An Evidence Map of the Women Veterans' Health Literature (2016–2023)

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PREFACE

The VA Evidence Synthesis Program (ESP) was established in 2007 to conduct timely, rigorous, and independent systematic reviews to support VA clinicians, program leadership, and policymakers to improve the health of Veterans. ESP reviews have been used to develop evidence-informed clinical policies, practice guidelines, and performance measures; to guide implementation of programs and services that improve Veterans' health and wellbeing; and to set the direction of research to close important evidence gaps. Four ESP Centers are located across the US. Centers are led by recognized experts in evidence synthesis, often with roles as practicing VA clinicians. The Coordinating Center, located in Portland, Oregon, manages program operations, ensures methodological consistency and quality of products, engages with stakeholders, and addresses urgent evidence synthesis needs.

Nominations of review topics are solicited several times each year and submitted via the ESP website. Topics are selected based on the availability of relevant evidence and the likelihood that a review on the topic would be feasible and have broad utility across the VA system. If selected, topics are refined with input from Operational Partners (below), ESP staff, and additional subject matter experts. Draft ESP reviews undergo external peer review to ensure they are methodologically sound, unbiased, and include all important evidence on the topic. Peer reviewers must disclose any relevant financial or non-financial conflicts of interest. In seeking broad expertise and perspectives during review development, conflicting viewpoints are common and often result in productive scientific discourse that improves the relevance and rigor of the review. The ESP works to balance divergent views and to manage or mitigate potential conflicts of interest.

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The authors are also grateful for the contributions of the following individuals:

Operational Partners

Operational partners are system-level stakeholders who help ensure relevance of the review topic to the VA, contribute to the development of and approve final project scope and timeframe for completion, provide feedback on the draft report, and provide consultation on strategies for dissemination of the report to the field and relevant groups.

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Technical Expert Panel

To ensure robust, scientifically relevant work, the technical expert panel (TEP) guides topic refinement; provides input on key questions and eligibility criteria, advising on substantive issues or possibly overlooked areas of research; assures VA relevance; and provides feedback on work in progress. TEP members included:

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Disclosures

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The findings and conclusions in this document are those of the author(s) who are responsible for its contents and do not necessarily represent the views of the Department of Veterans Affairs or the United States government. Therefore, no statement in this article should be construed as an official position of the Department of Veterans Affairs. The final research questions, methodology, and/or conclusions may not necessarily represent the views of contributing operational and content experts. No investigators have affiliations or financial involvement (*eg*, employment, consultancies, honoraria, stock ownership or options, expert testimony, grants or patents received or pending, or royalties) that conflict with material presented in the report.

Main Report

Evidence Synthesis Program

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ABBREVIATIONS TABLE

Abbreviation	Definition
ABC-I	Acceptance and commitment therapy for insomnia
ACC	American College of Cardiology
ACEs	Adverse childhood experiences
ADL	Activities of daily life
AHA	American Heart Association
ASCVD	Atherosclerotic cardiovascular disease
AUB	Abnormal uterine bleeding
BMI	Body mass index
BSO	Bilateral salpingo-oophorectomy
CBT-I	Cognitive behavioral therapy for insomnia
CKD	Chronic kidney disease
COMFORT	Center for Maternal and Infant Outcomes and Research in Translation Study
COPD	Chronic obstructive pulmonary disease
DESTRESS	Delivery of Self Training and Education for Stressful Situations
DOD	Department of Defense
ECUUN	Examining Contraceptive Use and Unmet Need
EMPOWER	Enhancing Mental and Physical Health of Women through Engagement and Retention
EPOC	Effective Practice and Organization
ESP	Evidence Synthesis Program
HIV	Human immunodeficiency virus
IPV	Intimate partner violence
MCC	Maternity care coordination
MST	Military sexual trauma
MVP	Million Veteran Program
NESARC-III	National epidemiologic survey on alcohol and related conditions
NIH	National Health Institute
NSSI	Non-suicidal self-harm
OEF/OIF/OND	Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn
PACT	Patient aligned care team
PCP	Primary care provider
PE	Prolonged exposure
PRESS	Peer review of electronic search strategies
QI	Quality improvement
RCT	Randomized controlled trial
SDOH	Social determinants of health
SERV	Survey of experiences of returning veterans
SUD	Substance use disorder
TBI	Traumatic brain injury

Abbreviation	Definition
TVMI	The Veterans Metris Initiative
VA	Veterans Affairs
VHA	Veterans Health Administration
VALOR	The Veterans After-discharge Longitudinal Registry
WH-PACT	Women's Health Patient Aligned Care Team
WH-PBRN	Women's Health Practice-Based Research Network
WHRN	Women's Health Research Network
WVCS	Women Veterans Cohort Study
WV	Women Veteran

BACKGROUND

Since its inception, the VA has aimed to provide high-quality care that recognizes and addresses the unique health care needs of all Veterans. For much of the history of the VA, however, women have made up a small proportion of the US armed forces and the scope of VA services has been largely tied to the health needs of Veteran men. Only in recent decades has the number of women Veterans (WVs) seeking care at the VA begun to steadily grow, and with that there is an increased demand for programs and services that meet the health and well-being needs of women.

WVs now comprise approximately 10% of the Veteran population and are expected to make up 18% of the Veteran population by 2040.[1,2] The number of women using the VA for health care continues to increase every year and has seen a 1.8-fold increase since 2010, with WVs utilizing outpatient care at a higher frequency than Veteran men.[3,4] WVs tend to be younger, more racially and ethnically diverse, and more likely to be service-connected than Veteran men.[3] In fact, younger women VA users are more likely to be service-connected and have high service-connected disability ratings than older women VA users, making them eligible for lifelong VA care for service-connected conditions.[4] It is thus critical that the VA utilize available research to understand best practices for providing evidence-based care to WVs across their lifespan—from reproductive years to perimenopause, geriatric years, and end of life.

In response to the unique health care needs and changing population demographics of WVs, the VA has prioritized initiatives to address knowledge gaps, improve care, and eliminate barriers to care for WVs as well as transgender and/or non-binary Veterans who may utilize VA women's health services. In 2004, the first national VA Women's Health Research Agenda[5] was developed and provided a framework to drive new research addressing the specific health needs of WVs. In 2010, the VA funded the Women's Health Research Network (WHRN) with 2 initial objectives: (1) build research capacity by supporting VA women's health researchers and (2) support multisite studies and quality improvement projects that emphasize the recruitment of women, through the establishment of a Women's Health Practice-based Research Network (WH-PBRN). The WHRN has been pivotal to the exponential amplification of women's health research through the VA and has led to multiple trials and journal supplements focused on WVs health as well as expansion of the WH-PBRN to 76 VA medical centers across the country.[6] Additionally, in 2010, the VA Women's Health Services Research Conference, sponsored by the VA HSR&D Service and the VA Women Veterans Health Strategic Health Care Group, brought together researchers and leadership and resulted in the development of the VA Women's Health Services Research Agenda. This new agenda outlined 6 research priority areas: access to care and rural health, primary care and prevention, mental health, post-deployment health, complex chronic conditions/aging and long-term care, and reproductive health.[5]

To date, there have been 3 articles[7-9] which broadly summarize the field of WVs health research. The evidence map, developed in 2017 by the VA ESP, included 440 articles published between 2008-2015.[9] More than 90% of identified studies were observational and nearly half were related to mental health. The 2017 ESP map showed dramatic growth in several critical research areas: access to care and rural health, post-deployment health, reproductive health, and mental health. Recommendations for improving WVs health research made by the map authors included reporting outcomes disaggregated for WVs, engaging WVs in research, conducting focused systematic reviews of evidence in certain research areas, expanding research to address vulnerable populations, and addressing the expanding role of women in combat.

In the 8 years since the 2008-2015 evidence map was published, there has been considerable growth in WVs health research. The present evidence map includes studies published from 2016 to the present. In addition to describing this new evidence and identifying research areas that have significantly grown from the 2008-2015 period, we revisited the future research recommendations of the earlier evidence map to clarify what questions about WVs health and health care have since been addressed, and what questions remain unanswered.

METHODS

REGISTRATION AND REVIEW

A preregistered protocol for this review can be found on OSF. A draft version of this report was reviewed by external peer reviewers; their comments and author responses are located in the Appendix.

KEY QUESTIONS AND ELIGIBILITY CRITERIA

The following key question was the focus of this evidence map: *What is the scope and breadth of the literature on WVs health published since 2015?* Study eligibility criteria are shown in Table 1.

Table 1. Study Eligibility Criteria

	Eligibility Criteria

Population	Included:
	• Individuals who have served in the armed forces (including national guard and reserves) and who identify as women or who are transgender and/or non-binary and were assigned female at birth
	• More than 75% of the study population comprised WVs or the study reported results separately for WVs as subgroup analysis or otherwise reported results separately for women. Included studies could:
	  ○ Stratify or disaggregate results by sex and/or gender (*eg*, report the effect separately for women only)
	  ○ Report subgroup analysis by sex and/or gender by modeling results separately for men and women
	  ○ Include mediation modeling or interaction terms to evaluate the contribution of individual sex and/or gender factors to differences between men and women
	• Health care team members who provided care to WVs if the focus of article was on provision of care to the WVs population
	
	Excluded:
	• Studies that did not include US WVs
	• Studies that included only active-duty members of the military
	• Animal studies

Intervention	Any or none
Comparator	Any or none
Outcomes	Any
Setting	Health care settings in the US (or US Veteran expats if outside the US)
Study design	Included: • Trials, observational (prospective and retrospective) studies, systematic reviews (*eg*, scoping, mapping, umbrella, qualitative), protocols, qualitative studies, secondary analyses of trials, implementation studies, multisite or national program evaluations, measurement or methods studies if specifically used for WVs • Designs other than qualitative or methods development, for which the total number of WVs was over 50 • Qualitative studies of only WVs or those with a qualifying subgroup analysis, which included either a specific plan outline to compare men and women or at least 1 theme broken out that was specific to WVs

	Eligibility Criteria
	Excluded: • Letters, case reports and case series, meeting abstracts, dissertations not published in a peer reviewed journal, editorials, narrative review, comprehensive or narrative reviews, measurement development studies not specific to WVs, single-site QI projects, commentaries, opinion papers, feasibility studies, pilots • Studies that used sex and/or gender as a component of the regression or propensity model • Studies that treated sex and/or gender as a covariate only
Years	Published January 2016 to present
Language	English only

SEARCHING AND SCREENING

We conducted a primary search from January 1, 2016, to October 2023 of MEDLINE (via Ovid), Embase (via Elsevier), and CINAHL (via EBSCO) (see Appendix for complete search strategies). We used terms for Veterans (*eg*, *post-deployment*) and women (*eg*, *women's health*). To ensure completeness, search strategies were developed in consultation with an expert medical librarian and peer reviewed by a second librarian in accordance with PRESS guidance.[10] After an initial pilot process with the whole team for calibration, we screened all identified citations with 2 reviewers at the title and abstract level. Although we identified a large number of mixed-sample studies that included both Veteran men and WVs, or WVs and non-Veteran civilian women, we were often unable to verify, based on title and abstract alone, whether studies reported results among WVs. While infeasible to review all mixed-sample studies at full text, we prioritized mixed-sample studies with at least 10,000 participants for a further full-text review. Our rationale for this choice was that, as WVs comprise ~10% of the Veteran populations, such studies would likely include ~1,000 WVs depending on the condition of study, would be more likely to report results separately for WVs, and would thus be more generalizable to the larger WVs population. We also reviewed an additional 20% of studies in duplicate that had been excluded at the title and abstract level for not disaggregating results for WVs. We conducted 3 pilot full-text review rounds of 10 studies each for team calibration, prior to independent full-text review. Full-text review was then conducted by a single reviewer. Twenty percent of studies excluded at full-text review by 1 reviewer were then reviewed in duplicate by a second reviewer [AAT]. We did not include individual studies from the 2008-2015 map within the current map, though we reference findings from that map throughout.

DATA EXTRACTION

Citations meeting eligibility criteria at full-text review were included for extraction. Extraction was completed by an individual reviewer. Given the large volume of literature, we quality checked data extractions for up to 20% of each extracting reviewer. If significant accuracy concerns were identified, we reviewed further for correction as needed. In addition, we quality checked all included studies for focus areas and target populations. Primary focus area was assigned based on an assessment of the framing and emphasis of the article by drawing from the title, introduction, stated aim or objective, and analytic approach. When an article had multiple potential primary focus areas, we classified it based on relevant medical condition (*eg*, hypertension) rather than care delivery characteristic (*eg*, utilization). Each article was assigned to only 1 primary focus area (*eg*, reproductive mental health and reproductive health are mutually exclusive). We also assigned up to 2 secondary focus areas. We extracted key study characteristics such as the study population (*eg*, military service era, age), study

focus areas, study design, population, and funding source. The internal validity (risk of bias) of each included study was not rated, in keeping with evidence map methodology.

SYNTHESIS

We described key study characteristics of the included articles and investigated patterns across these characteristics to identify data-rich areas that warranted further investigation. In particular, we mapped the included articles across key categories considered of interest and a priority to the WVs research community. Articles were mainly grouped according to the primary focus area. We used visualizations to present important research and publication patterns for the overall evidence base and within primary focus areas.

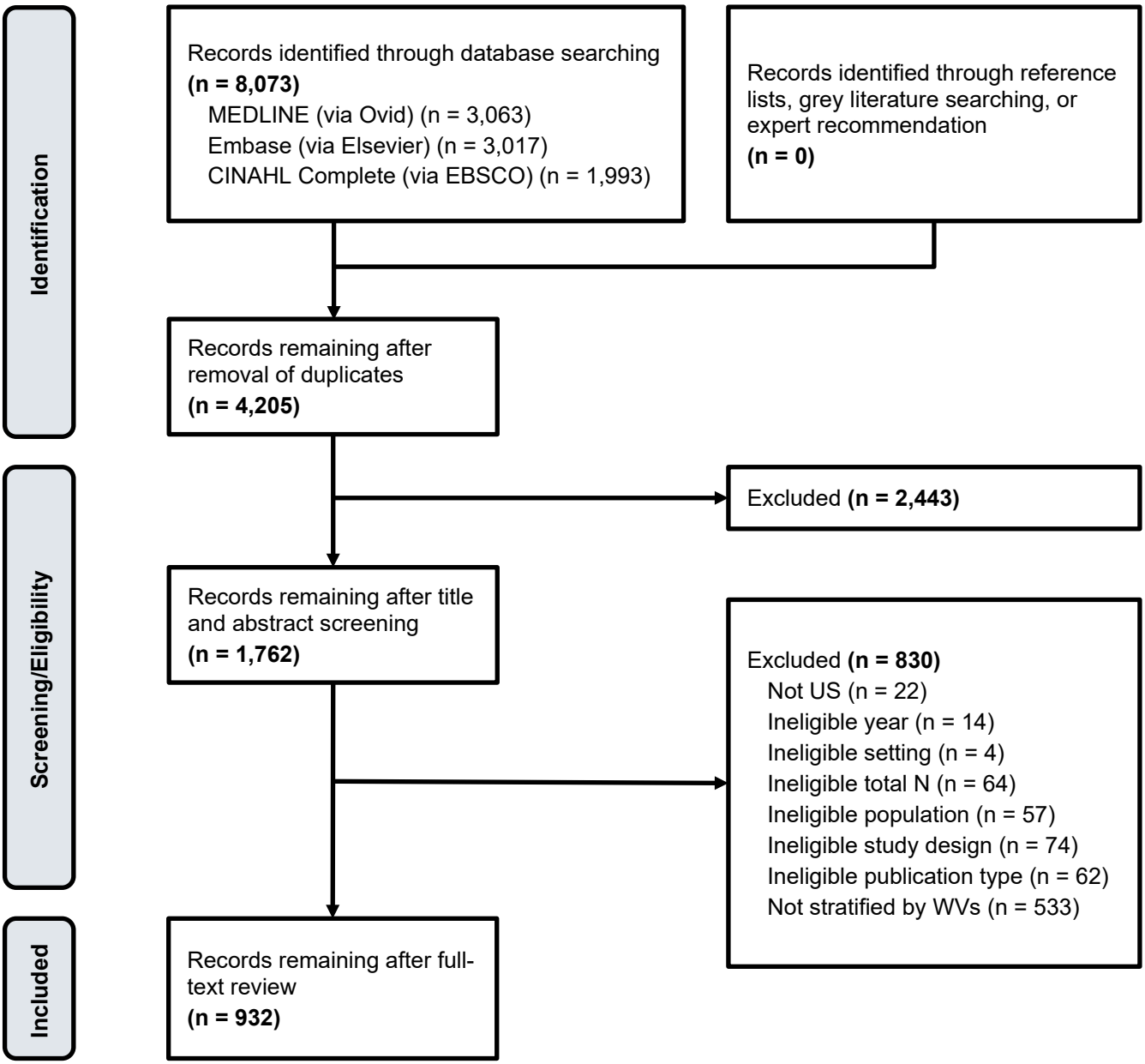
Study designs and stages were classified, where possible, using the design declared by the study authors. The Cochrane Effective Practice and Organisation of Care (EPOC) suggests that 4 study designs should be considered for systematic review with multiple sites and data collection points: randomized trials with 2 intervention and 2 control sites, non-randomized trials with 2 intervention and 2 control sites, controlled before-after trials with 2 intervention and 2 control cites, and interrupted time series and repeated measure studies with 3 data collections before and 3 data collections after the intervention.[11] In this report, however, experimental studies were not held to the full (EPOC) study design criteria requiring multiple sites or data collection time points, as the category was intended to capture interventional studies that did not employ a randomization process. Secondary analyses of RCT data that did not preserve random allocation (*eg*, comparisons of intervention-group participants by level of intervention adherence) were considered observational studies.

RESULTS

LITERATURE FLOW DIAGRAM

The literature flow diagram summarizes the results of the study selection process (Figure 1). A full list of excluded studies is provided in the Appendix.

Figure 1. Literature Flow Diagram



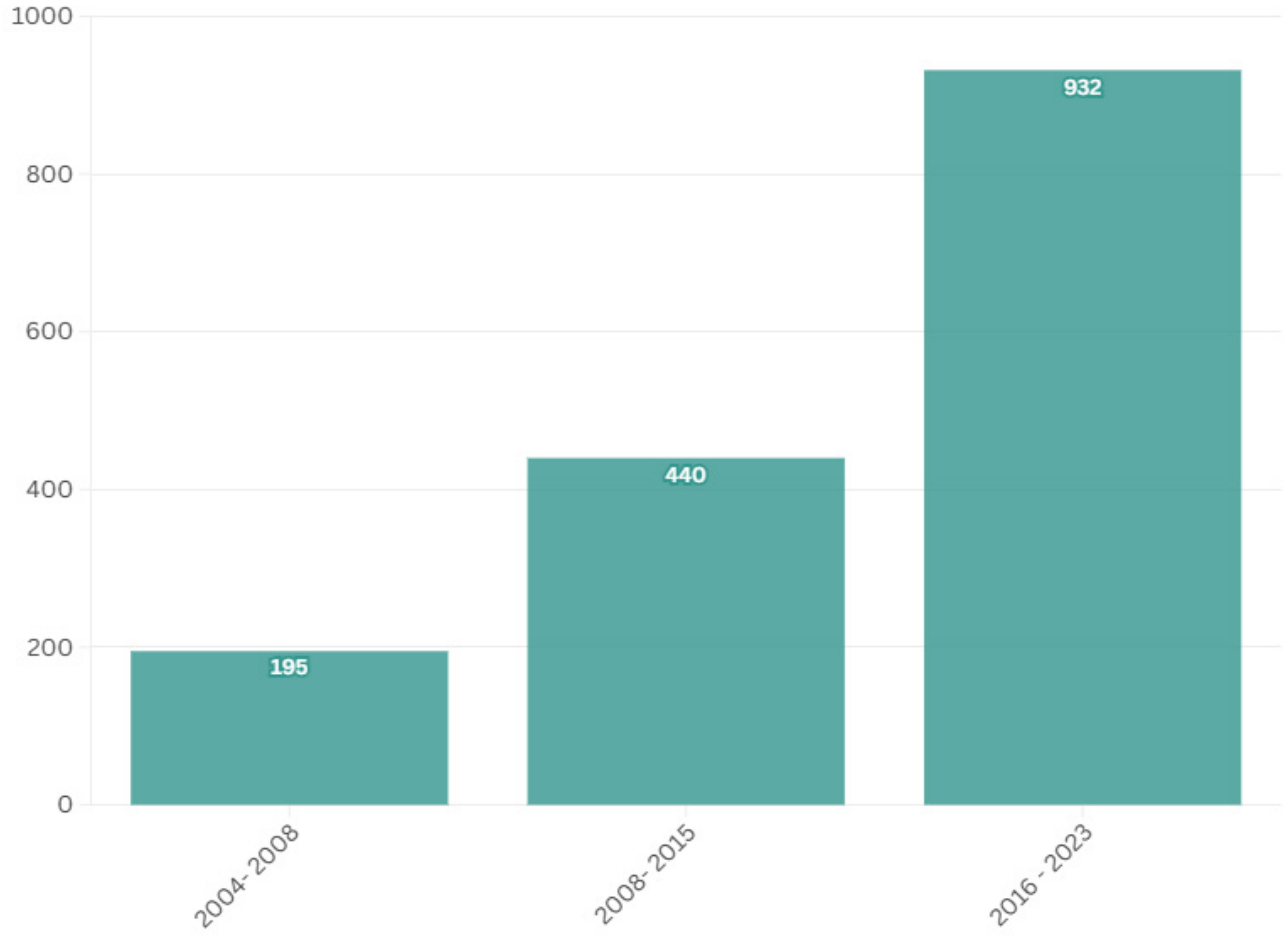
OVERVIEW OF INCLUDED STUDIES

We identified 8,073 publications through database searching. After deduplication and title and abstract screening, 1,762 articles remained for full-text review. We subsequently excluded 533 articles that reported on samples that included both Veteran men and WVs, or WVs and non-Veteran civilian women, but that did not report outcomes specifically for WVs (it is possible that more studies shared this limitation but were excluded for another reason). A total of 933 publications met eligibility criteria and were included for extraction. Overall, we found that more than double the number of articles had been published per year between 2016-2023 (932 articles [117 per year]) compared with the 2008-2015 map (440 articles [55 per year]), and an earlier 2004-2008 map (195 articles [39 per year]) (Figure 2). (Note: the comparison across maps is not exact due to some overlap.) The literature described in this map represents the work of 598 unique first authors.

Primary Focus Areas

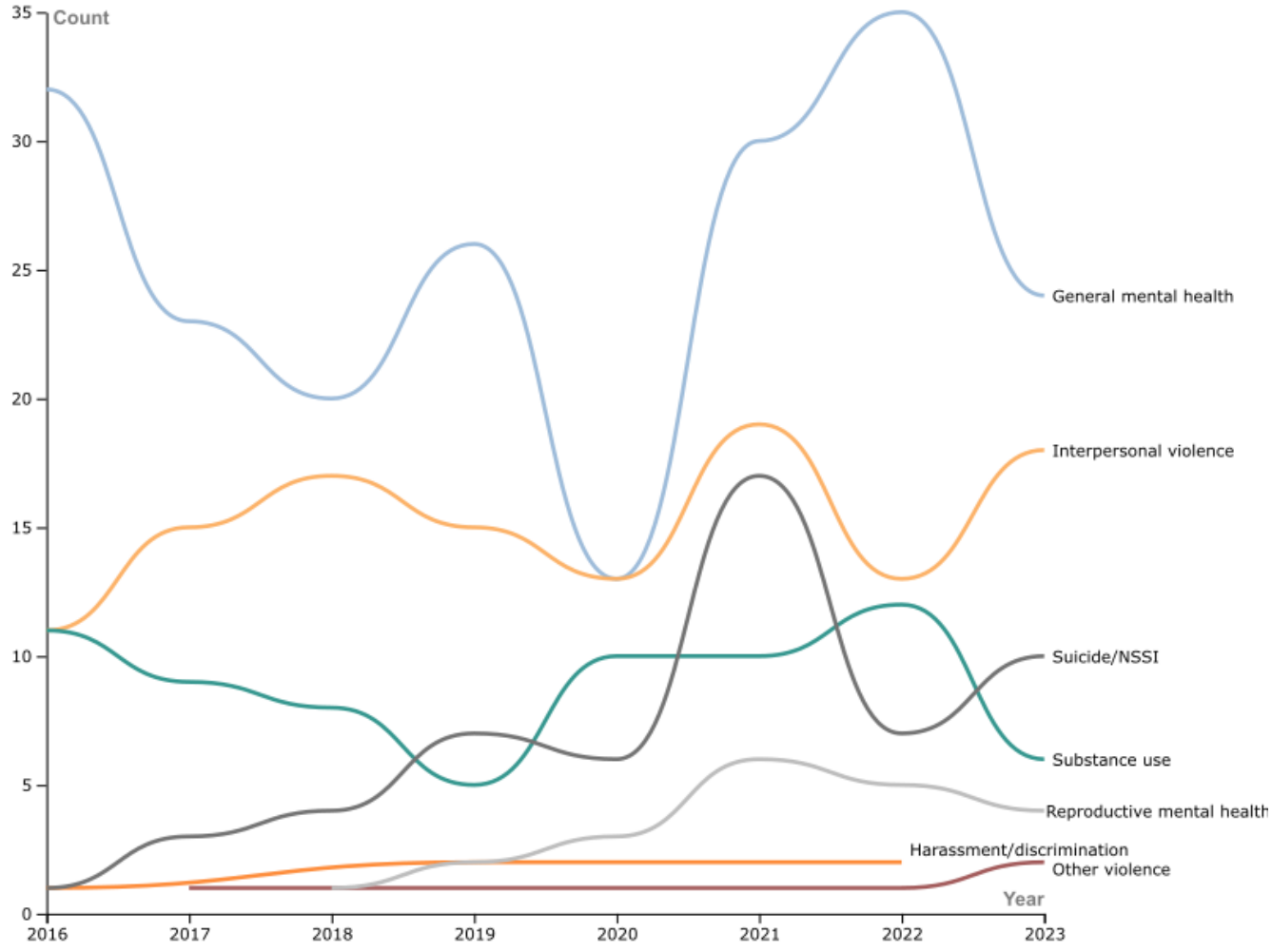
We categorized each article by primary focus area, the largest of which was general mental health (k = 203 [22%]) (see Appendix). Importantly, the current evidence map separately addressed several categories as individual focus areas that were previously included under the general mental health category in the 2008-2015 map: interpersonal violence, substance use, suicide/NSSI, other violence, and reproductive mental health. For a more direct comparison, we found that the number of mental health articles in the current map (k = 471 [50%]) had more than doubled compared with the 2008-2015 map (k = 208 [47%]). Despite this marked growth, mental health-focused studies comprised a similar overall proportion of published research as in the earlier map. The second largest focus area in the current map was chronic medical conditions (k = 137 [15%]). When combined with the current map categories of cancer and chronic pain/opioids, 179 (19%) studies were published between 2016-2023. This amounted to over twice the number of studies that were included in the comparable medical conditions category of the 2008-2015 map (k = 78 [18%]).

Figure 2. Change in Publication Volume from 2008 to 2023



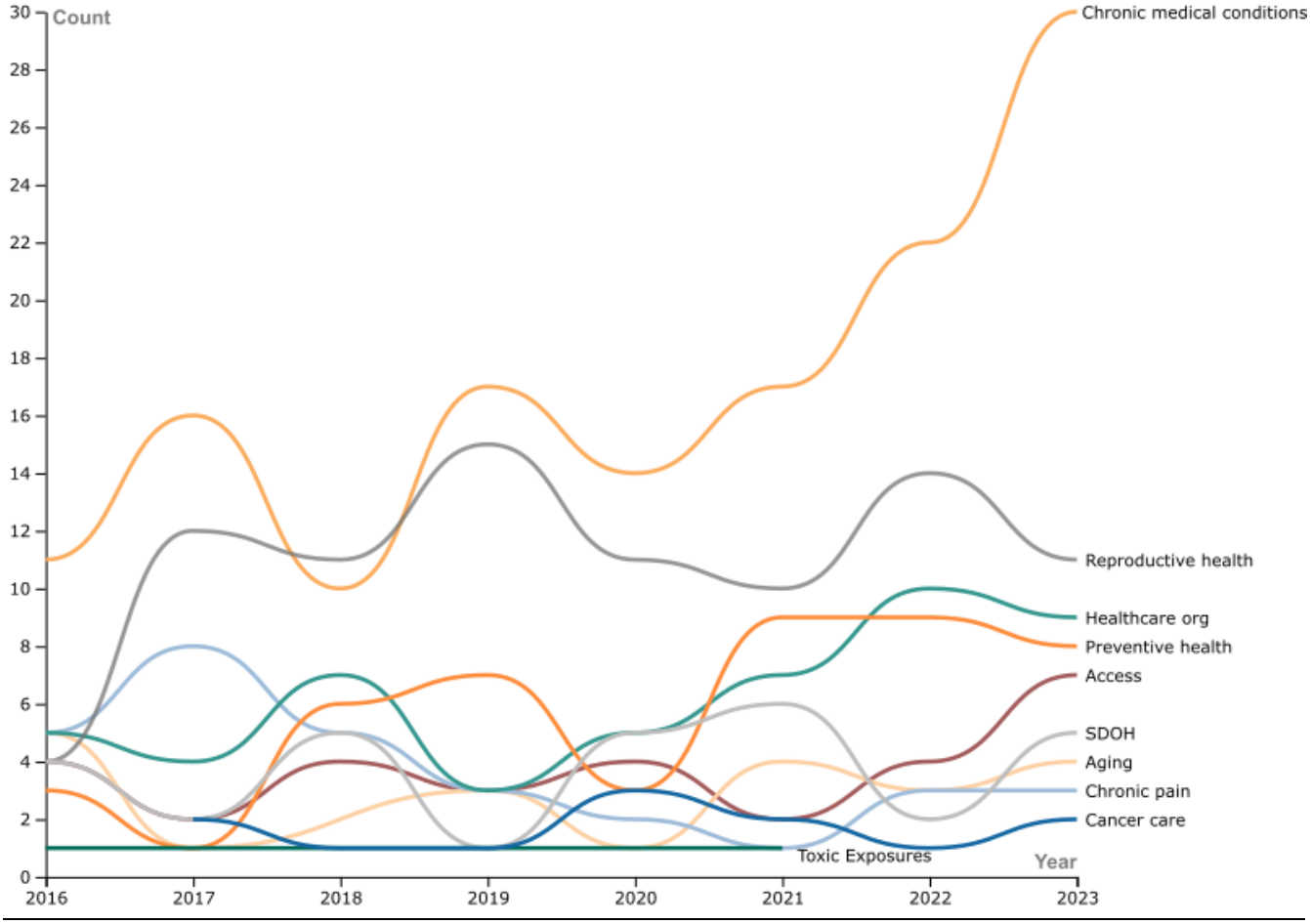
Focus areas with the largest proportional change since the 2008-2015 map were reproductive mental health (4 to 21 articles; 5.25-fold increase), chronic pain/opioid use (7 to 30 articles; 4.3-fold increase), and suicide/NSSI (13 to 55 articles; 4.2-fold increase). Focus areas with relatively limited increase included long-term care/aging (13 to 21 articles) and cancer (6 to 12 articles). Health care organization/delivery of care for WVs was also relatively flat (31 to 50 articles) as was access/utilization of care (24 to 30 articles) (Figure 3 and Figure 4). (Note: these comparisons are inexact by nature of the subjectivity of assignment to focus areas and the slightly differing categorization approaches used in this report.)

Figure 3. Change Over Time Across Mental Health and Trauma, Violence, and Stress Focus Areas



Notes. Reproductive mental health is mutually exclusive from reproductive health.
Abbreviations. NSSI=non-suicidal self-injury.

Figure 4. Change Over Time Across Medical Conditions, Structures of Care, and Other Focus Areas

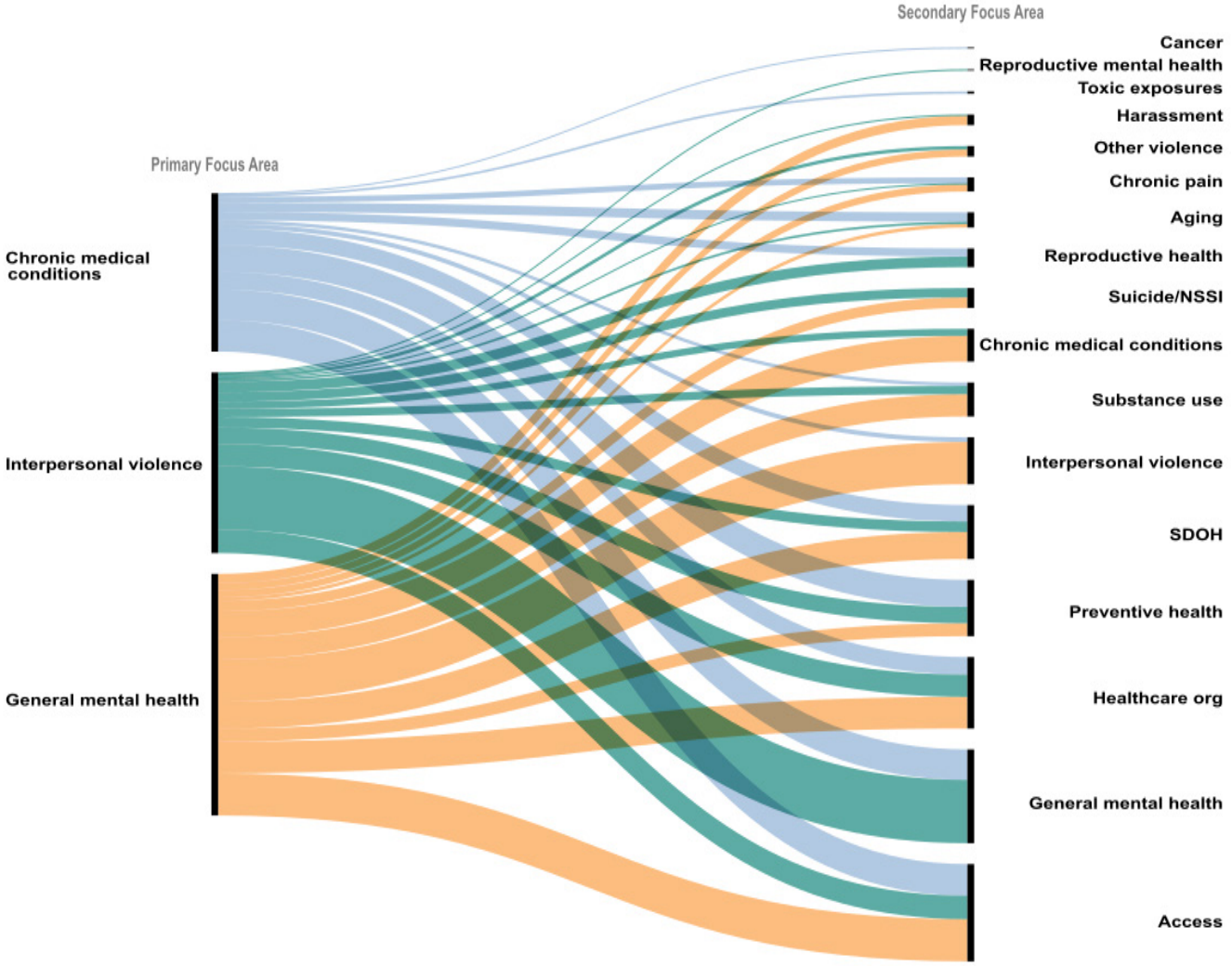


Abbreviations. SDOH=social determinants of health.

Secondary Focus Areas

Mapping the connections between primary and secondary focus areas demonstrated additional breadth and depth to the field. To illustrate these connections, we explored the secondary focus areas assigned to articles in the largest 3 primary focus areas: chronic medical conditions, interpersonal violence, and general mental health (Figure 5). We found that the most common secondary focus areas identified were access/utilization of care, general mental health, health care organization/delivery of care for WVs, and preventive health. This likely accounted for the apparent limited growth in the primary focus area groupings of access/utilization of care and health care organization/delivery of care for WVs. Conversely, the least common secondary focus areas were cancer, reproductive mental health, other violence, chronic pain/opioids, and long-term care/aging. This highlights those topics with overall limited volume of literature as either primary and secondary focus areas, such as cancer and long-term care/aging. For example, no articles primarily focused on general mental health or interpersonal violence that identified cancer as a secondary focus area.

Figure 5. Secondary Focus Areas for Largest Primary Categories: Chronic Medical Conditions, Interpersonal Violence, and General Mental Health



Study Designs

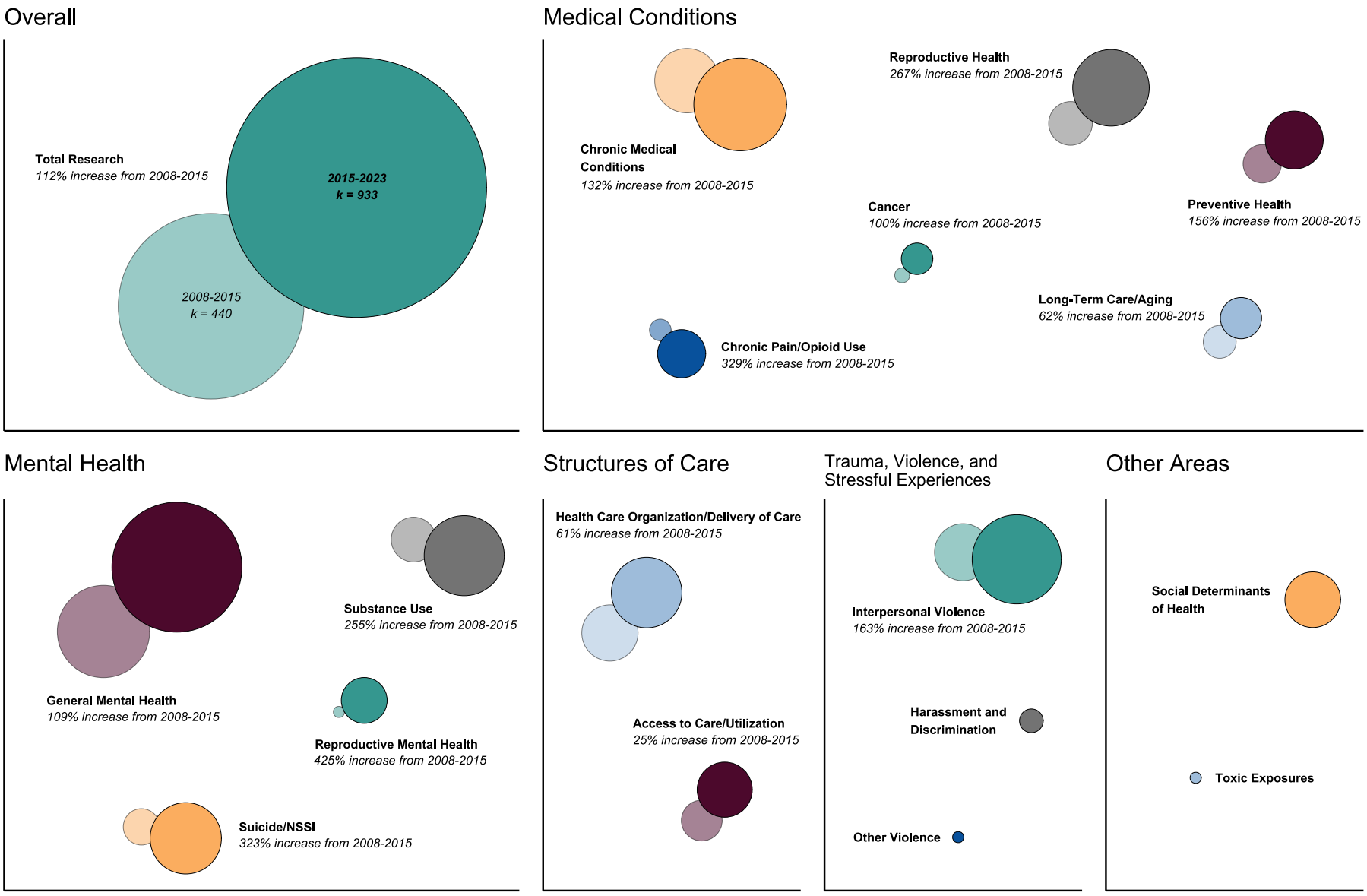
Across this collection of articles, we found the majority used an observational design (k = 760 [81%]), similar to the 2008-2015 map (k = 375 [85%]), which was also the most common design within each focus area (Figure 6). Of the 759 observational studies, 303 included WVs only, 398 included both women and men with sex- or gender-stratified analyses, and 57 included WVs and non-Veteran women with Veteran-stratified analyses. Across WVs-only observational studies, the median size was 744. The largest WVs-only study (N = 790,726) addressed the prevalence of sexual desire and arousal difficulties.[12] The largest mixed-sex and mixed-gender observational study (N = 46,112,675 clinical encounters [8.2% women]) evaluated rates of chiropractic care utilization by sex.[13] We found 107 articles (12%) reporting qualitative evaluations, most of which (k = 80 [74%]) represented Veterans, 21 represented providers and staff, and 6 represented both Veterans and providers and staff. In comparison, the 2008-2015 map included 22 (5%) qualitative studies. The area with the most qualitative studies was interpersonal violence (k = 24).

We identified 32 articles reporting experimental studies, which included 26 trials compared to 8 RCTs or controlled clinic trials in the 2008-2015 map. Most trials (13 [50%]) were categorized in the general mental health focus area. We also identified 43 articles that described VA QI or program evaluation studies. General mental health and the health care organization/delivery of care for WVs focus area had the largest number of experimental and program evaluation and QI studies. Twenty-four articles reported mixed-methods studies, none of which included a randomized efficacy or effectiveness design. Six of the included studies were protocols, 3 of which were for RCTs, 1 was for an EPOC or other experimental design, 1 was for a mixed-methods study, and 1 was for an observational study. These protocols were identified across chronic medical conditions ($k = 2$), interpersonal violence ($k = 1$), preventative health ($k = 1$), reproductive health ($k = 1$) and suicide/NSSI ($k = 1$). We also identified 1 evidence map, 6 scoping reviews, and 10 systematic reviews published since 2016. Eight reviews were found in mental health-related focus areas including general mental health, substance use, and interpersonal violence. Reviews were also found related to long-term care/aging, chronic medical conditions, and social determinants of health (SDOH). One prior ESP evidence map on SDOH included a subsection of articles specific to health issues among WVs (see Appendix).

We identified 26 RCTs, 3 of which were protocol papers, 1 was an implementation trial, 1 was a program evaluation, 1 was a methods development paper, and 1 was a secondary analysis of an RCT study. These studies were concentrated within the general mental health ($k = 13$) and substance use focus areas ($k = 4$). Nineteen of these studies recruited only WVs, while 6 recruited both men and women. One study recruited WVs and non-Veteran women. Ten of the RCTs specifically enrolled Veterans with a history of trauma. Funding sources were varied, though the majority of RCTs were VA funded ($k = 9$). (See Appendix for additional details about the articles describing trials).

Forty-three articles described program evaluations of VA-specific initiatives, including regional and national clinical and staff education programs for improving the care of WVs and/or exploring the effects of crucial clinical innovations (see Appendix). These articles used various study designs including mixed-methods evaluations of observational cohorts, pre-post evaluations in the setting of natural program rollouts, and cross-sectional evaluations. Some evaluated the adaptation of existing evidence-based programs for the needs of WVs, for example, a Diabetes Prevention Program and MomMoodBooster (a cognitive behavioral therapy program for postpartum depression). Others looked at aspects of the national rollout of new programming such as IPV screening, including early response and the use of evidence-based implementation strategies. These articles were most often categorized to the health care organization/delivery of care for WVs and general mental health primary focus areas.

Figure 6. Growth in Women Veterans' Health Research from 2008–Present by Focus Areas



Note. Lighter-shaded circles indicate volume of literature in the 2008–2015 period.

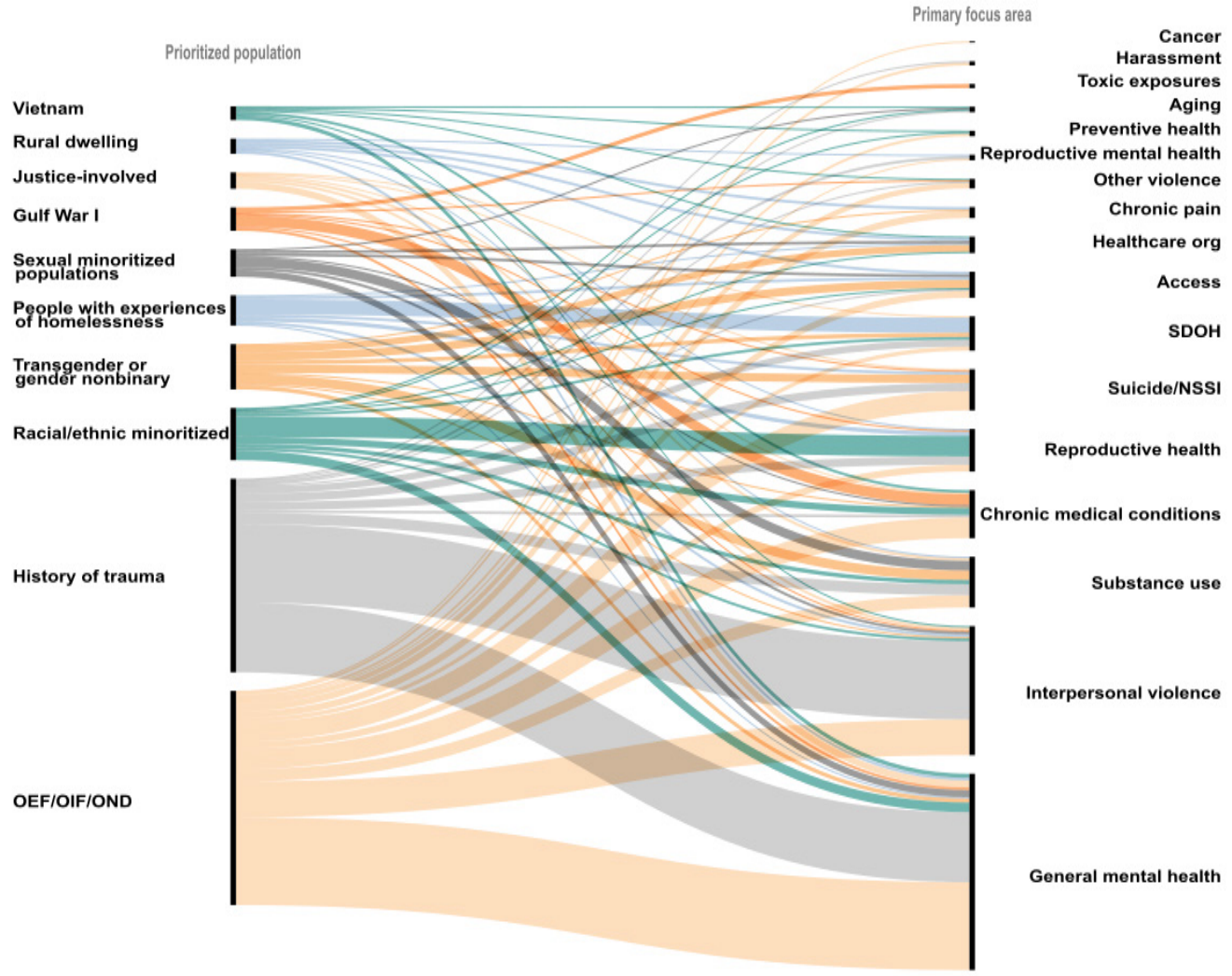
Participant Composition

Of the included articles, we found that 405 (43.5%) included WVs only, similar to the 2008-2015 map (k = 187 [42.5%]). Sixty-seven used qualitative methodology (median number of participants: 23 [range: 4 to 1,255]) and 303 used observational (median number of participants: 744 [range: 20 to 790,726]). There were 19 trials that included only WVs. Focus areas with the largest number of WVs-only studies were general mental health (k = 80), reproductive health (k = 75), and interpersonal violence (k = 69). Thirty-six articles reported studies assessing a mix of WVs and non-Veteran women, for which the median number of participants across was 8,590 (qualitative study population range: 10 to 59; observational study population range: 106 to 6,196,432). Both WVs and Veteran men were included in 411 articles which reported a sex- or gender-stratified analysis. The median number of participants across the 411 studies was 9,720 (qualitative study range: 24 to 119; observational study range: 90 to 46,112,675). These were most often found in the general mental health (k = 111) and chronic medical conditions (k = 90) focus areas. We identified 25 articles which evaluated WVs, non-Veteran women, and Veteran men, for which the median number of participants was 28,823 (range: 373 to 831,302). There were 34 studies that reported provider or staff data only, 21 of which were from qualitative studies (qualitative study median: 32 [range: 8 to 127]; observational study median: 288 [range: 94 to 2664]). Eleven studies combined provider and staff data and patient-level data (qualitative study median: 52 [range: 52 to 119]; observational study median: 7,346 [range: 956 to 130,765]).

Prioritized Populations

We identified many studies which specifically sought to include prioritized Veteran populations (Note: individual articles could report studies targeting multiple prioritized populations). The prioritized population most commonly sought for study participation was OIF/OEF/OND Veterans (k = 156), Veterans with a history of trauma (k = 141), racial and ethnic minoritized Veterans (k = 38), transgender and/or nonbinary Veterans (k = 32), Veterans with experiences of homelessness (k = 22), sexual minoritized Veterans (k = 20), Gulf War I Veterans (k = 17), justice-involved Veterans (k = 11), rural-dwelling Veterans (k = 11), and Vietnam Veterans (k = 10). One article targeted the inclusion of World War II Veterans. Only 61 articles reported sex and gender separately. We illustrated the distribution of articles across primary focus areas per population in Figure 7. While the 2008-2015 map did not capture prioritized populations identically, we noted a 1.6-fold increase in articles focused on OEF/OIF/OND Veterans, an 11-fold increase in those focused on justice-involved Veterans, and a 3.8-fold increase in articles focused on LGBTQ+ populations. Of note, articles that sought to include, or solely focus on, OEF/OIF/OND Veterans covered topics from combat exposure and re-integration but also a wide array of health conditions and symptoms impacting this population. For the current map, the latter was separated into transgender and/or nonbinary and sexual minoritized Veterans. We found a similar overall number of articles targeting populations with experiences of homelessness in the current (k = 22) and 2008-2015 map (k = 19). Figure 6 demonstrates the mapping of articles for each prioritized population to primary focus areas. As observed with the overall distribution of articles, all prioritized populations had some overlap with the general mental health focus area. Other common focus areas for articles with VA prioritized populations were interpersonal violence, substance use, and chronic medical conditions.

Figure 7. Prioritized Population Across Primary Focus Areas



Notes. This figure demonstrates the volume of literature across the studies enrolling prioritized populations and the primary focus area reported in those studies.

Funding Source and Engagement

We identified 850 articles (91%) which reported the presence or absence of funding and a specific source when relevant. Fifty articles (5%) were unfunded. Multiple sources of funding were reported by 210 articles (23%). VA funding was cited by 684 articles (73%), similar to the 2008-2015 map which found 69%. One hundred and eighty-three cited the National Institute of Health (NIH) or other government funding, 46 Department of Defense (DOD), 40 university, 31 foundation, 28 industry, and 20 other assorted sources. Of note, 28 articles clearly documented Veteran engagement during the study development, conduct, or dissemination. General mental health was the most funded focus area for the VA ($k = 136$) and DOD ($k = 26$). General mental health ($k = 32$) and chronic conditions ($k = 39$) were the top 2 focus areas funded by NIH or other government sources. Studies reporting no funding or university support were mostly focused on interpersonal violence ($k = 10$, $k = 10$, respectively).

INCLUDED ARTICLES BY PRIMARY FOCUS AREA

Here we described the mapping of each article to a primary focus area based on previously established categories from prior evidence maps and current VA women's health research priorities. (See Appendix for full list of included studies).

Mental Health

Within the 2008-2015 map, mental health was considered a primary focus area and included 208 articles. For the current evidence map, we used a similar overall category entitled general mental health which included common mental health conditions such as PTSD and mood disorders. In addition, we created 3 new mental health-related focus areas: substance use, reproductive mental health, and suicide/NSSI. When we combined these 6 focus areas, a total of 472 articles were included, representing a 127% increase from the 2008-2015 map.

General Mental Health (k = 203)

Table 2. Overview of General Mental Health Focus Area

Highlights	
Participant composition	• WVs-only (*k* = 80) • WVs versus Veteran men (*k* = 114) • WVs versus non-Veteran women (*k* = 9) • Both WVs versus Veteran men and WVs versus non-Veterans (*k* = 3) • Other (*k* = 3)
Key study designs	• Observational (*k* = 161) • Qualitative (*k* = 17) • RCT (*k* = 13) • EPOC or quasi-experimental (*k* = 6) • Mixed methods (*k* = 6)
Key study stages	• Program evaluation and/or QI (*k* = 10) • Efficacy and/or effectiveness (*k* = 11) • Implementation (*k* = 0) • Systematic reviews (*k* = 4) • Methods development (*k* = 4)
Top 3 prioritized populations	• OEF/OIF/OND Veterans (*k* = 57) • History of trauma (*k* = 51) • Racial and ethnic minoritized (*k* = 6)
Top 3 subcategories	• PTSD (*k* = 95) • Multiple diagnoses (*k* = 28) • Disordered eating (*k* = 18)
Top 3 secondary focus areas	• Access to care/utilization (*k* = 36) • Interpersonal violence (*k* = 36) • Health care organization/delivery of care for WVs (*k* = 27)

General mental health was the largest primary focus area in this map (k = 203) and examined common mental health conditions impacting WVs including PTSD and depression. We identified articles in this focus area addressing psychological well-being and resilience assessment, symptoms screening for many disorder types, and in-depth examination of specific diagnoses. The most frequent secondary focus areas were access to care/utilization, interpersonal violence, and health care organization/delivery of care for WVs. We identified an additional 171 articles which had general mental health as a secondary focus, most often in those with interpersonal violence, chronic medical conditions, and suicide/NSSI primary focus areas.

Prioritized populations included in this area were most commonly OEF/OIF/OND Veterans (k = 57), though a significant subset focused on Veterans with a history of trauma (k = 51). Few focused on other prioritized subpopulations such as racial and ethnic minoritized (k = 6), sexual minoritized (k = 4), or transgender and/or nonbinary (k = 3) Veterans.

We determined that the unit of observation was predominantly at the Veteran level (95%). Most studies (k = 114) examined WVs in comparison to Veteran men or examined Veteran women only (k = 80). Over 75% of studies in this focus area were observational (k = 161). The next most common study designs were qualitative (k = 17) and mixed methods (k = 6). There were 13 RCTs which focused on patient-level treatment approaches for screening or treatment of mental health conditions, of which 9 tested PTSD-related interventions. The other RCTs focused on mental health symptoms, mental health care, and psychological well-being. One RCT focused on a sleep intervention. Sample sizes ranged from 32 to 284, and 8 of the 13 RCTs included only women. There were 10 program evaluations, 3 with WVs only. These evaluations used observational (k = 5), mixed-methods (k = 1), and other experimental designs (k = 4). Four of the 10 program evaluations were focused on PTSD treatment, although interventions ranged widely (*eg,* inpatient trauma-focused treatments, virtual care, and social functioning). There were 4 reviews (2 systematic and 2 scoping reviews) which covered 4 topics: barriers and facilitators to receiving and providing mental health care, interventions for WVs with mental health care needs, post-deployment psychological health of WVs, and the quality and content of literature regarding WVs mental and physical health. Regardless of study design, most studies considered risk factors and prevalence of mental health conditions.

PTSD (k = 95)

We found that 95 articles addressed PTSD diagnosis, care delivery, or related topics, representing a modest increase from the 71 identified in the 2008-2015 map. Within this section, the most common secondary focus was interpersonal violence (k = 31), access to care/utilization (k = 11), and health care organization/delivery of care for WVs (k = 11). Among these studies, we identified 57 which looked at differential effects between men and women, while 38 exclusively focused on WVs. Populations of interest addressed in this area were those with a history of trauma (k = 40), racial and ethnic minoritized (k = 6), sexual minoritized (k = 4), rural-dwelling (k = 2), or transgender and/or nonbinary (k = 3) populations. Most studies utilized observational designs or qualitative data collection and mixed methods. The observational studies primarily explored prevalence, epidemiology, and risk factors for PTSD. The most frequent secondary focus areas within the observational studies included access to care/utilization and interpersonal violence. PTSD, depressive disorders, and symptomatology were often studied as comorbid outcomes of traumatic experiences.

Qualitative and mixed-methods research investigated health care delivery (*eg*, therapy marketing messages, telehealth, privacy preferences) and PTSD intervention development. RCTs (k = 9),

including 3 that conducted secondary or interim analyses of trial data, described testing treatments such as yoga (telehealth yoga or trauma center trauma-sensitive yoga) and cognitive behavioral therapies (*eg*, acceptance and commitment therapy, a transdiagnostic approach; prolonged exposure [PE], for PTSD) or delivery features of existing interventions (*eg*, waitlists, telehealth, group therapy, self-administered treatments). RCT analyses sample sizes ranged from 32 to 284, and 7 included only women. The volume of RCTs identified is similar to the 9 articles with primary or secondary trial analyses in the 2008-2015 map.

Multiple Mental Health Symptoms and Diagnosis (k = 28)

We found this category included studies that examined either general mental health symptoms or at least 3 different mental health diagnoses (*eg,* anxiety disorders, PTSD, depressive disorders, substance use). Three qualitative studies explored post-deployment mental health experiences. The remaining studies were observational and examined risk factors or the epidemiology of various mental health symptom types, often using survey-based methods or existing data sources. Observational study sizes ranged from 134 to 4,867,049 participants and 4 included only women. One RCT (*N* = 172 [31.4% women]) assessed the efficacy of a video intervention on treatment-seeking intentions among Veterans.[14] In addition, 5 articles assessed general mental health symptoms or diagnoses related to specific physical health conditions (*eg*, temporomandibular disorders[15]) or general (*eg*, physical function[16]). A single 2021 systematic review utilized results of the last women's health evidence map to review 21 articles about clinical complexity in WVs, particularly mental and physical health comorbidities.[17]

Disordered Eating (k = 18)

We identified 15 observational studies addressing disordered eating, which examined clinical correlates, physical and psychological comorbidities, health care utilization, and prior traumatic exposures related to eating disorder diagnoses or symptoms. Three studies used a large sample of post-9/11 Veterans to examine gender differences in weight concerns, prior trauma, and eating disorder symptoms. We also identified 3 qualitative studies on disordered eating, of which 2 focused on disordered eating treatment preferences and 1 focused on understanding Veteran experiences. One of these studies was conducted within a single VA site[18] and 1 was conducted with Veterans recruited from VA facilities and the community.[19] Fifty-five percent of studies in this focus area used WVs-only samples. The 2008-2015 map included only 5 studies on disordered eating, all of which were observational.

Sleep-Related Conditions and Symptoms (k = 17)

Studies in this section included those related to sleep-related symptoms or disorders, primarily focused on insomnia. Although there were no sleep-related studies reported in the 2008-2015 map, this topic constituted 8.8% of articles in the general mental health primary focus area of the current map. Additionally, there were 12 observational studies examining the prevalence of insomnia, medication use, and other treatments. Seven studies explored the relationship between trauma and insomnia symptoms. The largest observational study (*N* = 500,332 [1.7% women]) focused on gender differences in prescribing of zolpidem (a sleep-aid medication). One RCT (N = 149 [100% women]) compared acceptance and commitment therapy with cognitive behavioral therapy for insomnia among Veterans. (Note: 5 observational studies on sleep disorders were also categorized under the chronic medical conditions focus area).

Mental Health Care Delivery (k = 17)

We identified 17 articles in this category which focused on the nature and quality of mental health care delivery. Most focused on VA users ($k = 11$). Twelve were observational and examined practice patterns and patient-level predictors of mental health care utilization. Of these observational studies, 7 were WVs only. The largest observational study ($N > 1.5$ million [$N = 236,268$; 15.2% women]) examined gender differences in the use of video telehealth mental health care visits conducted from home among Veterans. Three qualitative or mixed-method studies were conducted to understand barriers, preferences, and decision-making related to mental or behavioral health care within the VA. This section also included a 2022 scoping review exploring interventions for WVs with mental health concerns ($k = 8$)[20] and a 2023 scoping review summarizing barriers and facilitators of engaging in mental health care for women ($k = 24$).[21] We identified 1 RCT ($N = 153$) that tested a primary care computerized intervention aimed at increasing use of mental health treatment among WVs. None of these studies examined pharmacological treatment.

Depression (k = 8)

Of the 8 observational studies we identified that examined depression, 1 examined prevalence and 4 examined predictors for depressive disorder diagnosis or symptoms (*eg*, social-, work -, or family-related factors). Care needs and preferences of WVs with depression in primary care were examined in 1 observational study.[22] Two observational studies examined aspects of treatments for depressive disorders (*eg*, biological measures of treatment, differences in depression care by comorbidities). Two of the 8 studies included only women, while the others ranged from 2% to 23% WVs. The largest observational study ($N = 110,603$ [9.1% WVs]) examined gender differences in lowest dose depression treatment and follow-up in VA primary care.[23]

Well-Being (k = 5)

Five of the studies we identified examined mental health with a wider lens, incorporating measures of well-being alone or alongside concepts such as overall or psychological health. A 2017 systematic review synthesized 8 qualitative studies regarding the psychological health and well-being of WVs post-deployment (*eg*, adjustment, post-traumatic growth, loss, and belongingness).[24] An RCT examined the effect of mindfulness on psychological well-being among 136 WVs.[25] The 3 remaining studies examined the changes in health and well-being of Veterans after leaving military service,[26] the impact of civic service on psychological health and well-being,[27] and the comparison of post-9/11 Veterans with non-Veterans in terms of health, work, financial, or social well-being.[28]

Moral Injury (k = 3)

After stressful events in which people behave contrary to important personal values or observe behavior that conflicts with these values, moral injury symptoms (*eg,* guilt, shame, anger) can develop distinctly from PTSD.[29] We identified 3 observational studies which examined moral injury related to sexual harassment, substance use and mental health, and chronic pain, including gender differences in prevalence and outcomes.

Additional Mental Health Topics (k = 12)

We found that 12 studies did not fit into the above categories. Two examined groups with a single diagnosis (*eg*, personality disorder, schizophrenia). The remaining 10 studies focused on a wide variety of topics related to mental health conditions, such as allostatic load,[30,31] stress-related biobehavioral

responses,[32] cognitive impairment,[33] deployment and other stressors,[34] neuropsychiatric assessments,[35] peer support,[36] and relationship characteristics.[37,38]

Substance Use (k = 71)

Table 3. Overview of Substance Use Focus Area

Highlights	
Participant composition	• WVs0only sample (*k* = 19) • WVs versus Veteran men (*k* = 34) • WVs versus non-Veteran women (*k* = 4) • Both WVs versus Veteran men and WVs versus non-Veterans (*k* = *1)* • Other (*k* = 14)
Key study designs	• Observational (*k* = 57) • Qualitative (*k* = 7) • RCT (*k* = 4) • EPOC and/or quasi-experimental (*k* = 3) • Mixed methods (*k* = 0)
Key study stages	• Program evaluation and/or QI (*k* = 5) • Efficacy and/or effectiveness (*k* = 4) • Implementation (*k* = 0) • Systematic review (*k* = 1) • Scoping review (*k* = 1) • Methods development (*k* = 1)
Top 3 prioritized populations	• OEF/OIF/OND Veterans (*k* = 10) • History of trauma (*k* = 8) • Transgender and/or nonbinary (*k* = 7) • Sexual minoritized (*k* = 7)
Top 3 subcategories	• Treatment access, utilization, and outcomes (*k* = 19) • Prevalence, risk factors, and mortality (*k* = 17) • Stress and substance use (*k* = 15)
Top 3 secondary focus areas	• General mental health (*k* = 16) • Access to care/utilization (*k* = 12) • Preventative health (*k* = 9)

We identified 71 articles that primarily focused on substance use in WVs. The most common substances addressed were alcohol or tobacco, with relatively fewer articles addressing opioid use disorder, general substance misuse, and none related to intravenous drug use. The most common secondary focus areas included general mental health (*k* = 16), access/utilization of care (*k* = 12), preventive health (*k* = 9), SDOH (*k* = 8), and health care organization/delivery of care for WVs (*k* = 8). Forty-three articles with other primary focus areas also touched on aspects of substance use in WVs, most commonly those evaluating general mental health, interpersonal violence, or sexual violence. Three articles collected data from VA staff (including providers), 65 from patients, and 1 from VA clinics or facilities. The remaining 2 articles were review papers, 1 of which was a systematic review.[39,40] Studies in this group were primarily observational (*k* = 57) or qualitative (*k* = 7). An additional 7 studies addressed the effects of health system interventions, 4 of which were RCTs. The

RCTs included an evaluation of a gender-focused recovery model, a proactive outreach intervention, a personalized normative feedback intervention, and a cognitive reappraisal coping strategy.

Of the 7 qualitative articles we identified, the total *N* ranged from 14 to 30. The largest observational study of Veteran men and WVs in this focus area included 11,492,586 Veterans, of whom 1,202,949 were women (10.5%).[41] We found 19 articles focused only on WVs, and 41 examined the differences between men and women. The largest observational WVs-only study included 2,784 individuals. Since publication of the 2008-2015 map, there has been a 7-fold increase in studies of substance abuse that focus on historically marginalized populations such as gender minority (*eg*, transgender and/or nonbinary), sexual minority, and racial and ethnic minority groups of WVs. Seven articles used large VA or national databases such as Enhancing Mental and Physical Health of Women through Engagement and Retention (EMPOWER) QUERI, Survey of Experiences of Returning Veterans (SERV), The Veterans After-Discharge Longitudinal Registry (Project VALOR), National Epidemiologic Survey on Alcohol and Related Conditions (NESARC-III), National Patient Care Database, and Women's Health Initiative.

Treatment Access, Utilization, and Outcomes (k = 19)

Among the 19 studies focused on substance use-related treatment, we found 12 which aimed to identify and understand gender disparities in access, utilization, and outcomes of related services. Most were observational ($k = 9$) or qualitative ($k = 4$), and 1 was a systematic review published in 2022. This review included 44 studies evaluating trends in online alcohol treatment utilization.[39] Two additional articles examined treatment outcomes using a quasi-experimental design; 1 was a 2021 study using data from an implementation study to evaluate alcohol use in Veteran men and WVs following VetChange, an online alcohol intervention.[42] The other was a 2020 program evaluation study that assessed alcohol use outcomes after PTSD treatment in Veteran men and WV.[43] In addition, we found 3 RCTs in this category. One was a 2019 post hoc analysis of gender differences in smoking cessation using data from a pragmatic multisite trial comparing proactive outreach to usual care ($N =$ 2,654 [5.2% women]).[44] The second was a 2018 RCT evaluating the effect of a 12-session, gender-focused substance use disorder recovery model compared to a 12-step facilitation non gender-focused model ($N = 66$) on substance use. The third was a 2017 trial which tested a very brief online alcohol intervention compared to a video game control on drinking behavior among young OIF/OEF Veterans ($N = 784$ [17% WV]).[45] This study was not limited to VA users and included a gender-based moderator analysis. Finally, 2 articles with a qualitative design focused on identifying methods of reducing disparities in women's substance use care by evaluating smoking cessation experiences and preferences.

Prevalence, Associations, and Risk Factors (k = 17)

Three of the articles we identified addressed mortality rates for either drug overdose ($k = 2$) or chronic alcohol consumption ($k = 1$).[46] Of those remaining, 10 focused on prevalence of cannabis use disorder, alcohol use disorder, opioid use disorder, or overall substance disorder and misuse. Additionally, 3 articles focused on comorbid substance use (tobacco or alcohol) and medical conditions such as heart disease, lung cancer, and traumatic brain injury (TBI). One article focused on insomnia as a risk factor for alcohol misuse in a sample of only WVs.[47] All of these studies were observational, and the majority included only 1%-18% WVs.

Stress and Substance Use (k = 15)

We identified 15 articles related to stress and substance use that addressed the relationship between stressful event exposure or PTSD and substance use. For example, 7 studies focused on the relationship between sexual trauma, MST, or IPV and substance use. Five studies focused on the association between PTSD and substance use and 3 focused on other stressors such as COVID-specific anxiety and childhood adversity. Finally, most of these 15 articles used observational designs, although 1 was a 2021 RCT. This RCT examined the effect of cognitive reappraisal compared to non-therapeutic psychoeducation on alcohol craving and inhibitory control among 50 WVs with unhealthy alcohol use.[48]

Substance Use in Marginalized Groups (k = 13)

Seven articles addressed transgender and/or nonbinary Veteran substance use or substance use–related health care. Six articles focused predominantly on sexual orientation–related differences in substance use. We identified one 2016 literature review that included 25 studies evaluating rates of smoking behaviors in both racial and ethnic minoritized and sexual minoritized groups.[40] Most articles were observational, although 1 quasi-experimental design was used to investigate the influence of a transgender health care directive on alcohol-related service utilization in VA.[49]

Screening and Detection (k = 7)

Among articles addressing screening, detection, or assessment of substance use, 5 focused on alcohol use screening or detection, 1 on tobacco screening,[50] and 1 on hazardous substance use more broadly.[51] Three of these articles were qualitative inquiries of either WVs or provider perceptions of barriers to and facilitators of disclosure[52,53] or detection.[51] One of these articles also described methods development of a gender-tailored alcohol use screener.[54]

Suicide and Non-Suicidal Self-Injury (k = 55)

Table 4. Overview of Suicide/NSSI Focus Area

Highlights	
Participant composition	• WVs-only sample (*k* = 15) • WVs versus Veteran men (*k* = 36) • WVs versus non-Veteran women (*k* = 4) • Both WVs versus Veteran men and WVs versus non-Veterans (*k* = 2) • Other (*k* = 2)
Key study designs	• Observational (*k* = 47) • Qualitative (*k* = 4) • RCT (*k* = 0) • EPOC and/or quasi-experimental (*k* = 2) • Mixed methods (*k* = 2)
Key study stages	• Program evaluation and/or QI (*k* = 1) • Efficacy and/or effectiveness (*k* = 0) • Implementation (*k* = 0) • Systematic reviews (*k* = 0) • Methods development (*k* = 2)

Top 3 prioritized populations	• OEF/OIF/OND Veterans (*k* = 14) • History of trauma (*k* = 6) • Transgender and/or nonbinary (*k* = 6)
Top 3 subcategories	• Prevalence, risk factor, and formative evaluations (*k* = 43) • VA practices and programs (*k* = 8) • Research methods (*k* = 3)
Top 3 secondary focus areas	• General mental health (*k* = 24) • SDOH (*k* = 10) • Interpersonal violence (*k* = 9)

We identified a 4-fold growth in the volume of literature related to suicide/NSSI compared to the 2008-2015 map, which identified 13 articles. In addition to the 55 articles assigned to this primary focus area, we located an additional 20 articles with suicide/NSSI as a secondary focus. The 2008-2015 map noted a lack of focus on suicide among prioritized subpopulations, while we found 1 study addressing Gulf War Veterans,[55]1 addressing justice-involved Veterans,[56] 2 addressing those with experiences of homelessness,[56,57] 6 addressing Veterans with a history of trauma, 6 conducted among transgender and/or nonbinary individuals, and 14 addressing OIF/OEF/OND Veterans (Note: some articles focused on more than 1 subpopulation). We did not identify any experimental study designs for this focus area.

Prevalence Studies, Risk Factor Analyses, and Formative Evaluation (k = 44)

Most studies (74%) in this primary focus area described the risk factors or prevalence of suicide or other evaluations intended to better describe the phenomenon of suicidal ideation, suicidal behaviors, or NSSI behaviors. Eighteen studies in this category included data from at least 1,000 WVs, and 5 studies from more than 100,000 WVs. Fifteen focused on WVs only, 4 compared findings between WVs and non-Veteran civilian women, and 37 compared WVs to Veteran men (2 overlapped with the Veteran and non-Veteran civilian comparison). Ten articles described prevalence of suicidal ideation and behavior across the general Veteran population or subpopulations such as transgender and/or nonbinary Veterans,[58-60] midlife and older women,[61] and OIF/OEF/OND Veterans.[62-64] Three articles described qualitative investigations of aspects of suicide risk and suicidal ideation or behavior including women's experiences with their partners' role in firearm access and storage,[65] gender differences in suicidal behavior development,[66] and gender differences in recovery needs.[67] The remaining articles in this category explored the risk of suicide associated with factors such as moral injury,[68] sexual violence,[69] housing,[56] and dementia.[70] In particular, a 2023 meta-analysis of data from 22 identified studies (*N* = 10,898,875; [% women not reported]) evaluated the association of MST and suicide outcomes (*eg*, ideation, attempt) and included an analysis of the moderation effect of gender with data from 10 studies.[71]

VA Practices and Programs to Address Suicide (k = 8)

We found 8 articles which evaluated aspects of existing VA programs and services designed to address suicide including the Veteran crisis line, suicide prevention coordinators, and electronic health record flag use for suicide risk. Most articles included a comparison between men and WVs using VA administrative data; 1 focused on WVs only and described interviews with suicide prevention coordinators about the experience of women who access Veterans Health Administration (VHA) for enhanced suicide-related care.[72] One notable article (*N* = 458,092 [4.6% women]) explored the effect

of intersecting identities including gender, race and ethnicity, disability status, and housing on receipt of a suicide risk flag in the VA electronic health record among Veterans.[73]

Research Methods (k = 3)

Two articles[74,75] examined specific measures or approaches used in research on women and gender-based differences in suicide risk and 1 described methods to increase recruitment of women to suicide prevention trials.[76]

Reproductive Mental Health (k = 21)

Table 5. Overview of Reproductive Mental Health Focus Area

Highlights	
Participant composition	• WVs-only sample (*k* = 17) • WVs versus Veteran men (*k* = 1) • WVs versus non-Veteran women (*k* = 2) • Other (*k* = 1)
Key study designs	• Observational (*k* = 15) • Qualitative (*k* = 3) • RCT (*k* = 0) • EPOC and/or quasi-experimental (*k* = 1) • Mixed methods (*k* = 2)
Key study stages	• Program evaluation and/or QI (*k* = 2) • Efficacy and/or effectiveness (*k* = 0) • Implementation (*k* = 0) • Systematic reviews (*k* = 0) • Methods development (*k* = 0)
Top 3 prioritized populations	• History of trauma (*k* = 2) • OEF/OIF/OND Veterans (*k* = 1) • Rural dwelling (*k* = 1)
Top 3 subcategories	• Peripartum mental health care (*k* = 9) • Prevalence and risk factors of peripartum mental health (*k* = 7) • Sexual functioning (*k* = 3)
Top 3 secondary focus areas	• Access to care/utilization (*k* = 7) • Health care organization/delivery of care for WVs (*k* = 7) • Reproductive health (*k* = 5) • General mental health (*k* = 4)

We identified 21 articles that primarily focused on reproductive mental health in WVs, indicating a 4-fold increase in publications on reproductive mental health since the 2008-2015 map, including a greater variety of study designs. Note that this focus area is mutually exclusive from the reproductive health focus area. The most common secondary focus areas of these articles included access to care/utilization and health care organization/delivery of care for WVs. Ten articles that identified reproductive mental health as a secondary focus had primary focus areas of reproductive health and chronic pain/opioids. The majority of articles which focused on reproductive mental health addressed pre-, peri-, or postnatal mental health (*k* = 16), half of which used data from the Center for Maternal

and Infant Outcomes and Research in Translation Study (COMFORT). An additional 2 articles addressed mental health in relation to other aspects of the reproductive cycle (premenstrual and perimenopausal phases) and other reproductive health topics such as hysterectomy. Finally, 3 studies addressed sexual functioning in WVs. One article collected data from VA staff and providers and 20 from Veterans. Articles were primarily observational (k = 15) or qualitative and/or mixed methods (k = 5). Among the 15 observational studies, the total N ranged from 70 to 790,726. There were no RCTs, although 1 quasi-experimental study evaluated an internet-delivered cognitive behavioral therapy for postpartum depression.[77]

Peripartum Mental Health Care (k = 9)

Two articles evaluated perinatal depression screening, 1 article evaluated a mental health intervention (internet-delivered cognitive behavioral therapy[77]), and the remainder focused on access to care/utilization. The 2021 quasi-experimental investigation of an internet-delivered cognitive behavioral therapy, MomMoodBooster, evaluated depression outcomes in rural-dwelling Veterans. Most articles included only WVs, however, 1 study that evaluated a perinatal depression screener included a mix of military service members and Veterans (N = 110 [2.5% WVs]). A 2019 qualitative study of VA mental health providers explored their experiences of delivery care for WVs during the peripartum period.[78]

Prevalence and Risk Factors of Peripartum Mental Health (k = 7)

We identified 3 articles which evaluated risk factors for peripartum depression, 1 using a longitudinal design.[79] Two articles focused on the prevalence of health risk behaviors such as prenatal smoking.[80] The remaining 2 explored trauma and stress exposure as risk factors for peripartum mental health concerns. Three articles used data from the COMFORT study, and 1 used data from the Women Veterans Cohort Study (WVCS).

Reproductive Lifecycle (k = 2)

Two cross-sectional studies of data from VA users examined mental health associated with reproductive health outside of pregnancy. Only 1 article (N = 186 WVs) with a primary focus area of reproductive mental health addressed the full reproductive lifecycle, including mental health in the premenstrual and postmenopausal phases.[81] An additional article (N = 770) evaluated the relationship between mental health and likelihood of choosing minimally invasive hysterectomy to treat uterine fibroids in women.[82]

Sexual Functioning (k = 3)

We found 2 articles focusing on assessing the prevalence of sexual dysfunction, and 1 examining the association between mental health, specifically PTSD, and sexual dysfunction.[83] All 3 articles were observational, with sample sizes ranging from 151 to 790,726. Only 1 included only WVs (N = 790,726); the other 2 included samples comprising 60.9%-80.2% WVs.

MEDICAL CONDITIONS

Chronic Medical Conditions (k = 137)

Table 6. Overview of Chronic Medical Conditions Focus Area

Highlights	
Participant composition	• WVs-only sample (*k* = 36) • WVs versus Veteran men (*k* = 95) • WVs versus non-Veteran women (*k* = 9) • Both WVs versus Veteran men and WVs versus non-Veterans (*k* = *4)* • Other (*k* = 1)
Key study designs	• Observational (*k* = 129) • Qualitative (*k* = 5) • RCT (*k* = 2) • EPOC and/or quasi-experimental (*k* = 0) • Mixed methods (*k* = 1)
Key study stages	• Program evaluation and/or QI (*k* = 2) • Efficacy and/or effectiveness (*k* = 1) • Implementation (*k* = 1) • Systematic reviews (*k* = 1) • Methods development (*k* = 5)
Top 3 prioritized populations	• OEF/OIF/OND Veterans (*k* = 13) • Gulf War I (*k* = 8) • Racial and ethnic minoritized (*k* = 5)
Top 3 subcategories	• Cardiovascular disorders (*k* = 32) • Endocrine disorders (*k* = 22) • Nervous system disorders (*k* = 21)
Top 3 secondary focus areas	• Access to care/utilization (*k* = 26) • General mental health (*k* = 26) • Preventative health (*k* = 23)

We identified 137 articles with a primary focus on chronic medical conditions. Sixty-six additional articles with chronic medical conditions as a secondary focus area were identified, mostly under the primary focus areas of general mental health, preventative health, and long-term care/aging. Overall, we identified nearly double the number of articles categorized under medical conditions in the 2008-2015 map. A majority of the articles under "medical conditions" in the last map were chronic conditions (*eg*, diabetes, hypertension) though also included topics that we have separated out in this report, including chronic pain and cancer. Additionally, articles in the current map represent a much broader range of medical conditions, including a 3-fold increase in articles related to the cardiovascular system. Although the total number of articles remains low, we also identified an 8-fold increase in those addressing amputation, the majority of which were focused on prostheses, and an increase in articles on diabetes and TBI. The number of articles with a focus on obesity, HIV, and spinal cord injuries remained stable. Unlike the 2008-2015 map, we did not identify any articles with a focus on multiple sclerosis. New areas in which we identified multiple articles included interstitial cystitis, musculoskeletal and rheumatologic disease, chronic kidney disease (CKD), COVID-19, and chronic

medical conditions within military generations. Notably, there were few to no articles specifically related to certain conditions common among WVs, such as hypertension, anemia, lumbosacral disorders, eye disorders, asthma, esophageal disorders, and irritable bowel syndrome. As in the 2008-2015 map, a large majority (k = 129 [94.2%]) were observational and mainly investigated prevalence and epidemiology or risk and prognostic factor or association. There were 2 RCTs, compared to none in the 2008-2015 map. Notably, a majority of articles (k = 95) provided a sex-based analysis in studies comprised of both men and WVs (range: 0.7% to 62% women). Thirty-six articles had a WVs-only sample (N = 10 to 570,049) and 9 were comparisons between WVs and non-Veterans. Twenty-nine articles included prioritized populations, primarily OEF/OIF/OND (k = 13) and Gulf War Era (k = 8) Veterans. The main secondary focus areas of articles in this section were access to care/utilization (k = 26), general mental health (k = 26), and preventative health (k = 23).

Cardiovascular Disorders (k = 32)

Thirty-two articles were identified with a focus on diseases of the cardiovascular system, most commonly atherosclerotic cardiovascular disease (ASCVD; k = 26) and resultant complications, such as myocardial infarction, ischemic heart disease, or cerebrovascular accidents. All were observational and 6 articles included only WVs. The WVs-only studies looked at either cardiovascular risk assessment or associations with other chronic medical conditions, mental health conditions, or health behaviors. Two WVs-only articles (N > 69,000, each) addressed ASCVD risk, 1 using the same construct as the American College of Cardiology/American Heart Association (ACC/AHA) and 1 an internally validated risk score.[84,85] Another study (N = 157,195) aimed to determine which mental health conditions have the strongest association with established coronary artery disease among WVs.[86] One WVs-only study (N = 171) focused on a racial and ethnic minority population, looking at the prevalence of calcified carotid artery atheromas on digital panoramic images in African American WVs.[87] Ten of the mixed-sex and mixed-gender studies focused on the prevalence of ASCVD risk factors, gender differences in medication prescription and adherence rates, outcomes after myocardial infarction or percutaneous coronary intervention, and cardiovascular risk related to diabetes and PTSD. One notable study (N = 1,145 [51.2%] WVs) examined barriers to preventative behaviors in OEF/OIF/OND Veterans with a focus on barriers unique to women.[88] The remaining studies focused on heart failure (k = 4) and pulmonary hypertension (k = 1), primarily evaluating sex differences on long-term outcomes or mortality risks.

Endocrine Disorders (k = 22)

We found 22 articles which focused on endocrine disorders, primarily obesity (k = 9) and diabetes (k = 8). Studies addressing obesity were primarily observational with a focus on weight reduction initiatives such as the MOVE! program and health associations related to body mass index (BMI). One qualitative study (N = 24 [50% women]) looked at patient perspectives on weight management treatment among VA users.[89] One 2016 RCT (N = 481 [15% women]) related to obesity among Veterans evaluated weight loss in those who completed the Aspiring for Lifelong Health weight loss program.[90] Note that 14 articles on obesity prevention were placed in the preventative health primary focus area.

Studies addressing diabetes were mainly observational, but included 1 qualitative study examining gender differences in social support for diabetes self-management,[91] and 1 mixed-methods QI study evaluating the impact of gender-tailoring on a diabetes prevention program for WVs.[92] Two articles, both with less than 10% women, examined prescription patterns and adherence for antidiabetic medications.[93,94] Lastly, 1 study used Women's Health Initiative data to determine the impact of

diabetes plus additional chronic conditions on physical functioning in WVs compared with non-Veteran women.[95] The remaining studies looked at prevalence, disease progression, and risk factors for developing diabetes.

Three observational articles addressed osteoporosis, mainly focusing on prevalence and risk factors. One large study (N = 344,488 [100% women]) aimed to characterize racial, ethnic, and age-specific prevalence of site-specific fractures and the association to health care utilization.[96] Another mixed-sex and mixed-gender study looked at risks for osteoporotic fractures in Veterans with spinal cord injuries.[97] Three observational articles from 1 author looked at thyroid disorders and evaluated the association between iodine-induced thyroid dysfunction and cardiac pathology.

Nervous System Disorders (k = 20)

We identified 20 articles which focused on nervous system disorders; the largest subgrouping was TBI (k = 7). All were observational, except for 1 qualitative study which aimed to understand the experience of female service members and WVs after a TBI.[98] Among the observational articles focused on TBI, 1 women-only study addressed the prevalence and effects of IPV-related TBI and the remainder focused on the effects of TBI on functioning and chronic medical conditions. One notable study (N = 491,604 [8.3% women]) examined the impact of interactions between TBI and gender on medical comorbidities.[99]

We identified 5 observational studies on sleep disorders. Two used a WVs-only sample to investigate diagnosis and treatment patterns of sleep apnea, and 1 evaluated the impact of caregiving on sleep in a population of WVs. The 2 remaining articles were mixed-sex and mixed-gender studies and used large data sets to investigate genetic determinants and associations with sleep disorders and cardiovascular disease (CVD).

The remaining articles looked at seizure disorders (k = 5), headache (k = 2), cerebrovascular accident (k = 1) and amyotrophic lateral sclerosis (k = 1). Many of these studies focused on gender differences or WV-specific topics, such as prescribing trends of antiseizure medication for women of reproductive age.[100] One study (N = 1,524,960 [17.2% women]) examined gender differences in headache types, military service and exposures, and health care utilization among Veterans.[101]

Musculoskeletal and Rheumatologic Disorders (k = 15)

We identified 15 primarily observational studies focused on musculoskeletal and rheumatologic disorders. Thirteen were mixed-sex and mixed-gender and 2 were WVs only. Eight articles focused on amputations and primarily reported on aspects of prosthesis prescribing or use (k = 6), marking a significant increase from the 2008-2015 map, which included just 1 article on amputations. No articles on amputations included a prioritized population. Two notable articles included WVs only. The first (N = 100) was an observational study that looked at footwear limitations in WVs prosthesis users.[102] The second was a qualitative study (N = 30) that aimed to describe experiences with VA prosthetic care and devices.[103]

Of the remaining musculoskeletal disorder articles, 3 focused on the prevalence of Veterans with a musculoskeletal disorder. One notable article focused on OEF/OIF/OND Veterans (N = 765,465 [13% women]) and examined the prevalence of musculoskeletal conditions at their initial VA visit and the incidence rates of new musculoskeletal conditions.[104] Another focused on racial and ethnic minoritized Veterans (N = 517 [27% women]) and evaluated race and gender variation in the use of

complementary and alternative medicine for knee osteoarthritis.[105] Three articles focused on rheumatologic disorders; 2 looked at rheumatoid arthritis prevalence and treatment risks, and the third looked at the association between neurologic dysfunction, PTSD, and autoimmune disease in OEF/OIF/OND Veterans.[106]

Military Era Associated Chronic Conditions (k = 12)

We identified 12, mostly observational, studies that evaluated chronic medical conditions among cohorts of Veterans who served during different military time periods. Eight articles focused on Gulf War Veterans. One specifically looked at the prevalence of Gulf War Illness between men and WVs, while the rest primarily addressed the longitudinal effects of serving during the Gulf War Era upon health. Notably, the only systematic review within chronic medical conditions addressed epidemiologic studies on the health of WVs who served during the Gulf War.[107] We found 1 qualitative study in this category, which aimed to understand the military experiences and subsequent health of 10 Gulf War WVs to better inform and improve their clinical care.[108] Additional studies evaluated chronic medical conditions in Vietnam era and post 9/11 era Veterans.

Infectious Diseases (k = 10)

We identified 10 articles on infectious diseases, all observational in design. Five articles focused on HIV; 2 evaluated the impact of the COVID-19 pandemic on HIV care, and 1 evaluated the impact of gender upon the association between alcohol use and HIV care outcomes. There were 2 HIV studies with an all-WVs sample; the first aimed to determine whether the incidence of female genital tract cancers in the antiretroviral era had decreased,[109] and the second evaluated predictors of hospitalization among HIV-infected and at-risk HIV-uninfected women.[110]

Three articles focused on COVID-19 and notably included a WVs-only sample or a prioritized Veteran population. The first (N = 77,364 [100% WVs]) examined COVID-19-associated mortality and CVD outcomes in a racially diverse population.[111] The second (N = 355,603 [11% women]) investigated gender-specific racial and ethnic differences in COVID-19 infection among VA patients.[112] The third (N = 6,620,099 [7.3% women]) assessed the association between sexual orientation and any physical health conditions that might elevate the risk of COVID-19 severity among Veterans.[113] Two mixed-sex and mixed-gender studies, both with fewer than 5% WVs, looked at prevalence and direct-acting antiviral use in Veterans with hepatitis C virus.

Urinary System Disorders (k = 10)

We found 10 articles focused on urinary system diseases and almost all were observational. We identified 1 RCT protocol comparing the effectiveness of 2 virtual care delivery modalities for urinary incontinence among WVs (N = 286).[114] The most common condition addressed was interstitial cystitis and bladder pain syndrome (k = 5). Articles addressing this syndrome looked at prevalence or risk factor association. One notable study investigated whether prescription patterns for WVs with interstitial cystitis aligned with treatment guidelines.[115] The remaining studies assessed prevalence and risk factor association for overactive bladder, bladder cancer, and the efficacy of nitrofurantoin for the treatment of cystitis.

Renal Disorders (k = 6)

We identified 6 articles focusing on the renal system which addressed CKD, utilized an observational study design, and included a mixed-sex and mixed-gender sample (all had less than 7% WVs). Five of

these articles looked at medication prescribing practices or medication interactions with CKD and end-stage renal disease. One study (N = 174,443 [1.9% women]) of racial and ethnic minoritized Veterans evaluated disparities in prescription patterns for sodium-glucose cotransporter-2 inhibitors.[116]

Pulmonary Disorders (k = 3)

Three observational studies focused on pulmonary diseases. Two investigated gender-based differences and disparities for prescribing patterns and hospitalizations in chronic obstructive pulmonary disease (COPD)[117,118] and 1 examined the use of antifibrotic medication in idiopathic pulmonary fibrosis.[119]

Gastrointestinal Disorders (k = 2)

We identified 2 observational articles with a focus on a gastrointestinal disorders. One evaluated the association between healthy eating indices and metabolic associated fatty liver disease,[120] and investigated the rates of recommended vaccine administration in patients with inflammatory bowel disease.[121]

Other (k = 5)

We located 5 articles which described conditions that did not fit into any of the above categories. Three observational articles focused on disability, of which 2 were notable. The first (N = 2,950 [100% WVs]) evaluated the impact of combat-related injury on post-deployment health profiles of OEF/OIF/OND Veterans,[122] and the second (N = 4,029,672 [10% women]) compared military service and disability ratings between men and WVs under 50 years of age.[123] One mixed-sex and mixed-gender observational study focused on the auditory system using data from the Million Veteran Program (MVP) to analyze hearing loss and tinnitus within the context of military exposures.[124] The last article examined gender differences in health conditions within the MVP cohort.[122]

Reproductive Health (k = 88)

Table 7. Overview of Reproductive Health Focus Area

Highlights	
Participant composition	• WVs-only sample (k = 75) • WVs versus Veteran men (k = 4) • WVs versus non-Veteran women (k = 6) • Other (k = 7)
Key study designs	• Observational (k = 79) • Qualitative (k = 5) • RCT (k = 0) • EPOC and/or quasi-experimental (k = 1) • Mixed methods (k = 3)
Key study stages	• Program evaluation and/or QI (k = 5) • Efficacy and/or effectiveness (k = 0) • Implementation (k = 2) • Systematic reviews (k = 1) • Methods development (k = 2)
Top 3 prioritized populations	• Racial and ethnic minoritized (k = 15)

	• History of trauma (*k* = 5) • OEF/OIF/OND Veterans (*k* = 5)
Top 3 subcategories	• Maternal health (*k* = 30) • Family planning (*k* = 29) • Uterine diagnoses and surgeries (*k* = 11)
Top 3 secondary focus areas	• Health care organization/delivery of care for WVs (*k* = 27) • Access to care/utilization (*k* = 27) • SDOH (*k* = 14)

We identified 89 articles which primarily focused on reproductive health of WVs, indicating an increase from the 24 included in the 2008-2015 map. In addition, 35 articles with other primary focus areas had reproductive health as a secondary focus area. While most of these articles focused on Veteran-level data, 5 included VA staff alone or combined with WVs. Observational studies (*k* = 80) comprised a large majority of this focus area. The remaining articles were qualitative (*k* = 5), mixed methods (*k* = 3), and 1 QI study protocol. Notably, we found no RCTs in this section. The largest observational study (*N* = 6,196,432 [*N* = 17,495; 0.28% WVs]) addressed timeliness and adequacy of prenatal care by Veteran status and payer.[125] The largest sample size of WVs in a study (*N* = 407,482) assessed gynecologist supply deserts.[126] The 1 EPOC study design article in this section presented a patient portal-based educational intervention protocol compared to usual care and planned assessment of its impact on knowledge and shared decision-making.[127]

The objectives of the articles in this section were largely risk factor identification (*k* = 46) and prevalence description (*k* = 24). Prioritized populations which we identified within this section largely included racial and ethnic minorized populations (*k* = 15), those with a history of trauma (*k* = 6), and OEF/OIF/OND Veterans (*k* = 5). Within this subsection, the predominant focus was upon maternal health (*k* = 30) and family planning (*k* = 29). Most work published in this section was supported by VA funding (*k* = 71), and NIH, DOD, or other governmental funding (*k* = 22). The articles primarily focused on WVs-only populations (*k* = 75). A minority of the articles studied WVs and men (*k* = 4) or non-Veteran women (*k* = 5) though all reported data separately for WVs. One study jointly studied active service members and WVs.[128] Thirteen papers from this section arose from a single larger study: Examining Contraceptive Use and Unmet Need among WVs (ECUUN).[129]

Maternal Health (k = 30)

The largest subsection of this focus area was maternal health with 30 articles, of which 28 were observational and 2 were qualitative.[130,131] The observational studies covered topics ranging from risk factors associated with pregnancy outcomes (*eg*, payer status and war exposure), the relationship between mental health and pregnancy outcomes, racial disparities (*eg*, transitions of care, cardiovascular risk, substance use, c-section rates), pregnancy counseling, and medications with teratogenic potential. Three of these studies[132-134] assessed development and evaluation of the Maternity Care Coordination program. One article described development and implementation of an electronic health reminder to improve teratogenic medication counseling.[135] The 2 qualitative studies[130,131] focused on patient perceptions on VA maternity care and VA staff perceptions on post-partum care.

Family Planning (k = 29)

We found 29 articles which focused on aspects of family planning including contraception (*k* = 20), infertility (*k* = 4), preconception counseling (*k* = 3), and unintended pregnancies (*k* = 2). Twenty-five studies were observational. Contraception-focused articles covered concepts ranging from usage rates, variables impacting use, and contraception counseling, to long-acting reversible contraception and oral emergency contraception provision. Six articles explored contraception issues among prioritized populations including women with experiences of homelessness (*k* = 3),[136-138] and racial and ethnic disparities (*k* = 3).[139-141] One of the 25 observational studies assessed financial and health implications of 12-month oral contraceptive dispensing options through VA compared to the standard 3-month maximum.[142] Two studies[143,144] were qualitative with a particular focus on patient preferences for family planning counseling and provider- or facility-level factors influencing contraception use. Two studies[145,146] were mixed methods with 1 focused on the relationship between race and infertility and the second reporting agreement between ideal and current usage of contraceptive methods.

Uterine Diagnoses and Surgeries (k = 11)

We found 11 articles which addressed uterine diagnoses and surgeries, specifically related to hysterectomy, salpingo-oophorectomy, and the management of abnormal uterine bleeding (AUB). Five observational studies assessed hysterectomy trends in VA, 3 of which focused on racial disparities in hysterectomy routes and rates. Two observational studies[147,148] assessed rates of concomitant bilateral salpingo-oophorectomy (BSO) with hysterectomy related to military status, race, and menopausal status. Two observational studies[149,150] addressed racial disparities in uterine fibroid treatment. Two studies[151,152] focused on AUB; 1 mixed-methods study for developing quality indicators for care of women with AUB in primary care, and 1 observational study focused on assessment of adherence to treatment guidelines in VA primary care.

Menopause (k = 7)

Seven articles focused on menopause care. Four observational studies[153-156] focused on menopausal hormone therapy varying from assessment of adherence to prescribing guidelines, risk of venous thromboembolism with varying routes, association with suicide, and racial and ethnic disparities in diagnosis and management. One observational study assessed the association between vasomotor symptoms and Veteran status. One article was a QI study protocol for a patient portal-based educational intervention compared to usual care and its impact on menopause knowledge and shared decision-making.[127] One qualitative study assessed 30 WVs perceptions of menopause and its management in VA.[157]

Sexual Health (k = 5)

We found 5 observational studies which addressed sexual health. Three[158-160] focused on women with a history of trauma (*eg*, MST, non-sexual trauma). The remaining study focused on the impact of sexual health on the relationship between eating-disordered behavior and relationship satisfaction.[128] Only 1 of these studies focused on WVs alone.[160] Two studied WVs with men though reported data separately for WV.[158,159] One studied WVs with service members.[128]

Other Reproductive Health Services (k = 7)

Two observational studies[126,161] focused on geographical access to reproductive health services across the VA and in the community. Two observational studies [162,163] focused on abortion rates and

experiences among WVs receiving VA health care. Only 1 observational study assessed sexually transmitted infections.[164] The remaining study addressed breast reduction surgery and complications.[165] The 1 systematic review we identified in this section included 52 studies and synthesized the existing literature on reproductive health of WVs from 2008 to 2017.[166]

Preventive Health (k = 45)

Table 8. Overview of Preventative Health Focus Area

Highlights	
Participant composition	• WVs-only sample (*k* = 17) • WVs versus Veteran men (*k* = 25) • WVs versus non-Veteran women (*k* = 1) • Both WVs versus Veteran men and WVs versus non-Veterans (*k* = *1)* • Other (*k* = 3)
Key study designs	• Observational (*k* = 35) • Qualitative (*k* = 7) • RCT (*k* = 2) • EPOC and/or quasi-experimental (*k* = 0) • Mixed methods (*k* = 1)
Key study stages	• Program evaluation and/or QI (*k* = 3) • Efficacy and/or effectiveness (*k* = 1) • Implementation (*k* = 2) • Systematic reviews (*k* = 0) • Methods development (*k* = 3)
Top 3 prioritized populations	• OEF/OIF/OND Veterans (*k* = 2) • Vietnam era (*k* = 1) • Rural dwelling (*k* = 0) • Racial and ethnic minoritized (*k* = 1)
Top 3 subcategories	• Screening (*k* = 21) • Health behaviors (*k* = 21) • Vaccinations (*k* = 2)
Top 3 secondary focus areas	• Health care organization/delivery of care for WVs (*k* = 11) • General mental health (*k* = 8) • Access to care/utilization (*k* = 8) • Chronic medical conditions (*k* = 8)

We identified 45 articles on preventive health, which were included if focusing on proactive measures to maintain well-being or prevent illness. This encompassed measures such as screening for risk factors and/or disease presence, health behaviors, and vaccinations. Most were observational (*k* = 35) or qualitative (*k* = 7), with the remaining studies including 1 RCT, 1 randomized implementation intervention protocol, and 1 mixed-methods study. The largest observational study evaluated data from 5,993,010 Veterans, of which 496,034 (8.3%) were women.[167] Among exclusively WVs observational studies, the largest sample was 585,818.[168] Twenty-five articles compared data between men and women, and with the proportion of women ranging from 0.7% to 50%. Several articles in this section leveraged data from large VA cohort studies and programs, including the MVP, WVCS, VA MOVE!, Weight and Veterans' Environments Study (WAVES), and EMPOWER QUERI. The most common

secondary focus area among preventive health studies included health care organization/delivery of care for WVs, general mental health, chronic medical conditions, and access to care/utilization. Additionally, we identified 79 articles that addressed aspects of preventive health as a secondary focus, most of which primarily focused on chronic medical conditions and general mental health.

Screening (k = 21)

We identified 21 articles which described aspects of health screening or risk assessment, representing the largest sub-category of preventive health. Among these studies, 8 focused on cancer screening, half of which ($k = 4$) highlighted breast cancer screening or mammography services. The only RCT noted in preventive health[169] examined the effect of mammography referral methods on completed mammograms among WVs. Five articles addressed mental health screening, including a OEF/OIF/OND WVs study which examined the association between screening for MST and HIV screening.[170] Four studies evaluated sexual and reproductive health screening, including 1 study that reported on transgender and/or nonbinary persons.[171] Three studies highlighted cardiovascular screening, and the remaining 2 reported general health screening. Six observational studies[172-177] ($N =$ 167 to $N =$ 8,759,079) described the efficacy and prevalence of screening in both WVs-only and mixed-sex and mixed-gender Veteran samples. Three articles[178-180] addressed factors related to patient and/or provider preferences, barriers, and facilitators to screening, including 1 qualitative study that used provider and patient interviews to inform the development of a cardiovascular risk identification toolkit.[179] Three studies[181-183] assessed the performance of risk assessment tools in WVs to inform research methods. One notable example was a 2021 article ($N =$ 17,264) that tested the performance of a WV-specific cardiovascular risk score calculator.[181]

Health Behaviors (k = 21)

We identified 21 articles that addressed aspects of health behavior. Most ($k =$ 14) focused on body weight, BMI, weight management programs, or obesity (Note: 9 articles on obesity as a chronic condition were placed in the chronic medical condition focus area). Alternative topics within this section included cardiovascular risk behaviors, sexual behavior, and nutrition. Several articles used data from large VA cohort studies and programs. Four studies[184-187] assessed health behaviors using the VA MOVE! program data, and 4 studies[186-189] used WAVES. Two of these articles[186,187] examined the effects of the WAVES on VA MOVE! program outcomes. Two studies[190,191] described health behaviors and BMI using data from the MVP, and 1 study assessed physical activity among the Women's Health Initiative cohort.[192] Three qualitative studies[184,193,194] evaluated WVs health behavior preferences and experiences ($N =$ 25 to $N =$ 30). We also identified a protocol paper for a mixed-methods hybrid type 3 effectiveness-implementation trial comparing implementation strategies across interventions related to the promotion of prevention and mental health telehealth service use by WVs, the EMPOWER QUERI 2.0.[195]

Vaccinations (k = 2)

Two observational studies addressed the prevalence and acceptance of vaccination against COVID-19. The larger of the 2 ($N =$ 5,871,438 [9.4% women]) assessed racial, ethnic, and rural disparities in COVID-19 vaccination rates.[196] The second described acceptance and beliefs of the COVID-19 vaccine among pregnant Veterans.[197]

Chronic Pain/Opioids (k = 30)

Table 9. Overview of Chronic Pain/Opioids Focus Area

Highlights	
Participant composition	• WVs-only sample (*k* = 10) • WVs versus Veteran men (*k* = 18) • WVs versus non-Veteran women (*k* = 3) • Both WVs versus Veteran men and WVs versus non-Veterans (*k* = 1) • Other (*k* = 0)
Key study designs	• Observational (*k* = 27) • Qualitative (*k* = 3) • RCT (*k* = 0) • EPOC and/or quasi-experimental (*k* = 0) • Mixed methods (*k* = 0)
Key study stages	• Program evaluation and/or QI (*k* = 1) • Efficacy and/or effectiveness (*k* = 0) • Implementation (*k* = 1) • Systematic reviews (*k* = 0) • Methods development (*k* = 0)
Top 3 prioritized populations	• OEF/OIF/OND Veterans (*k* = 6) • Rural dwelling (*k* = 2) • Transgender and/or nonbinary (*k* = 1)
Top 3 subcategories	• Risk factors for chronic pain (*k* = 10) • Opioid use among VA users (*k* = 8) • Pain assessment and management (*k* = 5)
Top 3 secondary focus areas	• Access to care/utilization (*k* = 8) • Health care organization/delivery of care for WVs (*k* = 5) • General mental health (*k* = 4)

We identified 30 articles that primarily focused on chronic pain/opioids for the treatment of pain within the WVs population. We also identified 16 additional articles with chronic pain/opioids as a secondary focus area, mostly within articles with the primary focus areas of chronic medical conditions and general mental health, specifically addressing the relationship between mental health disorders (PTSD, insomnia) and pain. A majority (*k* = 27) of the articles were observational, of which 16 addressed risk and prognostic factors or associations, 9 focused on prevalence or epidemiology, 1 was an implementation study, and 1 was a program evaluation of mindfulness-based training for WVs. We identified 3 qualitative articles; all obtained data from Veterans and 2 from WVs only. There were no interventional studies.

Overall, 10 articles had a WVs-only sample, the largest with a sample of *N* = 516,950. Within mixed-sex and mixed-gender articles, the proportion of WVs ranged from 0.8% to 53.8%. Nine articles included prioritized populations, mostly OEF/OIF/OND Veterans (*k* = 6). The single WVs-only study which included a prioritized population investigated health care priorities and utilization of rural-dwelling WVs with chronic pain.[198] This was also the only article to report Veteran engagement during study conduct for the chronic pain/opioid focus area.

Risk Factors for Chronic Pain (k = 10)

The articles we identified in this area primarily evaluated associations between pain and other medical or mental health disorders. Two articles compared pain prevalence and effects of pain between Veterans and non-Veterans. The remaining 6 articles evaluated aspects of associations between pain and other medical or psychiatric risk factors. One article aimed to determine the association between combat experience in Veterans and pain intensity, examining PTSD, depressive symptoms, and resilience as parallel mediators of this association.[199] Another article, the largest all-WVs study (N = 516,950), compared the prevalence of chronic pain conditions among WVs with and without a history of MST.[200] A third examined differences between men and women with fibromyalgia.[201] The remaining articles looked at other associations with pain, such as menopause, cigarette smoking, and obesity.

Opioid Use Among VA Users (k = 8)

We found that most articles which focused on opioids investigated prescribing patterns within certain Veteran subpopulations, such as pregnant or menopausal individuals. One notable article examined the receipt of outpatient opioids, high-risk opioid prescribing, and opioid poisoning between transgender and/or nonbinary and cisgender Veterans (N = 46,320).[202] Three articles examined gender-based differences or other predictors of involvement in complementary and integrative health services or opioid monitoring programs in populations prescribed opioids for chronic pain treatment. The remaining articles evaluated the prevalence of opioid prescribing and potential adverse events of long-term opioid prescribing. We did not identify any studies examining differences in opioid prescribing between men and WVs nor any studies on harm reduction strategies for WVs.

Pain Assessment and Management (k = 7)

Articles which we categorized in this section primarily evaluated the impact of nonpharmacologic interventions in addition to opioids. Three articles specifically evaluated the impact and benefit of complementary pain interventions in the WVs population, including chiropractic care, mindfulness, interdisciplinary team-based approach to fibromyalgia care, and an integrated pain team. One article (N = 130,765 [9% WVs]) assessed pain intensity measurements in emergency department patients to determine if pain intensity measurements differed between male and female nurses and whether this information led to differences in patient triage.[203]

Health Care Utilization Among Patients with Chronic Pain (k = 5)

Two of the articles that focused on health care utilization were qualitative; 1 examined the challenges of using an integrated health system to manage pain[204] and the other, an WVs-only study, examined the experiences and priorities of rural-dwelling WVs seeking health care for chronic pain.[198] Another rural-focused article examined gender-based differences and the impact of rurality on pain care.[205] The remaining 2 articles addressed utilization patterns for patients with musculoskeletal pain.

Long-Term Care/Aging (k = 21)

Table 10. Overview of Long-Term Care/Aging Focus Area

Highlights	
Participant composition	• WVs-only sample (*k* = 9) • WVs versus Veteran men (*k* = 9) • WVs versus non-Veteran women (*k* = 5) • Both WVs versus Veteran men and WVs versus non-Veterans (*k* = 2) • Other (*k* = 0)
Key study designs	• Observational (*k* = 21) • Qualitative (*k* = 0) • RCT (*k* = 0) • EPOC and/or quasi-experimental (*k* = 0) • Mixed methods (*k* = 0)
Key study stages	• Program evaluation and/or QI (*k* = 0) • Efficacy and/or effectiveness (*k* = 0) • Implementation (*k* = 0) • Systematic reviews (*k* = 2) • Methods development (*k* = 0)
Top 3 prioritized populations	• History of trauma (*k* = 1) • Racial and ethnic minoritized (*k* = 1) • Sexual minoritized populations (*k* = 1) • Vietnam (*k* = 1)
Top 3 subcategories	• Morbidity and mortality (*k* = 9) • Cognitive function (*k* = 7) • End of life care (*k* = 3)
Top 3 secondary focus areas	• Chronic medical conditions (*k* = 6) • Access to care/utilization (*k* = 3) • Preventative health (*k* = 3)

We identified 21 observational studies primarily focused on long-term care/aging of WVs, a modest increase compared to the 13 articles included in the 2008-2015 map. In addition, 20 articles identified long-term care/aging as a secondary focus area, most commonly within articles with the primary focus area of chronic medical conditions (*k* = 7). Twelve articles described prevalence or epidemiology of aging-related topics, 7 addressed risk factors or associations, and 2 were scoping reviews. All articles included in this focus area used patient-level data and 9 included WVs only (*N* = 152 to *N* = 188,094). Among articles with a WVs subpopulation, the proportion of WVs ranged from 0.9% to 5.7% with 1 outlier at 56.9%. Four articles targeted prioritized populations including those with a history of trauma (*k* = 1), racial and ethnic minoritized populations (*k* = 1), sexual minoritized populations (*k* = 1), and Vietnam Veterans (*k* = 1).

Morbidity and Mortality (k = 9)

We found 5 articles which described mortality in association to sexual orientation,[206] gender and race and ethnicity intersectionality,[207] hip fracture,[208] frailty,[209] military generation,[210] and other physical

and mental health conditions.[211] The article addressing mortality and hip fracture was the only study conducted solely among WVs (N = 3,719) and addressed the relationship between military status and mortality analyzed data in the Women's Health Initiative study.[210] One article described common multimorbid clusters of health issues among 38,597 older WVs[212], and another described the relationship between telomere shortening, gender, and Veteran status.[213] We also identified a 2023 scoping review of 6 studies which sought to describe the scope of the literature on mortality among Vietnam era WVs.[214]

Cognitive Function (k = 7)

We identified 7 studies focused on cognitive function ranging from mild cognitive impairment to Alzheimer's disease. One 2023 study reported the epidemiology of mild cognitive impairment, Alzheimer's disease, and other dementia types among Veterans including 6,824 WVs (2.4%).[215] The other articles included in this category described associations between the risk of cognitive dysfunction and various conditions including alcohol use disorder,[216] TBI,[217,218] and cardiorespiratory fitness.[219] One article explored the intersectionality of sex and race in the relationship between TBI and dementia.[217] Another article reported analyses from the Women's Health Initiative[220] exploring longitudinal global cognitive functioning. The largest number of WVs in an analysis in this category (N = 109,140) explored the relationship between TBI, PTSD, depression, and dementia.

End-of-Life Care (k = 3)

We found 3 articles related to end-of-life care. One described the prevalence of palliative care knowledge and symptoms burden among 152 WVs[221] and a second the prevalence of wanting advanced care directives among 484 WVs.[222] The third article was a 2021 scoping review that included 19 studies exploring literature on palliative and hospice care of WVs.[223]

Functioning (k = 2)

We identified 1 prospective cohort which explored the relationship between prior TBI and activities of daily living (ADL) in late life, including 2,887 WVs (56.9%).[224] A second study explored indicators of aging well among WVs and non-Veteran women using data from the Women's Health initiative.[225]

Cancer (k = 12)

Table 11. Overview of Cancer Focus Area

Highlights	
Participant composition	• WVs-only sample (k = 3) • WVs versus Veteran men (k = 7) • WVs versus non-Veteran women (k = 2) • Both WVs versus Veteran men and WVs versus non-Veterans (k = 1) • Other (k = 1)
Key study designs	• Observational (k = 11) • Qualitative (k = 1) • RCT (k = 0) • EPOC and/or quasi-experimental (k = 0) • Mixed methods (k = 0)

Key study stages	• Program evaluation and/or QI (*k* = 0) • Efficacy and/or effectiveness (*k* = 0) • Implementation (*k* = 0) • Systematic reviews (*k* = 0) • Methods development (*k* = 1)
Top 3 prioritized populations	• OEF/OIF/OND Veterans (*k* = 1) • N/A • N/A
Top 3 subcategories	• sex-specific cancer (*k* = 6) • non-sex-specific cancer (*k* = 6) • N/A
Top 3 secondary focus areas	• Preventative health (*k* = 3) • Chronic medical conditions (*k* = 2) • General mental health (*k* = 1)
Identified gaps	• No articles on sex specific cancers other than breast, such as cervical, ovarian, or uterine • No WVs only articles on non-sex-specific cancers that commonly affect women (*ie,* lung) • No articles including transgender and/or nonbinary Veterans

We identified 12 articles that primarily focused on aspects of cancer care for WVs. Eight articles on cancer screening were included under preventative health. Three articles with cancer as a secondary focus were identified, with 2 categorized under preventive health and 1 under chronic medical conditions. A majority (*k* = 11) of articles on cancer care were observational, 6 of which focused on prevalence and epidemiology, 4 investigated risk and prognostic factors or association, and 1 was a methods development article (prediction models for development of pancreatic cancer in patients with uncontrolled diabetes).[226] We identified 1 qualitative article which included data from VA providers and staff and no interventional studies. The largest observational study (*N* = 892,740 [*N* = 209,220; 23.4% WVs]) evaluated young-onset colorectal cancer among Veterans.[227] The only study which focused on a prioritized population, OEF/OIF Veterans, was also the largest WVs-only observational study (*N* = 576,601) and determined if WVs deployed during the OEF/OIF era had a greater likelihood of breast cancer compared with other WVs. Three articles collected data from WVs only, and 7 collected data from a mixed-sex and mixed-gender sample of Veterans. Within the 7 mixed-gender articles, 3 focused on breast cancer and the rest on a variety of non-sex- and gender-specific cancers. The proportion of WVs in these articles varied from 3% to 82.8%. Since the 2008-2015 map,[9] which identified 6 observational studies related to breast cancer, there was a slight increase in the total number of published articles and a broader focus across cancer types. We identified no articles which addressed sex-specific cancers other than breast cancer that commonly affect women such as cervical, ovarian, or uterine, nor any which specifically sought to include transgender and/or nonbinary WVs.

Sex-Specific Cancers (k = 6)

The 6 articles we identified which addressed sex-specific cancers primarily included breast cancer (*k* = 5) with 1 addressing gynecologic cancer care coordination. One article examined an all-women sample of OEF/OIF WVs (*N* = 576,601) to determine the likelihood of breast cancer compared with other WVs.[228] Breast-cancer-related articles addressed differences in cancer characteristics between men and WVs, evaluated different breast cancer excisional procedures, and assessed breast cancer prediction

and risk evaluation.[229,230] We identified no other studies of sex-specific cancers (*eg*, cervical, ovarian, or uterine) or studies on sex-specific cancers within the transgender and/or nonbinary population.

Non-Sex-Specific Cancers (k = 6)

Articles regarding non-sex-specific cancers addressed a mix of individual cancers and unspecified cancer types. Two related articles[231,232] used the same data to investigate cancer incidence in Veterans: 1 in a mixed-sex and mixed-gender sample and 1 in a sub-analysis of women only. One article surveyed coping strategies among Veterans while undergoing chemotherapy.[233] The remaining 3 articles were mixed-sex and mixed-gender and looked at brain, colon, and pancreatic cancer. We did not identify any all-women studies on non-sex-specific cancers other than the single paper on cancer incidence.

TRAUMA, VIOLENCE, AND STRESSFUL EXPERIENCES

Interpersonal Violence (k = 121)

Table 12. Overview of Interpersonal Violence Focus Area

Highlights	
Participant composition	• WVs-only sample (*k* = 69) • WVs versus Veteran men (*k* = 43) • WVs versus non-Veteran women (*k* = 2) • Both WVs versus Veteran men and WVs versus non-Veterans (*k* = *1)* • Other (*k* = 8)
Key study designs	• Observational (*k* = 89) • Qualitative (*k* = 24) • RCT (*k* = 4) • EPOC and/or quasi-experimental (*k* = 2) • Mixed methods (*k* = 2)
Key study stages	• Program evaluation and/or QI (*k* = 3) • Efficacy and/or effectiveness (*k* = 3) • Implementation (*k* = 4) • Systematic reviews (*k* = 3) • Methods development (*k* = 5)
Top 3 prioritized populations	• History of trauma (*k* = 58) • OEF/OIF/OND Veterans (*k* = 26) • Racial and ethnic minoritized (*k* = 2) • Justice involved (*k* = 2) • Sexual minoritized (*k* = 2) • Persons with experiences of homelessness (*k* = 2)
Top 3 subcategories	• MST (*k* = 69) • IPV (*k* = 41) • Other interpersonal trauma (*k* = 6)
Top 3 secondary focus areas	• General mental health (*k* = 54) • Access to care/utilization (*k* = 20)

- Health care organization/delivery of care for WVs (*k* = 19)

We identified 121 studies with a primary focus on interpersonal violence. Additionally, 78 studies were identified with interpersonal violence as a secondary focus, most commonly those with a primary focus on general mental health. The most common prioritized population represented was Veterans with a history of trauma (*k* = 58), though a notable subset focused on OEF/OIF/OND Veterans (*k* = 26). Very few studies focused on other prioritized subpopulations. Most studies in this focus area used samples consisting exclusively of WVs (*k*=60*)*, though a substantial minority (35.2%) used mixed samples to compare data from WVs and Veteran men. The latter frequently focused on gender differences in rates of exposure to interpersonal violence or mental health outcomes related to these trauma types.

We determined that these studies were overwhelmingly observational in nature, though a subset used qualitative methods (*k* = 24) or mixed designs (*k* = 2) to investigate Veterans' experiences of these trauma types and experiences with VA care. Most studies examined the prevalence of MST and IPV, risk factors for MST and IPV, or mental and physical health sequalae of these experiences. Only 6 studies were classified as RCTs or other experimental designs, which largely focused on testing intervention efficacy for MST and IPV survivors. While a significant number of non-experimental studies examined MST and IPV screenings within VA, only 1 RCT addressed this issue.[234] Overall, implementation studies were rare, accounting for 4 of the 122 studies identified.

Military Sexual Trauma (k = 69)

We identified 69 studies with a focus on MST, nearly double the number identified in the 2008-2015 map (*k* = 37). Thirty-five were conducted in samples consisting exclusively of WVs, 34 with mixed WVs and Veteran men samples, and 1 with primary care providers. These studies relied almost exclusively on observational (*k* = 50) or qualitative and/or mixed-methods (*k* = 17) designs. Most observational studies focused on understanding prevalence of MST or associations between MST and various physical or mental health outcomes (*eg*, PTSD, sexual functioning, hypertension). Qualitative studies generally focused on understanding Veterans' experiences of MST, related outcomes, and/or VA care for those with MST. Findings from 68 studies addressing the prevalence of MST were summarized in a 2018 meta-analysis.[235] We also identified 1 2019 systematic review that addressed findings from 6 MST-related studies and sexual health among WVs.[236]

We identified 1 study using an experimental design to test a telehealth-based intervention for MST survivors.[237] No identified studies reported the results of a finished RCT; however, 1 consisted of an RCT protocol testing a telehealth version of PE among WVs receiving MST-related PTSD treatment.[238] An additional study used secondary data from this ongoing RCT to examine dropout predictors.[239]

We found very few studies in this topic which focused on high-priority subpopulations. The few noted were among Veterans with experiences of homelessness (*k* = 2), racial and ethnic and/or sexual minoritized Veterans (*k* = 2), and transgender and/or nonbinary Veterans (*k* = 1).

Intimate Partner Violence (k = 41)

We identified 41 articles which focused on IPV, marking a significant increase from the 9 IPV-based studies reported in the 2008-2015 evidence map. Most studies used observational designs to understand the prevalence of IPV among WVs and associations between IPV and various mental and

physical health conditions. Findings related to IPV and mental health were summarized in a 2017 systematic review of 13 studies.[240] Notably, in the current map, there was a significant emphasis on IPV screening among identified studies. We identified 1 RCT that tested facilitated implementation of IPV screening in primary care across 9 VA facilities, which resulted in increased rates of both screening and disclosure among WVs.[234] Screening was also a key focus for qualitative, implementation, and QI studies in this category. We identified only 1 RCT ($N = 60$) that tested an intervention designed to facilitate recovery from IPV among WVs (*ie*, Recovering from Intimate Partner Violence through Strengths and Empowerment [RISE]) relative to enhanced usual care (*ie*, psychoeducation, safety planning, resources).[241] Most IPV studies used samples consisting entirely of WVs. Regarding high-priority subpopulations, the experiences of OEF/OIF/OND Veterans were considered in 4 studies, while only 1 study focused on the experiences of a minoritized group, sexual minoritized Veterans.

Sexual Violence (k = 5)

We identified 5 studies which considered sexual violence more broadly. One tested prior experiences of sexual abuse and assault as a predictor of revictimization among men and WVs. Four studies used observational ($k = 3$) or qualitative ($k = 1$) designs to explore links between sexual assault history and health care utilization and outcomes, including cancer screening,[242] emergency department visits,[243] and family planning and reproductive health services among WVs.[244,245]

Other Interpersonal Trauma (k = 6)

We identified 6 observational studies (4.9%) that considered exposure to multiple interpersonal trauma types. Four studies used mixed samples to compare men and WVs. Three studies focused on co-occurring MST and IPV, while others considered lifetime exposure to interpersonal trauma types. Most studies focused on the impact of exposure to these traumatic experiences on mental health.

Other Violence (k = 6)

Table 13. Overview of Other Violence Focus Area

Highlights	
Participant composition	• WVs-only sample ($k = 3$) • WVs versus Veteran men ($k = 3$) • WVs versus non-Veteran women ($k = 0$)
Key study designs	• Observational ($k = 4$) • Qualitative ($k = 1$) • RCT ($k = 0$) • EPOC and/or quasi-experimental ($k = 0$) • Mixed methods ($k = 1$)
Key study stages	• Program evaluation and/or QI ($k = 0$) • Efficacy and/or effectiveness ($k = 0$) • Implementation ($k = 0$) • Systematic reviews ($k = 0$) • Methods development ($k = 0$)
Top 3 prioritized populations	• OEF/OIF/OND Veterans ($k = 4$) • History of trauma ($k = 1$)

	• Gulf war I and/or Vietnam (*k* = 1)
Top 3 subcategories	• Firearm ownership (*k* = 4) • Exposure to violence (*k* = 2) • N/A
Top 3 secondary focus areas	• General mental health (*k* = 3) • Suicide/NSSI (*k* = 2) • Interpersonal violence (*k* = 2)

We identified 6 studies with other violence as a primary focus. Other violence was the secondary focus for 13 additional studies, most often those with a primary focus on general mental health or interpersonal violence. Studies were observational (*k* = 4), mixed methods (*k* = 1), or qualitative (*k* = 1) in design, and focused on either prevalence and epidemiology, description, or risk factors and associations. The studies were conducted primarily among OEF/OIF/OND Veterans (*k* = 4) and VA users (*k* = 4).

Firearms (k = 4)

Of the 6 studies within the other violence primary focus area, 4 focused on firearm ownership (Note: there was 1 additional study on firearm access with a primary focus of suicide/NSSI). Among the firearm ownership studies, 3 focused exclusively on WVs and examined firearm-related attitudes, experiences, and behaviors among WVs. The fourth used a mixed sample to compare documentation of firearm access screening for men and WVs.[246] Notably, the included studies did not address firearm beliefs and behaviors among potentially high-risk or high-priority groups, such as transgender and/or nonbinary Veterans and sexual minoritized Veterans.

Exposure to Violence (k = 2)

We found 2 studies which considered exposure to various forms of violence. One used data from The Veterans Metrics Initiative (TVMI) study to assess adverse childhood experiences (ACEs) and combat exposure[247] and the remaining study assessed Veterans' reactions to completing surveys asking about trauma exposure with the trauma type unspecified.[248]

Harassment and Discrimination (k = 9)

Table 14. Overview of Harassment and Discrimination Focus Area

Highlights	
Participant composition	• WVs-only sample (*k* = 5) • WVs versus Veteran men (*k* = 3) • WVs versus non-Veteran women (*k* = 0) • Other (*k* = 1)
Key study designs	• Observational (*k* = 5) • Qualitative (*k* = 4) • RCT (*k* = 0) • EPOC and/or quasi-experimental (*k* = 0) • Mixed methods (*k* = 0)
Key study stages	• Program evaluation and/or QI (*k* = 0) • Efficacy and/or effectiveness (*k* = 1)

	• Implementation (*k* = 0) • Systematic reviews (*k* = 0) • Methods development (*k* = 0)
Top 3 prioritized populations	• OEF/OIF/OND Veterans (*k* = 2) • History of trauma (*k* = 1) • N/A
Top 3 subcategories	• Harassment in the VA (*k* = 7) • Other harassment (*k* = 2) • N/A
Top 3 secondary focus areas	• Health care organization/delivery of care for WVs (*k* = 6) • Access to care/utilization (*k* = 2) • General mental health (*k* = 1) • SDOH (*k* = 1)

We created this new primary focus area due to the recent attention to stranger harassment reported on VA grounds (*k* = 9). There were also an additional 12 articles identified with harassment and discrimination as a secondary focus area, most often regarding the influence of harassment and/or discrimination among factors or related outcomes of a specific condition, rather than the experience of harassment or discrimination itself (*eg*, weight discrimination and the development of disordered eating).[249] Only 2 articles focused on prioritized subpopulations; 1 targeted OIF/OEF/OND Veterans and those with a history of trauma[250] and the second OIF/OEF/OND Veterans generally.[251] We did not identify any experimental study designs in this area.

Harassment in VA (k = 7)

Seven articles described aspects of harassment experienced while in VA. Two observational studies reported data from WVs regarding the prevalence of stranger harassment (*N* = 1,387)[252] and gender-based discrimination in VA (*N* = 2,294).[253] Four qualitative studies explored perspectives on harassment and/or how to address it from both patient[251,254] and provider and staff perspectives.[255,256] One article (*N* = 3,011) described an evaluation before and after the launch of a national campaign to reduce stranger harassment in VA among WVs.[257]

Other Harassment (k = 2)

We identified 2 additional articles for this focus area, 1 observational study that explored non-sexual harassment during deployment and its effect on mental health functioning[250] and 1 study that evaluated gender differences in the validation of a measure of sexual harassment.[258]

STRUCTURES OF CARE FOR WOMEN VETERANS

Health Care Organization/Delivery of Care for WVs (k = 50)

Table 15. Overview of Health Care Organization/Delivery of Care for WVs Focus Area

Highlights	
Participant composition	• WVs-only sample (*k* = 19) • WVs versus Veteran men (*k* = 11) • WVs versus non-Veteran women (*k* = 2)

	• Both WVs versus Veteran men and WVs versus non-Veterans (*k* = *1)* • Other (*k* = 19)
Key study designs	• Observational (*k* = 31) • Qualitative (*k* = 15 • RCT (*k* = 1) • EPOC and/or quasi-experimental (*k* = 1) • Mixed methods (*k* = 2)
Key study stages	• Program evaluation and/or QI (*k* = 9) • Efficacy and/or effectiveness (*k* =0) • Implementation (*k* =0) • Systematic reviews (*k* = 1) • Methods development (*k* = 6)
Top 3 prioritized populations	• Transgender and/or nonbinary (*k* = 5) • Rural dwelling (*k* = 2) • Vietnam era (*k* = 1) • Veterans with experiences of homelessness (*k* = 1) • Sexual minoritized (*k* = 1)
Top 3 subcategories	• Service delivery (*k* = 27) • Research methods (*k* = 10) • Staffing and training of VA women's health providers (*k* = 7)
Top 3 secondary focus areas	• Access to care/utilization (*k* = 11) • Health care organization/delivery of care for WVs (*k* = 9) • SDOH (*k* = 6)

We identified 50 articles that focused on aspects of models, strategies, staffing, or experiences related to health care organization/delivery of care for WVs. We found 153 articles with other primary focus areas that also touched on aspects of health care delivery for WVs, most commonly in articles assigned to reproductive health and general mental health. Fourteen articles collected data from VA staff and providers, 29 from patients, 3 from both patients and staff, and 4 from VA clinics or facilities. Of the 15 articles describing qualitative studies, the total *N* ranged from 10 to 148. The largest observational study in this focus area included data from 111,911 Veterans (*N* = 36,456 [31.5%] women).[259] The largest observational study of WVs included 7,620 participants.[260] Articles in this group were primarily observational or qualitative, with 2 mixed-methods studies and a single 12-site cluster-randomized trial evaluating an approach to tailoring a primary care model for WVs. Of the 5 articles in this group that evaluated transgender and/or nonbinary Veterans as a prioritized population, 4 addressed methods for research and 1 described provider training on topics related to this population. The 11 articles that compared data between Veteran men and WVs did not concentrate on any 1 subtopic, and the proportion of women ranged from 0.96% to 51%.

Service Delivery (k = 26)

Articles related to health care service delivery addressed aspects of the structure and experience of care delivery for WVs. Five studies assessed aspects of the organization and model of staffing for WVs care within the VA, including patient-centered medical home models of care and patient-aligned care teams (PACTs),[261,262] and reproductive health services.[263] Three of these 6 articles were linked to a cluster-randomized trial of an evidence-based QI approach to tailoring PACTs for WVs. Nine studies used

qualitative or observational methodology to explore WVs experiences related to various aspects of receiving care, including trust of the VA health care system or providers,[264-266] VA care including inpatient care, [267] and the Veterans Choice Program.[268] Four studies used qualitative interviews or survey methodology to explore aspects of WVs care provision from the perspective of VA staff and providers, and included topics such as experiences of patient aggression[269] and PACT participation.[270,271] Other articles in this category addressed the provision of certain care types, such as equine-facilitated therapy[272] and provider documentation of sexual orientation during care delivery.[259]

Population-Specific Care Needs and Preferences (k = 6)

We identified 4 articles which described the health care needs and preferences of WVs. Two focused on WVs generally and 2 on specific subpopulations (*ie*, rural-dwelling women and those with experiences of homelessness). Two articles assessed the needs of women using specific care types: telehealth and community-based services. These articles were all qualitative or observational.

Staffing and Training of VA Women's Health Care Providers (k = 7)

Five articles addressed approaches to training VA staff and providers on care delivery for WVs in general or specific subpopulations, such as transgender and/or nonbinary Veterans[273] or rural-dwelling Veterans.[274] Two articles[275,276] assessed retention of VA women's health primary care providers.

Cost of Care (k = 1)

We identified only 1 study which evaluated cost and described medical expenditures in the context of service-connected disability for Vietnam-era Veterans.[277]

Research Methods (k = 10)

Articles related to research methodologies were included in this section as opportunities to participate in VA research are viewed as a critical component of the VA's efforts to enhance care delivery for WV. Four methods articles[278-281] examined strategies for identifying gender using administrative data, 5 articles[282-286] explored the participation of women in VA research studies, and 1 described a specific approach to data collection from WVs.[287]

Access/Utilization of Care (k = 30)

Table 16. Overview of Access/Utilization of Care Focus Area

Highlights	
Participant composition	• WVs-only sample (*k* = 15) • WVs versus Veteran men (*k* = 9) • WVs versus non-Veteran women (*k* = 1) • Other (*k* = 5)
Key study designs	• Observational (*k* = 21) • Qualitative (*k* = 7) • RCT (*k* = 0) • EPOC and/or quasi-experimental (*k* =0) • Mixed methods (*k* = 2)
Key study stages	• Program evaluation and/or QI (*k* = 1) • Efficacy and/or effectiveness (*k* = 0)

	• Implementation (*k* = 1) • Systematic reviews (*k* = 1) • Methods development (*k* = 0)
Top 3 prioritized populations	• Transgender and/or nonbinary (*k* = 6) • OEF/OIF/OND Veterans (*k* = 5) • Sexual minoritized (*k* = 2) • Rural dwelling (*k* = 2) • Veterans with experiences of homelessness (*k* = 2)
Top 3 subcategories	• General access/utilization of care (*k* = 13) • Access by prioritized population (*k* = 12) • Service specific access/utilization of care (*k* = 4)
Top 3 secondary focus areas	• Health care organization/delivery of care for WVs (*k* = 11) • SDOH (*k* = 7) • Chronic medical conditions (*k* = 3)

We identified 30 articles that addressed aspects of access/utilization of care for WVs without focusing on a specific condition or diagnosis. Importantly, 166 articles identified access/utilization of care as a secondary focus, commonly those with the general mental health primary focus area. Twelve articles explored access to care for VA prioritized populations, mostly commonly LGBTQ+ Veterans (*k* = 8). There was a mix of studies focusing on data from WVs only and those reporting analyses stratified by sex or gender, while 4 studies included data from VA providers. Most studies in this focus area were observational (*k* = 21) or qualitative (*k* = 7). We also included 1 mixed-methods systematic review of barriers and facilitators to access to health care and social services for WVs experiencing homelessness[288] and a mixed-methods program evaluation of the transgender e-consult program.[289]

General Access to Care/Utilization (k = 13)

Articles included in this category focused on access/utilization of care for WVs generally, without a specific focus on a subpopulation or type of clinical service delivery. Topics ranged from VA care attrition,[290] barriers to receiving VA care (*eg*, cost and care fragmentation), relationship of food insecurity and utilization,[291] and impact of distance on receipt of recommended care[292] to how to improve overall access to care for WVs. Seven articles described cross-sectional surveys. Eight of the 11 observational studies included only WVs (*N* = 186 to *N* =118,113) and 2 large studies compared men versus women (*N* = 555,183 [8.5% women[293]]; *N* = 49,865 [16% women][294]). The largest observational study of WVs only compared patterns of health profiles and utilization of OIF/OEF/OND Veterans in Puerto Rico-based VAs to those in the mainland.[295] The larger of the 2 that included both men and women evaluated no-show rates by age, gender, and appointment type across VA service lines[293]; the other examined gender differences in VA and non-VA use by 49,865 (16% women) OIF/OEF/OND Veterans after separation from active duty.[294] One qualitative article included VA provider and staff perspectives from 127 semi-structured interviews and 81 focus groups across 21 VA sites on issues related to access to care for women. The second qualitative article explored women's perspectives on decisions around attrition from the VA.[290] Six articles in this category addressed care received both inside and outside the VA, and 4 addressed access to care specifically for OIF/OEF/OND Veterans.

Specific Service Access and Utilization (k = 4)

Three observational studies described patterns of care and related outcomes and predictors for specific clinical services including chiropractic care,[13] primary care,[296] and vocational rehabilitation.[297] One qualitative study explored experiences and identities of WVs that led to use of mental health services.[298]

Prioritized Population-Specific Utilization and Access (k = 12)

We identified 12 articles which described aspects of access/utilization of care for prioritized populations within the VA, specific Veterans with housing insecurity or experiences of homelessness ($k = 2$), rural-dwelling Veterans ($k = 2$), and Veterans who identify as LGBTQ+ ($k = 8$). This included 6 observational studies, 4 qualitative investigations, 1 mixed-methods program evaluation, and 1 systematic review. The systematic review included 35 studies that evaluated access to care and social services among WVs experiencing homelessness.[288]

Disability Claims (k = 1)

We found 1 observational study ($N = 663$ [72.3%] WVs) which examined gender differences in the reversal of PTSD benefits claims after strengthening MST claims processes.[299]

OTHER FOCUS AREAS

SDOH (k = 30)

Table 17. Overview of SDOH Focus Area

Highlights	
Participant composition	• WVs-only sample ($k = 12$) • WVs versus Veteran men ($k = 16$) • WVs versus non-Veteran women ($k = 3$) • Both WVs versus Veteran men and WVs versus non-Veterans ($k = 2$) • Other ($k = 1$)
Key study designs	• Observational ($k = 24$) • Qualitative ($k = 4$) • RCT ($k = 0$) • EPOC and/or quasi-experimental ($k = 0$) • Mixed methods ($k = 2$)
Key study stages	• Program evaluation and/or QI ($k = 1$) • Efficacy and/or effectiveness ($k = 0$) • Implementation ($k = 0$) • Systematic reviews ($k = 2$) • Methods development ($k = 0$)
Top 3 prioritized populations	• Veterans with experiences of homelessness ($k = 11$) • History of trauma ($k = 5$) • Transgender and/or nonbinary ($k = 3$)
Top 3 subcategories	• Housing instability ($k = 15$) • General and overlapping SDOH ($k = 6$)

	• Other SDOH (*k* = 6)
Top 3 secondary focus areas	• Access to care/utilization (*k* = 9) • Interpersonal violence (*k* = 7) • General mental health (*k* = 6)

The articles we identified under this category addressed the influence of nonmedical factors (*eg*, housing) on health outcomes, reflecting forces and systems with a daily influence on WVs. This category was not included as a distinct category in the 2008-2015 map.[9] In the current map, we also included articles that reported key social outcomes not otherwise linked to a specific health condition (*eg*, employment). Reflecting the breadth of literature in which considerations of SDOH were integrated, we note that an additional 69 articles listed SDOH as a secondary focus area. Most of the articles in this primary focus area employed observational methodologies (*k* = 24), 4 were qualitative, 2 used mixed methods, and 2 were systematic reviews. Of the studies that reported individual patient data, 16 provided comparisons between WVs and Veteran men based on observational data, with the proportion of WVs ranging from 10% to 45.7%.

Housing Instability (k = 15)

Fifteen articles were focused on aspects of housing instability or Veterans who had experiences of homelessness, including 11 observational, 2 qualitative, and 2 mixed-methods studies. An additional 11 articles across 6 other primary focus areas included targeted inclusion criteria for Veterans with experiences of homelessness. In comparison, the 2008-2015 map identified 12 articles related to homelessness among WVs. Two articles provided information on the breadth of this issue among Veterans in the VA and the services provided. Specifically, a large analysis of administrative data (*N* = 6,857,884) provided updated prevalence of experiences of homelessness among Veterans including comparisons by gender.[300] A second article described the predictors of receipt of VA housing service support after screening positive by gender (*N* = 27,403 [10% women]).[301] Four articles explored risk factors for housing instability, including a scoping review funded by the Veterans Affairs Canadian project that included 15 US-based studies which explored risk factors for housing instability across the lifespan.[302] Two of the studies exploring risk factors included comparisons between men and women, 1 of which was a large observational study of Veterans (*N* = 601,892 [12.3% women]).[303] Four articles explored aspects of the relationship between IPV and housing, including a multisite QI pilot project that explored IPV screening of Veterans in VA homeless Veterans programs and compared outcomes between men and women (*N* = 577 [10.9% women]).[304] Two observational studies characterized experiences of housing instability among transgender and/or nonbinary Veterans. Other articles in this category addressed general aspects of the experience of, and providing services to, Veterans having insecure housing.

General or Overlapping SDOH (k = 6)

Six articles reported findings from medium to large observational studies of broad categories of SDOH or multiple overlapping types of SDOH. We identified a prior VA ESP evidence map which examined health disparities in Veterans and included 109 studies relevant to WVs health.[305] One study examined perceived everyday discrimination as mediators of the association between race and ethnicity and mental health conditions among 3,060 Veterans (50% women).[306] Three articles described analyses of the association between adverse social experiences and health outcomes; 2 focused on broadly occurring adverse social experiences (*N* = 6212 [100% women][307]; *N* = 293,407, [8.2% women][308]) and 1 on adverse childhood experiences (*N* = 36,309 [1% women]).[309] Of note, there were 5 additional

articles[247,310-313] assigned to other primary focus areas which also addressed adverse childhood experiences.

Other SDOH (k = 6)

Six additional articles did not fall within the above categories of SDOH. Two studies examined patterns of social support, of which 1 was large observational study which compared social support among Veterans and non-Veteran civilians (*N* = 34,520 [358 WVs]), and the other examined gender differences in social support in OIF/OEF/OND Veterans with a history of trauma (N = 672 [45.7% WVs]).[314] Other articles examined health impacts of justice involvement,[315] food insecurity,[316] and transgender identity.[317] Finally, this category included a systematic review of 9 studies examining racial and ethnic disparities in the health of WVs.[318] Of note, we identified an additional 38 articles that explored the influence of race and ethnicity and specific health outcomes, or purposefully sought to include Veterans from racially and ethnically minoritized populations but were placed into other primary focus areas.

Social Outcomes (k = 3)

We identified 3 articles that addressed social outcomes not otherwise captured in another category, including community reintegration and work-related outcomes. One study interviewed 13 WVs with physical and/or psychological injuries to explore barriers and facilitators to community reintegration after separation from the military.[319]

Toxic Exposures (k = 3)

Table 18. Overview of Toxic Exposures Focus Area

Highlights	
Participant composition	• WVs-only sample (*k* = 1) • WVs versus Veteran men (*k* = 2) • WVs versus non-Veteran women (*k* = 0) • Other (*k* = 1)
Key study designs	• Observational (*k* = 3) • Qualitative (*k* = 0) • RCT (*k* = 0) • EPOC and/or quasi-experimental (*k* = 0) • Mixed methods (*k* = 0)
Key study stages	• Program evaluation and/or QI (*k* = 0) • Efficacy and/or effectiveness (*k* = 0) • Implementation (*k* = 0) • Systematic reviews (*k* = 0) • Methods development (*k* = 0)
Top 3 prioritized populations	• Gulf War I (*k* = 3) • N/A
Top 3 subcategories	• N/A
Top 3 secondary focus areas	• Chronic medical conditions (*k* = 2) • Reproductive health (*k* = 1) • Long-term care/aging (*k* = 1)

We identified 3 observational studies[320-322] that focused on toxic exposures among Gulf War Veterans, all VA funded. One study analyzed risk factors for chronic illnesses associated with deployed WVs during the Gulf War Era related to exposure of pesticides, oil well fires, and pyridostigmine bromide pills.[320] The other 2 included both men and women. The largest study examined all-cause mortality among Gulf War Veterans with toxic exposures (N = 1,368,148 [10.4% WVs]).[322] The other examined the risk of birth defects among Gulf War Veterans (N = 2,189 [22% WVs]).[321] Topics covered in the 3 articles with toxic exposures as a secondary focus include health patterns and symptoms after Gulf War deployment,[323] associations between toxic exposure and infertility,[324] and self-reported prevalence of chronic medical conditions and positive screens for mental health conditions in Gulf War Era Veterans.[325] Three other observational studies examined toxic exposures as a secondary focus area.[323-325] While no study focused on a prioritized population beyond Gulf War I Veterans, we found 1 study of toxic exposure as a secondary focus that reported outcomes for transgender and/or nonbinary Veterans.[324]

DISCUSSION

This evidence map identified 933 articles on WVs health published between 2016 and 2023, which was double the number published in the preceding 8 years. Similar to the 2008-2015 evidence map, most studies were observational and focused on mental health. Areas with the greatest growth were suicide/NSSI, reproductive mental health, reproductive health, chronic pain/opioids, and interpersonal violence. Within prioritized populations, there was an 8-fold increase in papers focusing on transgender and/or nonbinary Veterans; however, overall this remained an infrequent target population (k = 32). More commonly prioritized populations were OEF/OIF/OND Veterans and Veterans with a history of trauma. Emerging areas included harassment and discrimination experienced within the context of VA care, sleep disorders, disordered eating, and military-related toxic exposures. Literature areas with modest growth include long-term care/aging and access to care/utilization. Additional gaps in this literature included conditions common among women Veterans including hypertension, anxiety, and depression. As observed in the 2008-2015 map, we found that this overall body of literature remains primarily observational, though we identified 26 trials in the areas of general mental health and substance use, in addition to 11 implementation trials. Overall, there was also a similar portion of articles that exclusively included WVs (~44%) compared with articles with mixed samples of WVs and Veteran men or WVs and non-Veteran civilian women.

The areas of greatest growth for the WVs health literature are largely consistent with recent priority areas for VA research and major shifts in the overall population demographics. For example, pain, opioid use, and suicide prevention are all stated areas of emphasis in VA research. In addition, new areas of this literature map to previously underrecognized areas of importance, such as stranger harassment in VA facilities, or to areas of growing focus, such as military toxic exposures following the 2022 PACT Act.[326] We also identified a growth in research regarding health issues of women in their reproductive years (*eg*, maternal health, family planning), perhaps reflecting the increase in reproductive-age WVs receiving care in the VA.[327] This growth has been supported by multiple strategic actions from the WHRN[6] including the organization and hosting of relevant national collaborative research workgroups (*eg*, reproductive mental health, suicide prevention, LGBTQ+ Veterans, SUD), sponsoring of multiple women Veteran's health-focused journal supplements, and the direct involvement of congressionally mandated IPV work.[328-330] In addition, new workgroups have been recently launched to address the information need around menopause, women, aging, and women's military exposures which will support the needed growth in these areas.

In developing this map, we also explored the representation of prioritized populations within the field of WVs research by identifying both the area of focus for each article as well as the patient populations included. We observed an increase in the number of articles related to the health of transgender and/or nonbinary Veterans (4 to 32 articles), as well 156 articles focused on OEF/OIF/OND Veterans and 141 focused on Veterans with a history of trauma. We also identified 38 articles that specifically sought to include or focus on Veterans from racially and ethnically minoritized populations. We were unable to directly compare this finding to the 2008-2015 WVs health evidence map due to differences in categorization. Increases in research that investigates or accounts for the role of race, ethnicity, and gender identity in WVs health and VA health care align with the VA Office of Research and Development (ORD) strategic priority to *actively promote diversity, equity, and inclusion*.

Significant opportunities exist to leverage existing data sets to expand the impact of VA research and generate valuable information to inform patient-centered, personalized care for WVs.[328] Similar to the 2008-2015 map, we excluded over 500 articles that did not report findings for WVs subsamples,

representing an important missed opportunity since in many of these studies, it would likely have been feasible to disaggregate outcomes for WVs. These observations suggest that, in line with the VA ORD strategic priority to *put VA data to work for Veterans*, future research could better utilize VA data to explore differences in outcomes among Veteran women and Veteran men. Moreover, even when lacking statistical power to support subgroup analyses, investigators can still make retrospective or prospective data on WVs available for hypothesis generation or for contribution to future individual participant meta-analyses. A related strategy is to harmonize eligibility criteria, outcomes, and data collection strategies of prospective VA studies within the same research area to better enable pooling of findings across studies. These strategies could be useful, in particular, for building the limited literature on common but still understudied conditions impacting WVs, such as hypertension, anemia, lumbosacral disorders, and irritable bowel syndrome.[3]

Although there were relatively few randomized trials, we identified a notable number of program evaluations. This finding highlights the growth of VA clinical offerings and innovations designed to improve the health of WVs, as well as greater use of program evaluation resources available within VA's Learning Health Care System model. Although resource-intensive and methodologically sophisticated trials are often warranted for higher-risk innovations, lower-risk innovations can likely advance more rapidly to clinical practice, along a pathway that includes pragmatic research studies and well-designed program evaluations. This is especially true when evidence on safety and benefits exists in other clinical settings and populations. As such, ongoing evaluation of the field of WVs health research should involve tracking the progress and outcomes of program evaluation efforts alongside findings from rigorous efficacy and implementation trials.

This evidence map is focused on WVs, but findings have implications beyond the VA setting.[330] First, more WVs receive care outside of the VA than within the VA. While there are known differences in health status and demographics between VA users and non-users,[331] many of the findings from this work can inform the care provided to WVs outside the VA. Second, a growing number of WVs receive dual care (simultaneous care from inside and outside the VA) due to the need to seek clinical expertise in women's health from outside of the VA and in response to the expansion of VA-purchased care in the community. Clinicians in both settings could benefit from a richer understanding of the dynamics and prevalence of health issues and health care challenges experienced by this population. Finally, many of the health issues and complexities of health care for WVs are not unique to the Veteran population. Comorbid mental and physical health conditions, amputations, care barriers due to SDOH, and long-term effects of sexual trauma are also experienced by many men and women in the non-Veteran civilian population. The extensive expertise built in the VA research community has long supported clinical practice and professional guidelines used by non-Veteran civilian populations (*eg*, shingles vaccine) and WVs research offers similar benefits.[332]

Limitations

These findings should be considered within the context of the limitations of our approach. First, the categorization of identified articles could have been conducted in multiple ways—both overall and with each individual article. We aimed to align our categorization with the existing structure and approach to WVs health research by the VA ORD and Women's Health Research Network while expanding the opportunities to look for overlap and connections across areas of research. A different approach may have revealed different patterns in the literature. Although we made efforts to maintain comparability with earlier evidence maps and reviews, we acknowledge that some of our categorization and literature mapping approaches were not identical to those used in past mapping

efforts. For example, we identified articles focused on OEF/OIF/OND Veterans as a population targeted for inclusion; however, this is not the same as being focused specifically on post-deployment issues (less than 10 of the 156 articles seeking to include this group of Veterans were framed around re-integration and fewer than 10 focused explicitly on ramifications of combat exposure). Second, we excluded articles that described single-site quality improvement projects to focus on recent and generalizable scientific literature designed to translate broadly. However, reports of these projects likely describe important efforts to improve the health and well-being of WVs and may merit future synthesis. Third, due to the volume of literature, we were unable to screen each citation in duplicate, which may have led to the incorrect exclusion or misclassification of articles. We quality checked 20% of each investigator's citations (and up to 100% if needed). Lastly, given the volume of literature, we did not contact authors for clarification when aspects of study reporting or analyses were unclear; we described the study characteristics to the best of our abilities based on information in the primary literature.

Future Research

The current map demonstrates advances on research recommendations made in the 2008-2015 evidence map. Specifically, there has been a greater intersectional focus on certain minoritized populations, research on emerging topic areas, and increased reporting of funding sources. In addition to identifying areas of WVs literature that have grown and are ready for a focused synthesis, another key value of an evidence map is its ability to identify areas warranting further investigation. We have thus highlighted gaps in the literature that could be areas for future scientific exploration (Table 20).

First, the largest portion of WVs who received care in the VA are middle aged or younger. There is a time-sensitive need to understand conditions affecting this subpopulation now and in coming years, including chronic conditions such as heart disease, cancer, menopause, caregiving, cognitive decline, and mental health conditions such as PTSD, depression, and anxiety. Additionally, the intersectional and cumulative toll, and long-term management of these conditions needs to be explored. Particularly for chronic diseases, military exposures, and cancer, there is a great opportunity to leverage VA data to explore how and when care should be tailored for women. Although we observed an increased number of articles related to CVD in this map compared to the 2008-2015 map, the volume of long-term care and aging-related articles saw nominal growth. The 2024 White House Initiative for Women's Health Research underscores the importance of growing women's health research, especially related to mid- and late-life health issues for women.[333] Similarly, other conditions commonly affecting aging women such as menopausal symptoms, cancer, and dementia have been explored minimally in the WVs population and are identified as a priority for VA women's health research. Evolving VA research activities, such as the newly established WHRN workgroups mentioned above, the Women's Operational Military Exposure Network Center of Excellence (WOMEN CoE) and the recently established VA Center for Oncology oUtcomes Review And Gender Equity (COURAGE), are women's health-focused research groups well positioned to address these existing gaps in a timely manner.

Second, this body of literature grew rapidly since the 2008-2015 map, and now presents a robust picture of many topics important to the health of WVs. Despite continued growth, it will be important for research efforts to continue to respond to evolving patterns of care, access, and utilization and to the emerging health care needs of an aging and changing WVs population. We noted gaps in areas that might inform how care is provided in the VA including the use of dual sources of care, comparisons to non-VA care received by WVs, and care coordination across sites. In addition, while research on many

prioritized VA populations has increased, there will be a continued need to ensure representation of minoritized populations and intersectional identities in study samples and findings. In addition, we note that many articles[163,334-338] identified in this map leveraged data from a collection of larger survey and cohort studies, which demonstrates a path for growth in the field and may suggest the benefits of more funding for similarly designed studies.

Third, we also highlighted several important study design and reporting considerations. Crucially, participant sex and gender identity were reported separately in only 61 included articles. Because patient sex and gender identity have been captured separately in VA medical records for only the last few years, studies based on administrative data have not had sufficient time to use this additional information. It will be critical to approach the thoughtful incorporation of these variables into future analyses. The relevance and importance of these variables will vary by topic, as will the ability to conduct meaningful sex- or gender identity-based analyses built on data availability. However, reporting of stratified outcomes for WVs as a standard practice would support future hypothesis generation and potential inclusion in meta-analyses. In addition, the prior 2008-2015 evidence map noted the importance of considering Veteran engagement to strengthen and advance the field of WVs health literature.[9] While we sought to identify which articles noted the practice of WVs engagement during study conduct, this was rarely reported (only 28 articles). Aside from increasing engagement efforts, future research should articulate if, how, and when engagement with WVs was sought and implemented over the course of the research (*eg*, topic ideation, study implementation, interpretation of findings, dissemination). Engagement advances scientific rigor, feasibility, and acceptability[339,340]; however, there are still many unanswered questions in the field of engagement science. Thorough and appropriate documentation of patient partners and engagement activities could assist in advancing the field of engagement science, a strategic focus area of the VA Office of Research Development. The many existing resources in the VA through the WHRN[6] and groups such as Growing Rural Outreach through Veteran Engagement (GROVE)[341] may be leveraged to support WVs research moving forward.

Fourth, the vast majority of the existing WVs literature continues to be observational in nature. While there was a 3-fold increase in clinical trials since the 2008-2015 map, the percentage of articles with a RCT study design remains low (3%) and we identified only 11 implementation studies. One example of current VA efforts to increase clinical trials participation among WVs is the Women's Enhanced Recruitment Process (WERP) which is funded through the Cooperative Studies Program. While not all innovations will require sophisticated trials prior to application in clinical practice, there may be other ways to improve inclusion of women in trials (*eg,* aligning recruitment activities with locations where women receive clinical care, tailoring study recruitment messaging and images to be inclusive of WVs) to assist with meeting the VA ORD strategic priority of *increasing Veterans' access to high-quality clinical trials.*

Finally, we found 17 systematic reviews, scoping reviews, and evidence maps across areas of general mental health, interpersonal violence, and SDOH. Focus areas that could have sufficient evidence to support a future focused synthesis include MST, PTSD, substance use, and suicide/NSSI.

Table 19. Gap Analysis of Recent WVs Health Literature

Population	• Women with health issues common during midlife, peri-, and post-menopausal age • Older WVs and their caregivers • Rural-dwelling women

	• Women from racially and ethnically minoritized populations • Mixed-sex and mixed-gender populations
Intervention or phenomena	• Common chronic conditions impacting women including hypertension, anemia, lumbosacral disorders, asthma, and irritable bowel syndrome • Gender-based differences in pain management including opioid prescribing and/or harm reduction strategies • Toxic exposures • Care received via dual site (*eg*, VA and non-VA) • Women's health provider and staff retention • SDOH impact • Combat exposure impacts
Comparator	• Non-VA care • Non-sex-based or gender-informed care
Outcomes	• Implementation outcomes
Setting	• Community-delivered care for Veterans
Other design and reporting considerations	• Collect and report self-identified gender and sex assigned at birth • Explore experimental, interventional, and implementation studies • Conduct sex and/or gender-based analyses appropriate to condition under study; when impacted by statistical limitations, stratify by sex and gender for hypothesis generation and future meta-analyses • Report nature of any Veteran and partner engagement that occurs during a study

CONCLUSIONS

A robust evidence base is critical to promote the overall health of WVs and improve their quality of life and well-being. The pace of growth of WVs health research has doubled and has expanded in important areas that align with VA research priorities. Further advancement of this field should include research on health issues pertinent to an aging WVs population and greater utilization of rigorous but pragmatic research and program evaluation approaches.

REFERENCES

1. Department of Veterans Affairs. Women Veterans Health Care: Facts and Statistics. [Website] Available at: https://www.womenshealth.va.gov/materials-and-resources/facts-and-statistics.asp. Accessed May 3, 2024.
2. Labor USDo. Veterans' Employment and Training Service: Demographics. Vol. 2024.
3. Department of Veterans Affairs. Sourcebook Volume 4: Women Veterans in the Veterans Health Administration. Longitudinal Trends in Sociodemographics, Utilization, Health Profile, and Geographic Distribution. February 2018.
4. Affairs DoV. Sourcebook Volume 5: Women Veterans in the Veterans Health Administration. Longitudinal Trends in Sociodemographics, Utilization, Health Profile, and Geographic Distribution. *[in preparation]*.
5. Yano EM, Bastian LA, Bean-Mayberry B, et al. Using research to transform care for women veterans: advancing the research agenda and enhancing research-clinical partnerships. *Womens Health Issues*. 2011;21(4 Suppl):S73-83.
6. Department of Veterans Affairs. VA Women's Health Research Network (WHRN). [Website] Available at: https://www.hsrd.research.va.gov/centers/womens_health/WHRN-Exec-Summary.pdf. Accessed May 3, 2024.
7. Goldzweig CL, Balekian TM, Rolón C, et al. The state of women veterans' health research. Results of a systematic literature review. *J Gen Intern Med*. 2006;21 Suppl 3(Suppl 3):S82-92.
8. Department of Veterans Affairs. Systematic Review of Women Veterans Health Research 2004-2008. Available at: https://www.hsrd.research.va.gov/publications/esp/womens-health.pdf. Accessed May 3, 2024.
9. Department of Veterans Affairs. An Evidence Map of the Women Veterans' Health Research Literature (2008-2015). Available at: https://www.hsrd.research.va.gov/publications/esp/womens-health2.pdf. Accessed May 3, 2024.
10. McGowan J, Sampson M, Salzwedel DM, et al. PRESS Peer Review of Electronic Search Strategies: 2015 Guideline Statement. *J Clin Epidemiol*. 2016;75:40-6.
11. EPOC CEPaOoC-. Cochrane Effective Practice and Organisation of Care (EPOC). What study designs can be considered for inclusion in an EPOC review and what should they be called? EPOC Resources for review authors. Vol. 2024; 2017.
12. Caloudas AB, Amspoker AB, Stanley M, et al. Prevalence of sexual desire and arousal difficulties among women veterans: A retrospective cohort design. *Psychological services*. 2022.
13. Graham SE, Coleman BC, Zhao X, Lisi AJ. Evaluating rates of chiropractic use and utilization by patient sex within the United States Veterans Health Administration: a serial cross-sectional analysis. *Chiropractic & Manual Therapies*. 2023;31(1):1-8.
14. Amsalem D, Lazarov A, Markowitz JC, et al. Increasing treatment-seeking intentions of US veterans in the Covid-19 era: A randomized controlled trial. *Depression & Anxiety (1091-4269)*. 2021;38(6):639-647.
15. Fenton BT, Goulet JL, Bair MJ, et al. Relationships Between Temporomandibular Disorders, MSD Conditions, and Mental Health Comorbidities: Findings from the Veterans Musculoskeletal Disorders Cohort. *Pain Medicine*. 2018;19:S61-S68.
16. Serier KN, Vogt D, Pandey S, Smith BN. Analysis of the bidirectional relationships between posttraumatic stress and depression symptoms with physical health functioning in post-9/11

veteran men and women deployed to a war zone. *Journal of Psychosomatic Research*. 2022;162:N.PAG-N.PAG.
17. Creech SK, Pulverman CS, Crawford JN, et al. Clinical Complexity in Women Veterans: A Systematic Review of the Recent Evidence on Mental Health and Physical Health Comorbidities. *Behavioral Medicine*. 2021;47(1):69-87.
18. King PR, Buchholz LJ, Tauriello S, Wray LO. Qualitative Exploration of Factors Influencing Women Veterans' Disordered Eating Symptoms and Treatment Preferences in VHA Primary Care. *Families, Systems & Health: The Journal of Collaborative Family HealthCare*. 2023;41(2):214-221.
19. Breland JY, Donalson R, Dinh J, et al. Women Veterans' Treatment Preferences for Disordered Eating. *Women's Health Issues*. 2016;26(4):429-436.
20. Orshak J, Alexander L, Gilmore-Bykovskyi A, Lauver D. Interventions for Women Veterans with Mental Health Care Needs: Findings from a Scoping Review. *Issues in mental health nursing*. 2022;43(6):516-527.
21. Godier-McBard LR, Wood A, Kohomange M, et al. Barriers and facilitators to mental healthcare for women veterans: a scoping review. *Journal of Mental Health*. 2023;32(5):951-961.
22. Davis TD, Campbell DG, Bonner LM, et al. Women Veterans with Depression in Veterans Health Administration Primary Care: An Assessment of Needs and Preferences. *Women's Health Issues*. 2016;26(6):656-666.
23. Lam CA, Sherbourne C, Gelberg L, et al. Differences in Depression Care for Men and Women among Veterans with and without Psychiatric Comorbidities. *Women's Health Issues*. 2017;27(2):206-213.
24. Jones GL, Hanley T. The psychological health and well-being experiences of female military veterans: a systematic review of the qualitative literature. *Journal of the Royal Army Medical Corps*. 2017;163(5):311-318.
25. Saban KL, Collins EG, Mathews HL, et al. Impact of a Mindfulness-Based Stress Reduction Program on Psychological Well-Being, Cortisol, and Inflammation in Women Veterans. *JGIM: Journal of General Internal Medicine*. 2022;37:751-761.
26. Vogt D, Borowski SC, Godier-McBard LR, et al. Changes in the health and broader well-being of U.S. veterans in the first three years after leaving military service: Overall trends and group differences. *Social Science & Medicine*. 2022;294:N.PAG-N.PAG.
27. Lawrence KA, Matthieu MM, Robertson-Blackmore E. Civic Service as an Intervention to Promote Psychosocial Health and Implications for Mental Health in Post-9/11/01 Era Women Veterans. *Journal of Women's Health (15409996)*. 2019;28(8):1133-1142.
28. Vogt D, Borowski S, Maguen S, et al. Strengths and vulnerabilities: Comparing post-9/11 U.S. veterans' and non-veterans' perceptions of health and broader well-being. *SSM - Population Health*. 2022;19.
29. Barnes HA, Hurley RA, Taber KH. Moral Injury and PTSD: Often Co-Occurring Yet Mechanistically Different. *J Neuropsychiatry Clin Neurosci*. 2019;31(2):A4-103.
30. Groër MW, Kostas-Polston EA, Dillahunt-Aspillaga C, et al. Allostatic Perspectives in Women Veterans With a History of Childhood Sexual Assault. *Biological Research for Nursing*. 2016;18(4):454-464.
31. Beckie TM, Duffy A, Groer MW. The Relationship between Allostatic Load and Psychosocial Characteristics among Women Veterans. *Women's Health Issues*. 2016;26(5):555-563.
32. Wang HL, Visovsky C, Ji M, Groer M. Stress-related biobehavioral responses, symptoms, and physical activity among female veterans in the community: An exploratory study. *Nurse education today*. 2016;47:2-9.

33. Lwi SJ, Barnes DE, Xia F, et al. Ten-Year Prevalence of Cognitive Impairment Diagnoses and Associated Medical and Psychiatric Conditions in a National Cohort of Older Female Veterans. *American Journal of Geriatric Psychiatry*. 2019;27(4):417-425.
34. Fox AB, Walker BE, Smith BN, et al. Understanding how deployment experiences change over time: Comparison of female and male OEF/OIF and Gulf War veterans. *Psychological trauma : theory, research, practice and policy*. 2016;8(2):135-140.
35. Sullivan-Baca E, Naylon K, Zartman A, et al. Gender Differences in Veterans Referred for Neuropsychological Evaluation in an Outpatient Neuropsychology Consultation Service. *Archives of clinical neuropsychology : the official journal of the National Academy of Neuropsychologists*. 2020;35(5):562-575.
36. Galovski TE, Street AE, McCaughey VK, et al. WoVeN, the Women Veterans Network: an Innovative Peer Support Program for Women Veterans. *JGIM: Journal of General Internal Medicine*. 2022;37:842-847.
37. Leslie LA, Koblinsky SA. Returning to civilian life: Family reintegration challenges and resilience of women veterans of the Iraq and Afghanistan wars. *Journal of Family Social Work*. 2017;20(2):106-123.
38. Katz LS, Park SE, Cojucar G, et al. Improved Attachment Style for Female Veterans Who Graduated Warrior Renew Sexual Trauma Treatment. *Violence & Victims*. 2016;31(4):680-691.
39. Simpson T, Sistad R, Brooks JT, et al. Seeking care where they can: A systematic review of global trends in online alcohol treatment utilization among non-veteran and veteran women. *Drug and Alcohol Dependence Reports*. 2022;5.
40. Weinberger AH, Esan H, Hunt MG, Hoff RA. A review of research on smoking behavior in three demographic groups of veterans: women, racial/ethnic minorities, and sexual orientation minorities. *Am J Drug Alcohol Abuse*. 2016;42(3):254-268.
41. Fink DS, Malte C, Cerdá M, et al. Trends in Cannabis-positive Urine Toxicology Test Results: US Veterans Health Administration Emergency Department Patients, 2008 to 2019. *J Addict Med*. 2023.
42. Livingston NA, Simpson T, Lehavot K, et al. Differential alcohol treatment response by gender following use of VetChange. *Drug Alcohol Depend*. 2021;221:N.PAG-N.PAG.
43. Stefanovics EA, Rosenheck RA. Gender Difference in Substance Use and Psychiatric Outcomes Among Dually Diagnosed Veterans Treated in Specialized Intensive PTSD Programs. *J Dual Diagn*. 2020;16(4):382-391.
44. Danan ER, Sherman SE, Clothier BA, et al. Smoking Cessation among Female and Male Veterans before and after a Randomized Trial of Proactive Outreach. *Womens Health Issues*. 2019;29 Suppl 1:S15-S23.
45. Pedersen ER, Parast L, Marshall GN, et al. A randomized controlled trial of a web-based, personalized normative feedback alcohol intervention for young-adult veterans. *J Consult Clin Psychol*. 2017;85(5):459-470.
46. Simpson TL, Rillamas-Sun E, Lehavot K, et al. Alcohol Consumption Levels and All-Cause Mortality Among Women Veterans and Non-Veterans Enrolled in the Women's Health Initiative. *Gerontologist*. 2016;56 Suppl 1:S138-49.
47. Schweizer CA, Hoggatt KJ, Washington DL, et al. Use of alcohol as a sleep aid, unhealthy drinking behaviors, and sleeping pill use among women veterans. *Sleep health*. 2019;5(5):495-500.
48. Holzhauer CG, Epstein EE, Smelson DA, Mattocks K. Targeting women veteran's stress-induced drinking with cognitive reappraisal: Mechanisms and moderators of change. *J Subst Abuse Treat*. 2021;130:N.PAG-N.PAG.

49. Matson TE, Harris AHS, Chen JA, et al. Influence of a national transgender health care directive on receipt of alcohol-related care among transgender Veteran Health Administration patients with unhealthy alcohol use. *J Subst Abuse Treat*. 2022;143:N.PAG-N.PAG.
50. Than CT, Bean-Mayberry B, Schweizer CA, et al. Ask and Ask Again: Repeated Screening for Smoking Increases Likelihood of Prescription for Cessation Treatment Among Women Veterans. *JGIM: Journal of General Internal Medicine*. 2023;38(11):2553-2559.
51. Giannitrapani KF, Holliday JR, Dawson AW, et al. Provider perceptions of challenges to identifying women Veterans with hazardous substance use. *BMC Health Serv Res*. 2022;22(1):1-9.
52. Abraham TH, Lewis ET, Drummond KL, et al. Providers' perceptions of barriers and facilitators to disclosure of alcohol use by women veterans. *Prim Health Care Res Dev*. 2017;18(1):64-72.
53. Cucciare MA, Lewis ET, Hoggatt KJ, et al. Factors Affecting Women's Disclosure of Alcohol Misuse in Primary Care: A Qualitative Study with U.S. Military Veterans. *Women's Health Issues*. 2016;26(2):232-239.
54. Hoggatt KJ, Simpson T, Schweizer CA, et al. Identifying women veterans with unhealthy alcohol use using gender-tailored screening. *American Journal on Addictions*. 2018;27(2):97-100.
55. Halverson TF, Mann AJD, Zelkowitz RL, et al. Nonsuicidal self-injury in veterans: Prevalence, clinical characteristics, and gender differences from a national cohort. *Psychiatry Research*. 2022;315.
56. Holliday R, Forster JE, Desai A, et al. Association of lifetime homelessness and justice involvement with psychiatric symptoms, suicidal ideation, and suicide attempt among post-9/11 veterans. *Journal of Psychiatric Research*. 2021;144:455-461.
57. Montgomery AE, Dichter ME, Blosnich JR. Gender Differences in the Predictors of Suicide-related Morbidity Among Veterans Reporting Current Housing Instability. *Medical Care*. 2021;59(2):S36-S41.
58. Aboussouan A, Snow A, Cerel J, Tucker RP. Non-suicidal self-injury, suicide ideation, and past suicide attempts: Comparison between transgender and gender diverse veterans and non-veterans. *Journal of Affective Disorders*. 2019;259:186-194.
59. Blosnich JR, Boyer TL, Brown GR, et al. Differences in Methods of Suicide Death Among Transgender and Nontransgender Patients in the Veterans Health Administration, 1999-2016. *Medical Care*. 2021;59(2):S31-S35.
60. Boyer TL, Youk AO, Haas AP, et al. Suicide, Homicide, and All-Cause Mortality Among Transgender and Cisgender Patients in the Veterans Health Administration. *LGBT Health*. 2021;8(3):173-180.
61. Gibson CJ, Li Y, Jasuja GK, et al. Long-term Psychoactive Medications, Polypharmacy, and Risk of Suicide and Unintended Overdose Death Among Midlife and Older Women Veterans. *JGIM: Journal of General Internal Medicine*. 2022;37:770-777.
62. Lawrence KA, Vogt D, Nigam S, et al. Temporal Sequencing of Mental Health Symptom Severity and Suicidal Ideation in Post-9/11 Men and Women Veterans Who Recently Separated from the Military. *Chronic Stress*. 2021:1-11.
63. Hoffmire CA, Monteith LL, Forster JE, et al. Gender Differences in Lifetime Prevalence and Onset Timing of Suicidal Ideation and Suicide Attempt Among Post-9/11 Veterans and Nonveterans. *Medical Care*. 2021;59(2):S84-S91.
64. Hoffmire CA, Monteith LL, Denneson LM, et al. A sex-stratified analysis of suicidal ideation correlates among deployed post-9/11 veterans: Results from the survey of experiences of returning veterans. *Journal of Affective Disorders*. 2021;294:824-830.

65. Polzer ER, Rohs CM, Thomas SM, et al. Women Veterans' experiences discussing household firearms with their intimate partners: collaborative, devalued, and deferential relational types. *Injury Epidemiology*. 2023;10(1):1-14.
66. Denneson LM, Tompkins KJ, McDonald KL, et al. Gender differences in the development of suicidal behavior among United States military veterans: A national qualitative study. *Social Science & Medicine*. 2020;260:N.PAG-N.PAG.
67. Denneson LM, Tompkins KJ, McDonald KL, et al. Gender Differences in Recovery Needs After a Suicide Attempt: A National Qualitative Study of US Military Veterans. *Medical Care*. 2021;59(2):S65-S69.
68. Maguen S, Griffin BJ, Vogt D, et al. Moral injury and peri- and post-military suicide attempts among post-9/11 veterans. *Psychological Medicine*. 2023;53(7):3200-3209.
69. Holliday R, Forster JE, Schneider AL, et al. Interpersonal Violence Throughout the Lifespan: Associations With Suicidal Ideation and Suicide Attempt Among a National Sample of Female Veterans. *Medical Care*. 2021;59(2):S77-S83.
70. Günak MM, Barnes DE, Yaffe K, et al. Risk of Suicide Attempt in Patients With Recent Diagnosis of Mild Cognitive Impairment or Dementia. *JAMA Psychiatry*. 2021;78(6):659-666.
71. Livingston WS, Tannahill HS, Meter DJ, et al. The Association of Military Sexual Harassment/Assault With Suicide Ideation, Plans, Attempts, and Mortality Among US Service Members/Veterans: A Meta-Analysis. *Trauma, Violence & Abuse*. 2023;24(4):2616-2629.
72. Krishnamurti LS, Denneson LM, Agha A, et al. Improving suicide prevention for women veterans: Recommendations from VHA suicide prevention coordinators. *General Hospital Psychiatry*. 2023;84:67-72.
73. Carter SP, Malte CA, Rojas SM, et al. Examination of potential disparities in suicide risk identification and follow-up care within the Veterans Health Administration. *Suicide & life-threatening behavior*. 2020;50(6):1127-1139.
74. Smolenski DJ, McDonald KL, Hoffmire CA, et al. Informing measurement of gender differences in suicide risk and resilience: A national study of United States military veterans. *Journal of clinical psychology*. 2023;79(5):1371-1385.
75. Holliday R, Schneider AL, Miller C, et al. Factor Structure of the Suicide Cognitions Scale in a National Sample of Female Veterans. *Archives of Suicide Research*. 2022;26(3):1349-1361.
76. Gaeddert LA, Schneider AL, Miller CN, et al. Recruitment of women veterans into suicide prevention research: Improving response rates with enhanced recruitment materials and multiple survey modalities. *Research in Nursing & Health*. 2020;43(5):538-547.
77. Solness CL, Kroska EB, Holdefer PJ, O'Hara MW. Treating postpartum depression in rural veterans using internet delivered CBT: program evaluation of MomMoodBooster. *Journal of Behavioral Medicine*. 2021;44(4):454-466.
78. Kroll-Desrosiers AR, Crawford SL, Moore Simas TA, et al. Bridging the Gap for Perinatal Veterans: Care by Mental Health Providers at the Veterans Health Administration. *Women's Health Issues*. 2019;29(3):274-282.
79. Gross GM, Kroll-Desrosiers A, Mattocks K. A Longitudinal Investigation of Military Sexual Trauma and Perinatal Depression. *Journal of Women's Health (15409996)*. 2020;29(1):38-45.
80. Coleman JN, DeRycke EC, Bastian LA, et al. Predictors of prenatal smoking among US women veterans. *Journal of Health Psychology*. 2021;26(13):2648-2655.
81. Miller LJ, Ghadiali NY. Mental Health Across the Reproductive Cycle in Women Veterans. *Military Medicine*. 2018;183(5/6):e140-e146.
82. Katon JG, Callegari LS, Bossick AS, et al. Association of Depression and Post-Traumatic Stress Disorder with Receipt of Minimally Invasive Hysterectomy for Uterine Fibroids:

Findings from the U.S. Department of Veterans Affairs. *Women's Health Issues*. 2020;30(5):359-365.
83. Blais RK, Bird E, Sartin-Tarm A, et al. Mechanisms of the association between PTSD and sexual arousal and lubrication functioning among trauma-exposed female service members/veterans. *Journal of Affective Disorders*. 2022;301:352-359.
84. Xiaofei C, Bala R, Shirling T, et al. Differential Impact of Aging on Cardiovascular Risk in Women Military Service Members. *Journal of the American Heart Association*. 2020;9(12):1-24.
85. Jeon-Slaughter H, Xiaofei C, Shirling T, et al. Developing an Internally Validated Veterans Affairs Women Cardiovascular Disease Risk Score Using Veterans Affairs National Electronic Health Records. *Journal of the American Heart Association*. 2021;10(5):1-12.
86. Gerber MR, King MW, Iverson KM, et al. Association Between Mental Health Burden and Coronary Artery Disease in U.S. Women Veterans Over 45: A National Cross-Sectional Study. *Journal of Women's Health (15409996)*. 2018;27(3):238-244.
87. Aghazadehsanai N, Chang TI, Garrett NR, Friedlander AH. Prevalence of calcified carotid artery atheromas on digital panoramic images among perimenopausal and postmenopausal African American women. *Oral Surgery, Oral Medicine, Oral Pathology & Oral Radiology*. 2017;123(5):621-625.
88. Cavanagh CE, Rosman L, Chui PW, et al. Barriers to Cardiovascular Disease Preventive Behaviors Among OEF/OIF/OND Women and Men Veterans. *Health Psychology*. 2020;39(4):298-306.
89. Dawson DB, Mohankumar R, Puran D, et al. Weight Management Treatment Representations: A Novel Use of the Common Sense Model. *Journal of Clinical Psychology in Medical Settings*. 2023;30(4):884-892.
90. Vimalananda V, Damschroder L, Janney CA, et al. Weight loss among women and men in the ASPIRE-VA behavioral weight loss intervention trial. *Obesity (19307381)*. 2016;24(9):1884-1891.
91. Gray KE, Silvestrini M, Ma EW, et al. Gender differences in social support for diabetes self-management: A qualitative study among veterans. *Patient Education & Counseling*. 2023;107:N.PAG-N.PAG.
92. Dyer KE, Moreau Jl PhD MPH, Finley E PhD MPH, et al. Tailoring an evidence-based lifestyle intervention to meet the needs of women Veterans with prediabetes. *Women Health*. 2020;60(7):748-762.
93. Gatwood JD, Chisholm-Burns M, Davis R, et al. Differences in health outcomes associated with initial adherence to oral antidiabetes medications among veterans with uncomplicated Type 2 diabetes: a 5-year survival analysis. *Diabetic Medicine*. 2018;35(11):1571-1579.
94. Gulanski B, Goulet J, Radhakrishnan K, et al. Metformin Prescription for U.S. Veterans with Prediabetes, 2010-2019. *Journal of investigative medicine : the official publication of the American Federation for Clinical Research*. 2023:10815589231201141.
95. Gray KE, Katon JG, Rillamas-Sun E, et al. Association Between Chronic Conditions and Physical Function Among Veteran and Non-Veteran Women With Diabetes. *Gerontologist*. 2016;56:S112-S125.
96. Chang PY, Saechao FS, Lee J, et al. Prevalence and risk of fracture diagnoses in women across the adult life span: a national cross-sectional study. *Osteoporosis International*. 2016;27(11):3177-3186.
97. Bethel M, Weaver FM, Bailey L, et al. Risk factors for osteoporotic fractures in persons with spinal cord injuries and disorders. *Osteoporosis International*. 2016;27(10):3011-3021.

98. Chung JS, Jouk A, Licona NP, et al. In her own words: a phenomenological analysis of stories told by female service members and veterans after traumatic brain injury. *Disability and rehabilitation*. 2022:1-8.
99. Merritt VC, Gasperi M, Yim J, et al. Exploring Interactions Between Traumatic Brain Injury History and Gender on Medical Comorbidities in Military Veterans: An Epidemiological Analysis in the VA Million Veteran Program. *Journal of Neurotrauma*. 2023.
100. Lopez MR, VanCott AC, Amuan ME, et al. Prescribing Trends of Antiseizure Drugs in Women Veterans With Epilepsy. *Military medicine*. 2023.
101. Sico JJ, Seng EK, Wang K, et al. Characteristics and Gender Differences of Headache in the Veterans Health Administration: A National Cohort Study, Fiscal Year 2008-2019. *Neurology*. 2022;99(18):e1993-e2005.
102. Russell Esposito E, Hansen AH, Slater BS, et al. Footwear limitations in women prosthesis users relate to more than preference. *Prosthetics and orthotics international*. 2023;47(5):511-518.
103. Lehavot K, Young JP, Thomas RM, et al. Voices of Women Veterans with Lower Limb Prostheses: a Qualitative Study. *JGIM: Journal of General Internal Medicine*. 2022;37:799-805.
104. Haskell SG, Brandt C, Bastian L, et al. Incident Musculoskeletal Conditions Among Men and Women Veterans Returning From Deployment. *Medical Care*. 2020;58(12):1082-1090.
105. Vina ER, Youk AO, Quinones C, et al. Use of Complementary and Alternative Therapy for Knee Osteoarthritis: Race and Gender Variations. *ACR Open Rheumatology*. 2021;3(9):660-667.
106. Fadhil AA, Al Rubaye AW, Alzubaidi MA, et al. Prevalence of neurological dysfunction and irregularities in people suffering from auto-immune conditions: An Iraqi perspective. *Revista de Psiquiatria Clinica*. 2022;49(5):148-154.
107. Coughlin SS, Krengel M, Sullivan K, et al. A Review of Epidemiologic Studies of the Health of Gulf War Women Veterans. *J*. 2017;3(2).
108. Lafferty M, Winchell K, Cottrell E, et al. Women of the Gulf War: Understanding Their Military and Health Experiences Over 30 Years. *Military medicine*. 2023;188(9-10):3191-3198.
109. Clark E, Chen L, Dong Y, et al. Veteran Women Living With Human Immunodeficiency Virus Have Increased Risk of Human Papillomavirus (HPV)-Associated Genital Tract Cancers. *Clinical Infectious Diseases*. 2021;72(9):e359-e366.
110. Hotton AL, Weber KM, Hershow RC, et al. Prevalence and Predictors of Hospitalizations among HIV-Infected and At-Risk HIV-Uninfected Women. *Journal of Acquired Immune Deficiency Syndromes*. 2017;75(2):e27-e35.
111. Tsai S, Nguyen H, Ebrahimi R, et al. COVID-19 associated mortality and cardiovascular disease outcomes among US women veterans. *Scientific reports*. 2021;11(1):8497.
112. Upchurch DM, Wong MS, Yuan AH, et al. COVID-19 Infection in the Veterans Health Administration: Gender-specific Racial and Ethnic Differences. *Women's Health Issues*. 2022;32(1):41-50.
113. Lynch KE, Shipherd JC, Gatsby E, et al. Sexual orientation-related disparities in health conditions that elevate COVID-19 severity. *Annals of Epidemiology*. 2022;66:5-12.
114. Markland AD, Vaughan CP, Goldstein KM, et al. Optimizing remote access to urinary incontinence treatments for women veterans (PRACTICAL): Study protocol for a pragmatic clinical trial comparing two virtual care options. *Contemporary Clinical Trials*. 2023;133.
115. Tholemeier LN, Bresee C, De Hoedt AM, et al. Do medication prescription patterns follow guidelines in a cohort of women with interstitial cystitis/bladder pain syndrome? *Neurourology and Urodynamics*. 2022;41(5):1121-1126.

116. Gregg LP, Ramsey DJ, Akeroyd JM, et al. Predictors, Disparities, and Facility-Level Variation: SGLT2 Inhibitor Prescription Among US Veterans With CKD. *American Journal of Kidney Diseases*. 2023;82(1):53-62.e1.
117. Bade BC, DeRycke EC, Ramsey C, et al. Sex Differences in Veterans Admitted to the Hospital for Chronic Obstructive Pulmonary Disease Exacerbation. *Annals of the American Thoracic Society*. 2019;16(3):N.PAG-N.PAG.
118. Rinne ST, Elwy AR, Liu CF, et al. Implementation of guideline-based therapy for chronic obstructive pulmonary disease: Differences between men and women veterans. *Chronic Respiratory Disease*. 2017;14(4):385-391.
119. Kaul B, Lee JS, Petersen LA, et al. Disparities in Antifibrotic Medication Utilization Among Veterans With Idiopathic Pulmonary Fibrosis. *Chest*. 2023;164(2):441-449.
120. Heredia NI, Thrift AP, Ramsey DJ, et al. Association of Diet Quality with Metabolic (Dysfunction) Associated Fatty Liver Disease in Veterans in Primary Care. *Nutrients*. 2023;15(11):2598.
121. Pandey N, Herrera HH, Johnson CM, et al. Preventative care for patients with inflammatory bowel disease in the Veterans Health Administration. *Medicine*. 2016;95(27):1-6.
122. MacGregor AJ, Zouris JM, Dougherty AL, Dye JL. Health Profiles of Military Women and the Impact of Combat-Related Injury. *Women's Health Issues*. 2021;31(4):392-398.
123. Maynard C, Nelson K, Fihn SD. Characteristics of younger women Veterans with service connected disabilities. *Heliyon*. 2019;5(3):e01284.
124. Clifford RE, Ryan AF. The Interrelationship of Tinnitus and Hearing Loss Secondary to Age, Noise Exposure, and Traumatic Brain Injury. *Ear & Hearing (01960202)*. 2022;43(4):1114-1124.
125. Katon JG, Shaw JG, Joyce VR, et al. Timeliness and Adequacy of Prenatal Care Among Department of Veterans Affairs–Enrolled Veterans: The First Step May Be the Biggest Hurdle. *Women's Health Issues*. 2022;32(4):411-417.
126. Friedman S, Shaw JG, Hamilton AB, et al. Gynecologist Supply Deserts Across the VA and in the Community. *JGIM: Journal of General Internal Medicine*. 2022;37:690-697.
127. Dang S, Thavalathil B, Ruiz D, et al. A Patient Portal Intervention for Menopause Knowledge and Shared Decision-Making. *Journal of Women's Health (15409996)*. 2019;28(12):1614-1622.
128. Blais RK, Monson CM, Livingston WS, Maguen S. The association of disordered eating and sexual health with relationship satisfaction in female service members/veterans. *Journal of Family Psychology*. 2019;33(2):176-182.
129. Borrero S, Callegari LS, Zhao X, et al. Unintended Pregnancy and Contraceptive Use Among Women Veterans: The ECUUN Study. *J Gen Intern Med*. 2017;32(8):900-908.
130. Katon JG, Ma EW, Sayre G, et al. Women Veterans' Experiences with Department of Veterans Affairs Maternity Care: Current Successes and Targets for Improvement. *Women's Health Issues*. 2018;28(6):546-552.
131. Gopisetty DD, Shaw JG, Gray C, et al. Veteran Postpartum Health: VA Care Team Perspectives on Care Coordination, Health Equity, and Trauma-Informed Care. *Mil Med*. 2022;16:16.
132. Mattocks KM, Kroll-Desrosiers A, Kinney R, Singer S. Understanding Maternity Care Coordination for Women Veterans Using an Integrated Care Model Approach. *JGIM: Journal of General Internal Medicine*. 2019;34(1):50-57.
133. Mattocks KM, Kuzdeba J, Baldor R, et al. Implementing and Evaluating a Telephone-Based Centralized Maternity Care Coordination Program for Pregnant Veterans in the Department of Veterans Affairs. *Women's Health Issues*. 2017;27(5):579-585.

134. Cordasco KM, Katzburg JR, Katon JG, et al. Care coordination for pregnant veterans: VA's Maternity Care Coordinator Telephone Care Program. *Translational Behavioral Medicine*. 2018;8(3):419-428.
135. Shroff S, McNeil M, Borrero S. An Innovative Framework to Improve Teratogenic Medication Risk Counseling. *Journal of Midwifery & Women's Health*. 2017;62(3):353-357.
136. Gawron LM, Pettey WBP, Redd AM, et al. Distance Matters: Geographic barriers to long acting reversible and permanent contraception for homeless women Veterans. *J Soc Distress Homeless*. 2019;28(2):139-148.
137. Gawron LM, Redd A, Ying S, et al. Long-acting Reversible Contraception Among Homeless Women Veterans With Chronic Health Conditions: A Retrospective Cohort Study. *Medical Care*. 2017;55:S111-S120.
138. Gawron L, Pettey WBP, Redd A, et al. The "Safety Net" of Community Care: Leveraging GIS to Identify Geographic Access Barriers to Texas Family Planning Clinics for Homeless Women Veterans. *AMIA ... Annual Symposium proceedings. AMIA Symposium*. 2017;2017:750-759.
139. Rosenfeld E, Callegari LS, Sileanu FE, et al. Racial and ethnic disparities in contraceptive knowledge among women veterans in the ECUUN study. *Contraception*. 2017;96(1):54-61.
140. Callegari LS, Zhao X, Schwarz EB, et al. Racial/ethnic differences in contraceptive preferences, beliefs, and self-efficacy among women veterans. *American Journal of Obstetrics & Gynecology*. 2017;216(5):504.e1-504.e10.
141. MacDonald S, Hausmann LRM, Sileanu FE, et al. Associations Between Perceived Race-based Discrimination and Contraceptive Use Among Women Veterans in the ECUUN Study. *Med Care*. 2017;55 Suppl 9 Suppl 2:S43-S49.
142. Judge-Golden CP, Smith KJ, Mor MK, Borrero S. Financial Implications of 12-Month Dispensing of Oral Contraceptive Pills in the Veterans Affairs Health Care System. *JAMA Internal Medicine*. 2019;179(9):1201-1208.
143. Callegari LS, Tartaglione EV, Magnusson SL, et al. Understanding Women Veterans' Family Planning Counseling Experiences and Preferences to Inform Patient-Centered Care. *Women's Health Issues*. 2019;29(3):283-289.
144. Wolgemuth TE, Cuddeback M, Callegari LS, et al. Perceived Barriers and Facilitators to Contraceptive Use Among Women Veterans Accessing the Veterans Affairs Healthcare System. *Women's Health Issues*. 2020;30(1):57-63.
145. Judge-Golden CP, Wolgemuth TE, Zhao X, et al. Agreement between Self-Reported "Ideal" and Currently Used Contraceptive Methods among Women Veterans Using the Veterans Affairs Healthcare System. *Women's Health Issues*. 2020;30(4):283-291.
146. Goossen RP, Summers KM, Ryan GL, et al. Ethnic Minority Status and Experiences of Infertility in Female Veterans. *Journal of Women's Health (15409996)*. 2019;28(1):63-68.
147. Callegari LS, Gray KE, Zephyrin LC, et al. Hysterectomy and Bilateral Salpingo-Oophorectomy: Variations by History of Military Service and Birth Cohort. *Gerontologist*. 2016;56 Suppl 1:S67-77.
148. Bossick AS, Katon JG, Gray KE, et al. Concomitant Bilateral Salpingo-Oophorectomy at Hysterectomy: Differences by Race and Menopausal Status in the Veterans Affairs Health Care System, 2007–2014. *Journal of Women's Health (15409996)*. 2020;29(12):1513-1519.
149. Carey C, Silvestrini M, Callegari LS, et al. “I Wasn't Presented With Options”: Perspectives of Black Veterans Receiving Care for Uterine Fibroids in the Veterans Health Administration. *Women's Health Issues*. 2023.
150. Katon JG, Bossick A, Carey C, et al. Racial Disparities in Uterine Fibroid Treatment Among Veterans Using VA Health Care. *Women's Health Issues*. 2023;33(4):405-413.

151. Washington DL, Danz M, Jackson L, Cordasco KM. Development of Quality Indicators for the Care of Women with Abnormal Uterine Bleeding by Primary Care Providers in the Veterans Health Administration. *Women's Health Issues*. 2019;29(2):135-143.
152. Cordasco KM, Yuan AH, Danz MJ, et al. Guideline Adherence of Veterans Health Administration Primary Care for Abnormal Uterine Bleeding. *Women's Health Issues*. 2019;29(2):144-152.
153. Cordasco KM, Yuan AH, Danz MJ, et al. Veterans Health Administration Primary Care Provider Adherence to Prescribing Guidelines for Systemic Hormone Therapy in Menopausal Women. *Journal for Healthcare Quality: Promoting Excellence in Healthcare*. 2019;41(2):99-109.
154. Blondon M, Timmons AK, Baraff AJ, et al. Comparative venous thromboembolic safety of oral and transdermal postmenopausal hormone therapies among women Veterans. *Menopause (10723714)*. 2021;28(10):1125-1129.
155. Gibson CJ, Yixia L, Jasuja GK, et al. Menopausal Hormone Therapy and Suicide in a National Sample of Midlife and Older Women Veterans. *Medical Care*. 2021;59:S70-S76.
156. Blanken A, Gibson CJ, Li Y, et al. Racial/ethnic disparities in the diagnosis and management of menopause symptoms among midlife women veterans. *Menopause (10723714)*. 2022;29(7):877-882.
157. Dietz NA, Mijares-Cantrell T, Acevedo D, et al. Women veterans and menopause: Knowledge and preferences. *Women & Health*. 2018;58(8):898-914.
158. Breyer BN, Fang SC, Seal KH, et al. Sexual Health in Male and Female Iraq and Afghanistan U. S. War Veterans With and Without PTSD: Findings From the VALOR Cohort. *Journal of Traumatic Stress*. 2016;29(3):229-236.
159. Garneau-Fournier J, Habarth J, Turchik JA. Factors Associated with Sexual Dysfunction Symptoms among Veterans who Have Experienced Military Sexual Trauma. *International Journal of Sexual Health*. 2018;30(1):28-41.
160. DiMauro J, Renshaw KD, Blais RK. Sexual vs. Non-sexual trauma, sexual satisfaction and function, and mental health in female veterans. *Journal of Trauma & Dissociation*. 2018;19(4):403-416.
161. Vinekar K, Chu K, Tan GJ, et al. Using Primary Care Geographic Network Adequacy Metrics for VA Obstetric Referrals: a Foundation for Equitable, Timely, and Veteran-Centered Care. *JGIM: Journal of General Internal Medicine*. 2023;38:829-831.
162. Schwarz EB, Sileanu FE, Zhao X, et al. Induced abortion among women veterans: data from the ECUUN study. *Contraception*. 2018;97(1):41-47.
163. Judge-Golden C, Kroll-Desrosiers A, Mattocks K, Borrero S. Prior Abortions and Barriers to Abortion Access Reported by Pregnant Women Veterans. *JGIM: Journal of General Internal Medicine*. 2022;37:816-818.
164. Goyal V, Mengeling MA, Booth BM, et al. Lifetime Sexual Assault and Sexually Transmitted Infections Among Women Veterans. *Journal of Women's Health (15409996)*. 2017;26(7):745-754.
165. Coady-Fariborzian L, Anstead C. Twenty Years of Breast Reduction Surgery at a Veterans Affairs Medical Center. *Fed*. 2021;38(7):311-315.
166. Katon JG, Zephyrin L, Meoli A, et al. Reproductive Health of Women Veterans: A Systematic Review of the Literature from 2008 to 2017. *Seminars in Reproductive Medicine*. 2018;36(6):315-322.
167. Schuttner L, Haraldsson B, Maynard C, et al. Factors Associated With Low-Value Cancer Screenings in the Veterans Health Administration. *JAMA Network Open*. 2021;4(10):e2130581-e2130581.

168. Keddem S, Maier M, Gardella C, et al. Gonorrhea and Chlamydia Testing and Case Rates Among Women Veterans in the Veterans Health Administration. *JGIM: Journal of General Internal Medicine*. 2022;37:706-713.
169. Marcotte LM, Deeds S, Wheat C, et al. Automated Opt-Out vs Opt-In Patient Outreach Strategies for Breast Cancer Screening: A Randomized Clinical Trial. *JAMA Internal Medicine*. 2023.
170. Reddy SM, Portnoy GA, Bathulapalli H, et al. Screening for Military Sexual Trauma Is Associated With Improved HIV Screening in Women Veterans. *Medical Care*. 2019;57(7):536-543.
171. Albright DL, Landor AM, McDaniel JT, et al. Sexual Behaviors and Health Practices Among Student Service Members and Veterans. *Archives of Sexual Behavior*. 2019;48(8):2595-2604.
172. Syler LB, Stobaugh CL, Foulis PR, et al. Cervical Cancer Screening in South Florida Veteran Population, 2014 to 2020: Cytology and High-Risk Human Papillomavirus Correlation and Epidemiology. *Cureus*. 2021;13(8):e17247.
173. Bidassie B, Kovach A, Vallette MA, et al. Breast Cancer Risk Assessment and Chemoprevention Use Among Veterans Affairs Primary Care Providers: A National Online Survey. *Military medicine*. 2020;185(3-4):512-518.
174. Sullivan-Baca E, Rehman R, Haneef Z. An Update on the Healthy Soldier Effect in U.S. Veterans. *Military medicine*. 2023;188(9-10):3199-3204.
175. Trowbridge ER, Kim D, Barletta K, et al. Prevalence of positive screening test for cognitive impairment among elderly urogynecologic patients. *American Journal of Obstetrics & Gynecology*. 2016;215(5):663.e1-663.e6.
176. Beste LA, Keddem S, Borgerding J, et al. Sexually Transmitted Infection Testing in the National Veterans Health Administration Patient Cohort During the Coronavirus Disease 2019 Pandemic. *Open Forum Infectious Diseases*. 2022;9(12).
177. Beste LA, Maier MM, Borgerding J, et al. Testing Practices and Incidence of Chlamydial and Gonococcal Infection in the Veterans Health Administration, 2009-2019. *Clinical Infectious Diseases*. 2021;73(9):E3235-E3243.
178. Monty GR, Benson SK, Deeds SA, et al. "We Are Working Harder, Not Smarter": A Qualitative Inquiry into Care Coordination for Department of Veterans Affairs Mammograms Referred to the Community. *Women's Health Issues*. 2023;33(4):414-421.
179. Bean-Mayberry B, Moreau J, Hamilton AB, et al. Cardiovascular Risk Screening among Women Veterans: Identifying Provider and Patient Barriers and Facilitators to Develop a Clinical Toolkit. *Women's Health Issues*. 2022;32(3):284-292.
180. Hardin S, Vogt D, Smith BN, et al. Male and Female Veterans' Preferences for Eating Disorders Screening. *JGIM: Journal of General Internal Medicine*. 2022;37:819-822.
181. Jeon-Slaughter H, Chen X, Ramanan B, Tsai S. Assessing performance of the veterans affairs women cardiovascular risk model in predicting a short-term risk of cardiovascular disease incidence using united states veterans affairs covid-19 shared data. *International Journal of Environmental Research and Public Health*. 2021;18(19).
182. Sternke LM, Serpi T, Spiro A, et al. Assessment of a Revised Wartime Experiences Scale for Vietnam-Era Women: The Health of Vietnam-Era Women's Study (HealthViEWS). *Women's Health Issues*. 2017;27(4):471-477.
183. Bovin MJ, Kimerling R, Weathers FW, et al. Diagnostic Accuracy and Acceptability of the Primary Care Posttraumatic Stress Disorder Screen for the Diagnostic and Statistical Manual of Mental Disorders (Fifth Edition) Among US Veterans. *JAMA Network Open*. 2021;4(2):e2036733-e2036733.

184. Batch BC, Brown CS, Goldstein KM, et al. Women Veterans Experience with the VA MOVE! Weight Management Program. *Womens Health Rep (New Rochelle)*. 2020;1(1):65-72.
185. Zenk SN, Tarlov E, Wing C, et al. Does the built environment influence the effectiveness of behavioral weight management interventions? *Preventive Medicine*. 2019;126:N.PAG-N.PAG.
186. Zenk SN, Tarlov E, Wing C, et al. Long-term weight loss effects of a behavioral weight management program: Does the community food environment matter? *International Journal of Environmental Research and Public Health*. 2018;15(2).
187. Zenk SN, Tarlov E, Powell LM, et al. Weight and Veterans' Environments Study (WAVES) I and II: Rationale, Methods, and Cohort Characteristics. *American Journal of Health Promotion*. 2018;32(3):779-794.
188. Tarlov E, Silva A, Wing C, et al. Neighborhood Walkability and BMI Change: A National Study of Veterans in Large Urban Areas. *Obesity (19307381)*. 2020;28(1):46-54.
189. Powell LM, Jones K, Duran AC, et al. The price of ultra-processed foods and beverages and adult body weight: Evidence from U.S. veterans. *Economics and Human Biology*. 2019;34:39-48.
190. Whitbourne SB, Nguyen XT, Song RJ, et al. Million Veteran Program's response to COVID-19: Survey development and preliminary findings. *PLoS One*. 2022;17(4):e0266381.
191. Nguyen XT, Quaden RM, Song RJ, et al. Baseline Characterization and Annual Trends of Body Mass Index for a Mega-Biobank Cohort of US Veterans 2011-2017. *J Health Res Rev Dev Ctries*. 2018;5(2):98-107.
192. Washington DL, Gray K, Hoerster KD, et al. Trajectories in Physical Activity and Sedentary Time Among Women Veterans in the Women's Health Initiative. *The Gerontologist*. 2016;56:S27-S39.
193. Kreyenbuhl J, Lucksted A, Despeaux K, Sykes VM. Understanding Women Veterans' Experiences With and Management of Weight Gain From Medications for Serious Mental Illness: A Qualitative Study. *Psychiatric Rehabilitation Journal*. 2019;42(3):238-245.
194. Goldstein KM, Zullig LL, Oddone EZ, et al. Understanding women veterans' preferences for peer support interventions to promote heart healthy behaviors: A qualitative study. *Preventive Medicine Reports*. 2018;10:353-358.
195. Hamilton AB, Finley EP, Bean-Mayberry B, et al. Enhancing Mental and Physical Health of Women through Engagement and Retention (EMPOWER) 2.0 QUERI: study protocol for a cluster-randomized hybrid type 3 effectiveness-implementation trial. *Implement*. 2023;4(1):23.
196. Bernstein E, DeRycke EC, Han L, et al. Racial, Ethnic, and Rural Disparities in US Veteran COVID-19 Vaccine Rates. *AJPM Focus*. 2023:100094.
197. Mattocks KM, Kroll-Desrosiers A, Moore Simas TA, et al. Examining Pregnant Veterans' Acceptance and Beliefs Regarding the COVID-19 Vaccine. *JGIM: Journal of General Internal Medicine*. 2022;37:671-678.
198. Johnson NL, Steffensmeier KS, Garvin LA, et al. "It Made Me Not Want to See him...": The Role of Patient-Provider Communication in Influencing Rural-Dwelling Women Veterans' Motivation to Seek Health Care for Managing Chronic Pain. *Health Commun*. 2023:1-14.
199. Buttner MM, Godfrey KM, Floto E, et al. Combat exposure and pain in male and female Afghanistan and Iraq veterans: The role of mediators and moderators. *Psychiatry Research*. 2017;257:7-13.
200. Rogers RG, Clark EA, Murata E, et al. Military Sexual Trauma in Female Veterans is Associated With Chronic Pain Conditions. *Military Medicine*. 2017;182(9):e1895-e1899.
201. Arout CA, Sofuoglu M, Bastian LA, Rosenheck RA. Gender Differences in the Prevalence of Fibromyalgia and in Concomitant Medical and Psychiatric Disorders: A National Veterans Health Administration Study. *Journal of Women's Health (15409996)*. 2018;27(8):1035-1044.

202. Boyer TL, Blosnich JR, Hubbard CC, et al. Comparing Outpatient Opioids, High-Risk Prescribing, and Opioid Poisoning Between Transgender and Cisgender Veterans: A Cross-sectional Analysis. *American Journal of Preventive Medicine*. 2022;63(2):168-177.
203. Vigil JM, Coulombe P, Alcock J, et al. How nurse gender influences patient priority assignments in US emergency departments. *Pain*. 2017;158(3):377-382.
204. Driscoll MA, Knobf MT, Higgins DM, et al. Patient Experiences Navigating Chronic Pain Management in an Integrated Health Care System: A Qualitative Investigation of Women and Men. *Pain Medicine*. 2018;19:S19-S29.
205. Hadlandsmyth K, Driscoll MA, Mares JG, et al. Rurality impacts pain care for female veterans similarly to male veterans. *Journal of Rural Health*. 2023;39(2):313-319.
206. Lehavot K, Rillamas-Sun E, Weitlauf J, et al. Mortality in Postmenopausal Women by Sexual Orientation and Veteran Status. *The Gerontologist*. 2016;56:S150-S162.
207. Wong MS, Hoggatt KJ, Steers WN, et al. Racial/Ethnic Disparities in Mortality Across the Veterans Health Administration. *Health Equity*. 2019;3(1):99-108.
208. Bernstein J, Lee A, Xi IL, Ahn J. Estimating Median Survival Following Hip Fracture Among Geriatric Females: (100 - Patient Age) / 4. *Cureus*. 2022;14(6):e26299.
209. Orkaby AR, Nussbaum L, Ho YL, et al. The Burden of Frailty Among U.S. Veterans and Its Association With Mortality, 2002-2012. *The journals of gerontology. Series A, Biological sciences and medical sciences*. 2019;74(8):1257-1264.
210. Washington DL, Bird CE, LaMonte MJ, et al. Military Generation and Its Relationship to Mortality in Women Veterans in the Women's Health Initiative. *The Gerontologist*. 2016;56:S126-S137.
211. Cho J, Copeland LA, Stock EM, et al. Protective and Risk Factors for 5-Year Survival in the Oldest Veterans: Data from the Veterans Health Administration. *Journal of the American Geriatrics Society*. 2016;64(6):1250-1257.
212. Gonsoulin ME, Durazo-Arvizu RA, Goldstein KM, et al. A Health Profile of Senior-Aged Women Veterans: A Latent Class Analysis of Condition Clusters. *Innov Aging*. 2017;1(2):01.
213. Howard JT, Janak JC, Santos-Lozada AR, et al. Telomere shortening and accelerated aging in US military veterans. *International Journal of Environmental Research and Public Health*. 2021;18(4):1-13.
214. Weitlauf JC, Cypel YS, Davey VJ. Mortality of Women Vietnam War–Era Veterans. *Women's Health Issues*. 2023;33(4):391-404.
215. Dinesh D, Shao Q, Palnati M, et al. The epidemiology of mild cognitive impairment, Alzheimer's disease and related dementia in U.S. veterans. *Alzheimer's and Dementia*. 2023;19(9):3977-3984.
216. Bahorik A, Bobrow K, Hoang T, Yaffe K. Increased risk of dementia in older female US veterans with alcohol use disorder. *Addiction*. 2021;116(8):2049-2055.
217. Kornblith E, Peltz CB, Xia F, et al. Sex, race, and risk of dementia diagnosis after traumatic brain injury among older veterans. *Neurology*. 2020;95(13):E1768-E1775.
218. Yaffe K, Lwi SJ, Hoang TD, et al. Military-related risk factors in female veterans and risk of dementia. *Neurology*. 2019;92(3):126-126.
219. Cheng Y, Zamrini E, Faselis C, et al. Cardiorespiratory fitness and risk of Alzheimer's disease and related dementias among American veterans. *Alzheimer's and Dementia*. 2023.
220. Padula CB, Weitlauf JC, Rosen AC, et al. Longitudinal Cognitive Trajectories of Women Veterans from the Women's Health Initiative Memory Study. *The Gerontologist*. 2016;56(1):115-125.

221. Varilek BM, Da Rosa P. Analysis of Palliative Care Knowledge and Symptom Burden Among Female Veterans With Serious Illness: A Cross-Sectional Study. *The American journal of hospice & palliative care*. 2023:10499091231187341.
222. West SK, Peek B, Al-Achi A, LeCompte D. Advance Care Directive Preferences in Women Veterans: A Snapshot. *Omega*. 2022:302228221130115.
223. Varilek BM, Isaacson MJ. Female Veteran Use of Palliative and Hospice Care: A Scoping Review. *Military Medicine*. 2021;186(11/12):1100-1105.
224. Tabio L, Walker RL, Crane PK, et al. Association of Lifetime TBI and Military Employment with Late Life ADL Functioning: A Population-Based Prospective Cohort Study. *Archives of Physical Medicine & Rehabilitation*. 2021;102(12):2316-2316.
225. LaCroix AZ, Rillamas-Sun E, Woods NF, et al. Aging Well Among Women Veterans Compared With Non-Veterans in the Women's Health Initiative. *Gerontologist*. 2016;56 Suppl 1:S14-26.
226. Jeon CY, Kim S, Lin YC, et al. Prediction of Pancreatic Cancer in Diabetes Patients with Worsening Glycemic Control. *Cancer Epidemiology Biomarkers and Prevention*. 2022;31(1):242-253.
227. Demb J, Liu L, Murphy CC, et al. Young-onset colorectal cancer risk among individuals with iron-deficiency anaemia and haematochezia. *Gut*. 2021;70(8):1529-1537.
228. Gaffey AE, Han L, Ramsey CM, et al. Post-9/11 deployment history and the incidence of breast cancer among women Veterans. *Annals of Epidemiology*. 2023;77:98-102.
229. Hull LE, Lynch JA, Berse BB, et al. Clinical Impact of 21-Gene Recurrence Score Test Within the Veterans Health Administration: Utilization and Receipt of Guideline-Concordant Care. *Clinical Breast Cancer*. 2018;18(2):135-143.
230. Johnson KE, Siewert KM, Klarin D, et al. The relationship between circulating lipids and breast cancer risk: A Mendelian randomization study. *PLoS Medicine*. 2020;17(9).
231. Zullig LL, Sims KJ, McNeil R, et al. Cancer Incidence Among Patients of the U.S. Veterans Affairs Health Care System: 2010 Update. *Military medicine*. 2017;182(7):e1883-e1891.
232. Zullig LL, Goldstein KM, Sims KJ, et al. Cancer Among Women Treated in the Veterans Affairs Healthcare System. *Journal of Women's Health (15409996)*. 2019;28(2):268-275.
233. Oppegaard KR, Dunn LB, Kober KM, et al. Gender Differences in the Use of Engagement and Disengagement Coping Strategies in Patients With Cancer Receiving Chemotherapy. *Oncology Nursing Forum*. 2020;47(5):586-594.
234. Iverson KM, Stolzmann KL, Brady JE, et al. Integrating Intimate Partner Violence Screening Programs in Primary Care: Results from a Hybrid-II Implementation-Effectiveness RCT. *American Journal of Preventive Medicine*. 2023;65(2):251-260.
235. Wilson LC. The Prevalence of Military Sexual Trauma: A Meta-Analysis. *Trauma, Violence & Abuse*. 2018;19(5):584-597.
236. Pulverman CS, Christy AY, Kelly UA. Military Sexual Trauma and Sexual Health in Women Veterans: A Systematic Review. *Sexual Medicine Reviews*. 2019;7(3):393-407.
237. Katz LS. Delivering brief warrior renew over video teleconferencing to women veterans with military sexual trauma: A pragmatic trial. *Psychological services*. 2023.
238. Gilmore AK, Davis MT, Grubaugh A, et al. "Do you expect me to receive PTSD care in a setting where most of the other patients remind me of the perpetrator?": Home-based telemedicine to address barriers to care unique to military sexual trauma and veterans affairs hospitals. *Contemporary Clinical Trials*. 2016;48:59-64.
239. Gilmore AK, Lopez C, Muzzy W, et al. Emotion Dysregulation Predicts Dropout from Prolonged Exposure Treatment among Women Veterans with Military Sexual Trauma-Related Posttraumatic Stress Disorder. *Women's Health Issues*. 2020;30(6):462-469.

240. Sparrow K, Kwan J, Howard L, et al. Systematic review of mental health disorders and intimate partner violence victimisation among military populations. *Social Psychiatry & Psychiatric Epidemiology*. 2017;52(9):1059-1080.
241. Iverson KM, Danitz SB, Shayani DR, et al. Recovering From Intimate Partner Violence Through Strengths and Empowerment: Findings From a Randomized Clinical Trial. *J Clin Psychiatry*. 2021;83(1):23.
242. Danan ER, Brunner J, Bergman A, et al. The Relationship Between Sexual Assault History and Cervical Cancer Screening Completion Among Women Veterans in the Veterans Health Administration. *Journal of Women's Health (15409996)*. 2022;31(7):1040-1047.
243. Vander Weg MW, Sadler AG, Abrams TE, et al. Lifetime History of Sexual Assault and Emergency Department Service Use among Women Veterans. *Women's Health Issues*. 2020;30(5):374-383.
244. Edmonds SW, Mengeling MA, Syrop CH, et al. Associations Between Sexual Assault and Reproductive and Family Planning Behaviors and Outcomes in Female Veterans. *Obstetrics & Gynecology*. 2021;137(3):461-470.
245. Dognin J, Sedlander E, Jay M, Ades V. Group education sessions for women veterans who experienced sexual violence: Qualitative findings. *Families, Systems & Health: The Journal of Collaborative Family HealthCare*. 2017;35(3):360-372.
246. Brandt CA, Workman TE, Farmer MM, et al. Documentation of Screening for Firearm Access by Healthcare Providers in the Veterans Healthcare System: A Retrospective Study. *West J Emerg Med*. 2021;22(3):525-532.
247. Morgan NR, Aronson KR, Perkins DF, et al. The interaction of exposure to adverse childhood and combat experiences on the current mental health of new post-9/11 veterans. *Journal of community psychology*. 2022;50(1):204-220.
248. Murdoch M, Kehle-Forbes SM, Partin MR. Changes in affect after completing a mailed survey about trauma: two pre- and post-test studies in former disability applicants for posttraumatic stress disorder. *BMC Medical Research Methodology*. 2017;17:1-9.
249. Zhao Z, Serier KN, Smith BN, et al. Gender similarities and differences in associations between weight discrimination, shape/weight concerns, and eating disorder symptoms among post-9/11 veterans. *Eating Behaviors*. 2023;51.
250. Stanton K, Creech SK, Snyder DK, McKee GB. Combat exposure and mental health outcomes: The incremental impact of nonsexual harassment on women veterans. *Psychological Trauma: Theory, Research, Practice & Policy*. 2022;14(4):597-604.
251. Mattocks K, Casares J, Brown A, et al. Women Veterans' Experiences with Perceived Gender Bias in U.S. Department of Veterans Affairs Specialty Care. *Women's Health Issues*. 2020;30(2):113-119.
252. Klap R, Darling JE, Hamilton AB, et al. Prevalence of Stranger Harassment of Women Veterans at Veterans Affairs Medical Centers and Impacts on Delayed and Missed Care. *Women's Health Issues*. 2019;29(2):107-115.
253. MacDonald S, Judge-Golden C, Borrero S, et al. Experiences of Perceived Gender-based Discrimination Among Women Veterans: Data From the ECUUN Study. *Medical Care*. 2020;58(5):483-490.
254. Dyer KE, Potter SJ, Hamilton AB, et al. Gender Differences in Veterans' Perceptions of Harassment on Veterans Health Administration Grounds. *Women's Health Issues*. 2019;29:S83-S93.
255. Cannedy S, Dyer KE, Oishi A, et al. Managers' and Leaders' Perceptions of Sexual and Gender-Based Public Harassment in the Veterans Health Administration. *Women's Health Issues*. 2022;32(4):395-401.

256. Fenwick KM, Potter SJ, Klap R, et al. Staff and Patient Perspectives on Bystander Intervention Training to Address Patient-Initiated Sexual Harassment in Veterans Affairs Healthcare Settings. *Women's Health Issues*. 2021;31(6):576-585.
257. Fenwick KM, Golden RE, Frayne SM, et al. Women Veterans' Experiences of Harassment and Perceptions of Veterans Affairs Health Care Settings During a National Anti-Harassment Campaign. *Women's Health Issues*. 2021;31(6):567-575.
258. Reddy MK, Murdoch M. Does the Factor Structure of Military Sexual Stressors in Men Correspond to Women's? A Confirmatory Factor Analysis Using the Sexual Harassment Inventory. *Military Medicine*. 2016;181(2):161-166.
259. Lynch KE, Viernes B, Schliep KC, et al. Variation in Sexual Orientation Documentation in a National Electronic Health Record System. *LGBT Health*. 2021;8(3):201-208.
260. Trentalange M, Bielawski M, Murphy TE, et al. Patient Perception of Enough Time Spent With Provider Is a Mechanism for Improving Women Veterans' Experiences With VA Outpatient Health Care. *Evaluation & the Health Professions*. 2016;39(4):460-474.
261. Yano EM, Darling JE, Hamilton AB, et al. Cluster randomized trial of a multilevel evidence-based quality improvement approach to tailoring VA Patient Aligned Care Teams to the needs of women Veterans. *Implementation Science*. 2016;11(1):1-14.
262. Hamilton AB, Brunner J, Cain C, et al. Engaging multilevel stakeholders in an implementation trial of evidence-based quality improvement in VA women's health primary care. *Translational Behavioral Medicine*. 2017;7(3):478-485.
263. Gawron LM, Young J, Yang S, et al. Women's Health Provider Perspectives on Reproductive Services Provision in the Veterans Health Administration. *Southern Medical Journal*. 2023;116(2):181-187.
264. Chanfreau-Coffinier C, Gordon HS, Schweizer CA, et al. Mental Health Screening Results Associated with Women Veterans' Ratings of Provider Communication, Trust, and Care Quality. *Women's Health Issues*. 2018;28(5):430-438.
265. Carlson GC, Than CT, Rose D, et al. What Drives Women Veterans' Trust in VA Healthcare Providers? *Women's Health Issues*. 2022;32(5):499-508.
266. Jones AL, Fine MJ, Taber PA, et al. National Media Coverage of the Veterans Affairs Waitlist Scandal: Effects on Veterans' Distrust of the VA Health Care System. *Medical Care*. 2021;59:S322-S326.
267. Shamaskin-Garroway AM, Knobf MT, Adams LJ, Haskell SG. "I Think It's Pretty Much the Same, as It Should Be": Perspectives of Inpatient Care Among Women Veterans. *Qualitative Health Research*. 2018;28(4):600-609.
268. Mattocks KM, Yano EM, Brown A, et al. Examining Women Veteran's Experiences, Perceptions, and Challenges With the Veterans Choice Program. *Medical Care*. 2018;56(7):557-560.
269. Cannedy S, McCoy M, Oishi K, et al. Coping with disruptive patients: Perspectives of primary care employees. *Work (Reading, Mass.)*. 2023.
270. Chuang E, Brunner J, Mak S, et al. Challenges with Implementing a Patient-Centered Medical Home Model for Women Veterans. *Women's Health Issues*. 2017;27(2):214-220.
271. Meredith LS, Wang Y, Okunogbe A, et al. Attitudes, Practices, and Experiences with Implementing a Patient-Centered Medical Home for Women Veterans. *Women's Health Issues*. 2017;27(2):221-227.
272. Vincent A, Ballard I, Farkas KJ. Mind Full or Mindful? A Cohort Study of Equine-Facilitated Therapy for Women Veterans. *Journal of Creativity in Mental Health*. 2023;18(3):367-382.
273. Shipherd JC, Kauth MR, Firek AF, et al. Interdisciplinary Transgender Veteran Care: Development of a Core Curriculum for VHA Providers. *Transgender Health*. 2016;1(1):54-62.

274. Sanders AM, Golden RE, Kolehmainen C, et al. Implementation experience and initial assessment of a rural women's health training program in support of the U.S. Department of Veterans Affairs as a learning health system. *Learn*. 2022;6(4):e10334.
275. Schwartz R, Frayne SM, Friedman S, et al. Retaining VA Women's Health Primary Care Providers: Work Setting Matters. *J Gen Intern Med*. 2021;36(3):614-621.
276. Farkas AH, Merriam S, Frayne S, et al. Retaining Providers with Women's Health Expertise: Decreased Provider Loss Among VHA Women's Health Faculty Development Program Attendees. *JGIM: Journal of General Internal Medicine*. 2022;37:786-790.
277. Fried D, Rajan M, Tseng C, Helmer D. Total and Per-Patient Fiscal Year 2013 VA Disability Compensation and Medical Care Expenditures and Utilization for Vietnam Era Veterans with Service-Connected Disabilities. *Journal of Military & Veterans' Health*. 2021;29(1):15-25.
278. Blosnich JR, Cashy J, Gordon AJ, et al. Using clinician text notes in electronic medical record data to validate transgender-related diagnosis codes. *Journal of the American Medical Informatics Association*. 2018;25(7):905-908.
279. Nik-Ahd F, Waller J, De Hoedt AM, et al. Seeing the unseen: how can we best identify transgender women within the Veterans Affairs healthcare system's electronic medical record? *The journal of sexual medicine*. 2023;20(4):559-567.
280. Wolfe HL, Reisman JI, Yoon SS, et al. Validating Data-Driven Methods for Identifying Transgender Individuals in the Veterans Health Administration of the US Department of Veterans Affairs. *American Journal of Epidemiology*. 2021;190(9):1928-1934.
281. Blosnich JR, Boyer TL. Concordance of Data About Sex From Electronic Health Records and the National Death Index: Implications for Transgender Populations. *Epidemiology*. 2022;33(3):383-385.
282. Danan ER, Ullman K, Klap RS, et al. Evidence Map: Reporting of Results by Sex or Gender in Randomized, Controlled Trials with Women Veteran Participants (2008 to 2018). *Women's Health Issues*. 2019;29:S112-S120.
283. Goldstein KM, Duan-Porter W, Alkon A, et al. Enrollment and Retention of Men and Women in Health Services Research and Development Trials. *Womens Health Issues*. 2019;29 Suppl 1:S121-S130.
284. Fan CA, Upham M, Beaver K, et al. Recruiting Sexual and Gender Minority Veterans for Health Disparities Research: Recruitment Protocol of a Web-Based Prospective Cohort Study. *JMIR Res Protoc*. 2023;12:e43824.
285. Chrystal JG, Dyer KE, Gammage CE, et al. Increasing Engagement of Women Veterans in Health Research. *JGIM: Journal of General Internal Medicine*. 2022;37(1):42-49.
286. Whitbourne SB, Li Y, Brewer JVV, et al. Overview of Efforts to Increase Women Enrollment in the Veterans Affairs Million Veteran Program. *Health Equity*. 2023;7(1):324-332.
287. Golden RE, Klap R, Carney DV, et al. Promoting learning health system feedback loops: Experience with a VA practice-based research network card study: VA Card Study Promotes Learning Health System. *Healthcare*. 2021;8.
288. Flike K, Byrne T. Systematic review of access to healthcare and social services among US women Veterans experiencing homelessness. *Women's Health (17455057)*. 2023:1-17.
289. Blosnich JR, Rodriguez KL, Hruska KL, et al. Utilization of the Veterans Affairs' Transgender E-consultation Program by Health Care Providers: Mixed-Methods Study. *JMIR Med Inform*. 2019;7(1):e11695.
290. Chrystal JG, Frayne S, Dyer KE, et al. Women Veterans' Attrition from the VA Health Care System. *Women's Health Issues*. 2022;32(2):182-193.

291. Narain K, Bean-Mayberry B, Washington DL, et al. Access to Care and Health Outcomes Among Women Veterans Using Veterans Administration Health Care: Association With Food Insufficiency. *Women's Health Issues*. 2018;28(3):267-272.
292. Baldomero AK, Kunisaki KM, Wendt CH, et al. Drive Time and Receipt of Guideline-Recommended Screening, Diagnosis, and Treatment. *JAMA Network Open*. 2022;5(11):e2240290-e2240290.
293. Davies ML, Goffman RM, May JH, et al. Large-Scale No-Show Patterns and Distributions for Clinic Operational Research. *Healthcare (Basel)*. 2016;4(1):16.
294. Copeland LA, Finley EP, Vogt D, et al. Gender Differences in Newly Separated Veterans' Use of Healthcare. *American Journal of Managed Care*. 2020;26(3):97-104.
295. Weitlauf JC, Ortiz A, Kroll-Desrosiers AR, et al. Characterization and Comparison of Physical and Mental Health Profiles and Department of Veterans Affairs Health Care Utilization Patterns among Operation Iraqi Freedom/Operation Enduring Freedom Women Veterans in Puerto Rico versus the United States. *Women's Health Issues*. 2020;30(1):49-56.
296. Haskell SG, Han L, Abel EA, et al. Sex Differences in Use of a Clinical Complexity Measure to Predict Primary Care Utilization. *Journal of Women's Health (15409996)*. 2022;31(1):71-78.
297. Moore CL, Wang N, Johnson J, et al. Return-to-Work Outcome Rates of African American Versus White Veterans Served by State Vocational Rehabilitation Agencies. *Rehabilitation Counseling Bulletin*. 2016;59(3):158-171.
298. Williams L, Pavlish C, Maliski S, Washington D. Clearing Away Past Wreckage: A Constructivist Grounded Theory of Identity and Mental Health Access by Female Veterans. *Advances in Nursing Science*. 2018;41(4):327-339.
299. Murdoch M, Spoont MR, Sayer NA, et al. Reversals in initially denied Department of Veterans Affairs' PTSD disability claims after 17 years: a cohort study of gender differences. *BMC Women's Health*. 2021;21(1):1-8.
300. Tsai J, Pietrzak RH, Szymkowiak D. The Problem of Veteran Homelessness: An Update for the New Decade. *American Journal of Preventive Medicine*. 2021;60(6):774-780.
301. Montgomery AE, Dichter ME, Thomasson AM, Roberts CB. Services Receipt Following Veteran Outpatients' Positive Screen for Homelessness. *American Journal of Preventive Medicine*. 2016;50(3):336-343.
302. Short M, Felder S, Garland Baird L, Gamble B. Female Veterans' risk factors for homelessness: A scoping review. *Journal of Military, Veteran & Family Health*. 2023;9(4):29-38.
303. Brignone E, Gundlapalli AV, Blais RK, et al. Differential Risk for Homelessness Among US Male and Female Veterans With a Positive Screen for Military Sexual Trauma. *JAMA Psychiatry*. 2016;73(6):582-589.
304. Liu S, Silanskis E, Knetig J, Holliday R. Intimate Partner Violence Screening for Veterans Accessing Homelessness Services. *Journal of Aggression, Maltreatment & Trauma*. 2023;32(7/8):989-1004.
305. Kondo K, Low A, Everson T, et al. Health Disparities in Veterans: A Map of the Evidence. *Med Care*. 2017;55 Suppl 9 Suppl 2:S9-S15.
306. Nillni YI, Horenstein A, McClendon J, et al. The impact of perceived everyday discrimination and income on racial and ethnic disparities in PTSD, depression, and anxiety among veterans. *PLoS One*. 2023;18(9 September).
307. Blosnich JR, Montgomery AE, Taylor LD, Dichter ME. Adverse social factors and all-cause mortality among male and female patients receiving care in the Veterans Health Administration. *Preventive Medicine*. 2020;141:N.PAG-N.PAG.
308. Gaska KA, Kimerling R. Patterns of Adverse Experiences and Health Outcomes Among Women Veterans. *American Journal of Preventive Medicine*. 2018;55(6):803-811.

309. Tynan M, Wooldridge JS, Rossi F, et al. Latent Class Patterns of Adverse Childhood Experiences and Their Relationship to Veteran Status and Sex in the National Epidemiologic Survey of Alcohol and Related Conditions Wave III. *Military Medicine*. 2022;187(3/4):304-312.
310. Doucette CE, Morgan NR, Aronson KR, et al. The Effects of Adverse Childhood Experiences and Warfare Exposure on Military Sexual Trauma Among Veterans. *Journal of Interpersonal Violence*. 2023;38(3/4):3777-3805.
311. Masheb RM, Sala M, Marsh AG, et al. Associations between adverse childhood experiences and weight, weight control behaviors and quality of life in Veterans seeking weight management services. *Eating Behaviors*. 2021;40:N.PAG-N.PAG.
312. Wooldridge JS, Bosch J, Crawford JN, et al. Relationships among adverse childhood experiences, posttraumatic stress disorder symptom clusters, and health in women veterans. *Stress & Health: Journal of the International Society for the Investigation of Stress*. 2020;36(5):596-605.
313. Aronson KR, Perkins DF, Morgan NR, et al. The Impact of Adverse Childhood Experiences (ACEs) and Combat Exposure on Mental Health Conditions Among New Post-9/11 Veterans. *Psychological Trauma: Theory, Research, Practice & Policy*. 2020;12(7):698-706.
314. Scoglio AAJ, Molnar BE, Lincoln AK, et al. Social support over time for men and women veterans with and without complex trauma histories. *Psychological services*. 2023;20(3):516-524.
315. McCall JD, Tsai J. Characteristics and Health Needs of Veterans in Jails and Prisons: What We Know and Do Not Know about Incarcerated Women Veterans. *Women's Health Issues*. 2018;28(2):172-180.
316. Narain K, Jeffers KS, Bean-Mayberry B, et al. The Association of Food Insufficiency with Patient Activation Among Women Veterans Using Veterans Administration Healthcare: a Cross-Sectional Analysis. *J Gen Intern Med*. 2018;33(9):1417-1418.
317. Hill BJ, Bouris A, Barnett JT, Walker D. Fit to Serve? Exploring Mental and Physical Health and Well-Being among Transgender Active-Duty Service Members and Veterans in the U.S. Military. *Transgender Health*. 2016;1(1):4-11.
318. Carter A, Borrero S, Wessel C, et al. Racial and Ethnic Health Care Disparities Among Women in the Veterans Affairs Healthcare System: A Systematic Review. *Women's Health Issues*. 2016;26(4):401-409.
319. Hawkins BL, Crowe BM. Contextual Facilitators and Barriers of Community Reintegration Among Injured Female Military Veterans: A Qualitative Study. *Archives of Physical Medicine & Rehabilitation*. 2018;99:S65-S71.
320. Krengel M, Sullivan K, Heboyan V, et al. Neurotoxicant exposures and rates of Chronic Multisymptom Illness and Kansas Gulf War Illness criteria in Gulf War deployed women veterans. *Life Sciences*. 2021;280.
321. Shinawi MS, Alpern R, Toomey R, et al. Birth Defects Among 788 Children Born to Gulf War Veterans Based on Physical Examination. *Journal of Occupational & Environmental Medicine*. 2019;61(4):263-270.
322. Barth SK, Kang HK, Bullman T. All-CauseMortality Among US Veterans of the Persian Gulf War: 13-Year Follow-up. *Public Health Reports*. 2016;131(6):822-830.
323. Sullivan K, Krengel M, Heboyan V, et al. Prevalence and Patterns of Symptoms Among Female Veterans of the 1991 Gulf War Era: 25 Years Later. *Journal of Women's Health (15409996)*. 2020;29(6):819-826.

324. Mancuso AC, Mengeling MA, Holcombe A, Ryan GL. Lifetime infertility and environmental, chemical, and hazardous exposures among female and male US veterans. *American Journal of Obstetrics & Gynecology*. 2022;227(5):744.e1-744.e12.
325. Dursa EK, Barth SK, Porter BW, Schneiderman AI. Health Status of Female and Male Gulf War and Gulf Era Veterans: A Population-Based Study. *Women's Health Issues*. 2019;29:S39-S46.
326. Services VsAaA. H.R.3967 - Honoring our PACT Act of 2022. 2022.
327. Frayne SM PC, Saechao F, Maisel NC, Friedman SA, Finlay A, Berg E, Balasubramanian V, Dally SK, Ananth L, Romodan Y, Lee J, Iqbal S, Hayes PM, Zephyrin L, Whitehead A, Torgal A, Katon JG, Haskell S. Sourcebook: Women Veterans in the Veterans Health Administration. Volume 3: Sociodemographics, Utilization, Costs of Care, and Health Profile. US Department of Veterans Affairs; 2014.
328. Goldstein K. Examining Sex/Gender Differences in Veterans Affairs Research. *Women's Health Issues*. 2019;29:S1-S130.
329. Hoffmire CA, Denneson LM, Monteith LL, et al. Accelerating Research on Suicide Risk and Prevention in Women Veterans Through Research-Operations Partnerships. *Med Care*. 2021;59:S11-S16.
330. Hamilton AB, Schwarz EB, Thomas HN, Goldstein KM. Moving Women Veterans' Health Research Forward: a Special Supplement. *J Gen Intern Med*. 2022;37(Suppl 3):665-667.
331. Meffert BN, Morabito DM, Sawicki DA, et al. US Veterans Who Do and Do Not Utilize Veterans Affairs Health Care Services: Demographic, Military, Medical, and Psychosocial Characteristics. *Prim Care Companion CNS Disord*. 2019;21(1).
332. Oxman MN, Levin MJ, Johnson GR, et al. A vaccine to prevent herpes zoster and postherpetic neuralgia in older adults. *N Engl J Med*. 2005;352(22):2271-84.
333. House TW. The White House Initiative on Women's Health Research. 2024.
334. Webermann AR, Relyea MR, Portnoy GA, et al. The Role of Unit and Interpersonal Support in Military Sexual Trauma and Posttraumatic Stress Disorder Symptoms. *Journal of Interpersonal Violence*. 2023;38(15/16):9514-9535.
335. Higgins DM, Han L, Kerns RD, et al. Risk Factors Associated with Healthcare Utilization for Spine Pain. *Pain Medicine*. 2022;23(8):1423-1433.
336. Kroll-Desrosiers A, Kinney RL, Marteeny V, Mattocks KM. Exploring the Acceptability of Expanded Perinatal Depression Care Practices Among Women Veterans. *JGIM: Journal of General Internal Medicine*. 2022;37:762-769.
337. Quinn DA, Sileanu FE, Borrero S, Callegari LS. Reproductive health services: A missed opportunity in VA primary care? *Contraception*. 2023;120.
338. Callegari LS, Mahorter SS, Benson SK, et al. Perceived Contraceptive Counseling Quality Among Veterans Using VA Primary Care: Data from the ECUUN Study. *JGIM: Journal of General Internal Medicine*. 2022;37:698-705.
339. Domecq JP, Prutsky G, Elraiyah T, et al. Patient engagement in research: a systematic review. *BMC Health Serv Res*. 2014;14:89.
340. O'Mara-Eves A, Brunton G, Oliver S, et al. The effectiveness of community engagement in public health interventions for disadvantaged groups: a meta-analysis. *BMC Public Health*. 2015;15:129.
341. Affairs USDoV. Growing Rural Outreach through Veteran Engagement (GROVE). Vol. 2024.
342. Acierno R, Jaffe AE, Gilmore AK, et al. A randomized clinical trial of in-person vs. home-based telemedicine delivery of Prolonged Exposure for PTSD in military sexual trauma survivors. *Journal of Anxiety Disorders*. 2021;83.

343. Castillo DT, Chee CL, Nason E, et al. Group-Delivered Cognitive/Exposure Therapy for PTSD in Women Veterans: A Randomized Controlled Trial. *Psychological Trauma: Theory, Research, Practice & Policy*. 2016;8(3):404-412.
344. Creech SK, Pulverman CS, Kahler CW, et al. Computerized Intervention in Primary Care for Women Veterans with Sexual Assault Histories and Psychosocial Health Risks: a Randomized Clinical Trial. *JGIM: Journal of General Internal Medicine*. 2022;37(5):1097-1107.
345. Gobin RL, Strauss JL, Golshan S, et al. Gender Differences in Response to Acceptance and Commitment Therapy Among Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn Veterans. *Women's Health Issues*. 2019;29(3):267-273.
346. Kelly U, Haywood T, Segell E, Higgins M. Trauma-Sensitive Yoga for Post-Traumatic Stress Disorder in Women Veterans who Experienced Military Sexual Trauma: Interim Results from a Randomized Controlled Trial. *Journal of Alternative & Complementary Medicine*. 2021;27:S-45.
347. Lehavot K, Millard SP, Thomas RM, et al. A randomized trial of an online, coach-assisted self-management PTSD intervention tailored for women veterans. *J Consult Clin Psychol*. 2021;89(2):134-141.
348. Lopez CM, Gilmore AK, Brown WJ, et al. Effects of Emotion Dysregulation on Post-treatment Post-traumatic Stress Disorder and Depressive Symptoms Among Women Veterans With Military Sexual Trauma. *Journal of Interpersonal Violence*. 2022;37(15/16):NP13143-NP13161.
349. Martin JL, Carlson GC, Kelly MR, et al. Novel treatment based on acceptance and commitment therapy versus cognitive behavioral therapy for insomnia: A randomized comparative effectiveness trial in women veterans. *J Consult Clin Psychol*. 2023.
350. Murdoch M, Clothier BA, Kehle-Forbes S, et al. Impact of different cover letter information and incentives on Veterans' emotional responses to an unsolicited mailed survey about military traumas: a randomized, 3x2x2 factorial trial. *BMC Medical Research Methodology*. 2022;22(1):308-308.
351. Thompson-Hollands J, Lunney CA, Sloan DM, et al. Treatment length and symptom improvement in prolonged exposure and present-centered therapy for posttraumatic stress disorder: Comparing dose-response and good-enough level models in two manualized interventions. *J Consult Clin Psychol*. 2023;91(10):596-605.
352. Zaccari B, Loftis JM, Haywood T, et al. Synchronous Telehealth Yoga and Cognitive Processing Group Therapies for Women Veterans with Posttraumatic Stress Disorder: A Multisite Randomized Controlled Trial Adapted for COVID-19. *Telemedicine journal and e-health : the official journal of the American Telemedicine Association*. 2022.
353. Najavits LM, Enggasser J, Brief D, Federman E. A randomized controlled trial of a gender-focused addiction model versus 12-step facilitation for women veterans. *American Journal on Addictions*. 2018;27(3):210-216.
354. Bauer A, Amspoker AB, Fletcher TL, et al. A Resource Building Virtual Care Programme: improving symptoms and social functioning among female and male rural veterans. *Eur J Psychotraumatol*. 2021;12(1):1860357.
355. Green JD, Annunziata A, Kleiman SE, et al. Examining the diagnostic utility of the DSM-5 PTSD symptoms among male and female returning veterans. *Depression & Anxiety (1091-4269)*. 2017;34(8):752-760.
356. Laws HB, Glynn SM, McCutcheon SJ, et al. Posttraumatic stress symptom change after family involvement in veterans' mental health care. *Psychological services*. 2018;15(4):520-528.

357. Menefee DS, Leopoulos WS, Tran JK, et al. Inpatient Trauma-Focused Treatment for Veterans: Implementation and Evaluation of Patient Perceptions and Outcomes of an Integrated Evidence-Based Treatment Approach. *Military Medicine*. 2016;181(11):e1590-e1599.
358. Mengeling MA, Torner JC, Smith JL, et al. Online Screening and Personalized Education to Identify Post-Deployment Mental Health Need and Facilitate Access to Care. *Military medicine*. 2022.
359. Pebole MM, VanVoorhees EE, Chaudhry N, et al. Patient-centered behavioral services for women veterans with mental health conditions. *Translational Behavioral Medicine*. 2021;11(9):1676-1681.
360. Stefanovics EA, Rosenheck RA. Gender Differences in Outcomes Following Specialized Intensive PTSD Treatment in the Veterans Health Administration. *Psychological Trauma: Theory, Research, Practice & Policy*. 2020;12(3):272-280.
361. Berg KM, Smith SS, Cook JW, et al. Identifying Opportunities to Improve Smoking Cessation Among Women Veterans at a Veterans Hospital. *Military Medicine*. 2016;181(10):1340-1347.
362. Timko C, Hoggatt KJ, Wu FM, et al. Substance Use Disorder Treatment Services for Women in the Veterans Health Administration. *Women's Health Issues*. 2017;27(6):639-645.
363. Dichter ME, Iverson KM, Montgomery AE, Sorrentino A. Clinical Response to Positive Screens for Intimate Partner Violence in the Veterans Health Administration: Findings from Review of Medical Records. *Journal of Aggression, Maltreatment & Trauma*. 2023;32(7/8):1005-1021.
364. Portnoy GA, Iverson KM, Haskell SG, et al. A Multisite Quality Improvement Initiative to Enhance the Adoption of Screening Practices for Intimate Partner Violence Into Routine Primary Care for Women Veterans. *Public Health Reports*. 2021;136(1):52-60.
365. Kumpula MJ, Wagner HR, Dedert EA, et al. An Evaluation of the Effectiveness of Evidence-Based Psychotherapies for Depression to Reduce Suicidal Ideation among Male and Female Veterans. *Women's Health Issues*. 2019;29:S103-S111.
366. Gisseman J, Fletcher T, Schmolze A, et al. Depression Screening During Pregnancy: Compliance and Effectiveness in a Military Population. *Military Medicine*. 2021;186(9/10):e951-e955.
367. Batch BC, Goldstein K, Yancy WS, et al. Outcome by Gender in the Veterans Health Administration Motivating Overweight/Obese Veterans Everywhere Weight Management Program. *Journal of Women's Health (15409996)*. 2018;27(1):32-39.
368. Combellick JL, Bastian LA, Altemus M, et al. Severe Maternal Morbidity Among a Cohort of Post-9/11 Women Veterans. *Journal of Women's Health (15409996)*. 2020;29(4):577-584.
369. Avery TJ, Schulz-Heik RJ, Friedman M, et al. Clinical yoga program utilization in a large health care system. *Psychological services*. 2021;18(3):389-397.
370. Okvat HA, Davis MC, Mistretta EG, Mardian AS. Mindfulness-based training for women veterans with chronic pain: A retrospective study. *Psychological services*. 2022;19:106-119.
371. Baier Manwell L, McNeil M, Gerber MR, et al. Mini-Residencies to Improve Care for Women Veterans: A Decade of Re-Educating Veterans Health Administration Primary Care Providers. *Journal of Women's Health (15409996)*. 2022;31(7):991-1002.
372. Moreau JL, Dyer KE, Hamilton AB, et al. Women Veterans' Perspectives on How to Make Veterans Affairs Healthcare Settings More Welcoming to Women. *Women's Health Issues*. 2020;30(4):299-305.
373. Rose DE, Oishi SM, Farmer MM, et al. Association Between Availability of Women's Health Services and Women Veterans' Care Experiences. *Women's Health Issues*. 2022;32(6):623-632.
374. Liu Y, Collins C, Wang K, et al. The prevalence and trend of depression among veterans in the United States. *Journal of Affective Disorders*. 2019;245:724-727.

375. Sairsingh H, Solomon P, Helstrom A, Treglia D. Depression in Female Veterans Returning from Deployment: The Role of Social Factors. *Military Medicine*. 2018;183(3/4):e133-e139.
376. Anderson GM, Ramsey CM, Lynch KG, et al. Baseline platelet serotonin in a multi-site treatment study of depression in veterans administration patients: Distribution and effects of demographic variables and serotonin reuptake inhibitors. *Journal of Affective Disorders*. 2023;327:368-377.
377. Thomas KH, Albright DL, Shields MM, et al. Predictors of Depression Diagnoses and Symptoms in United States Female Veterans: Results from a National Survey and Implications for Programming. *Journal of Military & Veterans' Health*. 2016;24(3):6-16.
378. Borowski S, Smith BN, McClendon J, Vogt D. Work-family conflict and subsequent depressive symptoms among war-exposed post-9/11 U.S. military Veterans. *Journal of Military, Veteran & Family Health*. 2021;7:58-68.
379. Curry JF, Shepherd-Banigan M, Van Voorhees E, et al. Sex differences in predictors of recurrent major depression among current-era military veterans. *Psychological services*. 2021;18(2):275-284.
380. Breland JY, Donalson R, Nevedal A, et al. Military experience can influence Women's eating habits. *Appetite*. 2017;118:161-167.
381. Vaught AS, Piazza V, Raines AM. Prevalence of eating disorders and comorbid psychopathology in a US sample of treatment-seeking veterans. *International Journal of Eating Disorders*. 2021;54(11):2009-2014.
382. Buchholz LJ, King PR, Wray LO. Rates and correlates of disordered eating among women veterans in primary care. *Eating Behaviors*. 2018;30:28-34.
383. Rosenbaum DL, Kimerling R, Pomernacki A, et al. Binge Eating among Women Veterans in Primary Care: Comorbidities and Treatment Priorities. *Women's Health Issues*. 2016;26(4):420-428.
384. Masheb RM, Ramsey CM, Marsh AG, et al. Atypical Anorexia Nervosa, not so atypical after all: Prevalence, correlates, and clinical severity among United States military Veterans. *Eating Behaviors*. 2021;41:N.PAG-N.PAG.
385. Masheb RM, Ramsey CM, Marsh AG, et al. DSM-5 eating disorder prevalence, gender differences, and mental health associations in United States military veterans. *International Journal of Eating Disorders*. 2021;54(7):1171-1180.
386. Slane JD, Levine MD, Borrero S, et al. Eating Behaviors: Prevalence, Psychiatric Comorbidity, and Associations With Body Mass Index Among Male and Female Iraq and Afghanistan Veterans. *Military Medicine*. 2016;181(11):e1650-e1656.
387. Krupp MB, King PR, Wade M, Buchholz LJ. Health service utilization among women veterans who report eating disorder symptoms. *International Journal of Eating Disorders*. 2023;56(8):1593-1602.
388. Sienkiewicz ME, Iverson KM, Smith BN, Mitchell KS. Associations between eating disorder symptoms, employment status, and occupational functioning among female veterans. *Eating Behaviors*. 2021;42:N.PAG-N.PAG.
389. Huston JC, Iverson KM, Mitchell KS. Associations between healthcare use and disordered eating among female veterans. *International Journal of Eating Disorders*. 2018;51(8):978-983.
390. Breland JY, Donalson R, Yongmei L, et al. Military sexual trauma is associated with eating disorders, while combat exposure is not. *Psychological Trauma: Theory, Research, Practice & Policy*. 2018;10(3):276-281.
391. Zelkowitz RL, Sienkiewicz ME, Vogt DS, et al. Gender differences in direct and indirect associations of trauma types with disordered eating in a national U.S. veteran sample. *Psychological trauma : theory, research, practice and policy*. 2022.

392. Arditte Hall KA, Bartlett BA, Iverson KM, Mitchell KS. Eating disorder symptoms in female veterans: The role of childhood, adult, and military trauma exposure. *Psychological Trauma: Theory, Research, Practice & Policy*. 2018;10(3):345-351.
393. Mitchell KS, Sienkiewicz M, Smith BN, et al. Associations between probable eating disorders and healthcare use among post-9/11 veteran men and women. *Journal of Psychosomatic Research*. 2022;157:N.PAG-N.PAG.
394. Serier KN, Smith BN, Cooper Z, et al. Disordered eating in sexual minority post-9/11 United States veterans. *International Journal of Eating Disorders*. 2022;55(4):470-480.
395. Ziobrowski H, Sartor CE, Tsai J, Pietrzak RH. Gender differences in mental and physical health conditions in U.S. veterans: Results from the National Health and Resilience in Veterans Study. *Journal of Psychosomatic Research*. 2017;101:110-113.
396. Brown GR, Jones KT. Mental Health and Medical Health Disparities in 5135 Transgender Veterans Receiving Healthcare in the Veterans Health Administration: A Case-Control Study. *LGBT health*. 2016;3(2):122-131.
397. Fitzke RE, Bouskill KE, Sedano A, et al. Barriers and Facilitators to Behavioral Healthcare for Women Veterans: a Mixed-Methods Analysis of the Current Landscape. *The journal of behavioral health services & research*. 2023.
398. Ingelse K, Messecar D. Rural Women Veterans' Use and Perception of Mental Health Services. *Archives of Psychiatric Nursing*. 2016;30(2):244-248.
399. Rossi FS, Javier SJ, Kimerling R. An Examination of the Association Between Patient Experience and Quality of Mental Health Care Among Women Veterans. *Administration and policy in mental health*. 2021;48(1):61-69.
400. Brunner J, Schweizer CA, Canelo IA, et al. Timely access to mental health care among women veterans. *Psychological services*. 2019;16(3):498-503.
401. Lindsay JA, Caloudas A, Hogan J, et al. Getting Connected: a Retrospective Cohort Investigation of Video-to-Home Telehealth for Mental Health Care Utilization Among Women Veterans. *JGIM: Journal of General Internal Medicine*. 2022;37:778-785.
402. Williston SK, Bramande EA, Vogt DS, et al. An Examination of the Roles of Mental Health Literacy, Treatment-Seeking Stigma, and Perceived Need for Care in Female Veterans' Service Use. *Psychiatric Services*. 2020;71(2):144-150.
403. Lilienthal KR, Buchholz LJ, King PR, et al. Mental health measurement among women veterans receiving co-located, collaborative care services. *Psychology, Health & Medicine*. 2017;22(10):1192-1202.
404. Kimerling R, Pavao J, Wong A. Patient Activation and Mental Health Care Experiences Among Women Veterans. *Administration and policy in mental health*. 2016;43(4):506-513.
405. Tsai J, Hoff RA, Harpaz-Rotem I. One-year incidence and predictors of homelessness among 300,000 U.S. Veterans seen in specialty mental health care. *Psychological services*. 2017;14(2):203-207.
406. Fischer EP, Curran GM, Fortney JC, et al. Impact of Attitudes and Rurality on Veterans' Use of Veterans Health Administration Mental Health Services. *Psychiatric Services*. 2021;72(5):521-529.
407. Harper KL, Thompson-Hollands J, Keane TM, Marx BP. Mental health treatment utilization and relationship functioning among male and female OEF/OIF veterans. *Psychological services*. 2022;19(3):597-603.
408. Kotzias V, Engel CC, Ramchand R, et al. Mental Health Service Preferences and Utilization Among Women Veterans in Crisis: Perspectives of Veterans Crisis Line Responders. *Journal of Behavioral Health Services & Research*. 2019;46(1):29-42.

409. Sayer NA, Orazem RJ, Mitchell LL, et al. What the public should know about veterans returning from combat deployment to support reintegration: A qualitative analysis. *American Journal of Orthopsychiatry*. 2021;91(3):398-406.
410. Breland JY, Frayne SM, Timko C, et al. Mental Health and Obesity Among Veterans: A Possible Need for Integrated Care. *Psychiatric Services*. 2020;71(5):506-509.
411. Wilson SM, Burroughs TK, Newins AR, et al. The Association Between Alcohol Consumption, Lifetime Alcohol Use Disorder, and Psychiatric Distress Among Male and Female Veterans. *Journal of Studies on Alcohol & Drugs*. 2018;79(4):591-600.
412. Desai A, Holliday R, Borges LM. Racial, ethnic, and sex differences in psychiatric diagnosis, mental health sequelae, and VHA service utilization among justice-involved veterans. *Law and human behavior*. 2023;47(1):260-274.
413. Ramsey C, Dziura J, Justice AC, et al. Incidence of Mental Health Diagnoses in Veterans of Operations Iraqi Freedom, Enduring Freedom, and New Dawn, 2001-2014. *American Journal of Public Health*. 2017;107(2):329-335.
414. Merians AN, Gross G, Spoont MR, et al. Racial and ethnic mental health disparities in U.S. Military Veterans: Results from the National Health and Resilience in Veterans Study. *Journal of Psychiatric Research*. 2023;161:71-76.
415. Blosnich JR, Marsiglio MC, Gao S, et al. Mental Health of Transgender Veterans in US States With and Without Discrimination and Hate Crime Legal Protection. *American Journal of Public Health*. 2016;106(3):534-540.
416. Smith BN, Spiro A, Frayne SM, et al. Impact of Wartime Stress Exposures and Mental Health on Later-Life Functioning and Disability in Vietnam-Era Women Veterans: Findings From the Health of Vietnam-Era Women's Study. *Psychosomatic Medicine*. 2020;82(2):147-157.
417. Maiocco G, Smith MJ. The Experience of Women Veterans Coming Back from War. *Archives of Psychiatric Nursing*. 2016;30(3):393-399.
418. Pless Kaiser A, Wang J, Davison EH, et al. Stressful and positive experiences of women who served in Vietnam. *Journal of Women & Aging*. 2017;29(1):26-38.
419. Quinn DA, Hollis BF, Dichter ME, Blosnich JR. Recent and Frequent Mental Distress Among Women with a History of Military Service, 2003-2019. *The journal of behavioral health services & research*. 2023;50(1):119-127.
420. Albright DL, Hendricks Thomas K, McDaniel J, et al. When women veterans return: The role of postsecondary education in transition in their civilian lives. *Journal of American College Health*. 2019;67(5):479-485.
421. Vanneman ME, Harris AHS, Chen C, et al. Postdeployment Behavioral Health Screens and Linkage to the Veterans Health Administration for Army Reserve Component Members. *Psychiatric Services*. 2017;68(8):803-809.
422. Scoglio AAJ, Shirk SD, Hoff RA, et al. Gender-Specific Risk Factors for Psychopathology and Reduced Functioning in a Post-9/11 Veteran Sample. *Journal of Interpersonal Violence*. 2021;36(3/4):NP1359-1374NP.
423. Muralidharan A, Austern D, Hack S, Vogt D. Deployment Experiences, Social Support, and Mental Health: Comparison of Black, White, and Hispanic U.S. Veterans Deployed to Afghanistan and Iraq. *Journal of Traumatic Stress*. 2016;29(3):273-278.
424. Lawrence KA, Vogt D, Dugan AJ, et al. Mental health and psychosocial functioning in recently separated U.S. women veterans: Trajectories and bi-directional relationships. *International Journal of Environmental Research and Public Health*. 2021;18(3):1-15.
425. Adams RE, Hu Y, Figley CR, et al. Risk and protective factors associated with mental health among female military veterans: results from the veterans' health study. *BMC Women's Health*. 2021;21(1):1-10.

426. Creech SK, Zlotnick C, Swift R, et al. Combat exposure, mental health, and relationship functioning among women veterans of the Afghanistan and Iraq wars. *Journal of Family Psychology*. 2016;30(1):43-51.
427. Lehavot K, Beckman KL, Chen JA, et al. Race/Ethnicity and Sexual Orientation Disparities in Mental Health, Sexism, and Social Support among Women Veterans. *Psychol Sex Orientat Gend Divers*. 2019;6(3):347-358.
428. Lehavot K, Beaver K, Rhew I, et al. Disparities in Mental Health and Health Risk Behaviors for LGBT Veteran Subgroups in a National U.S. Survey. *LGBT Health*. 2022;9(8):543-554.
429. Hamrick HC, Ehlke SJ, Davies RL, et al. Moral Injury as a Mediator of the Associations Between Sexual Harassment and Mental Health Symptoms and Substance Use Among Women Veterans. *Journal of Interpersonal Violence*. 2022;37(11/12):NP10007-NP10035.
430. Ranney RM, Maguen S, Bernhard PA, et al. Moral injury and chronic pain in veterans. *Journal of Psychiatric Research*. 2022;155:104-111.
431. Maguen S, Griffin BJ, Copeland LA, et al. Gender differences in prevalence and outcomes of exposure to potentially morally injurious events among post-9/11 veterans. *Journal of Psychiatric Research*. 2020;130:97-103.
432. Kehle-Forbes SM, Gerould H, Polusny MA, et al. "It leaves me very skeptical" messaging in marketing prolonged exposure and cognitive processing therapy to veterans with PTSD. *Psychological trauma : theory, research, practice and policy*. 2022;14(5):849-852.
433. Wilson SR, Hintz EA, MacDermid Wadsworth SM, et al. Female U.S. Military Veterans' (Non)Disclosure of Mental Health Issues with Family and Friends: Privacy Rules and Boundary Management. *Health Communication*. 2021;36(4):412-423.
434. Kehle-Forbes SM, Harwood EM, Spoont MR, et al. Experiences with VHA care: a qualitative study of U.S. women veterans with self-reported trauma histories. *BMC Women's Health*. 2017;17:1-8.
435. Haun JN, Duffy A, Lind JD, et al. Qualitative Inquiry Explores Health-Related Quality of Life of Female Veterans With Post-Traumatic Stress Disorder. *Military Medicine*. 2016;181(11):e1470-e1475.
436. Krupnick JL. Gender Differences in Trauma Types and Themes in Veterans with Posttraumatic Stress Disorder. *Journal of Loss & Trauma*. 2017;22(6):514-525.
437. Valenstein-Mah H, Kehle-Forbes S, Nelson D, et al. Gender Differences in Rates and Predictors of Individual Psychotherapy Initiation and Completion Among Veterans Health Administration Users Recently Diagnosed With PTSD. *Psychological Trauma: Theory, Research, Practice & Policy*. 2019;11(8):811-819.
438. Farmer CC, Rossi FS, Michael EM, Kimerling R. Psychotherapy Utilization, Preferences, and Retention among Women Veterans with Post-traumatic Stress Disorder. *Women's Health Issues*. 2020;30(5):366-373.
439. Lehavot K, Litz B, Millard SP, et al. Study adaptation, design, and methods of a web-based PTSD intervention for women Veterans. *Contemporary Clinical Trials*. 2017;53:68-79.
440. Murdoch M, Kehle-Forbes S, Spoont M, et al. Changes in Post-traumatic Stress Disorder Service Connection Among Veterans Under Age 55: An 18-Year Ecological Cohort Study. *Military Medicine*. 2019;184(11/12):715-722.
441. Hadlandsmyth K, Bernardy NC, Lund BC. Gender differences in medication prescribing patterns for veterans with posttraumatic stress disorder: A 10-year follow-up study. *Journal of Traumatic Stress*. 2022;35(6):1586-1597.
442. Wisco BE, Marx BP, Miller MW, et al. Probable posttraumatic stress disorder in the US veteran population according to DSM-5: Results from the national health and resilience in veterans study. *Journal of Clinical Psychiatry*. 2016;77(11):1503-1510.

443. Davin KR, Dardis CM, Barth MR, Iverson KM. Prospective mental health effects of intimate partner stalking among women veterans. *Psychological trauma : theory, research, practice and policy*. 2022;14(5):751-758.
444. Webermann AR, Gianoli MO, Rosen MI, et al. Military sexual trauma-related posttraumatic stress disorder service-connection award denial across gender and race. 2023.
445. Moye J, Kaiser AP, Cook J, Pietrzak RH. Post-traumatic Stress Disorder in Older U.S. Military Veterans: Prevalence, Characteristics, and Psychiatric and Functional Burden. *American Journal of Geriatric Psychiatry*. 2022;30(5):606-618.
446. Schnurr PP, Lunney CA. Residual symptoms following prolonged exposure and present-centered therapy for PTSD in female veterans and soldiers. *Depression & Anxiety (1091-4269)*. 2019;36(2):162-169.
447. Andresen FJ, Monteith LL, Kugler J, et al. Institutional betrayal following military sexual trauma is associated with more severe depression and specific posttraumatic stress disorder symptom clusters. *Journal of clinical psychology*. 2019;75(7):1305-1319.
448. Stainbrook K, Hartwell S, James A. Female Veterans in Jail Diversion Programs: Differences From and Similarities to Their Male Peers. *Psychiatric Services*. 2016;67(1):133-136.
449. Tsai J, Pietrzak RH, Hoff RA, Harpaz-Rotem I. Accuracy of screening for posttraumatic stress disorder in specialty mental health clinics in the U.S. Veterans Affairs Healthcare System. *Psychiatry Research*. 2016;240:157-162.
450. Murdoch M, Spoont MR, Kehle-Forbes SM, et al. Persistent Serious Mental Illness Among Former Applicants for VA PTSD Disability Benefits and Long-Term Outcomes: Symptoms, Functioning, and Employment. *Journal of Traumatic Stress*. 2017;30(1):36-44.
451. McClendon J, Perkins D, Copeland LA, et al. Patterns and correlates of racial/ethnic disparities in posttraumatic stress disorder screening among recently separated veterans. *Journal of Anxiety Disorders*. 2019;68.
452. Shipherd JC, Lynch K, Gatsby E, et al. Estimating Prevalence of PTSD Among Veterans With Minoritized Sexual Orientations Using Electronic Health Record Data. *J Consult Clin Psychol*. 2021;89(10):856-868.
453. Shastry N, Sultana E, Jeffrey M, et al. The impact of post-traumatic stress on quality of life and fatigue in women with Gulf War Illness. *BMC psychology*. 2022;10(1):42.
454. James LM, Georgopoulos AP. Immunogenetics of posttraumatic stress disorder (PTSD) in women veterans. *Brain, Behavior, and Immunity - Health*. 2022;26.
455. Kimbrel NA, Thomas SP, Hicks TA, et al. Wall/Object Punching: An Important but Under-Recognized Form of Nonsuicidal Self-Injury. *Suicide & Life-Threatening Behavior*. 2018;48(5):501-511.
456. Schnurr PP, Lunney CA. SYMPTOM BENCHMARKS OF IMPROVED QUALITY OF LIFE IN PTSD. *Depression & Anxiety (1091-4269)*. 2016;33(3):247-255.
457. Maguen S, Holder N, Li Y, et al. Factors associated with PTSD symptom improvement among Iraq and Afghanistan veterans receiving evidenced-based psychotherapy. *Journal of Affective Disorders*. 2020;273:1-7.
458. Vogt D, King MW, Borowski S, et al. Identifying factors that contribute to military veterans' post-military well-being. *Applied psychology. Health and well-being*. 2021;13(2):341-356.
459. Shiner B, Leonard Westgate C, Harik JM, et al. Effect of Patient-Therapist Gender Match on Psychotherapy Retention Among United States Veterans with Posttraumatic Stress Disorder. *Administration and policy in mental health*. 2017;44(5):642-650.
460. Lehavot K, Goldberg SB, Chen JA, et al. Do trauma type, stressful life events, and social support explain women veterans' high prevalence of PTSD? *Social Psychiatry & Psychiatric Epidemiology*. 2018;53(9):943-953.

461. Lehavot K, Katon JG, Chen JA, et al. Post-traumatic Stress Disorder by Gender and Veteran Status. *American Journal of Preventive Medicine*. 2018;54(1):e1-e9.
462. James LM, Leuthold AF, Georgopoulos AP. Classification of posttraumatic stress disorder and related outcomes in women veterans using magnetoencephalography. *Experimental Brain Research*. 2022;240(4):1117-1125.
463. Stefanovics EA, Rosenheck RA. Comparing Outcomes of Women-Only and Mixed-Gender Intensive Posttraumatic Stress Disorder Treatment for Female Veterans. *Journal of Traumatic Stress*. 2019;32(4):606-615.
464. Harper KL, Vogt D, Fox A, et al. The Role of PTSD Symptom Severity and Relationship Functioning in Male and Female Veterans' Mental Health Service Use. *Psychological Trauma: Theory, Research, Practice & Policy*. 2023;15(4):690-696.
465. Christ NM, Blain RC, Pukay-Martin ND, et al. Comparing Veterans with Posttraumatic Stress Disorder Related to Military Sexual Trauma or Other Trauma Types: Baseline Characteristics and Residential Cognitive Processing Therapy Outcomes. *Journal of Interpersonal Violence*. 2022;37(21/22):NP20701-NP20723.
466. Rosen CS, Bernardy NC, Chard KM, et al. Which patients initiate cognitive processing therapy and prolonged exposure in department of veterans affairs PTSD clinics? *Journal of Anxiety Disorders*. 2019;62:53-60.
467. Shapiro MO, Short NA, Raines AM, et al. Pain and posttraumatic stress: Associations among women veterans with a history of military sexual trauma. *Psychological trauma : theory, research, practice and policy*. 2022.
468. Wolf EJ, Lunney CA, Schnurr PP. The Influence of the Dissociative Subtype of Posttraumatic Stress Disorder on Treatment Efficacy in Female Veterans and Active Duty Service Members. *J Consult Clin Psychol*. 2016;84(1):95-100.
469. Miles SR, Menefee DS, Wanner J, et al. The Relationship Between Emotion Dysregulation and Impulsive Aggression in Veterans With Posttraumatic Stress Disorder Symptoms. *Journal of Interpersonal Violence*. 2016;31(10):1795-1816.
470. Buta E, Masheb R, Gueorguieva R, et al. Posttraumatic stress disorder diagnosis and gender are associated with accelerated weight gain trajectories in veterans during the post-deployment period. *Eating Behaviors*. 2018;29:8-13.
471. Smith BN, Wang JM, Vaughn-Coaxum RA, et al. The role of postdeployment social factors in linking deployment experiences and current posttraumatic stress disorder symptomatology among male and female veterans. *Anxiety, Stress & Coping*. 2017;30(1):39-51.
472. Zelkowitz RL, Archibald EA, Gradus JL, Street AE. Postdeployment Mental Health Concerns and Family Functioning in Veteran Men and Women. *Psychological Trauma: Theory, Research, Practice & Policy*. 2023;15(4):705-714.
473. Meyer EC, Konecky B, Kimbrel NA, et al. Gender differences in associations between DSM-5 posttraumatic stress disorder symptom clusters and functional impairment in war veterans. *Psychological services*. 2018;15(2):230-237.
474. Vogt D, Smith BN, Fox AB, et al. Consequences of PTSD for the work and family quality of life of female and male U.S. Afghanistan and Iraq War veterans. *Social psychiatry and psychiatric epidemiology*. 2017;52(3):341-352.
475. Burg MM, Brandt C, Buta E, et al. Risk for Incident Hypertension Associated With Posttraumatic Stress Disorder in Military Veterans and the Effect of Posttraumatic Stress Disorder Treatment. *Psychosomatic Medicine*. 2017;79(2):181-188.
476. Janke-Stedronsky SR, Greenawalt DS, Stock EM, et al. Association of parental status and diagnosis of posttraumatic stress disorder among veterans of Operations Iraqi and Enduring Freedom. *Psychological trauma : theory, research, practice and policy*. 2016;8(1):72-79.

477. McClendon J, Kressin N, Perkins D, et al. The Impact of Discriminatory Stress on Changes in Posttraumatic Stress Severity at the Intersection of Race/Ethnicity and Gender. *Journal of Trauma & Dissociation*. 2021;22(2):170-187.
478. Ceja A, Yalch MM, Maguen S. Posttraumatic stress disorder symptom expression in racially and ethnically diverse women veterans. *Psychiatry Research*. 2022;309.
479. Koo KH, Hebenstreit CL, Madden E, Maguen S. PTSD detection and symptom presentation: Racial/ethnic differences by gender among veterans with PTSD returning from Iraq and Afghanistan. *Journal of Affective Disorders*. 2016;189:10-16.
480. Caska-Wallace CM, Katon JG, Lehavot K, et al. Posttraumatic Stress Disorder Symptom Severity and Relationship Functioning Among Partnered Heterosexual and Lesbian Women Veterans. *LGBT health*. 2016;3(3):186-192.
481. Sripada RK, Hannemann CM, Schnurr PP, et al. Mental Health Service Utilization before and after Receipt of a Service-Connected Disability Award for PTSD: Findings from a National Sample. *Health Services Research*. 2018;53(6):4565-4583.
482. Benfer N, Darnell BC, Rusowicz-Orazem L, et al. An examination of the criterion-related validity of varying methods of indexing clinically significant change in posttraumatic stress disorder treatment. *Psychological trauma : theory, research, practice and policy*. 2023.
483. Reuman L, Thompson-Hollands J. Women veterans' attitudes toward family involvement in PTSD treatment: A mixed-methods examination. *Psychological services*. 2022.
484. Gros DF, Allan NP, Koscinski B, et al. Influence of comorbid social anxiety disorder in PTSD treatment outcomes for Prolonged Exposure in female military sexual trauma survivors with PTSD. *Journal of clinical psychology*. 2023;79(4):1039-1050.
485. Banducci AN, McCaughey VK, Gradus JL, Street AE. The associations between deployment experiences, PTSD, and alcohol use among male and female veterans. *Addictive Behaviors*. 2019;98:N.PAG-N.PAG.
486. Olmos-Ochoa TT, Speicher S, Ong LE, et al. Supporting Equitable Engagement and Retention of Women Patients in a Trauma-Informed Virtual Mental Health Intervention: Acceptability and Needed Adaptations. *Psychiatric Rehabilitation Journal*. 2023;46(1):26-35.
487. Goldstein LA, Dinh J, Donalson R, et al. Impact of military trauma exposures on posttraumatic stress and depression in female veterans. *Psychiatry Research*. 2017;249:281-285.
488. Lucas CL, Cederbaum JA, Kintzle S, Castro CA. An Examination of Stalking Experiences During Military Service Among Female and Male Veterans and Associations With PTSD and Depression. *Journal of Interpersonal Violence*. 2021;36(21/22):NP11894-NP11915.
489. Gross GM, Spiller TR, Carretta R, et al. Clinical outcomes of veterans affairs residential PTSD treatment for PTSD and depressive symptoms: 1-year follow-up outcomes and gender differences. *Psychological trauma : theory, research, practice and policy*. 2023.
490. Arditte Hall KA, Davison EH, Galovski TE, et al. Associations Between Trauma-Related Rumination and Symptoms of Posttraumatic Stress and Depression in Treatment-Seeking Female Veterans. *Journal of Traumatic Stress*. 2019;32(2):260-268.
491. Holliday R, Hoffmire CA, Martin WB, et al. Associations between justice involvement and PTSD and depressive symptoms, suicidal ideation, and suicide attempt among post-9/11 veterans. *Psychological trauma : theory, research, practice and policy*. 2021;13(7):730-739.
492. Welsh JA, Olson JR, Perkins DF. Gender Differences in Post-deployment Adjustment of Air Force Personnel: The Role of Wartime Experiences, Unit Cohesion, and Self-efficacy. *Military Medicine*. 2019;184(1/2):e229-e234.
493. Smith BN, Taverna EC, Fox AB, et al. The Role of PTSD, Depression, and Alcohol Misuse Symptom Severity in Linking Deployment Stressor Exposure and Post-Military Work and Family Outcomes in Male and Female Veterans. *Clin*. 2017;5(4):664-682.

494. Vogt D, Danitz SB, Fox AB, et al. Do functional impairments promote or hinder mental health treatment seeking: Differential results for women and men. *Psychiatry Research*. 2019;271:614-620.
495. Gorman KR, Kearns JC, Pantalone DW, et al. The impact of deployment-related stressors on the development of PTSD and depression among sexual minority and heterosexual female veterans. *Psychological trauma : theory, research, practice and policy*. 2022;14(5):747-750.
496. Finkelstein-Fox L, Sinnott SM, Lee SY, et al. Meaningful military engagement among male and female post-9/11 veterans: An examination of correlates and implications for resilience. *Journal of clinical psychology*. 2021;77(10):2167-2186.
497. Gutner CA, Pedersen ER, Drummond SPA. Going direct to the consumer: Examining treatment preferences for veterans with insomnia, PTSD, and depression. *Psychiatry Research*. 2018;263:108-114.
498. Sandhu D, Dougherty EN, Haedt-Matt A. PTSD symptoms as a potential mediator of associations between military sexual assault and disordered eating. *Eating Disorders*. 2023;31(3):285-299.
499. Stojek MM, Lipka J, Maples-keller JM, et al. Investigating sex differences in rates and correlates of food addiction status in women and men with ptsd. *Nutrients*. 2021;13(6).
500. Webermann AR, Dardis CM, Iverson KM. The role of general self-efficacy in intimate partner violence and symptoms of posttraumatic stress disorder among women veterans. *Journal of Traumatic Stress*. 2022;35(3):868-878.
501. C'De Baca J, Nason E, Castillo DT, et al. Examining Relationships Among Ethnicity, PTSD, Life Functioning, and Comorbidity in Female OEF/OIF Veterans. *Journal of Loss & Trauma*. 2016;21(5):350-359.
502. Williams R, Holliday R, Clem M, et al. Borderline Personality Disorder and Military Sexual Trauma: Analysis of Previous Traumatization and Current Psychiatric Presentation. *Journal of Interpersonal Violence*. 2017;32(15):2223-2236.
503. Creech SK, Benzer JK, Meyer EC, et al. Longitudinal associations in the direction and prediction of PTSD symptoms and romantic relationship impairment over one year in post 9/11 veterans: A comparison of theories and exploration of potential gender differences. *Journal of Abnormal Psychology*. 2019;128(3):245-255.
504. James LM, Leuthold AF, Georgopoulos AP. MEG neural signature of sexual trauma in women veterans with PTSD. *Experimental Brain Research*. 2022;240(7-8):2135-2142.
505. Saba SK, Davis JP, Prindle JJ, et al. Associations between symptoms of posttraumatic stress disorder, pain, and alcohol use disorder among OEF/OIF/OND veterans. *Addictive Behaviors*. 2021;122.
506. Epstein EL, Martindale SL, Workgroup VAM-AM, Miskey HM. Posttraumatic stress disorder and traumatic brain Injury: Sex differences in veterans. *Psychiatry Research*. 2019;274:105-111.
507. Jackson CE, Green JD, Bovin MJ, et al. Mild Traumatic Brain Injury, PTSD, and Psychosocial Functioning Among Male and Female U.S. OEF/OIF Veterans. *Journal of Traumatic Stress*. 2016;29(4):309-316.
508. Portnoy GA, Relyea MR, Decker S, et al. Understanding Gender Differences in Resilience Among Veterans: Trauma History and Social Ecology. *Journal of Traumatic Stress*. 2018;31(6):845-855.
509. Sexton MB, Davis MT, Bennett DC, et al. A psychometric evaluation of the Posttraumatic Cognitions Inventory with Veterans seeking treatment following military trauma exposure. *Journal of Affective Disorders*. 2018;226:232-238.

510. Schuman DL, Bricout J, Peterson HL, Barnhart S. A systematic review of the psychosocial impact of emotional numbing in US combat veterans. *Journal of clinical psychology*. 2019;75(4):644-663.
511. Trivedi RB, Post EP, Piegari R, et al. Mortality Among Veterans with Major Mental Illnesses Seen in Primary Care: Results of a National Study of Veteran Deaths. *JGIM: Journal of General Internal Medicine*. 2020;35(1):112-118.
512. Holliday R, Desai A, Edwards ER, Borges LM. Personality Disorder Diagnosis among Justice-Involved Veterans: An Investigation of VA Using Veterans. *Journal of Nervous and Mental Disease*. 2023;211(5):402-406.
513. Goodsmith N, Cohen AN, Pedersen ER, et al. Predictors of Functioning and Recovery Among Men and Women Veterans with Schizophrenia. *Community Mental Health Journal*. 2023;59(1):110-121.
514. Saldana KS, Carlson GC, Revolorio K, et al. Values Expressed by Women Veterans Receiving Treatment for Chronic Insomnia Disorder. *Behavioral sleep medicine*. 2023:1-13.
515. Carlson GC, Kelly MR, Mitchell M, et al. Benefits of Cognitive Behavioral Therapy for Insomnia for Women Veterans with and without Probable Post-Traumatic Stress Disorder. *Women's Health Issues*. 2022;32(2):194-202.
516. Jasuja GK, Reisman JI, Wiener RS, et al. Gender differences in prescribing of zolpidem in the Veterans Health Administration. *American Journal of Managed Care*. 2019;25(3):E58-E65.
517. Babson KA, Wong AC, Morabito D, Kimerling R. Insomnia symptoms among female veterans: Prevalence, risk factors, and the impact on psychosocial functioning and health care utilization. *Journal of Clinical Sleep Medicine*. 2018;14(6):931-939.
518. Martin JL, Schweizer CA, Hughes JM, et al. Estimated Prevalence of Insomnia among Women Veterans: Results of a Postal Survey. *Women's Health Issues*. 2017;27(3):366-373.
519. Culver NC, Song Y, Kate McGowan S, et al. Acceptability of Medication and Nonmedication Treatment for Insomnia Among Female Veterans: Effects of Age, Insomnia Severity, and Psychiatric Symptoms. *Clinical Therapeutics*. 2016;38(11):2373-2385.
520. Taylor KA, Mysliwiec V, Kimbrel NA, et al. Probable trauma associated sleep disorder in post-9/11 US Veterans. *Sleep Adv*. 2023;4(1):zpad001.
521. Colvonen PJ, Almklov E, Tripp JC, et al. Prevalence rates and correlates of insomnia disorder in post-9/11 veterans enrolling in VA healthcare. *Sleep*. 2020;43(12).
522. Carlson G, Kelly M, Grinberg A, et al. Trauma as an insomnia precipitating event among women Veterans. *Sleep Medicine*. 2019;64:S54-S55.
523. Kim HM, Gerlach LB, Yosef M, et al. Responsiveness of veterans affairs health care system to zolpidem safety warnings. *Journal of Clinical Sleep Medicine*. 2018;14(7):1135-1141.
524. Rosen RC, Cikesh B, Fang S, et al. Posttraumatic Stress Disorder Severity and Insomnia-Related Sleep Disturbances: Longitudinal Associations in a Large, Gender-Balanced Cohort of Combat-Exposed Veterans. *Journal of Traumatic Stress*. 2019;32(6):936-945.
525. Kim HM, Gerlach LB, Van T, et al. Predictors of long-term and high-dose use of zolpidem in veterans. *Journal of Clinical Psychiatry*. 2019;80(2).
526. Song Y, Washington DL, Yano EM, et al. Caregiving-Related Sleep Problems and Their Relationship to Mental Health and Daytime Function in Female Veterans. *Behavioral sleep medicine*. 2018;16(4):371-379.
527. Carlson GC, Kelly MR, Grinberg AM, et al. Insomnia Precipitating Events among Women Veterans: The Impact of Traumatic and Nontraumatic Events on Sleep and Mental Health Symptoms. *Behavioral sleep medicine*. 2021;19(5):672-688.

528. Mahoney CT, Shayani DR, Iverson KM. Longing for sleep after violence: The impact of PTSD symptoms, avoidance, and pain on insomnia among female veterans. *Psychiatry Research*. 2022;313.
529. Gaffey AE, Redeker NS, Rosman L, et al. The role of insomnia in the association between posttraumatic stress disorder and hypertension. *Journal of Hypertension*. 2020;38(4):641-648.
530. Webermann A, Dardis C, Shipherd J, Iverson K. A Two-Year Examination of Intimate Partner Violence and Associated Mental and Physical Health among Sexual Minority and Heterosexual Women Veterans. *Journal of Aggression, Maltreatment & Trauma*. 2023;32(7/8):1124-1141.
531. Tuepker A, Newell S, Sorrentino A, et al. High-Risk Encounters: Primary Care Experiences of Women Living with Intimate Partner Violence, and Implications for the Patient Centered Medical Home. *Journal of Aggression, Maltreatment & Trauma*. 2023;32(7/8):1041-1054.
532. Miller CJ, Stolzmann K, Dichter ME, et al. Intimate Partner Violence Screening for Women in the Veterans Health Administration: Temporal Trends from the Early Years of Implementation 2014-2020. *Journal of Aggression, Maltreatment & Trauma*. 2023;32(7/8):960-978.
533. Kim S, Currao A, Fonda JR, et al. Experience of Intimate Partner Violence and Associated Psychiatric, Neurobehavioral, and Functional Burden in Male and Female Veterans: Implications for Treatment. *Journal of Aggression, Maltreatment & Trauma*. 2023;32(7/8):1022-1040.
534. Goldstein LA, Jakubowski KP, Huang AJ, et al. Lifetime history of interpersonal partner violence is associated with insomnia among midlife women veterans. *Menopause (10723714)*. 2023;30(4):370-375.
535. Shayani DR, Danitz SB, Low SK, et al. Women Tell All: A Comparative Thematic Analysis of Women's Perspectives on Two Brief Counseling Interventions for Intimate Partner Violence. *International Journal of Environmental Research and Public Health*. 2022;19(5).
536. Iverson KM, Rossi FS, Nillni YI, et al. PTSD and Depression Symptoms Increase Women's Risk for Experiencing Future Intimate Partner Violence. *International Journal of Environmental Research and Public Health*. 2022;19(19).
537. Iverson KM, Dardis CM, Cowlishaw S, et al. Effects of Intimate Partner Violence During COVID-19 and Pandemic-Related Stress on the Mental and Physical Health of Women Veterans. *JGIM: Journal of General Internal Medicine*. 2022;37:724-733.
538. Watkins LE, Laws HB. A Dyadic Analysis of PTSD and Psychological Partner Aggression Among U.S. Iraq and Afghanistan Veterans: The Impact of Gender and Dual-Veteran Couple Status. *Journal of Interpersonal Violence*. 2021;36(5/6):2393-2408.
539. Sorrentino AE, Iverson KM, Tuepker A, et al. Mental health care in the context of intimate partner violence: Survivor perspectives. *Psychological services*. 2021;18(4):512-522.
540. Creech SK, Pulverman CS, Kroll-Desrosiers A, et al. Intimate Partner Violence Among Pregnant Veterans: Prevalence, Associated Mental Health Conditions, and Health Care Utilization. *JGIM: Journal of General Internal Medicine*. 2021;36(10):2982-2988.
541. Adjognon OL, Brady JE, Gerber MR, et al. Getting routine intimate partner violence screening right: Implementation strategies used in Veterans Health Administration (VHA) primary care. *Journal of the American Board of Family Medicine*. 2021;34(2):346-356.
542. Portnoy GA, Relyea MR, Street AE, et al. A Longitudinal Analysis of Women Veterans' Partner Violence Perpetration: the Roles of Interpersonal Trauma and Posttraumatic Stress Symptoms. *Journal of Family Violence*. 2020;35(4):361-372.
543. Makaroun LK, Brignone E, Rosland AM, Dichter ME. Association of Health Conditions and Health Service Utilization with Intimate Partner Violence Identified via Routine Screening among Middle-Aged and Older Women. *JAMA Network Open*. 2020.

544. Iverson KM, Sayer NA, Meterko M, et al. Intimate Partner Violence Among Female OEF/OIF/OND Veterans Who Were Evaluated for Traumatic Brain Injury in the Veterans Health Administration: A Preliminary Investigation. *Journal of Interpersonal Violence*. 2020;35(13/14):2422-2445.
545. Dichter ME, Ogden SN, Clyatt KJ, Roberts CB. Missed Opportunity for HIV Prevention Among a High-Risk Population of Women Experiencing Intimate Partner Violence. *J Gen Intern Med*. 2020;35(1):392-393.
546. Dichter ME, Makaroun L, Tuepker A, et al. Middle-aged Women's Experiences of Intimate Partner Violence Screening and Disclosure: "It's a private matter. It's an embarrassing situation". *J Gen Intern Med*. 2020;35(9):2655-2661.
547. Iverson KM, Adjognon O, Grillo AR, et al. Intimate Partner Violence Screening Programs in the Veterans Health Administration: Informing Scale-up of Successful Practices. *JGIM: Journal of General Internal Medicine*. 2019;34(11):2435-2442.
548. Iovine-Wong PE, Nichols-Hadeed C, Thompson Stone J, et al. Intimate Partner Violence, Suicide, and Their Overlapping Risk in Women Veterans: A Review of the Literature. *Military medicine*. 2019;184(5-6):e201-e210.
549. Huston JC, Grillo AR, Iverson KM, Mitchell KS. Associations between disordered eating and intimate partner violence mediated by depression and posttraumatic stress disorder symptoms in a female veteran sample. *General Hospital Psychiatry*. 2019;58:77-82.
550. Danitz SB, Stirman SW, Grillo AR, et al. When user-centered design meets implementation science: integrating provider perspectives in the development of an intimate partner violence intervention for women treated in the United States' largest integrated healthcare system. *BMC Women's Health*. 2019;19(1):N.PAG-N.PAG.
551. Rosenfeld EA, Miller E, Zhao X, et al. Male partner reproductive coercion among women veterans. *American Journal of Obstetrics & Gynecology*. 2018;218(2):239.e1-239.e8.
552. Portnoy GA, Haskell SG, King MW, et al. Accuracy and Acceptability of a Screening Tool for Identifying Intimate Partner Violence Perpetration among Women Veterans: A Pre-Implementation Evaluation. *Women's Health Issues*. 2018;28(5):439-445.
553. Iverson KM, Sorrentino AE, Bellamy SL, et al. Adoption, penetration, and effectiveness of a secondary risk screener for intimate partner violence: Evidence to inform screening practices in integrated care settings. *General Hospital Psychiatry*. 2018;51:79-84.
554. Dichter ME, Sorrentino AE, Haywood TN, et al. Women's Healthcare Utilization Following Routine Screening for Past-Year Intimate Partner Violence in the Veterans Health Administration. *JGIM: Journal of General Internal Medicine*. 2018;33(6):936-941.
555. Dardis CM, Dichter ME, Iverson KM. Empowerment, PTSD and revictimization among women who have experienced intimate partner violence. *Psychiatry Research*. 2018;266:103-110.
556. Bartlett BA, Iverson KM, Mitchell KS. Intimate partner violence and disordered eating among male and female veterans. *Psychiatry Research*. 2018;260:98-104.
557. Meredith LS, Azhar G, Okunogbe A, et al. Primary Care Providers with More Experience and Stronger Self-Efficacy Beliefs Regarding Women Veterans Screen More Frequently for Interpersonal Violence. *Women's Health Issues*. 2017;27(5):586-591.
558. Iverson KM, Vogt D, Maskin RM, Smith BN. Intimate Partner Violence Victimization and Associated Implications for Health and Functioning Among Male and Female Post-9/11 Veterans. *Med Care*. 2017;55 Suppl 9 Suppl 2:S78-S84.
559. Dichter ME, Sorrentino A, Bellamy S, et al. Disproportionate Mental Health Burden Associated With Past-Year Intimate Partner Violence Among Women Receiving Care in the Veterans Health Administration. *Journal of Traumatic Stress*. 2017;30(6):555-563.

560. Dichter ME, Haywood TN, Butler AE, et al. Intimate Partner Violence Screening in the Veterans Health Administration: Demographic and Military Service Characteristics. *American Journal of Preventive Medicine*. 2017;52(6):761-768.
561. Dardis CM, Shipherd JC, Iverson KM. Intimate partner violence among women veterans by sexual orientation. *Women & Health*. 2017;57(7):775-791.
562. Dardis CM, Amoroso T, Iverson KM. Intimate partner stalking: Contributions to PTSD symptomatology among a national sample of women veterans. *Psychological trauma : theory, research, practice and policy*. 2017;9:67-73.
563. Creech SK, Macdonald A, Taft C. Use and Experience of Recent Intimate Partner Violence Among Women Veterans Who Deployed to Iraq and Afghanistan. *Partner Abuse*. 2017;8(3):251-271.
564. Kimerling R, Iverson KM, Dichter ME, et al. Prevalence of Intimate Partner Violence among Women Veterans who Utilize Veterans Health Administration Primary Care. *J Gen Intern Med*. 2016;31(8):888-894.
565. Iverson KM, Stirman SW, Street AE, et al. Female veterans' preferences for counseling related to intimate partner violence: Informing patient-centered interventions. *General Hospital Psychiatry*. 2016;40:33-38.
566. Rodriguez L, King PR, Buchholz LJ. Associations among military sexual trauma, positive alcohol expectancies, and coping behaviors in female veterans. *Psychological trauma : theory, research, practice and policy*. 2023.
567. Reinhardt KM, McCaughey VK, Vento SA, Street AE. In Their Own Words: Women Veterans Identify the Personal Consequences of Military Sexual Trauma Victimization. *Violence against women*. 2023:10778012221147909.
568. Monteith LL, Kittel JA, Schneider AL, et al. Military Sexual Trauma Among Women Veterans Using Veterans Health Administration Reproductive Health Care: Screening Challenges and Associations with Post-Military Suicidal Ideation and Suicide Attempts. *Journal of Interpersonal Violence*. 2023;38(11/12):7578-7601.
569. Kalvesmaki AF, Trevino AY, Charron E, et al. The Impact of Resilience on Employment Among Post-9/11 Veterans With and Without Military Sexual Trauma Exposure. *Military medicine*. 2023.
570. Holliday R, Holder N, Smith AA, et al. Military sexual trauma among Veterans using and not using VA justice-related programing: A national examination. *Journal of Psychiatric Research*. 2023;164:46-50.
571. Hargrave AS, Danan ER, Than CT, et al. Factors Associated with Military Sexual Trauma (MST) Disclosure During VA Screening Among Women Veterans. *J Gen Intern Med*. 2023.
572. Galovski TE, McSweeney LB, Woolley MG, et al. The Relative Impact of Different Types of Military Sexual Trauma on Long-Term PTSD, Depression, and Suicidality. *Journal of Interpersonal Violence*. 2023;38(15/16):9465-9491.
573. R KB, A KZ, W SL. Interpersonal Trauma and Sexual Function and Satisfaction: The Mediating Role of Negative Affect Among Survivors of Military Sexual Trauma. *J Interpers Violence*. 2022;37(7-8):NP5517-NP5537.
574. Preston AM, Saigal S, Barrie R, et al. Defeated No More: Meaning-Making After Military Sexual Trauma. *Military medicine*. 2022.
575. Paulson JL, Florimbio AR, Rogers TA, et al. Contrasting ecological contexts among treatment-seeking military sexual assault survivors: Consideration of relationships with sexual and gender minority identification. *Psychological services*. 2022.

576. Patel TA, Mann AJ, Nomamiukor FO, et al. Correlates and clinical associations of military sexual assault in Gulf War era U.S. veterans: Findings from a national sample. *Journal of Traumatic Stress*. 2022;35(4):1240-1251.
577. Nichter B, Holliday R, Monteith LL, et al. Military sexual trauma in the United States: Results from a population-based study. *Journal of Affective Disorders*. 2022;306:19-27.
578. Monteith LL, Holder N, Iglesias CD, Holliday R. Institutional Betrayal and Closeness Among Women Veteran Survivors of Military Sexual Trauma: Associations with Self-Directed Violence and Mental Health Symptoms. *Journal of Trauma and Dissociation*. 2022.
579. McBain SA, Garneau-Fournier J, Turchik JA. The Relationship Between Provider Gender Preferences and Perceptions of Providers Among Veterans Who Experienced Military Sexual Trauma. *Journal of Interpersonal Violence*. 2022;37(5/6):NP2868-NP2890.
580. Hargrave AS, Maguen S, Inslicht SS, et al. Veterans Health Administration Screening for Military Sexual Trauma May Not Capture Over Half of Cases Among Midlife Women Veterans. *Women's Health Issues*. 2022;32(5):509-516.
581. Gaffey AE, Rosman L, Sico JJ, et al. Military sexual trauma and incident hypertension: a 16-year cohort study of young and middle-aged men and women. *Journal of Hypertension*. 2022;40(11):2307-2315.
582. Wiblin J, Holder N, Holliday R, Surís A. Predictors of Unbearability, Unlovability, and Unsolvability in Veterans With Military-Sexual-Trauma-Related Posttraumatic Stress Disorder. *Journal of Interpersonal Violence*. 2021;36(7/8):3814-3830.
583. Wiblin J, Holder N, Holliday R, et al. A Factor Analysis of the Suicide Cognitions Scale in Veterans with Military Sexual Trauma-Related Posttraumatic Stress Disorder. *Journal of Trauma & Dissociation*. 2021;22(3):319-331.
584. Tannahill HS, Fargo JD, Barrett TS, Blais RK. Gender as a moderator of the association of military sexual trauma and posttraumatic stress symptoms. *Journal of clinical psychology*. 2021;77(10):2262-2287.
585. Sumner JA, Lynch KE, Viernes B, et al. Military Sexual Trauma and Adverse Mental and Physical Health and Clinical Comorbidity in Women Veterans. *Women's Health Issues*. 2021;31(6):586-595.
586. Street AE, Shin MH, Marchany KE, et al. Veterans' perspectives on military sexual trauma-related communication with VHA providers. *Psychological services*. 2021;18(2):249-259.
587. Newins AR, Glenn JJ, Wilson LC, et al. Psychological outcomes following sexual assault: Differences by sexual assault setting. *Psychological services*. 2021;18(4):504-511.
588. Monteith LL, Schneider AL, Holliday R, Bahraini NH. Assessing Institutional Betrayal Among Female Veterans Who Experienced Military Sexual Trauma: A Rasch Analysis of the Institutional Betrayal Questionnaire.2. *Journal of Interpersonal Violence*. 2021;36(23/24):10861-10883.
589. Monteith LL, Holliday R, Schneider AL, et al. Institutional betrayal and help-seeking among women survivors of military sexual trauma. *Psychological trauma : theory, research, practice and policy*. 2021;13(7):814-823.
590. Kelly UA. Barriers to PTSD treatment-seeking by women veterans who experienced military sexual trauma decades ago: The role of institutional betrayal. *Nursing Outlook*. 2021;69(3):458-470.
591. Hannan SM, Thomas KB, Allard CB. Posttraumatic Stress Symptom Severity Mediates the Relationship Between Military Sexual Trauma and Tension Reduction Behaviors in Male and Female Veterans. *Journal of Interpersonal Violence*. 2021;36(17/18):NP10035-NP10054.

592. Felder S, Delany PJ. Life course perspective on the role of military sexual trauma as a pathway to homelessness for female Veterans. *Journal of Military, Veteran & Family Health*. 2021;7:69-75.
593. Blais RK, Livingston WS. The association of assault military sexual trauma and sexual function among partnered female service members and veterans: the mediating roles of depression and sexual self-schemas. *European journal of psychotraumatology*. 2021;12(1):1872964.
594. Monteith LL, Bahraini NH, Gerber HR, et al. Military sexual trauma survivors' perceptions of veterans health administration care: A qualitative examination. *Psychological services*. 2020;17(2):178-186.
595. Khan AJ, Holder N, Li Y, et al. How do gender and military sexual trauma impact PTSD symptoms in cognitive processing therapy and prolonged exposure? *Journal of Psychiatric Research*. 2020;130:89-96.
596. Gross GM, Ronzitti S, Combellick JL, et al. Sex Differences in Military Sexual Trauma and Severe Self-Directed Violence. *American Journal of Preventive Medicine*. 2020;58(5):675-682.
597. Gibson CJ, Maguen S, Xia F, et al. Military Sexual Trauma in Older Women Veterans: Prevalence and Comorbidities. *JGIM: Journal of General Internal Medicine*. 2020;35(1):207-213.
598. Garneau-Fournier J, McBain S, Turchik JA. Factors Associated with Sexual Satisfaction among Veterans Who Have Experienced Military Sexual Trauma. *Journal of Sex & Marital Therapy*. 2020;46(8):721-735.
599. Pulverman CSP, Creech SKP, Mengeling MAP, et al. Sexual Assault in the Military and Increased Odds of Sexual Pain Among Female Veterans. *Obstetrics & Gynecology*. 2019;134(1):63-71.
600. Holder N, Holliday R, Wiblin J, et al. Predictors of dropout from a randomized clinical trial of cognitive processing therapy for female veterans with military sexual trauma-related PTSD. *Psychiatry Research*. 2019;276:87-93.
601. Gundlapalli AV, Jones AL, Redd A, et al. Combining Natural Language Processing of Electronic Medical Notes With Administrative Data to Determine Racial/Ethnic Differences in the Disclosure and Documentation of Military Sexual Trauma in Veterans. *Medical Care*. 2019;57:S149-S156.
602. Gross GM, Laws H, Park CL, et al. Meaning in life following deployment sexual trauma: Prediction of posttraumatic stress symptoms, depressive symptoms, and suicidal ideation. *Psychiatry Research*. 2019;278:78-85.
603. Dichter ME, Sorrentino AE, Haywood TN, et al. Women's Participation in Research on Intimate Partner Violence: Findings on Recruitment, Retention, and Participants' Experiences. *Women's Health Issues*. 2019;29(5):440-446.
604. Cichowski S, Ashley M, Ortiz O, Dunivan G. Female Veterans' Experiences With VHA Treatment for Military Sexual Trauma. *Fed*. 2019;36(1):41-47.
605. Bovin MJ, Black SK, Kleiman SE, et al. The Impact of Assessment Modality and Demographic Characteristics on Endorsement of Military Sexual Trauma. *Women's Health Issues*. 2019;29:S67-S73.
606. Bergman AA, Hamilton AB, Chrystal JG, et al. Primary Care Providers' Perspectives on Providing Care to Women Veterans with Histories of Sexual Trauma. *Women's Health Issues*. 2019;29(4):325-332.
607. Averill LA, Smith NB, Holens PL, et al. Sex Differences in Correlates of Risk and Resilience Associated with Military Sexual Trauma. *Journal of Aggression, Maltreatment & Trauma*. 2019;28(10):1199-1215.

608. Pandey N, Ashfaq SN, Dauterive EW, et al. Military Sexual Trauma and Obesity Among Women Veterans. *Journal of Women's Health (15409996)*. 2018;27(3):305-310.
609. Gross GM, Cunningham KC, Moore DA, et al. Does Deployment-Related Military Sexual Assault Interact with Combat Exposure to Predict Posttraumatic Stress Disorder in Female Veterans? *Traumatology*. 2018.
610. Freysteinson WM, Mellott S, Celia T, et al. Body Image Perceptions of Women Veterans With Military Sexual Trauma. *Issues in Mental Health Nursing*. 2018;39(8):623-632.
611. Foynes MM, Street AE, Dardis CM, et al. "Who Are You Going to Tell? Who's Going to Believe You?". *Psychology of Women Quarterly*. 2018;42(4):414-429.
612. Dardis CM, Vento SA, Gradus JL, Street AE. Labeling of deployment sexual harassment experiences among male and female veterans. *Psychological Trauma: Theory, Research, Practice & Policy*. 2018;10(4):452-455.
613. Calhoun PS, Schry AR, Dennis PA, et al. The Association Between Military Sexual Trauma and Use of VA and Non-VA Health Care Services Among Female Veterans With Military Service in Iraq or Afghanistan. *Journal of Interpersonal Violence*. 2018;33(15):2439-2464.
614. Brownstone LM, Gerber HR, Holliman BD, Monteith LL. The Phenomenology of Military Sexual Trauma Among Women Veterans. *Psychology of Women Quarterly*. 2018;42(4):399-413.
615. Blais RK, Brignone E, Fargo JD, et al. Assailant identity and self-reported nondisclosure of military sexual trauma in partnered women veterans. *Psychological Trauma: Theory, Research, Practice & Policy*. 2018;10(4):470-474.
616. Beckman K, Shipherd J, Simpson T, Lehavot K. Military Sexual Assault in Transgender Veterans: Results From a Nationwide Survey. *Journal of Traumatic Stress*. 2018;31(2):181-190.
617. Story KM, Beck BD. Guided Imagery and Music with female military veterans: An intervention development study. *Arts in Psychotherapy*. 2017;55:93-102.
618. Katz LS, Huffman C, Cojucar G. In Her Own Words: Semi-structured Interviews of Women Veterans Who Experienced Military Sexual Assault. *Journal of Contemporary Psychotherapy*. 2017;47(3):181-189.
619. Gundlapalli AV, Brignone E, Divita G, et al. Using Structured and Unstructured Data to Refine Estimates of Military Sexual Trauma Status Among US Military Veterans. *Studies in health technology and informatics*. 2017;238:128-131.
620. Brignone E, Gundlapalli AV, Blais RK, et al. Increased Health Care Utilization and Costs Among Veterans With a Positive Screen for Military Sexual Trauma. *Med Care*. 2017;55 Suppl 9 Suppl 2:S70-S77.
621. Blais RK, Brignone E, Maguen S, et al. Military sexual trauma is associated with post-deployment eating disorders among Afghanistan and Iraq veterans. *International Journal of Eating Disorders*. 2017;50(7):808-816.
622. Wolff KB, Mills PD. Reporting Military Sexual Trauma: A Mixed-Methods Study of Women Veterans' Experiences Who Served From World War II to the War in Afghanistan. *Military Medicine*. 2016;181(8):840-848.
623. Laws H, Mazure CM, McKee SA, et al. Within-unit relationship quality mediates the association between military sexual trauma and posttraumatic stress symptoms in veterans separating from military service. *Psychological trauma : theory, research, practice and policy*. 2016;8(5):649-656.
624. Kimerling R, Makin-Byrd K, Louzon S, et al. Military Sexual Trauma and Suicide Mortality. *American Journal of Preventive Medicine*. 2016;50(6):684-691.

625. Gilmore AK, Brignone E, Painter JM, et al. Military Sexual Trauma and Co-occurring Posttraumatic Stress Disorder, Depressive Disorders, and Substance Use Disorders among Returning Afghanistan and Iraq Veterans. *Women's Health Issues*. 2016;26(5):546-554.
626. Gibson CJ, Gray KE, Katon JG, et al. Sexual Assault, Sexual Harassment, and Physical Victimization during Military Service across Age Cohorts of Women Veterans. *Women's Health Issues*. 2016;26(2):225-231.
627. Gaher RM, O'Brien C, Smiley P, Hahn AM. Alexithymia, Coping Styles and Traumatic Stress Symptoms in a Sample of Veterans Who Experienced Military Sexual Trauma. *Stress & Health: Journal of the International Society for the Investigation of Stress*. 2016;32(1):55-62.
628. Barth SK, Kimerling RE, Pavao J, et al. Military Sexual Trauma Among Recent Veterans: Correlates of Sexual Assault and Sexual Harassment. *American Journal of Preventive Medicine*. 2016;50(1):77-86.
629. Rossi FS, Nillni Y, Fox AB, Galovski TE. The association between lifetime trauma exposure typologies and mental health outcomes among veterans. *Psychiatry Research*. 2023;326.
630. Esopenko C, de Souza N, Wilde EA, et al. Characterizing the Influence of Exposure to Military Sexual Trauma and Intimate Partner Violence on Mental Health Outcomes among Female Veterans. *Journal of Interpersonal Violence*. 2023;38(13/14):8476-8499.
631. Relyea MR, Portnoy GA, Combellick JL, et al. Military Sexual Trauma and Intimate Partner Violence: Subtypes, Associations, and Gender Differences. *Journal of Family Violence*. 2020;35(4):349-360.
632. Combellick JL, Dziura J, Portnoy GA, et al. Trauma and Sexual Risk: Do Men and Women Veterans Differ? *Womens Health Issues*. 2019;29 Suppl 1:S74-S82.
633. Dichter ME, Wagner C, True G. Women Veterans' Experiences of Intimate Partner Violence and Non-Partner Sexual Assault in the Context of Military Service: Implications for Supporting Women's Health and Well-Being. *Journal of Interpersonal Violence*. 2018;33(6):843-864.
634. Bomyea J, Allard CB. Trauma-Related Disgust in Veterans With Interpersonal Trauma. *Journal of Traumatic Stress*. 2017;30(2):149-156.
635. Schry AR, Beckham JC, The Va Mid-Atlantic Mirecc W, Calhoun PS. Sexual revictimization among Iraq and Afghanistan war era veterans. *Psychiatry Res*. 2016;240:406-411.
636. Monteith LL, Miller CN, Polzer E, et al. "Feel the need to prepare for Armageddon even though I do not believe it will happen": Women Veterans' Firearm Beliefs and Behaviors during the COVID-19 Pandemic, Associations with Military Sexual Assault and Posttraumatic Stress Disorder Symptoms. *PLoS One*. 2023;18(2 February).
637. Monteith LL, Kinney AR, Holliday R, et al. Associations between deployment experiences, safety-related beliefs, and firearm ownership among women Veterans. *Journal of Psychiatric Research*. 2023;157:72-81.
638. Monteith LL, Holliday R, Dorsey Holliman BA, et al. Understanding female veterans' experiences and perspectives of firearms. *Journal of clinical psychology*. 2020;76(9):1736-1753.
639. Williams EC, Fletcher OV, Frost MC, et al. Comparison of Substance Use Disorder Diagnosis Rates From Electronic Health Record Data With Substance Use Disorder Prevalence Rates Reported in Surveys Across Sociodemographic Groups in the Veterans Health Administration. *JAMA Network Open*. 2022;5(6):e2219651-e2219651.
640. Waddell JT, Gress-Smith JL, Hartman JD, et al. Age, sex, and race-varying rates of alcohol use, cannabis use, and alcohol and cannabis co-use in veterans vs. non-veterans. *Addictive Behaviors*. 2022;134:N.PAG-N.PAG.
641. Stefanovics EA, Rhee TG, Rosenheck RA. Long-term impact of the U.S. Armed forces Zero-Tolerance drug policy on female veterans. *Journal of Addictive Diseases*. 2022;40(1):26-34.

642. Hasin DS, Saxon AJ, Malte C, et al. Trends in Cannabis Use Disorder Diagnoses in the U.S. Veterans Health Administration, 2005-2019. *American Journal of Psychiatry*. 2022;179(10):748-757.
643. Begley MR, Ravindran C, Peltzman T, et al. Veteran drug overdose mortality, 2010-2019. *Drug Alcohol Depend*. 2022;233:N.PAG-N.PAG.
644. Peltier MR, Sofuoglu M, Petrakis IL, et al. Sex Differences in Opioid Use Disorder Prevalence and Multimorbidity Nationally in the Veterans Health Administration. *J Dual Diagn*. 2021;17(2):124-134.
645. Peltzman T, Ravindran C, Schoen PM, et al. Brief Report: Opioid-Involved Overdose Mortality in United States Veterans. *American Journal on Addictions*. 2020;29(4):340-344.
646. Agaku I, Odani S, Nelson JR. U.S. Military Veteran Versus Nonveteran Use of Licit and Illicit Substances. *American Journal of Preventive Medicine*. 2020;59(5):733-741.
647. Kalpakci A, Sofuoglu M, Petrakis I, Rosenheck RA. Gender differences among Veterans with alcohol use disorder nationally in the Veterans Health Administration. *Journal of Addictive Diseases*. 2018;37(3/4):185-194.
648. Hoggatt KJ, Lehavot K, Krenek M, et al. Prevalence of substance misuse among US veterans in the general population. *American Journal on Addictions*. 2017;26(4):357-365.
649. Grossbard J, Malte CA, Lapham G, et al. Prevalence of Alcohol Misuse and Follow-Up Care in a National Sample of OEF/OIF VA Patients With and Without TBI. *Psychiatric Services*. 2017;68(1):48-55.
650. Williams EC, Gupta S, Rubinsky AD, et al. Racial/Ethnic Differences in the Prevalence of Clinically Recognized Alcohol Use Disorders Among Patients from the U.S. Veterans Health Administration. *Alcoholism: Clinical & Experimental Research*. 2016;40(2):359-366.
651. Shahoumian TA, Phillips BR, Backus LI. Cigarette Smoking, Reduction and Quit Attempts: Prevalence Among Veterans With Coronary Heart Disease. *Preventing Chronic Disease*. 2016;13:1-12.
652. Bastian LA, Gray KE, DeRycke E, et al. Differences in Active and Passive Smoking Exposures and Lung Cancer Incidence Between Veterans and Non-Veterans in the Women's Health Initiative. *Gerontologist*. 2016;56 Suppl 1:S102-11.
653. Bachrach RL, Blosnich JR, Williams EC. Alcohol screening and brief intervention in a representative sample of veterans receiving primary care services. *J Subst Abuse Treat*. 2018;95:18-25.
654. Williams EC, Lapham GT, Rubinsky AD, et al. Influence of a targeted performance measure for brief intervention on gender differences in receipt of brief intervention among patients with unhealthy alcohol use in the Veterans Health Administration. *J Subst Abuse Treat*. 2017;81:11-16.
655. Buckheit KA, Pengelly C, Ramon A, et al. Rates and Correlates of Alcohol and Substance Use Among Women Veterans During the COVID-19 Pandemic: The Moderating Role of COVID-Specific Anxiety. *Women's Health Issues*. 2023;33(3):250-257.
656. Beckman KL, Williams EC, Hebert PL, et al. Associations Among Military Sexual Trauma, Opioid Use Disorder, and Gender. *American Journal of Preventive Medicine*. 2022;62(3):377-386.
657. Beckman KL, Williams EC, Hebert P, et al. The impact of military sexual trauma and gender on receipt of evidence-based medication treatment among veterans with opioid use disorder. *J Subst Abuse Treat*. 2022;139:N.PAG-N.PAG.
658. Livingston NA, Lee DJ, Mahoney CT, et al. Longitudinal assessment of PTSD and illicit drug use among male and female OEF-OIF veterans. *Addictive Behaviors*. 2021;118:N.PAG-N.PAG.

659. Mahoney CT, Zweig IR, Marx BP, Keane TM. Cross-lagged effects of posttraumatic stress disorder symptom severity and cigarette smoking among OEF/OIF/OND veterans. *Depression and Anxiety*. 2020;37(11):1118-1126.
660. Mahoney CT, Iverson KM. The Roles of Alcohol Use Severity and Posttraumatic Stress Disorder Symptoms as Risk Factors for Women's Intimate Partner Violence Experiences. *Journal of Women's Health (15409996)*. 2020;29(6):827-836.
661. Gross GM, Bastian LA, Smith NB, et al. Sex Differences in Associations between Depression and Posttraumatic Stress Disorder Symptoms and Tobacco Use among Veterans of Recent Conflicts. *Journal of Women's Health*. 2020;29(5):677-685.
662. Gross GM, Colon R, Bastian LA, Hoff R. Perceived Stress Mediates the Association between Deployment Sexual Trauma and Nicotine Dependence in Women Veterans. *Women's Health Issues*. 2020;30(3):214-220.
663. Goldberg SB, Livingston WS, Blais RK, et al. A positive screen for military sexual trauma is associated with greater risk for substance use disorders in women veterans. *Psychology of Addictive Behaviors*. 2019;33(5):477-483.
664. Yalch MM, Hebenstreit CL, Maguen S. Influence of military sexual assault and other military stressors on substance use disorder and PTS symptomology in female military veterans. *Addictive Behaviors*. 2018;80:28-33.
665. Evans EA, Upchurch DM, Simpson T, et al. Differences by Veteran/civilian status and gender in associations between childhood adversity and alcohol and drug use disorders. *Social Psychiatry & Psychiatric Epidemiology*. 2018;53(4):421-435.
666. Browne KC, Dolan M, Simpson TL, et al. Regular past year cannabis use in women veterans and associations with sexual trauma. *Addictive Behaviors*. 2018;84:144-150.
667. Gradus JL, Leatherman S, Curreri A, et al. Gender differences in substance abuse, PTSD and intentional self-harm among veterans health administration patients. *Drug Alcohol Depend*. 2017:66-69.
668. Japuntich SJ, Gregor K, Pineles SL, et al. Deployment stress, tobacco use, and postdeployment posttraumatic stress disorder: Gender differences. *Psychological trauma : theory, research, practice and policy*. 2016;8(2):123-126.
669. Ruiz RA, Lehavot K, Heffner JL, et al. Cigarette Smoking Motives and Stages of Change in Smoking Cessation Among Veterans: Differences by Gender and Sexual Orientation. *American journal of health promotion : AJHP*. 2023:8901171231197147.
670. Livingston NA, Gatsby E, Shipherd JC, Lynch KE. Causes of alcohol-attributable death and associated years of potential life lost among LGB and non-LGB veteran men and women in Veterans Health Administration. *Addictive Behaviors*. 2023;139:N.PAG-N.PAG.
671. Lynch KE, Livingston NA, Gatsby E, et al. Alcohol-attributable deaths and years of potential life lost due to alcohol among veterans: Overall and between persons with minoritized and non-minoritized sexual orientations. *Drug Alcohol Depend*. 2022;237:N.PAG-N.PAG.
672. Fletcher OV, Chen JA, van Draanen J, et al. Prevalence of social and economic stressors among transgender veterans with alcohol and other drug use disorders. *SSM - Population Health*. 2022;19.
673. Williams EC, Frost MC, Rubinsky AD, et al. Patterns of Alcohol Use Among Transgender Patients Receiving Care at the Veterans Health Administration: Overall and Relative to Nontransgender Patients. *Journal of Studies on Alcohol & Drugs*. 2021;82(1):132-141.
674. Williams EC, Chen JA, Frost MC, et al. Receipt of evidence-based alcohol-related care in a national sample of transgender patients with unhealthy alcohol use: Overall and relative to non-transgender patients. *J Subst Abuse Treat*. 2021;131:N.PAG-N.PAG.

675. Frost MC, Blosnich JR, Lehavot K, et al. Disparities in Documented Drug Use Disorders Between Transgender and Cisgender U.S. Veterans Health Administration Patients. *J Addict Med*. 2021;15(4):334-340.
676. Dawson DB, White DL, Chiao E, et al. Mental and Physical Health Correlates of Tobacco Use Among Transgender Veterans of the Iraq and Afghanistan Conflicts. *Transgender Health*. 2021;6(5):290-295.
677. Anderson-Carpenter KD, Rutledge JD, Mitchell K. Prescription opioid misuse among heterosexual versus lesbian, gay, and bisexual military veterans: Evidence from the 2015-2017 national survey of drug use and health. *Drug Alcohol Depend*. 2020;207:N.PAG-N.PAG.
678. Bukowski LA, Blosnich J, Shipherd JC, et al. Exploring Rural Disparities in Medical Diagnoses Among Veterans With Transgender-related Diagnoses Utilizing Veterans Health Administration Care. *Med Care*. 2017;55 Suppl 9 Suppl 2:S97-S103.
679. Lehavot K, Williams EC, Millard SP, et al. Association of Alcohol Misuse With Sexual Identity and Sexual Behavior in Women Veterans. *Substance Use & Misuse*. 2016;51(2):216-229.
680. Bachrach RL, Quinn DA. The role of gender and veteran status in healthcare access among a national sample of U.S. adults with unhealthy alcohol use. *Substance Use & Misuse*. 2023;58(4):491-499.
681. Pugatch M, Chang G, Garnick D, et al. Rates and predictors of brief intervention for women veterans returning from recent wars: Examining gaps in service delivery for unhealthy alcohol use. *J Subst Abuse Treat*. 2021;123:N.PAG-N.PAG.
682. Meshberg-Cohen S, Gross GM, Kachadourian LK, Harpaz-Rotem I. Binge drinking following residential treatment for posttraumatic stress disorder among veterans with and without alcohol use disorder. *Journal of Psychiatric Research*. 2021;143:202-208.
683. Chen JA, Glass JE, Bensley KMK, et al. Racial/ethnic and gender differences in receipt of brief intervention among patients with unhealthy alcohol use in the U.S. Veterans Health Administration. *J Subst Abuse Treat*. 2020;119:N.PAG-N.PAG.
684. Berg KM, Gruber SJ, Jorenby DE. Helping women veterans quit smoking: a qualitative analysis of successful and unsuccessful attempts. *BMC Women's Health*. 2020;20(1):1-7.
685. Wilson SM, Medenblik AM, Neal JM, et al. Lifetime Smoking Patterns and Preferences for Smoking Cessation Among Women Veterans Receiving Veterans Health Administration Care. *Qualitative Health Research*. 2019;29(14):2096-2107.
686. Taylor E, Timko C, Harris AHS, et al. Receipt of pharmacotherapy for alcohol use disorder by justice-involved women in the Veterans Health Administration. *Addiction science & clinical practice*. 2019;14(1):1.
687. Painter JM, Brignone E, Gilmore AK, et al. Gender differences in service utilization among Operations Enduring Freedom, Iraqi Freedom, and New Dawn Veterans Affairs patients with severe mental illness and substance use disorders. *Psychological services*. 2018;15(1):11-20.
688. Abraham TH, Lewis ET, Cucciare MA. Providers' Perspectives on Barriers and Facilitators to Connecting Women Veterans to Alcohol-Related Care From Primary Care. *Military medicine*. 2017;182(9):e1888-e1894.
689. Myers MG, Chen T, Schweizer CA. Factors Associated With Accepting Assistance for Smoking Cessation Among Military Veterans. *Nicotine & Tobacco Research*. 2016;18(12):2288-2292.
690. Lewis ET, Jamison AL, Ghaus S, et al. Receptivity to alcohol-related care among U.S. women Veterans with alcohol misuse. *Journal of Addictive Diseases*. 2016;35(4):226-237.

691. Chen JI, Cameron DC, Laliberte AZ, et al. Assessment of Suicidal Intent in Self-directed Violence and Subsequent Care Received Among Military Veterans: A National Study of Gender Differences. *Medical Care*. 2021;59(2):S17-S22.
692. Krishnamurti LS, Agha A, Denneson LM, et al. Gender Differences in Connecting Veterans to Care Through the Veterans Crisis Line: A Mixed Methods Evaluation of Referrals to Suicide Prevention Coordinators. *Medical Care*. 2023;61(1):50-53.
693. Chhatre S, Hoffmire CA, Bellamy SL, et al. Relationship between Veterans Crisis Line risk rating and subsequent suicidal self-directed violence among veteran callers: A gender comparison. *Suicide & life-threatening behavior*. 2023.
694. Dichter ME, Krishnamurti LS, Chhatre S, et al. Gender differences in veterans' use of the Veterans Crisis Line (VCL): Findings from VCL call data. *General Hospital Psychiatry*. 2022;74:65-70.
695. Dichter ME, Chhatre S, Hoffmire C, et al. Variation in call volume to the Veterans Crisis Line by women and men veterans prior to and following onset of the COVID-19 pandemic. *Journal of Psychiatric Research*. 2022;151:561-563.
696. Hoffmire CA, Barth SK, Bossarte RM. Reevaluating Suicide Mortality for Veterans With Data From the VA-DoD Mortality Data Repository, 2000-2010. *Psychiatric Services*. 2020;71(6):612-615.
697. Stefanovics EA, Potenza MN, Tsai J, et al. Sex-specific risk and resilience correlates of suicidal ideation in U.S. military veterans. *Journal of Affective Disorders*. 2023;328:303-311.
698. Zelkowitz RL, Mitchell KS, Grossman SL, et al. Latent Class Analysis of Self-directed Violence and Indirect Self-harm Behaviors: Gender Differences and Associations With Mental Health Symptoms. *Medical Care*. 2021;59(2):S51-S57.
699. Androulakis XM, Guo S, Zhang J, et al. Suicide attempts in us veterans with chronic headache disorders: A 10-year retrospective cohort study. *Journal of Pain Research*. 2021;14:2629-2639.
700. Aslan M, Radhakrishnan K, Rajeevan N, et al. Suicidal ideation, behavior, and mortality in male and female US veterans with severe mental illness. *Journal of Affective Disorders*. 2020;267:144-152.
701. Bohnert KM, Ilgen MA, Louzon S, et al. Substance use disorders and the risk of suicide mortality among men and women in the US Veterans Health Administration. *Addiction*. 2017;112(7):1193-1201.
702. Blosnich JR, Brenner LA, Bossarte RM. Population mental health among U.S. military veterans: results of the Veterans Health Module of the Behavioral Risk Factor Surveillance System, 2011-2012. *Annals of Epidemiology*. 2016;26(8):592-596.
703. Monteith LL, Smith NB, Holliday R, Pietrzak RH. Psychiatric and Interpersonal Correlates of Suicide Ideation in Military Sexual Trauma Survivors: The National Health and Resilience in Veterans Study. *Chronic Stress*. 2018;2:1-1.
704. Zelkowitz RL, Kehle-Forbes SM, Smith BN, et al. Associations between DSM-5 posttraumatic stress disorder Criterion E2 endorsement and selected self-destructive behaviors in recent-era veterans: A focus on disordered eating. *Journal of traumatic stress*. 2023.
705. Decker SE, Ramsey CM, Ronzitti S, et al. Military sexual trauma and suicidal ideation in VHA-care-seeking OEF/OIF/OND veterans without mental health diagnosis or treatment. *Psychiatry Research*. 2021;303.
706. Bullman T, Schneiderman A. Risk of suicide among U.S. veterans who deployed as part of Operation Enduring Freedom, Operation Iraqi Freedom, and Operation New Dawn. *Injury Epidemiology*. 2021;8(1):1-9.

707. Ronzitti S, Loree AM, Potenza MN, et al. Gender Differences in Suicide and Self-Directed Violence Risk Among Veterans With Post-traumatic Stress and Substance Use Disorders. *Womens Health Issues*. 2019;29 Suppl 1:S94-S102.
708. Monteith LL, Hoffmire CA, Holliday R, et al. Do unit and post-deployment social support influence the association between deployment sexual trauma and suicidal ideation? *Psychiatry Research*. 2018;270:673-681.
709. Gradus JL, King MW, Galatzer-Levy I, et al. Gender Differences in Machine Learning Models of Trauma and Suicidal Ideation in Veterans of the Iraq and Afghanistan Wars. *Journal of Traumatic Stress*. 2017;30(4):362-371.
710. Blosnich JR, Garfin DR, Maguen S, et al. Differences in childhood adversity, suicidal ideation, and suicide attempt among veterans and nonveterans. *American Psychologist*. 2021;76(2):284-299.
711. Horwitz AG, Smith DL, Held P, Zalta AK. Characteristics of Veteran and Civilian Suicide Decedents: A Sex-Stratified Analysis. *American Journal of Preventive Medicine*. 2019;56(5):e163-e168.
712. Monteith LL, Holliday R, Miller C, et al. Suicidal ideation, suicide attempt, and non-suicidal self-injury among female veterans: Prevalence, timing, and onset. *Journal of Affective Disorders*. 2020;273:350-357.
713. Monteith LL, Holliday R, Hoffmire CA, Bahraini NH. Female Veterans' Willingness to Seek Veterans Health Administration and Non-Veterans Health Administration Services for Suicidal Thoughts and Mental Health Concerns. *Medical Care*. 2021;59(2):S23-S30.
714. Brignone E, Sorrentino AE, Roberts CB, Dichter ME. Suicidal ideation and behaviors among women veterans with recent exposure to intimate partner violence. *General Hospital Psychiatry*. 2018;55:60-64.
715. Monteith LL, Bahraini NH, Menefee DS. Perceived Burdensomeness, Thwarted Belongingness, and Fearlessness about Death: Associations With Suicidal Ideation among Female Veterans Exposed to Military Sexual Trauma. *Journal of clinical psychology*. 2017;73(12):1655-1669.
716. Khan AJ, Li Y, Dinh JV, et al. Examining the impact of different types of military trauma on suicidality in women veterans. *Psychiatry Research*. 2019;274:7-11.
717. Monteith LL, Holliday R, Miller CN, et al. Prevalence and Correlates of Firearm Access Among Post-9/11 US Women Veterans Using Reproductive Healthcare: a Cross-Sectional Survey. *JGIM: Journal of General Internal Medicine*. 2022;37:714-723.
718. Lawrence KA, Vogt D, Dugan AJ, et al. Psychosocial functioning deficits impact and are impacted by suicidal ideation in post-9/11 women veterans. *J Affect Disord Rep*. 2022;9.
719. Tucker RP, Testa RJ, Reger MA, et al. Current and Military-Specific Gender Minority Stress Factors and Their Relationship with Suicide Ideation in Transgender Veterans. *Suicide & Life-Threatening Behavior*. 2019;49(1):155-166.
720. Carter SP, Allred KM, Tucker RP, et al. Discrimination and Suicidal Ideation Among Transgender Veterans: The Role of Social Support and Connection. *LGBT Health*. 2019;6(2):43-50.
721. Tucker RP, Testa RJ, Simpson TL, et al. Hormone therapy, gender affirmation surgery, and their association with recent suicidal ideation and depression symptoms in transgender veterans. *Psychological Medicine*. 2018;48(14):2329-2336.
722. Sayer NA, Nelson DB, Gradus JL, et al. The Effects of Suicide Exposure on Mental Health Outcomes Among Post-9/11 Veterans: Protocol for an Explanatory, Sequential, Mixed Methods Study. *JMIR Res Protoc*. 2023;12:e51324.

723. Solness CL, Holdefer PJ, Hsu T, et al. Relationship Factors in Internet-Delivered Psychological Interventions for Veterans Experiencing Postpartum Depression: Qualitative Analysis. *JMIR Mental Health*. 2023;10.
724. Howard M, Ledoux T, Llaneza D, et al. Exploring the prevalence of antidepressant medication discontinuation among pregnant veterans. *Archives of Women's Mental Health*. 2023.
725. Anderson EH, Morrow C, Mattocks KM, Shivakumar G. Perinatal Symptoms and Treatment Engagement in Female Veterans. *Military Medicine*. 2023;188(3/4):e468-e472.
726. Kroll-Desrosiers A, Copeland LA, Kuzdeba J, et al. Exploring the Extent of Perinatal Depression Screening in the Health Records of Veterans. *Administration and policy in mental health*. 2021;48(4):608-618.
727. Kroll-Desrosiers AR, Crawford SL, Moore Simas TA, et al. Treatment and Management of Depression Symptoms in Pregnant Veterans: Varying Experiences of Mental Health Care in the Prenatal Period. *Psychiatric Quarterly*. 2020;91(2):475-493.
728. Pratt AA, Sadler AG, Thomas EBK, et al. Incidence and risk factors for postpartum mood and anxiety disorders among women veterans. *General Hospital Psychiatry*. 2023;84:112-124.
729. Mattocks KM, Kroll-Desrosiers A, Marteeny V, et al. Veterans' Perinatal Care and Mental Health Experiences During the COVID-19 Pandemic: An Examination of the Role of Prior Trauma and Pandemic-Related Stressors. *Journal of Women's Health (15409996)*. 2022;31(10):1507-1517.
730. Creech SK, Kroll-Desrosiers A, Benzer JK, et al. The impact of military sexual trauma on parent-infant bonding in a sample of perinatal women veterans. *Depression & Anxiety (1091-4269)*. 2022;39(3):201-210.
731. Holzhauer CG, Kroll-Desrosiers A, Kinney RL, et al. Prenatal Stress Exposure and Post-traumatic Stress Disorder Associated With Risk of Postpartum Alcohol Misuse Among Women Veterans. *Women's Health Issues*. 2021;31(6):596-602.
732. Kroll-Desrosiers AR, Crawford SL, Moore Simas TA, et al. Rates and Correlates of Depression Symptoms in a Sample of Pregnant Veterans Receiving Veterans Health Administration Care. *Women's Health Issues*. 2019;29(4):333-340.
733. Shepardson RL, Mitzel LD, Trabold N, et al. Sexual dysfunction and preferences for discussing sexual health concerns among veteran primary care patients. *Journal of the American Board of Family Medicine*. 2021;34(2):357-367.
734. Vassy JL, Posner DC, Ho YL, et al. Cardiovascular Disease Risk Assessment Using Traditional Risk Factors and Polygenic Risk Scores in the Million Veteran Program. *JAMA Cardiology*. 2023;8(6):564-574.
735. Maskoun W, Alqam B, Habash F, et al. Sex Differences in Stress-Induced (Takotsubo) Cardiomyopathy. *CJC Open*. 2023;5(2):120-127.
736. Zheutlin AR, Derington CG, Herrick JS, et al. Lipid-Lowering Therapy Use and Intensification among United States Veterans Following Myocardial Infarction or Coronary Revascularization between 2015 and 2019. *Circulation: Cardiovascular Quality and Outcomes*. 2022;15(12):E008861.
737. Lu B, Posner D, Vassy JL, et al. Prediction of Cardiovascular and All-Cause Mortality After Myocardial Infarction in US Veterans. *American Journal of Cardiology*. 2022;169:10-17.
738. Dhruva SS, Dziura J, Bathulapalli H, et al. Gender Differences in Guideline-Directed Medical Therapy for Cardiovascular Disease Among Young Veterans. *JGIM: Journal of General Internal Medicine*. 2022;37:806-815.
739. Mahtta D, Ramsey D, Krittanawong C, et al. Recreational substance use among patients with premature atherosclerotic cardiovascular disease. *Heart*. 2021;107(8):650-656.

740. Lee MT, Mahtta D, Ramsey DJ, et al. Sex-Related Disparities in Cardiovascular Health Care among Patients with Premature Atherosclerotic Cardiovascular Disease. *JAMA Cardiology*. 2021;6(7):782-790.
741. Gaziano L, Cho K, Djousse L, et al. Risk factors and prediction models for incident heart failure with reduced and preserved ejection fraction. *ESC Heart Failure*. 2021;8(6):4893-4903.
742. Gaffey AE, Haskell SG, Brandt CA, et al. Post-9/11 veterans' heart disease knowledge, self-perceived risk, and prevention beliefs and behaviors. *Health Psychology*. 2021;40(11):737-746.
743. Ebrahimi R, Lynch KE, Beckham JC, et al. Association of Posttraumatic Stress Disorder and Incident Ischemic Heart Disease in Women Veterans. *JAMA Cardiology*. 2021;6(6):642-651.
744. Weeda ER, Bishu KG, Ward R, et al. Joint effect of race/ethnicity or location of residence and sex on low density lipoprotein-cholesterol among veterans with type 2 diabetes: a 10-year retrospective cohort study. *BMC Cardiovascular Disorders*. 2020;20(1):N.PAG-N.PAG.
745. Vassy JL, Lu B, Ho YL, et al. Estimation of Atherosclerotic Cardiovascular Disease Risk among Patients in the Veterans Affairs Health Care System. *JAMA Network Open*. 2020.
746. Mahtta D, Ahmed ST, Ramsey DJ, et al. Statin Prescription Rates, Adherence, and Associated Clinical Outcomes Among Women with PAD and ICVD. *Cardiovasc Drugs Ther*. 2020;34(6):745-754.
747. Ajam T, Devaraj S, Fudim M, et al. Lower Post Myocardial Infarction Mortality Among Women Treated at Veterans Affairs Hospitals Compared to Men. *American Journal of the Medical Sciences*. 2020;360(5):537-542.
748. Vance MC, Wiitala WL, Sussman JB, et al. Increased Cardiovascular Disease Risk in Veterans With Mental Illness. *Circulation: Cardiovascular Quality & Outcomes*. 2019;12(10):e005563-e005563.
749. Rodriguez F, Maron DJ, Knowles JW, et al. Association of Statin Adherence with Mortality in Patients with Atherosclerotic Cardiovascular Disease. *JAMA Cardiology*. 2019;4(3):206-213.
750. Mattingly AS, Lerman BJ, Popat R, Wren SM. Association of Sex With Postoperative Mortality Among Patients With Heart Failure Who Underwent Elective Noncardiac Operations. *JAMA Network Open*. 2019;2(11):e1914420-e1914420.
751. Hinojosa R. Sex, Age, Race/Ethnicity, Veteran Status, and the Likelihood of Reporting Cardiovascular Conditions in the National Health Interview Survey. *Journal of Cardiovascular Nursing*. 2019;34(3):215-221.
752. Gibson CJ, Li Y, Inslicht SS, et al. Gender Differences in Cardiovascular Risk Related to Diabetes and Posttraumatic Stress Disorder. *American Journal of Geriatric Psychiatry*. 2018;26(12):1268-1272.
753. Ajam T, Ajam S, Devaraj S, et al. Effect of carvedilol vs metoprolol succinate on mortality in heart failure with reduced ejection fraction. *American Heart Journal*. 2018;199:1-6.
754. Ventetuolo CE, Hess E, Austin ED, et al. Sex-based differences in veterans with pulmonary hypertension: Results from the veterans affairs-clinical assessment reporting and tracking database. *PLoS One*. 2017;12(11).
755. Sussman JB, Wiitala WL, Zawistowski M, et al. The Veterans Affairs Cardiac Risk Score: Recalibrating the Atherosclerotic Cardiovascular Disease Score for Applied Use. *Medical Care*. 2017;55(9):864-870.
756. Haskell SG, Brandt C, Burg M, et al. Incident Cardiovascular Risk Factors Among Men and Women Veterans After Return From Deployment. *Medical Care*. 2017;55(11):948-955.
757. Goldstein KM, Stechuchak KM, Zullig LL, et al. Impact of Gender on Satisfaction and Confidence in Cholesterol Control Among Veterans at Risk for Cardiovascular Disease. *Journal of Women's Health (15409996)*. 2017;26(7):806-814.

758. Goldstein KM, Oddone EZ, Bastian LA, et al. Characteristics and Health Care Preferences Associated with Cardiovascular Disease Risk among Women Veterans. *Women's Health Issues*. 2017;27(6):700-706.
759. Farmer MM, Stanislawski MA, Plomondon ME, et al. Sex Differences in 1-Year Outcomes After Percutaneous Coronary Intervention in the Veterans Health Administration. *Journal of Women's Health (15409996)*. 2017;26(10):1062-1068.
760. Whitehead AM, Maher NH, Goldstein K, et al. Sex Differences in Veterans' Cardiovascular Health. *J Womens Health (Larchmt)*. 2019;28(10):1418-1427.
761. Lee DC, Orstad SL, Kanchi R, et al. Demographic, social and geographic factors associated with glycaemic control among US Veterans with new onset type 2 diabetes: a retrospective cohort study. *BMJ Open*. 2023;13(10):e075599.
762. Inoue K, Guo R, Lee ML, et al. Iodine-Induced Hypothyroidism and Long-Term Risks of Incident Heart Failure. *J Am Heart Assoc*. 2023:e030511.
763. Inoue K, Guo R, Lee ML, et al. Iodinated Contrast Administration and Risks of Thyroid Dysfunction: A Retrospective Cohort Analysis of the U.S. Veterans Health Administration System. *Thyroid*. 2023;33(2):230-238.
764. Inoue K, Guo R, Lee ML, et al. Iodine-Induced Hyperthyroidism and Long-term Risks of Incident Atrial Fibrillation and Flutter. *The Journal of clinical endocrinology and metabolism*. 2023;108(10):e956-e962.
765. Wander PL, Lowy E, Beste LA, et al. The Incidence of Diabetes Among 2,777,768 Veterans With and Without Recent SARS-CoV-2 Infection. *Diabetes Care*. 2022;45(4):782-788.
766. Breland JY, Joyce VR, Frayne SM, Phibbs C. Differences in body mass index based on self-reported versus measured data from women veterans. *Obesity Science and Practice*. 2020;6(4):434-438.
767. Schmidt EM, Magruder K, Kilbourne AM, et al. Four Decades after War: Incident Diabetes among Women Vietnam-Era Veterans in the HealthViEWS Study. *Women's Health Issues*. 2019;29(6):471-479.
768. Santhiveeran J. The influence of obesity and sociodemographic factors on the health hardships among women veterans. *Social Work in Health Care*. 2019;58(5):459-470.
769. Breland JY, Wong MS, Frayne SM, et al. Obesity and Health Care Experiences among Women and Men Veterans. *Women's Health Issues*. 2019;29:S32-S38.
770. Breland JY, Phibbs CS, Hoggatt KJ, et al. The Obesity Epidemic in the Veterans Health Administration: Prevalence Among Key Populations of Women and Men Veterans. *J Gen Intern Med*. 2017;32:11-17.
771. LaFleur J, Rillamas-Sun E, Colon-Emeric CS, et al. Fracture Rates and Bone Density Among Postmenopausal Veteran and Non-Veteran Women From the Women's Health Initiative. *Gerontologist*. 2016;56 Suppl 1:S78-90.
772. Goodrich DE, Klingaman EA, Verchinina L, et al. Sex Differences in Weight Loss among Veterans with Serious Mental Illness: Observational Study of a National Weight Management Program. *Women's Health Issues*. 2016;26(4):410-419.
773. Dursa EK, Cao G, Culpepper WJ, Schneiderman A. Comparison of Health Outcomes Over Time Among Women 1990–1991 Gulf War Veterans, Women 1990–1991 Gulf Era Veterans, and Women in the U.S. General Population. *Women's Health Issues*. 2023.
774. Cypel YS, Vogt D, Maguen S, et al. Physical health of Post-9/11 U.S. Military veterans in the context of Healthy People 2020 targeted topic areas: Results from the Comparative Health Assessment Interview Research Study. *Preventive Medicine Reports*. 2023;32.

775. Gaffey AE, Burg MM, Rosman L, et al. Baseline Characteristics from the Women Veterans Cohort Study: Gender Differences and Similarities in Health and Healthcare Utilization. *Journal of Women's Health (15409996)*. 2021;30(7):944-955.
776. Bullman T, Schneiderman A, Dursa E. Cause-specific mortality risks among U.S. veterans: 25 years after their service in the 1990-1991 gulf war. *Annals of Epidemiology*. 2021;57:1-6.
777. Heboyan V, Krengel MH, Sullivan K, et al. Sex Differences in Gulf War Illness: A Reanalysis of Data From the CDC Air Force Study Using CDC and Modified Kansas Case Definitions. *Journal of Occupational & Environmental Medicine*. 2019;61(7):610-616.
778. Brown MC, Sims KJ, Gifford EJ, et al. Gender-based Differences among 1990-1991 Gulf War Era Veterans: Demographics, Lifestyle Behaviors, and Health Conditions. *Womens Health Issues*. 2019;29 Suppl 1:S47-S55.
779. Coughlin SS, Sullivan K. Study Protocol: Southern Women Veterans' Health Study. *Ann Epidemiol Public Health*. 2018;1(1).
780. Kilbourne AM, Schumacher K, Frayne SM, et al. Physical Health Conditions Among a Population-Based Cohort of Vietnam-Era Women Veterans: Agreement Between Self-Report and Medical Records. *Journal of Women's Health (15409996)*. 2017;26(11):1244-1251.
781. Harfouch O, Comstock E, Kaplan R, et al. Impact of the COVID-19 Pandemic on the PrEP Cascade at Two Veterans Affairs Healthcare Systems. *AIDS and behavior*. 2023.
782. McGinnis KA, Skanderson M, Justice AC, et al. HIV care using differentiated service delivery during the COVID-19 pandemic: a nationwide cohort study in the US Department of Veterans Affairs. *J Int AIDS Soc*. 2021;24 Suppl 6:e25810.
783. Matson TE, McGinnis KA, Rubinsky AD, et al. Gender and alcohol use: Influences on HIV care continuum in a national cohort of patients with HIV. *AIDS*. 2018;32(15):2247-2253.
784. Kramer JR, El-Serag HB, Taylor TJ, et al. Hepatitis C virus-related complications are increasing in women veterans: A national cohort study. *Journal of Viral Hepatitis*. 2017;24(11):955-965.
785. Kanwal F, Kramer JR, El-Serag HB, et al. Race and Gender Differences in the Use of Direct Acting Antiviral Agents for Hepatitis C Virus. *Clinical Infectious Diseases*. 2016;63(3):291-299.
786. Webster J, Borgia M, Resnik L. Prosthesis nonuse and discontinuation in United States veterans with major limb amputation: Results of a national survey. *Prosthetics and orthotics international*. 2023.
787. Norvell DC, Turner AP, Morgenroth DC, et al. The effect of depression on prosthesis prescription in men and women who have undergone a lower limb amputation. *Disability and rehabilitation*. 2023:1-8.
788. Littman AJ, Peterson AC, Korpak A, et al. Differences in Prosthetic Prescription Between Men and Women Veterans After Transtibial or Transfemoral Lower-Extremity Amputation: A Longitudinal Cohort Study (2005-2018). *Archives of Physical Medicine & Rehabilitation*. 2023;104(8):1274-1281.
789. Kuo PB, Lehavot K, Thomas RM, et al. Gender differences in prosthesis-related outcomes among veterans: Results of a national survey of U.S. veterans. *PM and R*. 2023.
790. Meadows M, Peterson A, Boyko EJ, Littman AJ. Validity of Methods to Identify Individuals With Lower Extremity Amputation Using Department of Veterans Affairs Electronic Medical Records. *Archives of Rehabilitation Research and Clinical Translation*. 2022;4(1).
791. Aday AW, Duncan MS, Patterson OV, et al. Association of Sex and Race With Incident Peripheral Artery Disease Among Veterans With Normal Ankle-Brachial Indices. *JAMA Network Open*. 2022;5(11):e2240188-e2240188.

792. Higgins DM, Fenton BT, Driscoll MA, et al. Gender Differences in Demographic and Clinical Correlates among Veterans with Musculoskeletal Disorders. *Women's Health Issues*. 2017;27(4):463-470.
793. Goulet JL, Kerns RD, Bair M, et al. The musculoskeletal diagnosis cohort: Examining pain and pain care among veterans. *Pain*. 2016;157(8):1696-1703.
794. Quiñones ME, Joseph JK, Dowell S, et al. Hydroxychloroquine and Risk of Long QT Syndrome in Rheumatoid Arthritis: A Veterans Cohort Study With Nineteen-Year Follow-up. *Arthritis Care and Research*. 2023;75(7):1571-1579.
795. England BR, Yang Y, Roul P, et al. Identification of Multimorbidity Patterns in Rheumatoid Arthritis Through Machine Learning. *Arthritis Care and Research*. 2023;75(2):220-230.
796. Sullivan-Baca E, Rehman R, Towne AR, Haneef Z. Psychiatric co-morbidity of drug-resistant epilepsy in Veterans. *Epilepsy and Behavior*. 2023;139.
797. Sullivan-Baca E, Lorkiewicz SA, Rehman R, et al. Utilization of epilepsy care among Women Veterans: A population-based study. *Epilepsy Research*. 2023;192.
798. Sofer T, Kurniansyah N, Murray M, et al. Genome-wide association study of obstructive sleep apnoea in the Million Veteran Program uncovers genetic heterogeneity by sex. *eBioMedicine*. 2023;90.
799. Moghtaderi I, Kelly MR, Carlson GC, et al. Identifying gaps in clinical evaluation and treatment of sleep-disordered breathing in women veterans. *Sleep and Breathing*. 2023;27(5):1929-1933.
800. Sullivan-Baca E, Weitzner DS, Choudhury TK, et al. Characterizing differences in psychiatric profiles between male and female veterans with epilepsy and psychogenic non-epileptic seizures. *Epilepsy Research*. 2022;186.
801. Sullivan-Baca E, Modiano YA, Miller BI, et al. Characterizing women veterans receiving seizure care in the veterans affairs healthcare system. *Epilepsy Research*. 2022;180.
802. Seng EK, Fenton BT, Wang K, et al. Frequency, Demographics, Comorbidities, and Health Care Utilization by Veterans With Migraine: A VA Nationwide Cohort Study. *Neurology*. 2022;13:13.
803. Merritt VC, Chanfreau-Coffinier C, Sakamoto MS, et al. Characterizing Sex Differences in Clinical and Functional Outcomes Among Military Veterans with a Comprehensive Traumatic Brain Injury Evaluation (CTBIE): A Million Veteran Program (MVP) Study. *Clin*. 2022;21:21.
804. Song Y, Carlson GC, McGowan SK, et al. Sleep Disruption Due to Stress in Women Veterans: A Comparison between Caregivers and Noncaregivers. *Behavioral sleep medicine*. 2021;19(2):243-254.
805. Martin JL, Carlson G, Kelly M, et al. Sleep apnea in women veterans: Results of a national survey of VA health care users. *Journal of Clinical Sleep Medicine*. 2021;17(3):555-565.
806. Cogan AM, Smith B, Bender Pape TL, et al. Self-reported Participation Restrictions Among Male and Female Veterans With Traumatic Brain Injury in Veterans Health Administration Outpatient Polytrauma Programs. *Archives of Physical Medicine & Rehabilitation*. 2020;101(12):2071-2079.
807. Rosman L, Sico JJ, Lampert R, et al. Posttraumatic Stress Disorder and Risk for Stroke in Young and Middle-Aged Adults: A 13-Year Cohort Study. *Stroke (00392499)*. 2019;50(11):2996-3003.
808. Amara JH, Stolzmann KL, Iverson KM, Pogoda TK. Predictors of Employment Status in Male and Female Post-9/11 Veterans Evaluated for Traumatic Brain Injury. *Journal of Head Trauma Rehabilitation*. 2019;34(1):11-20.

809. Nelson LM, Topol B, Kaye W, et al. Estimation of the Prevalence of Amyotrophic Lateral Sclerosis in the United States Using National Administrative Healthcare Data from 2002 to 2004 and Capture-Recapture Methodology. *Neuroepidemiology*. 2018;51(3-4):149-157.
810. Iverson KM, Dardis CM, Pogoda TK. Traumatic brain injury and PTSD symptoms as a consequence of intimate partner violence. *Comprehensive Psychiatry*. 2017;74:80-87.
811. Rissling MB, Gray KE, Ulmer CS, et al. Sleep Disturbance, Diabetes, and Cardiovascular Disease in Postmenopausal Veteran Women. *The Gerontologist*. 2016;56:S54-S66.
812. Harrington KM, Nguyen XT, Song RJ, et al. Gender Differences in Demographic and Health Characteristics of the Million Veteran Program Cohort. *Womens Health Issues*. 2019;29 Suppl 1:S56-S66.
813. Maynard C, Trivedi R, Nelson K, Fihn SD. Disability Rating, Age at Death, and Cause of Death in U.S. Veterans with Service-Connected Conditions. *Military Medicine*. 2018;183(11/12):e371-e376.
814. Hassan W, Shrestha P, Sumida K, et al. Association of Uric Acid–Lowering Therapy With Incident Chronic Kidney Disease. *JAMA Network Open*. 2022;5(6):e2215878-e2215878.
815. Akwo EA, Chen HC, Liu G, et al. Phenome-Wide Association Study of UMOD Gene Variants and Differential Associations With Clinical Outcomes Across Populations in the Million Veteran Program a Multiethnic Biobank. *Kidney International Reports*. 2022;7(8):1802-1818.
816. You AS, Kalantar-Zadeh K, Streja E, et al. Mortality Risk in Chronic Kidney Disease Patients Transitioning to Dialysis: Impact of Opiate and Non-Opiate Use. *American Journal of Nephrology*. 2020;51(9):715-725.
817. Soohoo M, Moradi H, Obi Y, et al. Statin Therapy Before Transition to End-Stage Renal Disease With Posttransition Outcomes. *Journal of the American Heart Association*. 2019;8(6).
818. Kim JE, Scherzer R, Estrella MM, et al. Tenofovir exposure alters associations of serum bicarbonate with chronic kidney disease risk in HIV-infected veterans. *AIDS (02699370)*. 2016;30(7):1049-1057.
819. Dubinskaya A, Tholemeier LN, Erickson T, et al. Prevalence of Overactive Bladder Symptoms among Women with Interstitial Cystitis/Bladder Pain Syndrome. *Female Pelvic Medicine and Reconstructive Surgery*. 2022;28(3):E115-E119.
820. Dallas KB, Bresee C, De Hoedt A, et al. Demographic Differences and Disparities in the Misdiagnosis of Interstitial Cystitis/Bladder Pain Syndrome in a National Cohort of VA Patients. *Urology*. 2022;163:22-28.
821. Welch E, Sheth S, Ashong CN, Pham C. Retrospective Review on the Safety and Efficacy of Nitrofurantoin for the Treatment of Cystitis in the Veteran Population with or without Renal Insufficiency. *Open Forum Infectious Diseases*. 2021;8(9).
822. Laden BF, Bresee C, De Hoedt A, et al. Comorbidities in a Nationwide, Heterogenous Population of Veterans with Interstitial Cystitis/Bladder Pain Syndrome. *Urology*. 2021;156:37-43.
823. Volpe KA, Cichowski SB, Komesu YK, et al. Female Veterans with Diagnoses of Both Chronic Pelvic Pain and Overactive Bladder; How Do They Compare to Women Diagnosed with Interstitial Cystitis? *Female Pelvic Medicine and Reconstructive Surgery*. 2020;26(9):591-593.
824. Lynch KE, Viernes B, Khader K, et al. Sex and the Diagnostic Pathway to Bladder Cancer among Veterans: No Evidence of Disparity. *Women's Health Issues*. 2020;30(2):128-135.
825. Ninivaggio C, Riese H, Dunivan GC, et al. One and the Same? Nocturnal Enuresis and Overactive Bladder in the Female Veteran Population: Evaluation of a Large National Database. *Female Pelvic Medicine and Reconstructive Surgery*. 2018;24(4):307-311.

826. Bradley CS, Nygaard IE, Hillis SL, et al. Longitudinal associations between mental health conditions and overactive bladder in women veterans. *American Journal of Obstetrics & Gynecology*. 2017;217(4):430.e1-430.e8.
827. Gawron LM, He T, Lewis L, et al. Oral Emergency Contraception Provision in the Veterans Health Administration: a Retrospective Cohort Study. *JGIM: Journal of General Internal Medicine*. 2022;37:685-689.
828. Mahorter S, Vinekar K, Shaw JG, et al. Variations in Provision of Long-Acting Reversible Contraception Across Veterans Health Administration Facilities. *JGIM: Journal of General Internal Medicine*. 2023;38:865-867.
829. Arora KS, Zhao X, Judge-Golden C, et al. Factors Associated with Choice of Sterilization Among Women Veterans. *Journal of Women's Health (15409996)*. 2020;29(7):989-995.
830. Judge CP, Zhao X, Sileanu FE, et al. Medical contraindications to estrogen and contraceptive use among women veterans. *American Journal of Obstetrics & Gynecology*. 2018;218(2):234.e1-234.e9.
831. Britton LE, Judge-Golden CP, Wolgemuth TE, et al. Associations Between Perceived Susceptibility to Pregnancy and Contraceptive Use in a National Sample of Women Veterans. *Perspectives on Sexual & Reproductive Health*. 2019;51(4):211-218.
832. Wolgemuth T, Judge-Golden C, Callegari L, et al. Associations between Pregnancy Intention, Attitudes, and Contraceptive Use among Women Veterans in the ECUUN Study. *Women's Health Issues*. 2018;28(6):480-487.
833. Koenig AF, Borrero S, Zhao X, et al. Factors associated with long-acting reversible contraception use among women Veterans in the ECUUN study. *Contraception*. 2019;100(3):234-240.
834. Schexnayder CD, King S, Emelogu O. Documentation of contraceptive counseling in female veterans of reproductive age. *American Journal of Health-System Pharmacy*. 2020;77:S71-S77.
835. Kroll-Desrosiers A, Copeland LA, Mengeling MA, Mattocks KM. Infertility Services for Veterans Enrolled in Veterans Health Administration Care. *JGIM: Journal of General Internal Medicine*. 2023;38(10):2347-2353.
836. Mancuso AC, Summers KM, Mengeling MA, et al. Infertility and Health-Related Quality of Life in United States Women Veterans. *Journal of Women's Health (15409996)*. 2020;29(3):412-419.
837. Judge-Golden CP, Borrero S, Zhao X, et al. The Association between Mental Health Disorders and History of Unintended Pregnancy among Women Veterans. *JGIM: Journal of General Internal Medicine*. 2018;33(12):2092-2099.
838. Quinn DA, Sileanu FE, Zhao X, et al. History of unintended pregnancy and patterns of contraceptive use among racial and ethnic minority women veterans. *American Journal of Obstetrics & Gynecology*. 2020;223(4):564.e1-564.e13.
839. Friedman A, Janulewicz Lloyd PA, Carlson J, et al. Preliminary Findings from the Gulf War Women's Cohort: Reproductive and Children's Health Outcomes among Women Veterans. *International Journal of Environmental Research and Public Health*. 2022;19(14).
840. Shaw JG, Joyce VR, Schmitt SK, et al. Selection of Higher Risk Pregnancies into Veterans Health Administration Programs: Discoveries from Linked Department of Veterans Affairs and California Birth Data. *Health Serv Res*. 2018;53 Suppl 3:5260-5284.
841. Katon JG, Bossick AS, Tartaglione EV, et al. Assessing Racial Disparities in Access, Use, and Outcomes for Pregnant and Postpartum Veterans and Their Infants in Veterans Health Administration. *Journal of Women's Health (15409996)*. 2023;32(7):757-766.
842. Keddem S, Solomon P, Marcus SC, et al. Disparities in Breastfeeding Among Military Veterans. *Journal of Human Lactation*. 2020;36(1):64-73.

843. Sheahan KL, Kroll-Desrosiers A, Goldstein KM, et al. Sufficiency of Health Information During Pregnancy: What's Missing and for Whom? A Cross-Sectional Analysis Among Veterans. *Journal of Women's Health (15409996)*. 2022;31(11):1557-1566.
844. Mattocks KM, Baldor R, Bean-Mayberry B, et al. Factors Impacting Perceived Access to Early Prenatal Care among Pregnant Veterans Enrolled in the Department of Veterans Affairs. *Women's Health Issues*. 2019;29(1):56-63.
845. Katon J, Zephyrin L, Reiber G, et al. Deployment and Adverse Pregnancy Outcomes: Primary Findings and Methodological Considerations. *Maternal & Child Health Journal*. 2017;21(2):376-386.
846. Grekin R, Zivin K, Hall SV, et al. Predictors of Veterans Affairs Health Service Utilization by Women Veterans during Pregnancy. *Women's Health Issues*. 2020;30(4):292-298.
847. Copeland LA, Kinney RL, Kroll-Desrosiers AR, et al. Medications with Potential for Fetal Risk Prescribed to Veterans. *Journal of Women's Health (15409996)*. 2022;31(10):1450-1458.
848. Nillni YI, Fox AB, Cox K, et al. The impact of military sexual trauma and warfare exposure on women veterans' perinatal outcomes. *Psychological trauma : theory, research, practice and policy*. 2022;14(5):730-737.
849. Shaw JG, Asch SM, Katon JG, et al. Post-traumatic Stress Disorder and Antepartum Complications: a Novel Risk Factor for Gestational Diabetes and Preeclampsia. *Paediatric & Perinatal Epidemiology*. 2017;31(3):185-194.
850. Shivakumar G, Kroll-Desrosiers AR, Copeland L, et al. Patterns of Treatment Utilization Across the Perinatal Period in the Center for Maternal and Infant Outcomes and Research in Translation (COMFORT) Veterans Study. *Journal of Women's Health (15409996)*. 2021;30(6):882-890.
851. Shapiro MO, Kroll-Desrosiers A, Mattocks KM. Understanding the Mental Health Impact of Previous Pregnancy Loss Among Currently Pregnant Veterans. *Women's Health Issues*. 2023;33(4):422-427.
852. Nillni YI, Shayani DR, Finley E, et al. The Impact of Posttraumatic Stress Disorder and Moral Injury on Women Veterans' Perinatal Outcomes Following Separation From Military Service. *Journal of Traumatic Stress*. 2020;33(3):248-256.
853. Kinney RL, Copeland LA, Kroll-Desrosiers AR, et al. Newborn Outcomes Among Veterans Utilizing VHA Maternity Benefits, 2016-2020. *Military medicine*. 2023;188(5-6):e1252-e1259.
854. Panelli DM, Chan CS, Shaw JG, et al. An Exploratory Analysis of Factors Associated With Spontaneous Preterm Birth Among Pregnant Veterans With Post-Traumatic Stress Disorder. *Women's Health Issues*. 2023;33(2):191-198.
855. Shankar M, Chan CS, Frayne SM, et al. Postpartum Transition of Care: Racial/Ethnic Gaps in Veterans' Re-Engagement in VA Primary Care after Pregnancy. *Women's Health Issues*. 2021;31(6):603-609.
856. Lumsden RH, Goldstein KM, Shephard-Banigan M, et al. Racial Differences in Nontraditional Risk Factors Associated with Cardiovascular Conditions in Pregnancy Among U.S. Women Veterans. *Journal of Women's Health (15409996)*. 2022;31(5):706-714.
857. Hansen B, Picken LK, Gould S. Disparate Risk Factors Among Pregnant Veterans Using Veterans Administration Health Benefits for Community-Based Obstetrical Care. *Military medicine*. 2023.
858. Albright DL, McDaniel J, Suntai Z, et al. Pregnancy and Binge Drinking: An Intersectionality Theory Perspective Using Veteran Status and Racial/Ethnic Identity. *Maternal & Child Health Journal*. 2021;25(8):1345-1351.
859. Kroll-Desrosiers A, Holzhauer CG, Russo L, et al. Factors Associated With Quitting Smoking During Pregnancy Among Women Veterans. *Women's Health Issues*. 2021;31(4):408-413.

860. Mattocks KM, Kroll-Desrosiers A, Kinney R, et al. Racial Differences in the Cesarean Section Rates Among Women Veterans Using Department of Veterans Affairs Community Care. *Medical Care*. 2021;59(2):131-138.
861. Katon JG, Gray KE, Gerber MR, et al. Vasomotor Symptoms and Quality of Life Among Veteran and Non-Veteran Postmenopausal Women. *Gerontologist*. 2016;56 Suppl 1:S40-53.
862. Quinn DA, Mor MK, Sileanu FE, et al. Measuring Female Veterans' Prepregnancy Wellness Using Department of Veterans Affairs' Health Record Data. *Obstetrics and Gynecology*. 2021;137(3):471-480.
863. Quinn DA, Edmonds SW, Zhao X, et al. Veteran-Reported Receipt of Prepregnancy Care: Data from the Examining Contraceptive Use and Unmet Need (ECUUN) Study. *Maternal and child health journal*. 2021;25(8):1254-1264.
864. Katon JG, Gray K, Callegari L, et al. Trends in hysterectomy rates among women veterans in the US Department of Veterans Affairs. *American Journal of Obstetrics & Gynecology*. 2017;217(4):428.e1-428.e11.
865. Katon JG, Bossick AS, Doll KM, et al. Contributors to Racial Disparities in Minimally Invasive Hysterectomy in the US Department of Veterans Affairs. *Medical Care*. 2019;57(12):930-936.
866. Callegari LS, Katon JG, Gray KE, et al. Associations between Race/Ethnicity, Uterine Fibroids, and Minimally Invasive Hysterectomy in the VA Healthcare System. *Women's Health Issues*. 2019;29(1):48-55.
867. Ryan GL, Mengeling MA, Summers KM, et al. Hysterectomy risk in premenopausal-aged military veterans: associations with sexual assault and gynecologic symptoms. *American Journal of Obstetrics & Gynecology*. 2016;214(3):352.e1-352.e13.
868. Carey CM, Katon JG, Bossick AS, et al. Uterine Weight as a Modifier of Black/White Racial Disparities in Minimally Invasive Hysterectomy Among Veterans with Fibroids in the Veterans Health Administration. *Health Equity*. 2022;6(1):909-916.
869. Blalock DV, Pura JA, Stechuchak KM, et al. BMI Trends for Veterans Up to 10 Years After VA Enrollment Following Military Discharge. *J Gen Intern Med*. 2023;38(6):1423-1430.
870. Cohen AJ, Dosa DM, Rudolph JL, et al. Risk factors for Veteran food insecurity: findings from a National US Department of Veterans Affairs Food Insecurity Screener. *Public Health Nutrition*. 2022;25(4):819-828.
871. Stefanovics EA, Edwards LM, Pietrzak RH. Personality and Body Mass Index in U.S. Military Veterans: Results from the National Health and Resilience in Veterans Study. *Psychiatric Quarterly*. 2021;92(3):917-923.
872. Slater SJ, Tarlov E, Jones K, et al. Would increasing access to recreational places promote healthier weights and a healthier nation? *Health & Place*. 2019;56:127-134.
873. Schult TM, Schmunk SK, Marzolf JR, Mohr DC. The Health Status of Veteran Employees Compared to Civilian Employees in Veterans Health Administration. *Military Medicine*. 2019;184(7/8):e218-e224.
874. Tarlov E, Wing C, Gordon HS, et al. Does Effectiveness of Weight Management Programs Depend on the Food Environment? *Health Services Research*. 2018;53(6):4268-4290.
875. Tamas MJ, Khakharia A, Rothenberg RB, Phillips LS. Weight Trends in Veterans With and Without Diabetes, 2000 to 2014. *Obesity (19307381)*. 2018;26(12):1949-1957.
876. Jay M, Mateo KF, Squires AP, et al. Military service and other socioecological factors influencing weight and health behavior change in overweight and obese Veterans: A qualitative study to inform intervention development within primary care at the United States Veterans Health Administrati. *BMC Obesity*. 2016;3(1).

877. Minnier J, Rajeevan N, Gao L, et al. Polygenic breast cancer risk for women veterans in the million veteran program. *JCO Precision Oncology*. 2021;5:1178-1191.
878. Imperiale TF, Daggy JK, Imler TD, et al. Prevalence of Advanced Colorectal Neoplasia in Veterans: Effects of Age, Sex, and Race/Ethnicity. *Journal of Clinical Gastroenterology*. 2021;55(10):876-883.
879. Brunner J, Farmer MM, Bean-Mayberry B, et al. Implementing clinical decision support for reducing women Veterans' cardiovascular risk in VA: A mixed-method, longitudinal study of context, adaptation, and uptake. *Front Health Serv*. 2022;2:946802.
880. Hoffmire CA, Brenner LA, Katon J, et al. Women Veterans' Perspectives on Suicide Prevention in Reproductive Health Care Settings: An Acceptable, Desired, Unmet Opportunity. *Women's Health Issues*. 2022;32(4):418-425.
881. Ferras M, Dye J, Ayala GX, Schmied E. An Examination of Factors That Influence Receipt of Reproductive Health Screenings Among Female Veterans. *Military Medicine*. 2023;188(1/2):42-48.
882. Gibson CJ, Li Y, Huang AJ, et al. Menopausal Symptoms and Higher Risk Opioid Prescribing in a National Sample of Women Veterans with Chronic Pain. *JGIM: Journal of General Internal Medicine*. 2019;34(10):2159-2166.
883. Salas J, Scherrer JF, Ahmedani BK, et al. Gender and the Association between Long-Term Prescription Opioid Use and New-Onset Depression. *Journal of Pain*. 2018;19(1):88-98.
884. Cichowski SB, Rogers RG, Komesu Y, et al. A 10-yr Analysis of Chronic Pelvic Pain and Chronic Opioid Therapy in the Women Veteran Population. *Military Medicine*. 2018;183(11/12):e635-e640.
885. Kroll-Desrosiers AR, Skanderson M, Bastian LA, et al. Receipt of Prescription Opioids in a National Sample of Pregnant Veterans Receiving Veterans Health Administration Care. *Women's Health Issues*. 2016;26(2):240-246.
886. Martinson A, Kutz A, Marchand W, et al. Factors associated with participation and nonparticipation in a VA Whole Health Primary Care Pain Education and Opioid Monitoring Program (PC-POP). *Journal of Opioid Management*. 2020;16(3):179-188.
887. Goldsmith ES, MacLehose RF, Jensen AC, et al. Complementary, Integrative, and Nondrug Therapy Use for Pain Among US Military Veterans on Long-term Opioids. *Med Care*. 2020;58 Suppl 2 9S:S116-S124.
888. Driscoll MA, Higgins D, Shamaskin-Garroway A, et al. Examining Gender as a Correlate of Self-Reported Pain Treatment Use Among Recent Service Veterans with Deployment-Related Musculoskeletal Disorders. *Pain Medicine*. 2017;18(9):1767-1777.
889. Naylor JC, Wagner HR, Johnston C, et al. Pain Intensity and Pain Interference in Male and Female Iraq/Afghanistan-era Veterans. *Women's Health Issues*. 2019;29:S24-S31.
890. Nicosia FM, Gibson CJ, Purcell N, et al. Women Veterans' Experiences with Integrated, Biopsychosocial Pain Care: A Qualitative Study. *Pain Medicine*. 2021;22(9):1954-1961.
891. Evans EA, Herman PM, Washington DL, et al. Gender Differences in Use of Complementary and Integrative Health by U.S. Military Veterans with Chronic Musculoskeletal Pain. *Women's Health Issues*. 2018;28(5):379-386.
892. Corcoran KL, Dunn AS, Formolo LR, Beehler GP. Chiropractic Management for US Female Veterans With Low Back Pain: A Retrospective Study of Clinical Outcomes. *Journal of Manipulative & Physiological Therapeutics*. 2017;40(8):573-579.
893. Murphy JL, Phillips KM, Rafie S. Sex differences between Veterans participating in interdisciplinary chronic pain rehabilitation. *Journal of Rehabilitation Research & Development*. 2016;53(1):83-94.

894. Gibson CJ, Li Y, Bertenthal D, et al. Menopause symptoms and chronic pain in a national sample of midlife women veterans. *Menopause (10723714)*. 2019;26(7):708-713.
895. Nahin RL. Severe Pain in Veterans: The Effect of Age and Sex, and Comparisons With the General Population. *Journal of Pain*. 2017;18(3):247-254.
896. Patel KV, Cochrane BB, Turk DC, et al. Association of Pain With Physical Function, Depressive Symptoms, Fatigue, and Sleep Quality Among Veteran and non-Veteran Postmenopausal Women. *Gerontologist*. 2016;56 Suppl 1:S91-101.
897. Higgins DM, Buta E, Dorflinger L, et al. Prevalence and correlates of painful conditions and multimorbidity in national sample of overweight/obese Veterans. *Journal of Rehabilitation Research & Development*. 2016;53(1):71-82.
898. Naylor JC, Wagner HR, Brancu M, et al. Self-Reported Pain in Male and Female Iraq/Afghanistan-Era Veterans: Associations with Psychiatric Symptoms and Functioning. *Pain Medicine*. 2017;18(9):1658-1667.
899. Green KT, Wilson SM, Dennis PA, et al. Cigarette Smoking and Musculoskeletal Pain Severity Among Male and Female Afghanistan/Iraq Era Veterans. *Pain Medicine*. 2017;18(9):1795-1804.
900. Mohanty AF, Helmer DA, Muthukutty A, et al. Fibromyalgia syndrome care of Iraq- and Afghanistan-deployed Veterans in Veterans Health Administration. *Journal of Rehabilitation Research & Development*. 2016;53(1):45-57.
901. Kroll-Desrosiers A, Wallace KF, Higgins DM, et al. Musculoskeletal Pain During Pregnancy Among Veterans: Associations With Health and Health Care Utilization. *Women's Health Issues*. 2023.
902. Eastman J, Bahorik A, Kornblith E, et al. Sex Differences in the Risk of Dementia in Older Veterans. *Journals of Gerontology Series A: Biological Sciences & Medical Sciences*. 2022;77(6):1250-1253.
903. Bihn JR, Cioffi G, Waite KA, et al. Brain Tumors in United States Military Veterans. *Neuro-oncology*. 2023.
904. Aggarwal A, Adepoju B, Yacur M, et al. Gender Disparity in Breast Cancer: A Veteran Population-Based Comparison. *Clinical Breast Cancer*. 2021;21(4):e471-e478.
905. Azad AD, Bozkurt S, Wheeler AJ, et al. Acute pain after breast surgery and reconstruction: A two-institution study of surgical factors influencing short-term pain outcomes. *J Surg Oncol*. 2020;20:20.
906. Zuchowski JL, Chrystal JG, Hamilton AB, et al. Coordinating Care Across Health Care Systems for Veterans With Gynecologic Malignancies: A Qualitative Analysis. *Med Care*. 2017;55 Suppl 7 Suppl 1:S53-S60.
907. Capitulo K, Olender L. Voices of women veterans: My Life, My Story. *Nursing*. 2023;53(5):55-60.
908. Sheahan KL, Goldstein KM, Than CT, et al. Women Veterans' Healthcare Needs, Utilization, and Preferences in Veterans Affairs Primary Care Settings. *JGIM: Journal of General Internal Medicine*. 2022;37:791-798.
909. Holzhauer CG, Byrne T, Simmons MM, et al. Profiles of Clinical Need Among Homeless Individuals with Dual Diagnoses. *Community Mental Health Journal*. 2019;55(8):1305-1312.
910. Sedlander E, Barboza KC, Jensen A, et al. Veterans' Preferences for Remote Management of Chronic Conditions. *Telemedicine journal and e-health : the official journal of the American Telemedicine Association*. 2018;24(3):229-235.
911. Evans EA, Glover DL, Washington DL, Hamilton AB. Psychosocial Factors that Shape Substance Abuse and Related Mental Health of Women Military Veterans who Use Community-Based Services. *Substance Use & Misuse*. 2018;53(11):1878-1892.

912. Brooks E, Dailey NK, Bair BD, Shore JH. Listening to the Patient: Women Veterans' Insights About Health Care Needs, Access, and Quality in Rural Areas. *Military Medicine*. 2016;181(9):976-981.
913. Tsui GO, Duncan G, Yu Y, et al. Patient inequities in affording surgical resident operative autonomy at Veterans Affairs teaching hospitals, does it extend to female patients? *American Journal of Surgery*. 2023;225(1):40-45.
914. Scheuner MT, Huynh AK, Chanfreau-Coffinier C, et al. Demographic Differences Among US Department of Veterans Affairs Patients Referred for Genetic Consultation to a Centralized VA Telehealth Program, VA Medical Centers, or the Community. *JAMA Network Open*. 2022;5(1):e226687-e226687.
915. Gray KE, Ma EW, Callegari LS, et al. Understanding Variation in Availability and Provision of Minimally Invasive Hysterectomy: A Qualitative Study of Department of Veterans Affairs Gynecologists. *Women's Health Issues*. 2020;30(3):200-206.
916. Zickmund SL, Burkitt KH, Gao S, et al. Racial, Ethnic, and Gender Equity in Veteran Satisfaction with Health Care in the Veterans Affairs Health Care System. *JGIM: Journal of General Internal Medicine*. 2018;33(3):305-331.
917. Than CT, Washington DL, Vogt D, et al. Discontinuity of Women Veterans' Care in Patient-Centered Medical Homes: Does Workforce Gender Sensitivity Matter? *Women's Health Issues*. 2022;32(2):173-181.
918. Reddy SM, Rose DE, Jr.Burgess JF, et al. The Role of Organizational Factors in the Provision of Comprehensive Women's Health in the Veterans Health Administration. *Women's Health Issues*. 2016;26(6):648-655.
919. Devine DT, McMillan SC, Kip K, Powell-Cope G. Quality of life among women veterans. *Journal of the American Association of Nurse Practitioners*. 2020;32(11):745-755.
920. Vance BS, Carpenter R. Women Veterans' Descriptions of Interactions With Civilian Health Care Providers: A Qualitative Inquiry. *ANS. Advances in nursing science*. 2023.
921. Fleming L, Johnson A, Wells H, et al. An Exploration into the Experiences of Female Veterans Who Attended Higher Ground Military Programming. *Therapeutic Recreation Journal*. 2021;55(2):168-184.
922. Hamilton AB, Wiltsey-Stirman S, Finley EP, et al. Usual Care Among Providers Treating Women Veterans: Managing Complexity and Multimorbidity in the Era of Evidence-Based Practice. *Administration and policy in mental health*. 2020;47(2):244-253.
923. Than C, Chuang E, Washington DL, et al. Understanding Gender Sensitivity of the Health Care Workforce at the Veterans Health Administration. *Women's Health Issues*. 2020;30(2):120-127.
924. Zuchowski JL, Hamilton AB, Washington DL, et al. Drivers of Continuing Education Learning Preferences for Veterans Affairs Women's Health Primary Care Providers. *Journal of Continuing Education in the Health Professions*. 2017;37(3):168-172.
925. Marshall V, Stryczek KC, Haverhals L, et al. The Focus They Deserve: Improving Women Veterans' Health Care Access. *Women's Health Issues*. 2021;31(4):399-407.
926. Vance B, Alhussain K, Sambamoorthi U. Five-year trend in healthcare access and patient-reported health outcomes among women veterans. *Nursing Forum*. 2020;55(2):165-173.
927. Brunner J, Rose DE, Chuang E, et al. The role of healthcare system hassles in delaying or forgoing care. *Healthcare*. 2020;8(2).
928. Newins AR, Wilson SM, Hopkins TA, et al. Barriers to the use of Veterans Affairs health care services among female veterans who served in Iraq and Afghanistan. *Psychological services*. 2019;16(3):484-490.

929. Chanfreau-Coffinier C, Washington DL, Chuang E, et al. Exploring the association of care fragmentation and patient ratings of care quality: A mediation analysis of women Veterans' experience with VA care. *Health Services Research*. 2019;54(4):816-826.
930. Brunner J, Chuang E, Washington DL, et al. Patient-Rated Access to Needed Care: Patient-Centered Medical Home Principles Intertwined. *Women's Health Issues*. 2018;28(2):165-171.
931. Di Leone BAL, Wang JM, Kressin N, Vogt D. Women's veteran identity and utilization of VA health services. *Psychol Serv*. 2016;13(1):60-68.
932. Gawron LM, Pettey WBP, Redd AM, et al. Distance to Veterans Administration Medical Centers as a Barrier to Specialty Care for Homeless Women Veterans. *Studies in health technology and informatics*. 2017;238:112-115.
933. Wolfe HL, Boyer TL, Shipherd JC, et al. Barriers and Facilitators to Gender-affirming Hormone Therapy in the Veterans Health Administration. *Annals of behavioral medicine : a publication of the Society of Behavioral Medicine*. 2023.
934. Rose AJ, Hughto JMW, Dunbar MS, et al. Trends in Feminizing Hormone Therapy for Transgender Patients, 2006–2017. *Transgender Health*. 2023;8(2):188-194.
935. Hahn H, Burkitt KH, Kauth MR, et al. Primary sources of health care among LGBTQ+ veterans: Findings from the Behavioral Risk Factor Surveillance System. *Health Services Research*. 2023;58(2):392-401.
936. Boyer TL, Wolfe HL, Littman AJ, et al. Patient Experiences and Provider Perspectives on Accessing Gender-Affirming Surgical Services in the Veterans Health Administration. *J Gen Intern Med*. 2023.
937. Wolfe HL, Vimalananda VG, Wong DH, et al. Patient Characteristics Associated with Receiving Gender-Affirming Hormone Therapy in the Veterans Health Administration. *Transgender Health*. 2022.
938. Shipherd JC, Darling JE, Klap RS, et al. Experiences in the Veterans Health Administration and Impact on Healthcare Utilization: Comparisons Between LGBT and Non-LGBT Women Veterans. *LGBT Health*. 2018;5(5):303-311.
939. Dietert M, Dentice D, Keig Z. Addressing the Needs of Transgender Military Veterans: Better Access and More Comprehensive Care. *Transgender Health*. 2017;2(1):35-44.
940. Rohs CM, Albright KR, Monteith LL, et al. Perspectives of VA healthcare from rural women veterans not enrolled in or using VA healthcare. *PLoS One*. 2023;18(8 August).
941. Cordasco KM, Mengeling MA, Yano EM, Washington DL. Health and Health Care Access of Rural Women Veterans: Findings From the National Survey of Women Veterans. *Journal of Rural Health*. 2016;32(4):397-406.
942. Ward RE, Nguyen XT, Li Y, et al. Racial and Ethnic Disparities in U.S. Veteran Health Characteristics. *Int J Environ Res Public Health*. 2021;18(5):02.
943. Tsai J, Mitchell L, Nakashima J, Blue-Howells J. Unmet needs of homeless U.S. veterans by gender and race/ethnicity: Data from five annual surveys. *Psychological services*. 2023;20(1):149-156.
944. Tsai J, Szymkowiak D, Iheanacho T. Psychopharmacoepidemiology of antidepressant medications among homeless and unstably housed service users in the Veterans Affairs healthcare system. *Human Psychopharmacology*. 2022;37(4).
945. Spinola S, Hoff RA, Tsai J. A psychosocial mediational model of homelessness among U.S. male and female veterans who served in Iraq and Afghanistan. *Health & Social Care in the Community*. 2021;29(2):453-463.
946. Mulcahy E, Szymkowiak D, Montgomery AE. Psychosocial risk factors for transitions into housing instability among women veterans. *Journal of the American Board of Family Medicine*. 2021;34(2):387-391.

947. Yu B, True G, Chhabra M, et al. The Intersection of Interpersonal Violence and Housing Instability: Perspectives From Women Veterans. *American Journal of Orthopsychiatry*. 2020;90(1):63-69.
948. Montgomery AE, Shipherd JC, Kauth MR, et al. Use of Veterans Health Administration Homeless Programs Among Transgender and Non-Transgender Veterans Experiencing Self-Reported Housing Instability. *Journal of Health Care for the Poor & Underserved*. 2020;31(2):909-919.
949. Felder S, Delany PJ. The life course of homeless female Veterans: Qualitative study findings. *Journal of Military, Veteran & Family Health*. 2020;6:31-39.
950. Carter SP, Montgomery AE, Henderson ER, et al. Housing Instability Characteristics Among Transgender Veterans Cared for in the Veterans Health Administration, 2013–2016. *American Journal of Public Health*. 2019;109(10):1413-1418.
951. Montgomery AE, Sorrentino AE, Cusack MC, et al. Recent Intimate Partner Violence and Housing Instability Among Women Veterans. *American Journal of Preventive Medicine*. 2018;54(4):584-590.
952. Dichter ME, Wagner C, Borrero S, et al. Intimate partner violence, unhealthy alcohol use, and housing instability among women veterans in the Veterans Health Administration. *Psychological services*. 2017;14(2):246-249.
953. Campbell SB, Gray KE, Hoerster KD, et al. Differences in functional and structural social support among female and male veterans and civilians. *Social Psychiatry & Psychiatric Epidemiology*. 2021;56(3):375-386.
954. Boros P, Erolin KS. Women Veterans after Transition to Civilian Life: An Interpretative Phenomenological Analysis. *Journal of Feminist Family Therapy*. 2021;33(4):330-353.
955. Sienkiewicz ME, Amalathas A, Iverson KM, et al. Examining the association between trauma exposure and work-related outcomes in women veterans. *International Journal of Environmental Research and Public Health*. 2020;17(12):1-16.