall well-being. Wardle et al. (2021) indicated that female Soldiers would benefit from ensuring adequate iron, vitamin D and calcium intake to protect bone health, and adequate protein and energy to support muscle mass growth/preservation and reproductive function. However, many women, particularly those assigned to Special Forces Groups, stated that they did not have access to their unit Human Performance and Wellness Program dietician (often referred to as THOR3), citing the dietician only supports 18-series Soldiers.

Challenges with Endocrinologists Referrals. Challenges attaining a referral to an endocrinologist were discussed in relation to hormone regulation for reproductive health and overall well-being. Women seeking a baseline hormone check for fertility and overall wellness was also a collective opinion shared by many, especially for those choosing not to have children to due career obligations. A senior NCO compared the difference between men and women seeking hormone monitoring and regulation, *“men can get Viagra and testosterone, but I can’t check my hormones to make sure I’m healthy.”* Another woman shared her struggle with the

referral process despite an inherited predisposition to thyroid issues, *“it took a year and a half to get into an endocrinologist and I have to call every year to set up bloodwork and imaging.”*

Hormone Monitoring Works. A senior NCO shared the importance of regular hormone monitoring through a serendipitous encounter with a research team conducting a study on female service members’ athletic performance. She explained part of the study required bloodwork and was shocked to learn her bloodwork was abnormal, later learning she had thyroid cancer. Her symptoms of weight loss and fatigue were initially explained away by stress however, the early discovery of her cancer led to successful treatment and return to duty.

Recommendations

NOTE: For a list of updates on the below recommendations please refer to Appendix A

- (1) Create or appoint a USASOC women’s health advocate to ensure women’s health is a priority for the Command and represent USASOC to the Army Women’s Initiative Team.
- (2) Expand HPW Program (formerly known as THOR3) resources to all Soldiers assigned to a USASOC unit, regardless of MOS.
- (3) Compile information on women’s health and birth control clinics for each installation, annotating time, location, and process for making an appointment. Then distribute this information to all USASOC Soldiers.
- (4) Increase focus on hormone monitoring for female Soldiers across USASOC.
- (5) Publish and share the process for access to the infertility clinic.
- (6) Publish and share the process for oocyte preservation.

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NOTE: Actions taken by USASOC and the Army since the release of the Women in ARSOF Study in December 2021 are highlighted in **green** and **amber** font.

Appendix A. Recommendations for Action

Overall:

- (1) Create an email distribution list focused on women's issues to ensure all Soldiers and Civilians across USASOC receive pertinent information related to gender issues (e.g., change in Policy or Regulation).
 - **Complete** – USASOC appointed a Women in ARSOF (WiA) Initiative Lead that focuses on female specific modernization efforts across the DOTmLPP-P, mentorship and sponsorship, and health & readiness.
 - **Complete** – Established a WiA MS Teams channel, portal, and SharePoint page.
 - **Complete** – USASOC released the WiA Newsletter Series throughout 2022 and 2023. The Newsletters are designed to educate and update the force by combining data taken from the WiA Study and adding any action steps taken on recommendations.

Chapter 4: Gender Bias

- **Complete** – Newsletter: *Women in ARSOF Series, Issue 3 – Gender Bias* released to the force in 2022.
- (2) Generate Self-Awareness at USAJFKSWCS Professional Courses.
 - **In progress** – WiA Study Findings & WiA Initiative integrated into the ARSOF PCC and onboarding processes within USAJFKSWCS.
 - (3) Message to the Force. To facilitate maximum integration efforts, USASOC Senior Leaders should consider sending a message to the force that clearly communicates gender bias and sexism will not be tolerated in any form.
 - **Complete** – Newsletter: *Women in ARSOF Series, Issue 1 – Study Overview* released by USASOC CG in 2022.

Chapter 5: Equipment Fitting

- **Complete** – Newsletter: *Women in ARSOF Series, Issue 2 – Equipment Fitting* released to the force in 2022.
- **In progress** – The WiA Initiative Lead is in collaboration with Army DEVCOM and PEO Soldier for new equipment prototype testing/assessments for body armor, helmets, load bearing equipment, uniforms/clothing, and female urinary devices.

Body Armor

- (4) Pursue an Modular Scalable Vest (MSV) fielding for USASOC units.

- **Complete** – MSV field testing in Fall 2022; ongoing equipment fitting events for anthropometrics in conjunction with DEVCOM.

- **In progress** – USASOC close combat forces will receive MSV in accordance with Army fielding guidance.

Advanced Combat Helmet (ACH)

(5) Review the sizing requirements for the ACH.

- **In progress** – Coordination with DEVCOM is ongoing.
- **In progress** – USASOC is conducting a limited user evaluation for helmet straps adjustable to varying hair types.

(6) Update all USASOC airborne operations policies to ensure the wear of ponytails and braids are properly addressed to prevent potentially catastrophic events.

- **In progress** – USASOC is assessing if a policy is needed or if the Army Policy is sufficient.

MOLLE Ruck System

(7) Review the sizing requirements for the MOLLE ruck system.

- **In progress** – Coordination with DEVCOM is ongoing.

(8) Develop an informative video on different ways to configure the MOLLE ruck. A small number of women in the focus groups mentioned the ability to configure the ruck in such a way that it is less problematic. Identify these Soldiers and create a video and written guide with photographs that outlines these best practices.

- **In progress** – Awaiting the review of the MOLLE ruck system.
- **Complete** – Disseminated adjustment instructional video via MS TEAMS and portal page for USASOC SPEAR issued packs.

Bladder Relief

(9) Educate leaders and Soldier on the Female Urinary Diversion Device (FUDD), including how to request a purchase.

- **Complete** – WiA Newsletter Issue 2 addresses this topic and coordination with DEVCOM is ongoing.

(10) Pursue a disposable option and encourage unit level purchases to provide these tools to all assigned female Soldiers.

- **In progress** – User assessments with aviators occurred in November 2022, additional testing is ongoing.

(11) Assess the need for bladder relief in flight and the associated risks of intentional dehydration within the aviation community.

- **In progress** – User assessments with aviators occurred in November 2022, additional testing is ongoing.

Parachute Rigger Tables

(12) Evaluate the height of the rigger tables at every parachute packing facility to ensure all Soldiers regardless of gender can properly perform the necessary steps to safely pack parachutes.

- **In progress** – USASOC Staff is currently working.

Central Issue Facility

(13) Assess the current Soldier population and determine the number of Soldiers with oversized equipment and identify the problematic issue items before the next annual Menu Review Board.

- **In progress** – WiA Initiative is establishing a baseline of ARSOF Soldiers' sizes.

Chapter 6: Childcare

- **Complete** – Newsletter: *Women in ARSOF Series, Issue 4 - Childcare* released to the force in 2022.

Childcare Resources

(14) Develop a comprehensive list of all childcare resources available for Soldiers and disseminate through operations and command channels.

- **In progress** – USASOC Staff is currently working.

(15) Conduct a needs assessment for a 7th SFG Child Development Center.

- **Funding Approved** – USASOC leveraged Army and Air Force Secretaries to establish a Child Development Center (CDC) for 7th Special Forces Group (SFG) at Camp Bull Simons. The construction of a CDC for 7th SFG and funding (\$16M) has been identified for construction in FY25.

Family Care Plans

(16) Unit commanders should understand the constraints involved with preparing a family care plan and allow service members sufficient time to identify, review, and select their short term care givers. This may alleviate significant stress on service members in the event of a Family Care Plan activation.

- **Complete** – Army Directive 2022-06: Parenthood, Pregnancy, and Postpartum addresses this issue.

(17) Educate junior leaders on Family Care Plans. First line supervisors are acting without a commander's knowledge or consent and requiring Soldiers to activate Family Care Plans in avoidable situations.

- **In progress** – USAJFKSWCS is incorporating this topic into professional military education.

- **Complete** – Disseminated Army Family care plan presentation on MS teams and portal page for education and Leader Professional Development.

Chapter 7: Social Support

- **Complete** – Newsletter: *Women in ARSOF Series, Issue 5 – Social Support* released to the force in 2023.
- (18) Share the 10th Special Forces Group Women’s Mentorship Program as Best Practice across the enterprise.
- **In progress** – This information has been shared in the WiA Newsletter Issue 5, on the WiA Initiative Forums and at Professional Military Education Courses.
- (19) Rebrand the Young Lions program to an official sponsorship program for E8 and above.
- **Complete** – The Major General John K. Singlaub forum is a field grade leadership forum that brings together members (E7 and above) from all units, specialties, and backgrounds assigned to USASOC. The Young Lions program still exists and is a company grade mentorship program run at 1st Special Forces Command (Airborne).
- (20) Create a mentorship program for E7 and below.
- **In progress** – USASOC Staff is currently working.
- (21) Expand the Strong Bonds program to include unmarried couples.
- **In progress** – Building Strong and Ready Teams (BSRT) replaced Strong Bonds at the beginning of FY23. USASOC is exploring Command Funded Chaplain Led (CFCL) Family strengthening training options for unmarried Soldiers. In accordance with 10 U.S.C. §1789 and AR 165-1, commanders are authorized APFs (Major Force Program 2 funding) for local family strengthening programs and can fund, even at home station: transportation, food, lodging, supplies, fees, childcare, and training materials. CFCL events allow commanders to tailor Family strengthening training for their unique unit requirements.
- (22) Educate senior female Soldiers on desire from younger population for availability for mentorship.
- **In progress** – USAJFKSWCS is incorporating this topic into professional military education.
- (23) Encourage mentorship groups and explore the use of Operations & Maintenance funding at the group level.
- **In progress** – USASOC is exploring Command Funded Chaplain Led (CFCL) Family strengthening training options. In accordance with 10 U.S.C. §1789 and AR 165-1, commanders are authorized APFs (Major Force Program 2 funding) for local family strengthening programs and can fund, even at home station: transportation, food,

lodging, supplies, fees, childcare, and training materials. CFCL events allow commanders to tailor Family strengthening training for their unique unit requirements.

Chapter 8: Sexual Harassment

- **Complete** – Newsletter: *Women in ARSOF Series, Issue 6 – Sexual Harassment* released to the force in 2023.

(24) Educate and Empower Junior Leaders.

- **In progress** – In accordance with U.S. Army EXORD 110-22, Sexual Assault Prevention and Response for Commanders and Leaders Training.
- **In progress** – Implementing the Soldiers against Sexual Harassment (SASH) Program to improve knowledge of the SHARP Program resources, functions, and capabilities at 1st Special Forces Command (Airborne). SASH trains, employs, and empowers junior leaders (E1-E4, E4-E5 and O1-O2), under the supervision of the unit Sexual Assault Response Coordinator (SARC) and or the unit Victim Advocate (VA), to advocate, intervene, and prevent sexual harassment and assault.
- **Complete** – 75th Ranger Regiment conducted eight (8) iterations of the dating etiquette course, training over 200 initial entry Rangers since inception. The goal is to equip Rangers with proper tools and highlight awareness on sexual harassment and assault as a prevention effort and receive feedback from them on improvements for the SHARP Program.
- **In progress** – Developing a USASOC enterprise-wide Dating Etiquette Course (an adaptation of the 75th Ranger Regiment’s Dating Etiquette Course). The presentation is a progression of the Army’s SHARP program, which educates and empowers junior leaders through a foundation for dating, illustrating, and discussing healthy dating behaviors, dating etiquette, and tips.

(25) Inform Soldiers on the Outcomes of Sexual Harassment Allegations.

- **In progress** – USASOC is expanding the requirement of Army Directive 2022-12 para 5e to publicize disciplinary actions to include not only Sexual Assault/Sexual Harassment allegation outcomes, but also other disciplinary matters as well.

(26) Use more direct dissemination methods to reach Soldiers at lower echelons.

For example:

- a. Establish a USASOC level SHARP organization email account and provide monthly “justice reports.” Note: Although some units are currently providing these type of reports, a USASOC-wide report would be dual-purpose as it would demonstrate the commands commitment to the Soldier while also deterring would-be violators.
- b. Utilize computer pop-up announcements to give snapshots of justice reports.

- **In progress** – USASOC is expanding the requirement of Army Directive 2022-12 para 5e to publicize disciplinary actions to include not only Sexual Assault/Sexual Harassment allegation outcomes, but also other disciplinary matters as well.

Chapter 9: Solider Morale, Well-Being, and Quality of Life

- **Complete** – Newsletter: *Women in ARSOF Series, Issue 7 – Soldier Morale, Well-Being, and Quality of Life* released to the force in 2023

(27) Address barracks concerns:

- a. Conduct a USASOC-Wide Barracks Assessment.
 - b. Enforce Barracks Manager and Staff Duty Accountability.
 - c. Consider RFID Lock Installation.
- **In progress** – With the support of Army Senior Leaders and the Installation Garrison Senior Commanders, USASOC garnered a total \$489M for barracks improvements in FY24, FY25, and FY26.

(28) Recognize and address isolation and loneliness.

- **In progress** – USASOC Staff is working to incorporate into professional military education.
 - a. Explore Programs for Single Parents and Unmarried Soldiers.
- **Complete** – Building Strong and Ready Teams (BSRT) replaced Strong Bonds at the beginning of FY23. Unmarried Soldiers have multiple programs available to them. BSRT offers training on relationships skills as well as holistic health for a richer life. The POTFF program also offers funding for Spiritual Domain programs for Unmarried Soldiers that offers morality, ethics and resiliency-oriented training.
 - b. Inform the Force About the Strong Bonds Program.
- **Complete** – Building Strong and Ready Teams (BSRT) replaced Strong Bonds at the beginning of FY23. In the past three fiscal quarters Unit Ministry Teams and Chaplain Sections at all echelons have provided instruction to their commanders, staff and units on the changes to the program.
- **In progress** – USASOC continuously informs the force about Command Funded Chaplain Led (CFCL) Family strengthening training options. In accordance with 10 U.S.C. §1789 and AR 165-1, commanders are authorized APFs (Major Force Program 2 funding) for local family strengthening programs and can fund, even at home station: transportation, food, lodging, supplies, fees, childcare, and training materials. CFCL events allow commanders to tailor Family strengthening training for their unique unit requirements.
 - c. Have the Hard Conversations.

- **In progress** – USASOC Staff is working to incorporate into professional military education.

Chapter 10: Pregnancy and Postpartum

- **Complete** – Newsletter: *Women in ARSOF Series, Issue 8 – Pregnancy and Postpartum* released to the force in 2023
 - **Complete** – Army Directive 2022-06: Parenthood, Pregnancy, and Postpartum tackles major challenges including miscarriages, postpartum leave, and leader education.
- (29) Review profiling process and management for pregnant and postpartum Soldiers.
- **In progress** – USASOC Staff is currently working. USASOC units must ensure women are given the opportunity to follow up with their women’s health providers (Obstetrician/Gynecologist, Family Practice, or Primary Care Manager) and with their child’s Pediatrician (who also screens new mothers for postpartum depression) for routine well child visits. USASOC units should identify gaps or access to care concerns in women’s health coverage and/or pediatrics.
- (30) Routinely screen for diastasis recti abdominis at an appropriate postpartum timeframe.
- **In progress** – USASOC Staff is currently working.
- (31) Routinely screen for mental health needs at an appropriate postpartum timeframe.
- **In progress** – Postpartum depression occurs in 10-20% of women who have recently given birth but is often not caught and/or treated. Current VA/DOD clinical practice guideline (2016) recommends screening using PHQ2 (Depression Screener) at 4-6 weeks and at 3-4 months. USASOC units must ensure women are given the opportunity to follow up with their women’s health providers (Obstetrician/Gynecologist, Family Practice, or Primary Care Manager) and with their child’s Pediatrician (who also screens new mothers for postpartum depression) for routine well child visits. USASOC units should identify gaps or access to care concerns in women’s health coverage and/or pediatrics.
- (32) Expand the HPW Program (formerly known as THOR3) resources to all Soldiers assigned to a USASOC unit, regardless of MOS.
- **Complete** – HPW Programs are commander’s programs for all Soldiers that can be prioritized based on unit mission, requirements, and deployment schedules.
- (33) Create a USASOC Pregnancy/postpartum Physical Training (P3T) for pregnant and postpartum Soldiers.
- **Complete** – The P3T Program is an installation activity. Individualized pre and postpartum performance plans should be developed in conjunction with the primary care provider. USASOC unit HPW staff are well positioned to provide quality training in support of many aspects of P3T.

- (34) Create, publish, and distribute a USASOC miscarriage policy for Soldiers and spouses that miscarry under 20-weeks.
- **Complete** – Addressed in Army Directive 2022-06.
- (35) Educate leaders on pregnant and postpartum Soldiers.
- **Complete** – Addressed in Army Directive 2022-06. Additionally, USD (P&R) Memorandum 23-001 codifies the DoD's parental leave policy as such:
 - 12 weeks for the birthparent, plus their allowed 42 weeks of convalescent leave
 - 12 weeks for the non-birthparent
 - Added stipulations for adoption, adoption-placement (including the use of a surrogate), and foster homing
- (36) Review Army lactation policy to ensure rooms are readily available for lactating Soldiers; if no room is available due to age of the building consider leasing or purchasing lactation pods.
- **Complete** – Addressed in Army Directive 2022-06.

Chapter 11: Access to Women's Health

- **Complete** – Newsletter: *Women in ARSOF Series, Issue 10 – Access to Women's Health Care* released to the force in 2023.
 - **Complete** – Army Directive 2022-06: Parenthood, Pregnancy, and Postpartum tackles major challenges including miscarriages, postpartum leave, and leader education.
 - **Complete** – Army Directive 2023-05: Administrative Absence for Non-covered Reproductive Health Care covers various reproductive health conditions not previously covered.
- (37) Create or appoint a USASOC women's health advocate to ensure women's health is a priority for the Command and represent USASOC to the Army Women's Initiative Team.
- **Complete** – USASOC has appointed a Women in ARSOF Initiative lead.
- (38) Expand HPW Program (formerly known as THOR3) resources to all Soldiers assigned to a USASOC unit, regardless of MOS.
- **Complete** – HPW Programs are commander's programs for all Soldiers that can be prioritized based on unit mission, requirements, and deployment schedules.
- (39) Compile information on women's health and birth control clinics for each installation, annotating time, location, and process for making an appointment. Then distribute this information to all USASOC Soldiers.
- **In progress** – USASOC Staff is currently working.

(40) Increase focus on hormone monitoring for female Soldiers across USASOC.

- **In progress** – USASOC Staff is currently working.

(41) Publish and share the process for access to the infertility clinic.

- **In progress** – USASOC Staff is currently working.

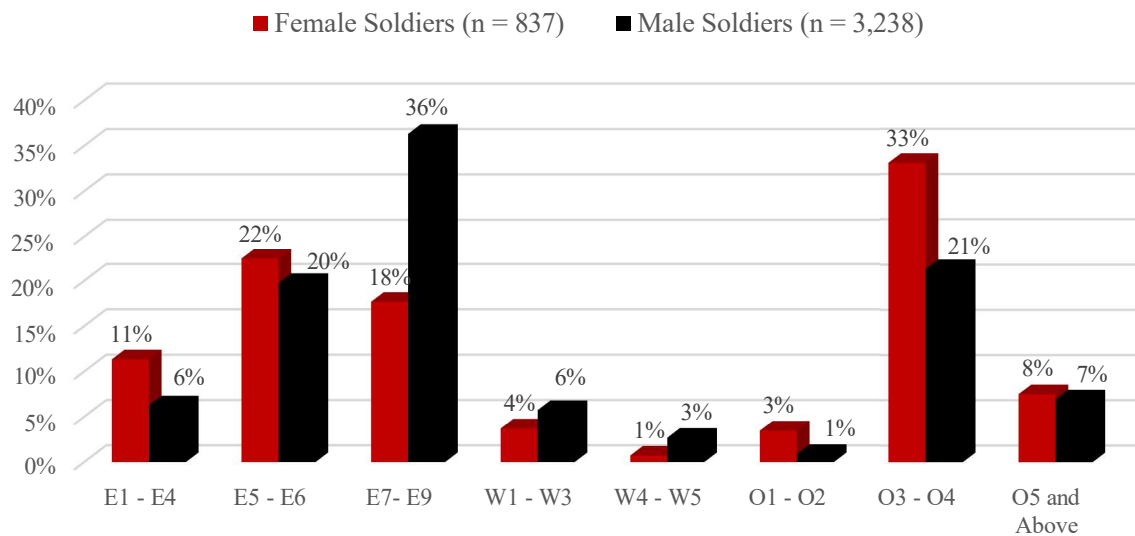
(42) Publish and share the process for oocyte preservation.

- **In progress** – USASOC Staff is currently working.

Appendix B. Women in ARSOF Survey Data

Numbers may not equal 5,010 or 100% due to rounding, participants selecting more than one option, and participants skipping questions.

Paygrade

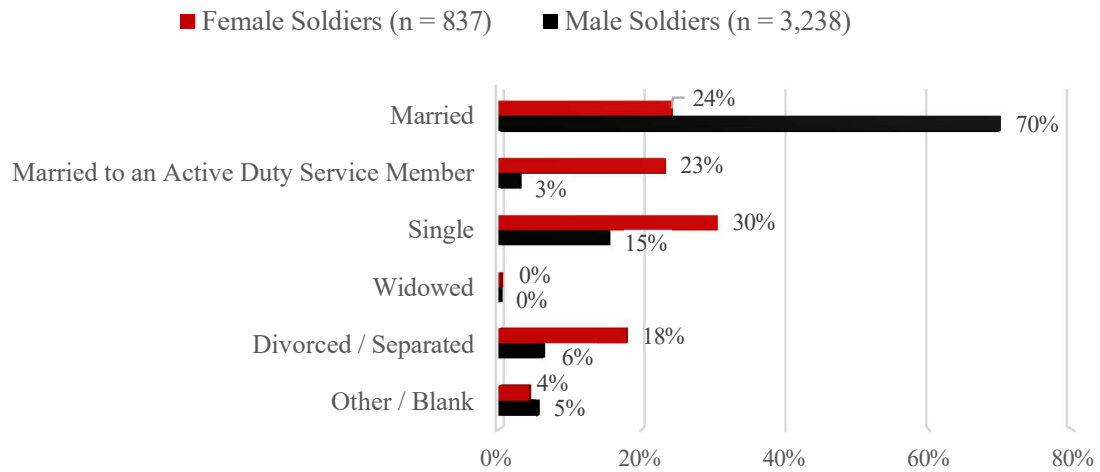


Unit Assigned, Female Soldiers (n = 837)

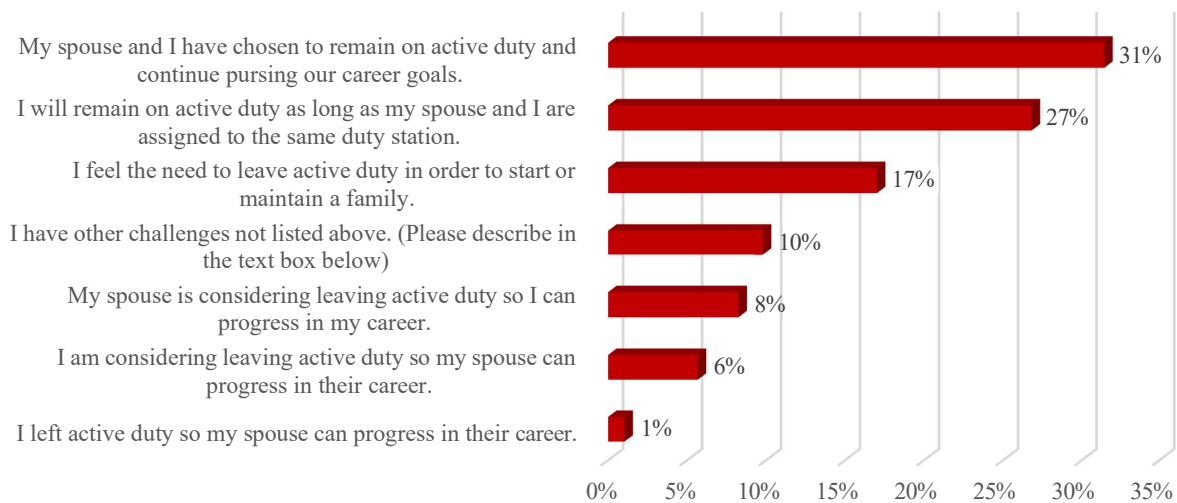


Appendix B. Women in ARSOF Survey

Marital Status

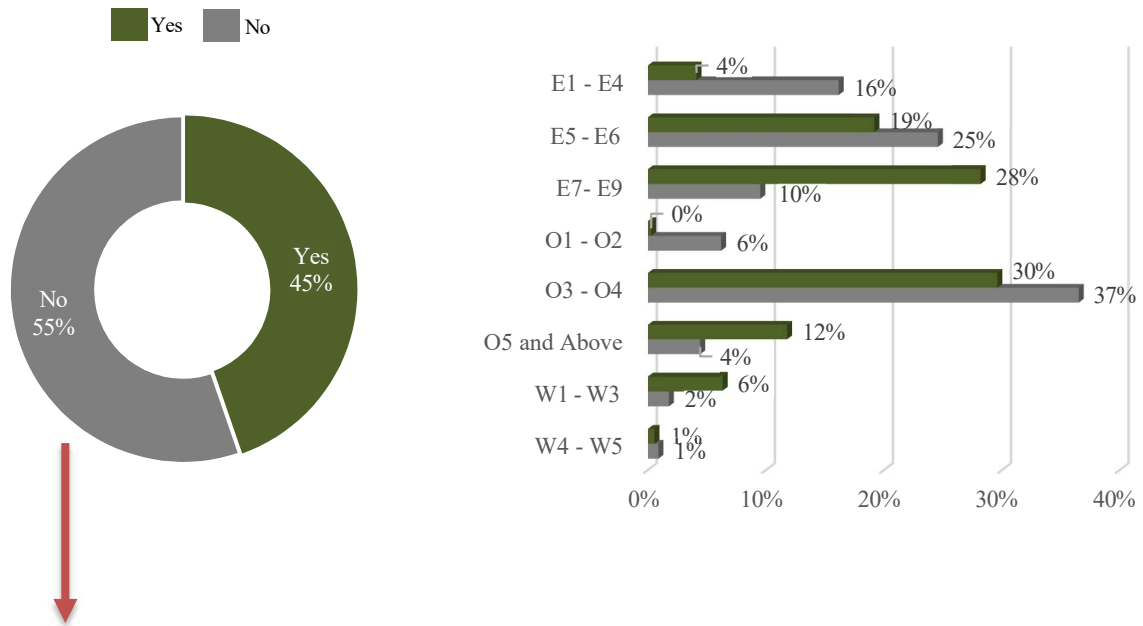


Dual Military Considerations, Female Soldiers (n = 194)

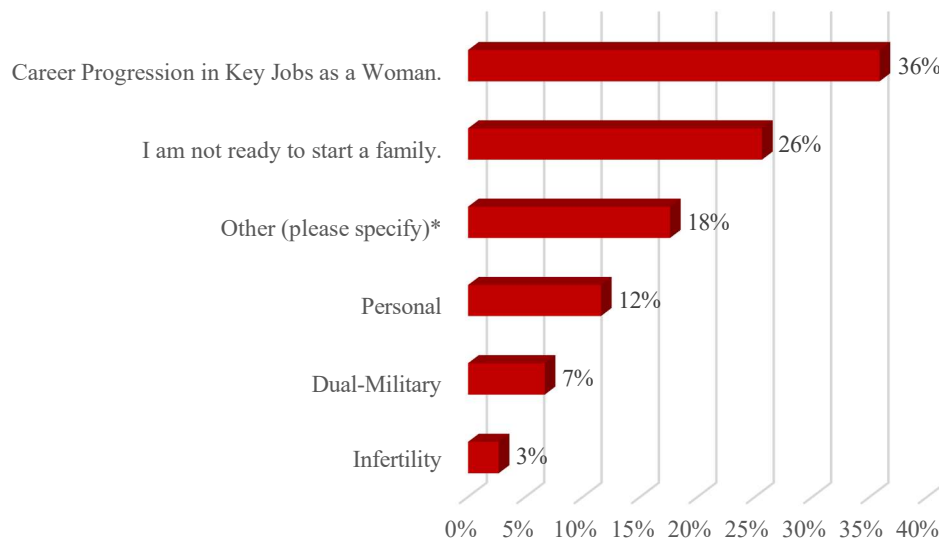


Appendix B. Women in ARSOF Survey Data

Children, Female Soldiers (n = 837)



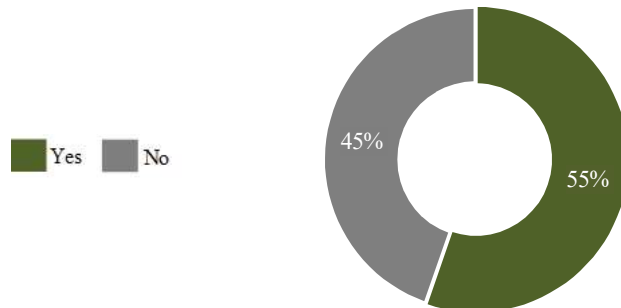
Number one factor for choosing not to have children. Female Soldiers (n = 452)



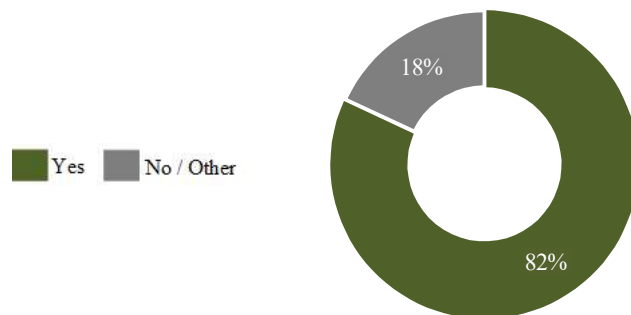
Other*: Currently expecting, currently trying to conceive, do not want children, not married, and high-op tempo prevents family planning.

Appendix B. Women in ARSOF Survey Data

Did you adopt or have a child on Active Duty? Female Soldiers (n = 443)



Did you use all of your military parental leave? Female Soldiers (n = 238)



Did you have to purchase maternity uniforms?

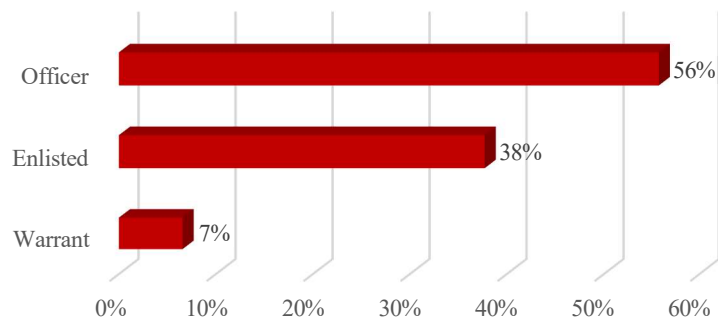
Female Soldiers (n = 229)

27% - Yes

73% No

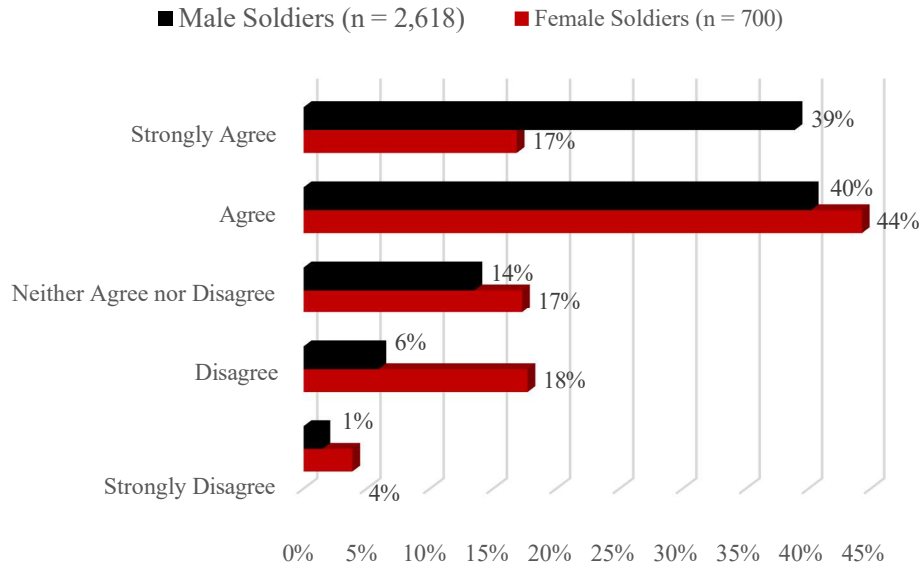


Female Soldiers Purchased Uniforms (n = 61)

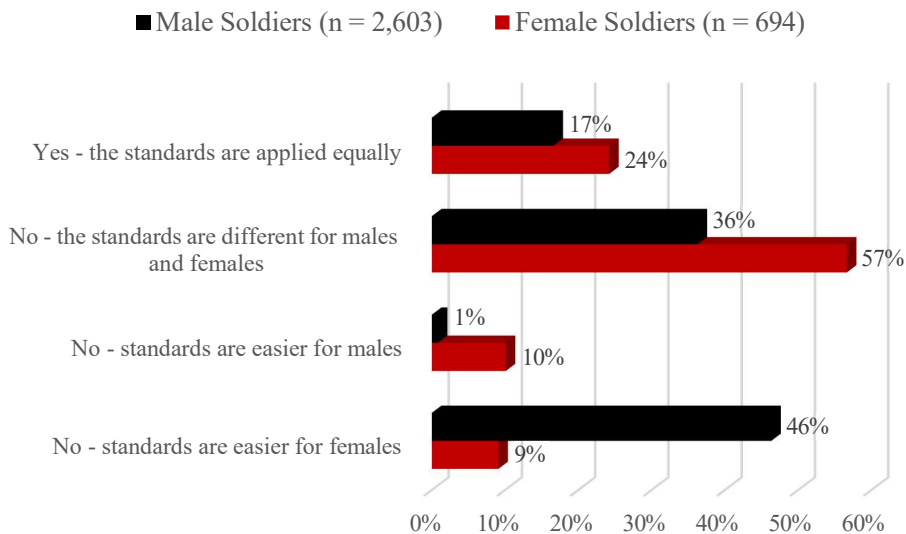


Appendix B. Women in ARSOF Survey Data

Contributions of females are respected within my organization.



Are males and females held to the same standard in the Army?



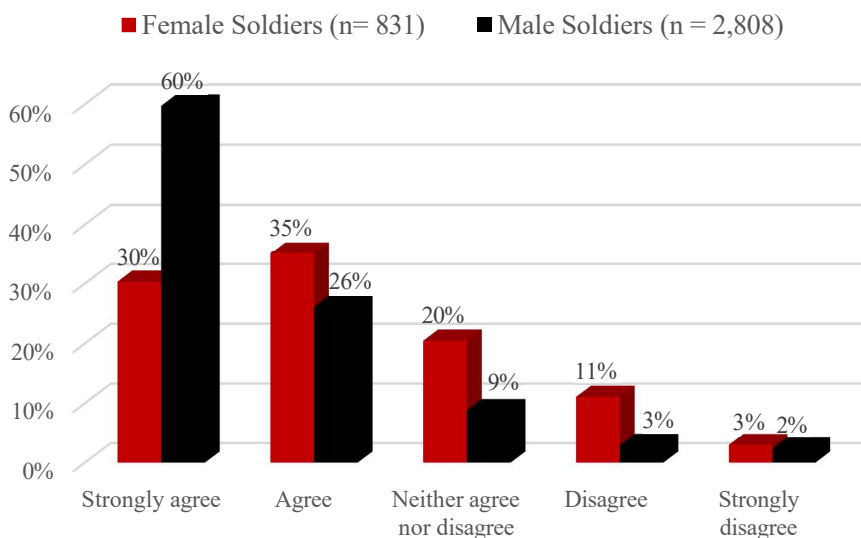
Appendix B. Women in ARSOF Survey Data

Top 5 Challenges Experienced by Women in ARSOF.

All Female Soldiers (n=837)	Female Soldiers without Children (n=452)
1 – Equipment Fitting Challenges	1 – Equipment Fitting Challenges
2 – Gender Bias in the Work Place	2 – Gender Bias in the Work Place
3 – Childcare	3 – Social Support
4 – Social Support	4 – Sexual Harassment
5 – Sexual Harassment	5 – Morale

Female Soldiers with Children (n=365)	Top 5 Postpartum Challenges
1 – Postpartum	1 – Mental Health (Anxiety, Depression, Stress)
2 – Childcare	2 – Not Able to Function at the Same Level as Unit
3 – Equipment Fitting Challenges	3 – Lactation
4 – Gender Bias in the Work Place	4 – Convalescent / Caregiver Leave
5 – Family Care Plans	5 – Diastis Recti

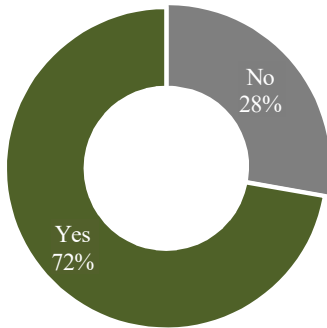
My chain of command/supervisors do not tolerate gender discrimination.



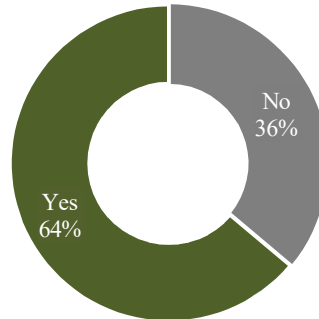
Appendix B. Women in ARSOF Survey Data

If you had or have a daughter, would you support her decision to join ARSOF?

Female Soldiers (n = 821)



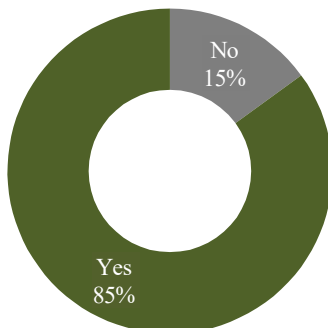
Male Soldiers (n = 2,787)



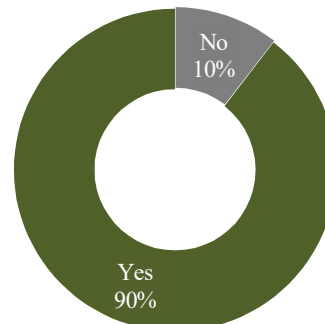
■ Yes ■ No

If you had or have a son, would you support his decision to join ARSOF?

Female Soldiers (n=821)



Male Soldiers (n=2,787)



■ Yes ■ No

Appendix B. Women in ARSOF Survey Data

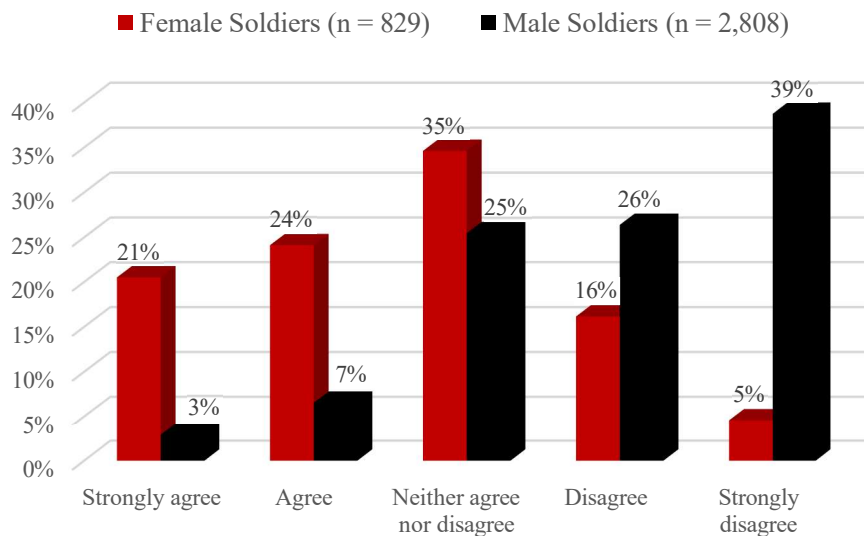
Do you trust the Inspector General process to report a toxic environment?

<u>Female Soldiers (n = 828)</u>	<u>Male Soldiers (n = 2,800)</u>
57% - Yes	69% - Yes
43% - No	31% - No

Have you encountered dangerous and/or toxic situations in which you were unable to report due to your chain of command?

<u>Female Soldiers (n = 698)</u>	<u>Male Soldiers (n = 2,574)</u>
38% - Yes	7% - Yes
62% - No	93% - No

Do you feel that females have been promotion-limited due to inadequate gender representation in the senior-most ranks and positions of the special operations community?



Appendix B. Women in ARSOF Survey Data

Have you ever felt uncomfortable speaking up in a male dominated environment?

Female Soldiers (n = 701)

52% - Yes

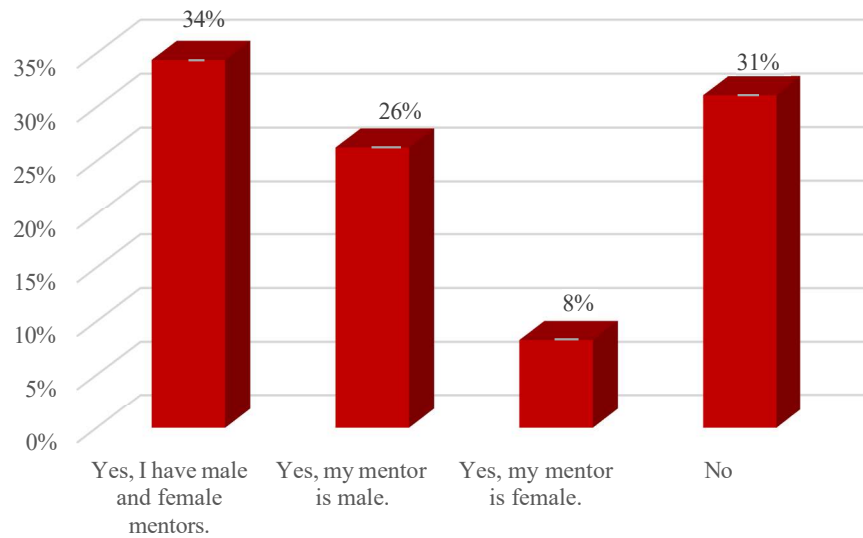
48% - No

Male Soldiers (n=2,612)

20% - Yes

80% - No

Do you have a mentor? Female Soldiers (n = 701)



Do you believe it is beneficial to have female mentors available for female Soldiers?



Appendix B. Women in ARSOF Survey Data

When comparing male and female Soldiers, to what extent do you believe females have equivalent...

Female Soldiers (n = 701) Male Soldiers (n = 2,600)	Completely		Mostly		Somewhat		Not at all	
Promotion Potential	33%	72%	39%	21%	25%	6%	3%	1%
Advancement	16%	60%	39%	28%	37%	10%	8%	2%
Training	24%	64%	43%	26%	29%	9%	4%	1%
Assignments	17%	53%	39%	31%	36%	14%	9%	2%
Education	47%	85%	36%	12%	14%	3%	3%	1%
Respect	11%	49%	34%	32%	46%	16%	10%	3%
Inclusion	11%	49%	31%	33%	48%	15%	10%	2%
Trust	18%	52%	37%	28%	36%	17%	8%	3%
Skill	47%	56%	33%	24%	18%	16%	2%	4%
Leadership Potential	33%	65%	32%	22%	31%	11%	4%	2%

If you were taking a new job and had your choice of a boss, would you prefer to work for?

Female Soldiers (n = 837)

80% - No Preference
14% - A Male Boss
7% - A Female Boss

Male Soldiers (n = 2,612)

73% - No Preference
25% - A Male Boss
2% - A Female Boss

Are you a member of any informal mentorship networks? (For example, Lean-In, Women's Mentorship Network Forum, the Green Beret Foundation, the Next Ridgeline, etc.)

Female Soldiers (n = 701)

22% - Yes
78% - No

Male Soldiers (n = 2,606)

10% - Yes
90% - No

Do you believe that women in the civilian sector have greater employment opportunities, better work-life-balance, and experience a healthier work culture than women in ARSOF?

Female Soldiers (n = 695)

58% - Yes
42% - No

Male Soldiers (n = 2,599)

40% - Yes
60% - No

Appendix B. Women in ARSOF Survey Data

Have gender related issues/concerns impacted your decision to remain within Army Special Operations?

Female Soldiers (n = 701)

36% - Yes

64% - No

Male Soldiers (n = 2,608)

18% - Yes

82% - No

Are you currently planning to separate from the Army or leave the Special Operations community?

Female Soldiers (n = 703)

38% - Yes

62% - No

Male Soldiers (n = 2,624)

26% - Yes

74% - No

Top 5 Influencers for Intent to Separate

Female Soldiers (n = 703)

1 – Work-life Balance

2 – Military Lifestyle

3 – Civilian Employment

4 – Trust

5 – Leadership at the Unit

Male Soldiers (n = 2,624)

1 – Civilian Employment

2 – Senior Army Leadership

3 – Work-Life Balance

4 – Military Lifestyle

5 – Leadership at the Unit

Top 5 Influencers for Intent to Remain

Female Soldiers (n = 703)

1 – Military Lifestyle

2 – Valued Member of the Team

3 – Stability

4 – Trust

5 – Leadership at the Unit

Male Soldiers (n = 2,624)

1 – Military Lifestyle

2 – Pay and Allowances

3 – Valued Member of the Team

4 – Retirement Benefits

5 – Stability

Are you aware of transition-related resources available (e.g., Care Coalition) to help upon separation or retirement?

Female Soldiers (n = 679)

59% - Yes

38% - No

Male Soldiers (n = 2,536)

76% - Yes

24% - No

Appendix B. Women in ARSOF Survey Data

Do you feel the SHARP program is effective?

Female Soldiers (n = 676)

50% - Yes

50% - No

Male Soldiers (n = 2,536)

64% - Yes

36% - No

Are inappropriate comments / suggestions relating to sexual harassment a problem in your work environment?

Female Soldiers (n = 682)

21% - Yes

79% - No

Male Soldiers (n = 2,547)

5% - Yes

95% - No

Do you feel comfortable reporting it? *(Only participants that selected “yes” to above question were able to answer this question.)*

Female Soldiers (n = 141)

30% - Yes

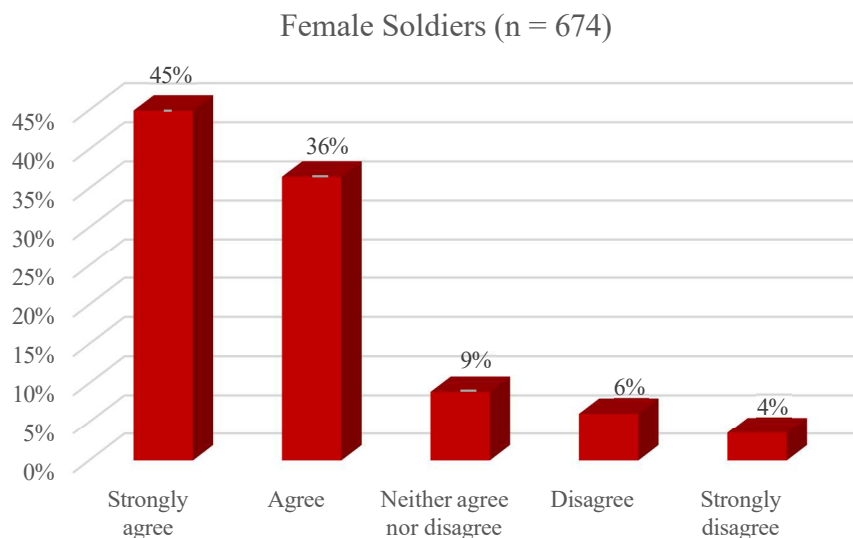
70% - No

Male Soldiers (n = 129)

55% - Yes

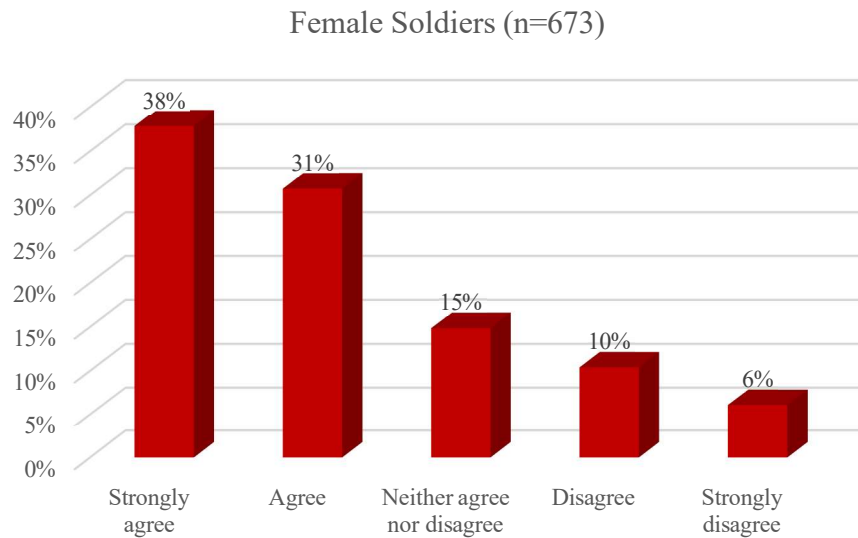
45% - No

I know where to go to report sexual assault or sexual harassment and I would feel comfortable going to that location, or telling a co-worker who needs to make a report to go to that location.

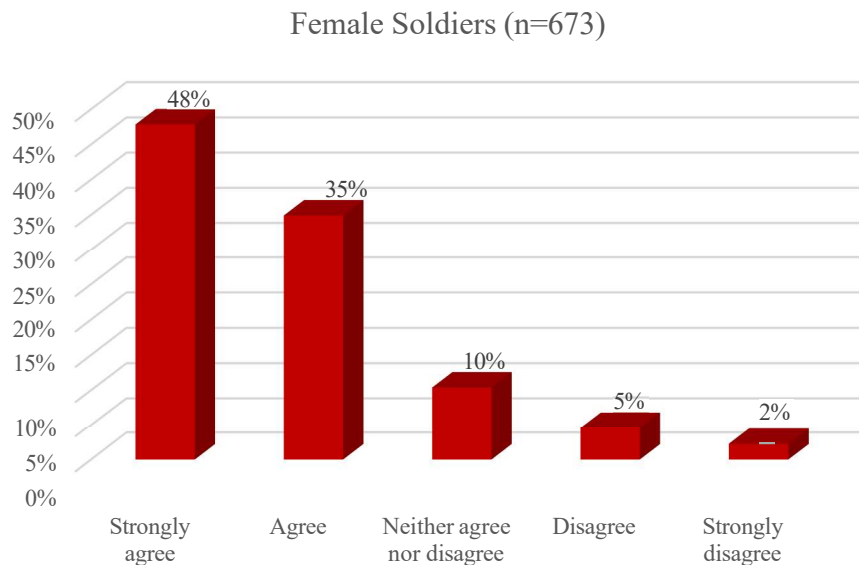


Appendix B. Women in ARSOF Survey Data

If a coworker were to report a sexual assault or sexual harassment, my chain of command/supervisors can be trusted to keep the knowledge of the report limited to those with a need to know.



If a coworker were to report a sexual assault or sexual harassment, my chain of command/supervisors would take it seriously and take action.

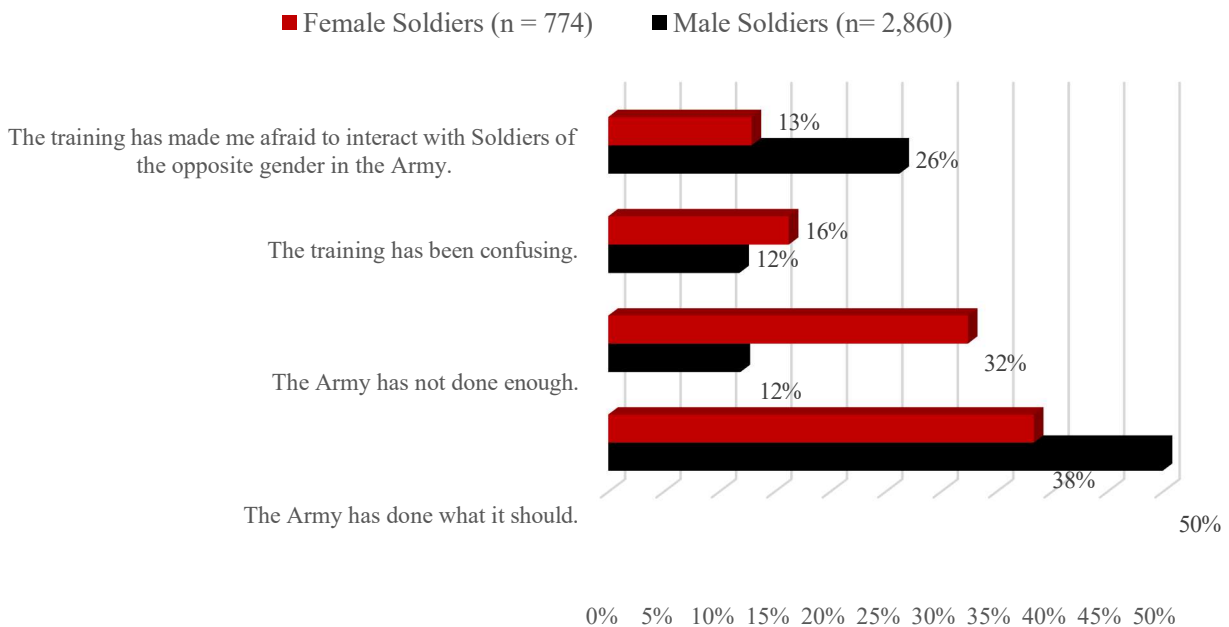


Appendix B. Women in ARSOF Survey Data

If a coworker needed to report a sexual harassment or assault, what barriers will prevent the report from been made?

- 1 – Trust in the System
- 2 – Fear of Reprisal
- 3 – Confidentiality Concerns
- 4 – Fear of Retaliation
- 5 – Trust in the Command

How do you feel the Army has done in training soldiers about sexual harassment?





Breaking Barriers: Women in Army Special Operations

United States Army Special Operations Command