
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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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.

Executive Summary

KEY FINDINGS

- ▶ We identified 932 articles relevant to women Veteran (WVs) health published between 2016-2023, which represents a 1.12-fold increase since the previous 7-year period.
 - ▶ Most articles (82%) used an observational design. While there was a 3-fold increase in the number of clinical trials since the 2008-2015 map, the total number remains very low ($k = 27$).
 - ▶ Approximately half (45%) included a prioritized Veteran population, most commonly Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn (OEF/OIF/OND) Veterans ($k = 156$) and Veterans with a history of trauma ($k = 141$).
 - ▶ There was a substantial increase in articles with targeted inclusion of transgender and/or nonbinary Veterans (4 to 32).
 - ▶ Approximately half (47%) reported results disaggregated for WVs. A slightly smaller number of articles (44%) included WVs only. The remainder were comprised of studies addressing WVs, non-Veteran civilian women, and Veteran men, or focused on provider data.
 - ▶ The 3 largest primary focus areas were general mental health (eg, PTSD, disordered eating, mental health care) ($k = 203$), chronic medical conditions ($k = 137$), and interpersonal violence ($k = 121$).
 - ▶ Areas of notable growth included reproductive health (3.7-fold increase), reproductive mental health (5.3-fold increase), interpersonal violence (2.6-fold increase), and areas of research priority for VA including chronic pain/opioids (4.3-fold increase) and suicide/non-suicidal self-injury (NSSI) (4.2-fold increase).
 - ▶ Emerging areas included harassment and discrimination experienced within the context of VA care, sleep disorders, and disordered eating, as well as toxic exposures (eg, pesticides, burn pits, and oil well fires).
 - ▶ Long-term care/aging had modest growth since the 2008-2015 map (1.6-fold increase) as a primary focus area and was rarely a secondary focus area.
 - ▶ Gaps were noted in the areas of cancer, menopause, reproductive mental health outside the peripartum period, common pulmonary- and gastrointestinal-related conditions, the intersectional effects of chronic disease and other conditions (eg, chronic pain, substance use), and the impacts of intersectional identities for women from racially and ethnically minoritized populations.
 - ▶ Areas for methodologic development included the conduct of interventional and implementation studies, reporting sex and gender as distinct constructs, and reporting Veteran engagement during study conduct.
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Historically, women have comprised a small proportion of the US armed forces, meaning the scope of VA services has largely focused on the health needs of Veteran men. The number of women using the VA for health care has increased 2.8-fold since 2000, with WVs using outpatient care at a higher frequency than their male counterparts. In addition to rising numbers, the sociodemographic

characteristics and health care needs of WVs differ from Veteran men: WVs tend to be younger, more racially and ethnically diverse, and are more likely service-connected than Veteran men. Thus, it is critical that the VA utilize available research to understand best practices for providing evidence-based care to women Veterans. The last WVs health evidence map was published in 2017, covering literature from 2008 to 2015. There have since been considerable advances in the field of WVs health research. Evaluating how the breadth and depth of this body of literature has changed is crucial for understanding how the field has progressed and identifying current gaps. We aimed to create an updated evidence map that describes the literature on WVs health since the 2008-2015 evidence map, spanning studies published from 2016-present. We focused on the future directions identified in the previous evidence map, identified areas of dramatic growth, and reassessed areas with a continued need for further research.

The following key question was the focus for this review: *What is the scope and breadth of the literature on WVs health published since 2015?*

CURRENT REVIEW

This review was requested by the VA Office of Women's Health, with technical support from VA Women's Health Research Network, to inform practice and policy updates and to identify evidence gaps to serve the research community. In the development of our approach, we sought input from our technical expert panel comprised of experts in women's health and WVs health care delivery.

METHODS

We adapted standard systematic review methodology to conduct our evidence mapping review. We conducted a primary search from January 1, 2016, to October 2023 of MEDLINE (via Ovid), Embase (via Elsevier), and CINAHL (via EBSCO). We included all studies which met at least 1 of the following criteria: (1) had more than 75% WVs; (2) reported results separately for WVs as a subgroup; and (3) included analyses with stratified results for women. Where possible, study designs and stages were classified as declared by study authors. We defined "women Veterans" as individuals who served in the armed forces (national guard and reserves) and who identify as women or are transgender and/or non-binary and were assigned female at birth. We also included publications including women's health clinical team members. Two reviewers screened citations at the title and abstract level. Additionally, a reviewer [KMG] verified 20% of abstracts excluded for having a mixed population, due to challenges identifying articles with stratified results for women. One reviewer evaluated citations at the full-text level. A second reviewer [AAT] examined 20% of excluded full texts to ensure integrity. An individual reviewer completed data extraction and a second reviewer performed a quality check for at least 20% for accuracy. Extraction was completed by an individual reviewer. Data from 20% of extracted articles were quality checked for accuracy. Additionally, we verified focus area and target population categories for all included studies. We assigned 1 primary and up to 2 secondary focus areas for each article. 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).

RESULTS

Of 1,762 articles identified for full-text review, we excluded 533 that reported samples including both Veteran men and WVs, or WVs and non-Veteran civilian women, but did not report outcomes separately for WVs. We identified 932 articles relevant to WVs health published since 2016. Overall,

we found that more than double the number of articles were published on average per year since 2016 compared to prior evidence maps: 2016-2023 = 932 articles (117 per year), 2008-2015 = 440 articles (55 per year), 2004-2008 = 195 articles (39 per year). (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. Though many studies reported multiple sources of funding, the VA supported 73%, with National Institute of Health (NIH) or other government grants funding 20%. Other sources included Department of Defense (DOD) (5%), university support (4%), foundations (3%), and industry (eg, pharmaceutical companies) (3%). Unfunded or studies that did not report funding sources comprised 15%.

The majority of articles had an observational design ($k = 759$), while there were 107 qualitative, 24 mixed-methods, 26 randomized controlled trials (RCTs), and 16 Cochrane Effective Practice and Organization of Care (EPOC) study designs or other experimental designs. Half of RCTs examined interventions for mental health conditions in the general mental health category, which included conditions such as PTSD and depression, and were largely aimed at patient-level treatment approaches for screening or treatment of mental health conditions. The remaining RCTs appeared within substance use ($k = 4$), interpersonal violence ($k = 4$), preventive health ($k = 2$), chronic medical conditions ($k = 2$), and health care organization/delivery of care for WVs ($k = 2$). Among the EPOC or other experimental design studies, general mental health was the most common primary focus area ($k = 6$) followed by substance use ($k = 3$). We found 17 systematic and scoping reviews or evidence maps.

Over half of the articles included a VA prioritized patient population, most frequently OEF/OIF/OND Veterans and Veterans with a history of trauma. The greatest growth in research focusing on populations prioritized by the VA occurred among transgender and/or nonbinary individuals, increasing from the 2008-2015 map ($k = 4$) to the current map ($k = 32$). Only 11 studies specifically sought inclusion of rural-dwelling Veterans. Of the 932 articles we identified, 436 included WVs and Veteran men, 405 included a WVs only sample, and 61 included WVs and non-Veteran women. There were 50 articles that either included a health care provider sample or were systematic reviews for which the unit included was measured by the number of articles.

Areas with the greatest growth were reproductive mental health (5.3-fold increase), interpersonal violence (4.5-fold increase), chronic pain/opioids (4.3-fold increase), suicide/NSSI (4.2-fold increase), and reproductive health (3.7-fold increase). Long-term care/aging experienced limited expansion since the 2008-2015 map (1.6-fold increase), was rarely identified as a secondary focus area, and remained an overall smaller focus area ($k = 21$). As primary focus areas, access/utilization of care and health care organization/delivery of care for WVs experienced modest growth (1.25- and 1.6-fold increase, respectively); however, this likely reflects a shift in our approach to categorizing articles as they were the most common secondary focus areas identified. Emerging areas of this literature included harassment and discrimination experienced within the context of VA care, sleep disorders, disordered eating, and toxic exposures. Brief descriptions of primary focus areas are listed below.

Mental Health

Given the growth in WVs mental health research and as this general topic area accounted for the largest proportion of identified studies, we created several new focus areas of mental health research to aid interpretation and utility of this evidence map for future planning. These new areas are interpersonal violence, substance use, suicide/non-suicidal self-injury (NSSI), reproductive mental health, and other violence.

- General Mental Health ($k = 203$): This topic area mirrors the prior evidence map organization with the most common mental health conditions and those conditions that didn't meet criteria for new mental health focus areas listed above. We found this area primarily comprised observational studies ($k = 161$). Most were mixed-sex or mixed-gender ($k = 116$) and often included the prioritized populations of OEF/OIF/OND Veterans ($k = 56$) and Veterans with a history of trauma ($k = 51$). This focus area also had the largest number of RCTs ($k = 13$), which primarily focused on patient-level treatment and screening approaches for mental health symptoms. PTSD was the most common mental health condition addressed in this area ($k = 96$), while co-occurring mental health diagnoses was the second ($k = 28$). Emerging topics in this area were disordered eating ($k = 18$) and sleep-related conditions ($k = 17$). We found relatively few studies on other common mental health conditions, such as depression or anxiety. Although a more direct comparison showed the overall number of mental health articles in the current map ($k = 471$ [50%]) has more than doubled since the 2008-2015 map ($k = 208$ [47%]), we found that mental health-focused studies comprised a similar overall proportion of published research.
- Substance Use ($k = 71$): The most common substances studied were alcohol, tobacco, or substance use generally, with few articles addressing opioid use disorder. Articles in this area most often evaluated gender or sex differences in treatment access, utilization, and outcomes, or the prevalence of different substance use disorders. There were 4 RCTs evaluating different substance use treatment interventions. Other common subtopics included evaluating the relationship between substance use and stress or sexual trauma and substance use among marginalized groups, including 7 articles focused on transgender and/or nonbinary Veterans. We identified 1 systematic review related to alcohol use and 1 scoping review on smoking behavior among marginalized groups.
- Suicide and Non-Suicidal Self-Injury ($k = 55$): Most ($k = 44$) articles described the prevalence and risk factors for suicide or ways to better characterize suicidal ideation, suicidal behaviors, or NSSI. We found no experimental studies designs, systematic reviews, or implementation studies for this focus area. The most common priority populations targeted were OEF/OIF/OND Veterans, followed by Veterans with a history of trauma, and transgender and/or nonbinary Veterans.
- Reproductive Mental Health ($k = 21$): This area included primarily observational studies ($k = 15$) and focused on peripartum (*ie*, the time surrounding pregnancy including postpartum) mental health care or the prevalence and risk factors for peripartum mental health conditions ($k = 16$). We found limited literature on mental health issues outside of the peripartum period and little on sexual functioning. Note that this category is mutually exclusive from reproductive health.

Medical Conditions

We created 2 new primary focus areas under medical conditions for cancer and chronic pain-related articles.

- Chronic Medical Conditions ($k = 137$): Chronic medical conditions was the second largest focus area identified. We found nearly double the number of articles categorized in this focus area compared with the last evidence map, which included a broader range of medical conditions. Identified articles were mostly observational ($k = 129$), with the largest categories

related to cardiovascular ($k = 32$), endocrine ($k = 22$), and neurologic disorders ($k = 20$). There were 2 RCTs and 1 systematic review. Most articles ($k = 95$) included both men and women and reported results disaggregated for WVs. We found only 29 articles that sought to specifically include Veterans from prioritized populations, primarily OIF/OEF/OND and Gulf War Era Veterans. Few to no articles were related to conditions common among WVs, such as hypertension, lumbosacral disorders, eye disorders, and irritable bowel syndrome. Combined with the categories of cancer and chronic pain/opioids, we found that 179 studies were published between 2016-2023, over twice that within the medical conditions category of the 2008-2015 map ($k = 78$).

- Reproductive Health ($k = 88$): This focus area grew from only 24 articles in the last evidence map. Most articles within this area were observational ($k = 79$); we identified 1 systematic review and no RCTs. The largest categories in this area addressed maternal health ($k = 30$) and family planning ($k = 29$), while 11 studies were related to uterine diagnoses and surgeries. Unlike other focus areas, the most common prioritized population was racial and ethnic minoritized Veterans ($k = 15$), with a smaller number targeting women with a history of trauma and OEF/OIF/OND Veterans.
- Preventive Health ($k = 45$): We found approximately half of articles in this area described health screening ($k = 21$), mainly for cancer, mental health, and sexual health. Twenty-one articles addressed aspects of health behavior ($k = 21$), mostly focusing on obesity and body weight management. Few articles targeted inclusion of prioritized populations. We identified 2 RCTs and no systematic reviews. Several articles leveraged data from large VA cohort studies and programs (eg, the Million Veterans Program).
- Chronic Pain/Opioids ($k = 30$): Most articles in this focus area were exclusively observational ($k = 27$) with 3 qualitative studies. Primary topics included risk factors for chronic pain, opioid use among VA users, or pain assessment and management. Articles on opioid use mostly investigated prescribing patterns within certain Veteran subpopulations, such as pregnant, menopausal, or transgender and/or nonbinary Veterans. We identified no studies examining differences in opioid prescribing between men and WVs or any studies on harm reduction strategies. OIF/OEF/OND Veterans were the most common prioritized populations ($k = 6$) followed by rural-dwelling ($k = 2$) and transgender and/or nonbinary ($k = 1$) Veterans.
- Long-Term Care/Aging ($k = 21$): All articles in this focus area were observational. There were 2 systematic reviews. Common topics included morbidity and mortality associated with various demographic identities or health conditions and cognitive function. We identified a very small volume of literature on end-of-life care and general aging or functioning and no articles on caregiving for WVs. Four articles targeted prioritized populations, 1 each for Veterans with a history of trauma, racial and ethnic minoritized populations, sexual minoritized populations, and Vietnam-era Veterans.
- Cancer ($k = 12$): Most articles in this focus area were observational, with 1 qualitative study, and primarily addressed epidemiology, risk factors, or associations. We found no RCTs, program evaluations, or systematic reviews. Half of identified articles were related to breast cancers and half addressed cancers not specific to women. We found no articles on sex-specific cancers outside of breast (eg, cervical, ovarian) nor on non-sex specific cancers commonly affecting women such as lung cancer. Only 1 article addressed a prioritized population.

Trauma, Violence, and Stressful Experiences

- Interpersonal Violence ($k = 121$): Most articles we identified within this area were observational ($k = 89$). Twenty-four were qualitative studies focused mainly on Veterans' experiences with interpersonal violence and VA care. Military sexual trauma (MST) was the most addressed trauma type ($k = 69$), followed by intimate partner violence (IPV; $k = 41$). Articles primarily addressed prevalence, risk factors, or mental and physical health sequelae of these experiences. Though there were 6 RCTs or other experimental designs, these studies largely focused on testing the efficacy of interventions for MST and IPV survivors. OEF/OIF/OND Veterans and Veterans with a history of trauma were heavily represented, while little literature addressed interpersonal violence among other prioritized populations (eg, only 2 articles targeted racial and ethnically minoritized populations or those with homelessness experiences).
- Other Violence ($k = 6$): In this small primary focus area, we identified 4 studies on firearm ownership and 2 on other forms of violence. There were no experimental, implementation, or program evaluation articles.
- Harassment and Discrimination ($k = 9$): This focus area was new in this evidence map and primarily included articles related to harassment experienced in the VA from patient and provider perspectives. There was 1 program evaluation.

Structures and Determinants of Care for WVs

- Health Care Organization/Delivery of Care for WVs ($k = 51$): The majority ($k = 27$) of articles in this area fell under the topic of service delivery and addressed aspects of the structure and experience of care delivery for WVs. We identified this area as a secondary focus area for an additional 153 articles, most commonly in reproductive health and general mental health. Sixteen articles collected data from VA providers, staff, or facilities. Six articles related to methods development pertinent to WVs were identified in this section.
- Access/Utilization of Care ($k = 30$): While we found minimal growth in this primary focus area, there were 166 articles in other focus areas that identified access/utilization of care as a secondary focus. Of note, 12 articles addressed access/utilization of care specific to prioritized populations, most commonly Veterans who identified as LGBTQ+.

Other Focus Areas

- Social Determinants of Health (SDOH) ($k = 30$): Articles in this focus area addressed the influence of non-medical factors on health outcomes, with half addressing aspects of housing instability. We found no experimental study designs, 1 program evaluation, and 2 systematic reviews. The most common prioritized population targeted was Veterans with experiences of homelessness.
- Toxic Exposures ($k = 3$): In this new focus area, we found 3 observational studies on exposures among Gulf War Era Veterans. Exposures investigated by studies in this section included pesticides and oil well fires.

DISCUSSION

In this evidence map, we identified 932 articles on WVs health published between 2016 and 2023, representing double the publication rate observed from 2008-2015. As in the last evidence map, mental

health accounted for half of this body of literature. Reproductive health, reproductive mental health, interpersonal violence, chronic pain/opioids, and suicide/NSSI experienced the greatest growth over this period. Among populations prioritized by the VA, literature on transgender and/or nonbinary individuals experienced the largest growth, while there was relatively little focus on rural-dwelling Veterans or those from older conflict eras such as the Vietnam War era. One focus area with limited growth was long-term care/aging. Emerging areas of the WVs health literature include harassment and discrimination experienced within the context of VA care, sleep disorders, disordered eating, and toxic exposures. As reported in the last evidence map, we found that WVs health literature remained primarily observational, though we found 26 RCTs and 43 program evaluations or multi-site quality improvement (QI) projects. Overall, there was a similar proportion of articles which exclusively focused on WVs only data (~44%) compared with those with mixed samples of WVs and Veteran men (~47%) or WVs and non-Veteran civilian women (~6.5%).

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 for each individual article. In particular, we provided context for our findings in relation to prior WVs health evidence maps and acknowledge that our eligibility criteria and approach to categorization and mapping of the literature was not identical to the prior map, which limits a direct comparison. We excluded articles that described single-site QI projects to focus on generalizable scientific literature. Given the volume of literature, we did not contact authors for clarification when aspects of reporting or analyses were unclear. Instead, we described the study characteristics to the best of our abilities based on information in the primary literature.

Future Research

The largest portion of WVs who are receiving care in the VA are reaching middle age. There is thus a need to understand conditions affecting this subpopulation at present and in coming years, including chronic conditions and issues related to aging and long-term care needs. Additionally, there is a need to explore the intersection of exposures and conditions better studied among WVs (*eg*, mental health and violence) as they co-occur with chronic conditions and the full spectrum of the reproductive lifespan (*eg*, post-menopausal). For chronic conditions, there is a great opportunity to continue to leverage mixed-sex and gender study populations to explore how and when care should be tailored for women.

Significant opportunities exist to leverage existing data sets to expand VA research and generate valuable data to inform patient-centered, personalized care for WVs. We excluded over 500 articles that did not report findings for WVs subsamples, for which it was likely feasible for many to disaggregate outcomes for WVs. Future research could thus better utilize VA data to explore differing outcomes among WVs and Veteran men. When data lack sufficient statistical power for subgroup analyses, making data available stratified for WVs could assist hypothesis generation or individual participant meta-analyses.

We also note important design and reporting considerations. Harmonization of eligibility criteria, outcomes, and data collection strategies can facilitate the ability to pool analyses across studies. Additionally, reporting sex and gender as separate variables will be crucial, as will reporting Veteran engagement activities conducted in the design and execution of research. Reporting engagement in research is needed for study transparency, to recognize the Veteran efforts, and to advance the literature of engagement science. Overall, though we identified some experimental and implementation studies, a preponderance of WVs research continues to be observational in nature. Future monitoring

of the field of WVs literature should seek rigorous effectiveness and studies of taking evidence-based practices to scale when appropriate, as well as track the progress and impact of program implementation during innovation dissemination.

We identified several program evaluations, highlighting the growth of VA clinical offerings or innovations for WVs health and the increased use of program evaluation resources in VA's Learning Health Care System model. Low-risk innovations may be appropriate for pragmatic research studies and program evaluations, which may allow more rapid advancement to clinical practice, particularly when safety evidence is established across other clinical settings and populations. Consistent monitoring of WVs health research should thus continue to include tracking the progress and outcomes of program evaluation efforts in addition to rigorous efficacy and implementation trials.

CONCLUSIONS

A robust evidence base is critical to promote the health of WVs and improve their quality of life and overall well-being. The pace of growth of WVs health research has doubled and expanded in important areas that align with VA research priorities, such as pain and suicide. 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.

Main Report

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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 Agenda⁵ 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 articles⁷⁻⁹ 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	<p>Included:</p> <ul style="list-style-type: none"> Individuals who have served in the armed forces (including national guard and reserves) <u>and</u> 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 <u>or</u> the study reported results separately for WVs as subgroup analysis or otherwise reported results separately for women. Included studies could: <ul style="list-style-type: none"> Stratify or disaggregate results by sex and/or gender (<i>eg</i>, 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 <p>Excluded:</p> <ul style="list-style-type: none"> 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	<p>Included:</p> <ul style="list-style-type: none"> Trials, observational (prospective and retrospective) studies, systematic reviews (<i>eg</i>, 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 <u>or</u> 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:	
<ul style="list-style-type: none"> 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.

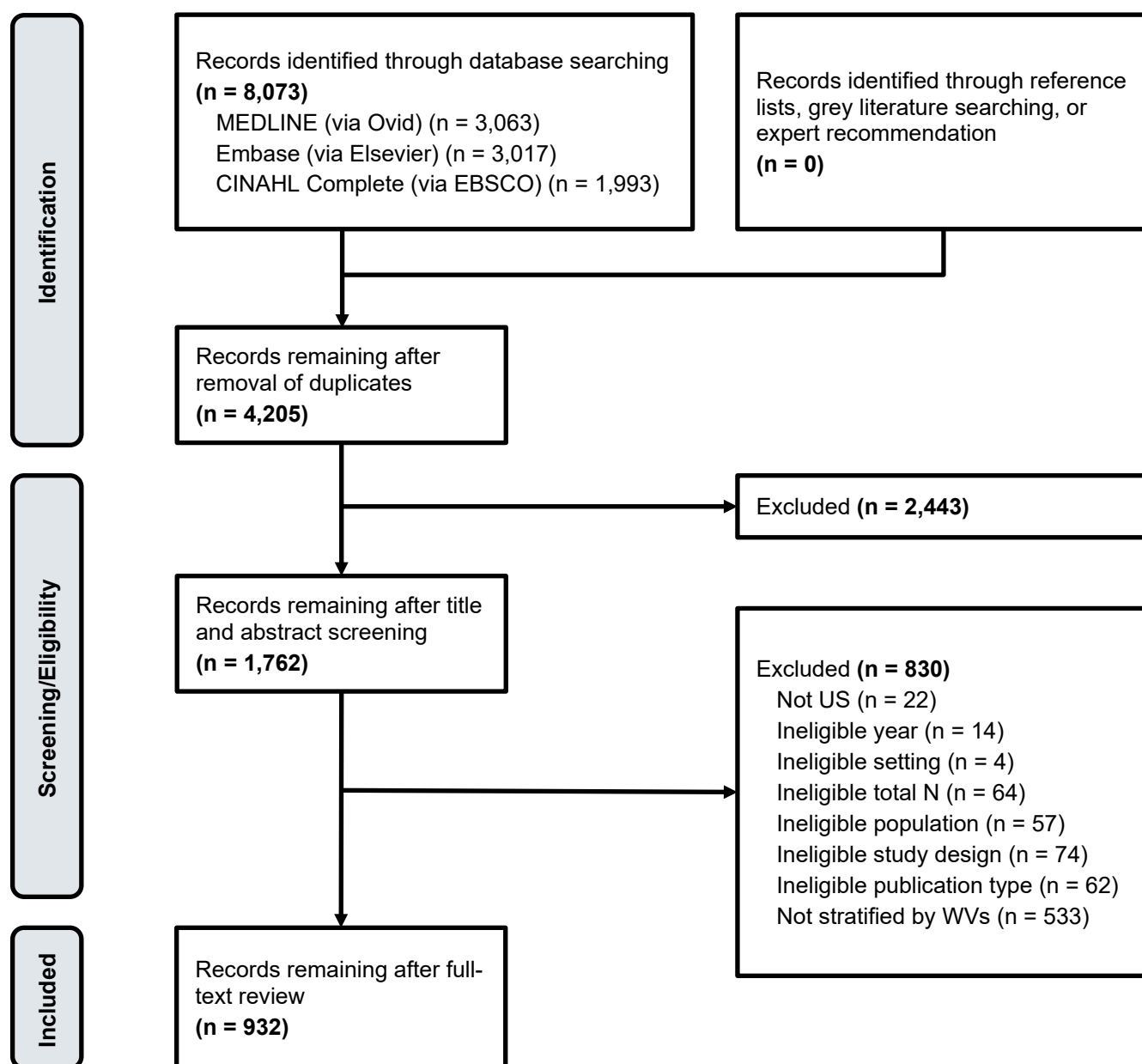
Study designs and stages were classified, where possible, using the design declared by the study authors. The Cochrane Effective Practice and Organisation of Care (EPOC) suggests that 4 study designs should be considered for systematic review with multiple sites and data collection points: randomized 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 sites, 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

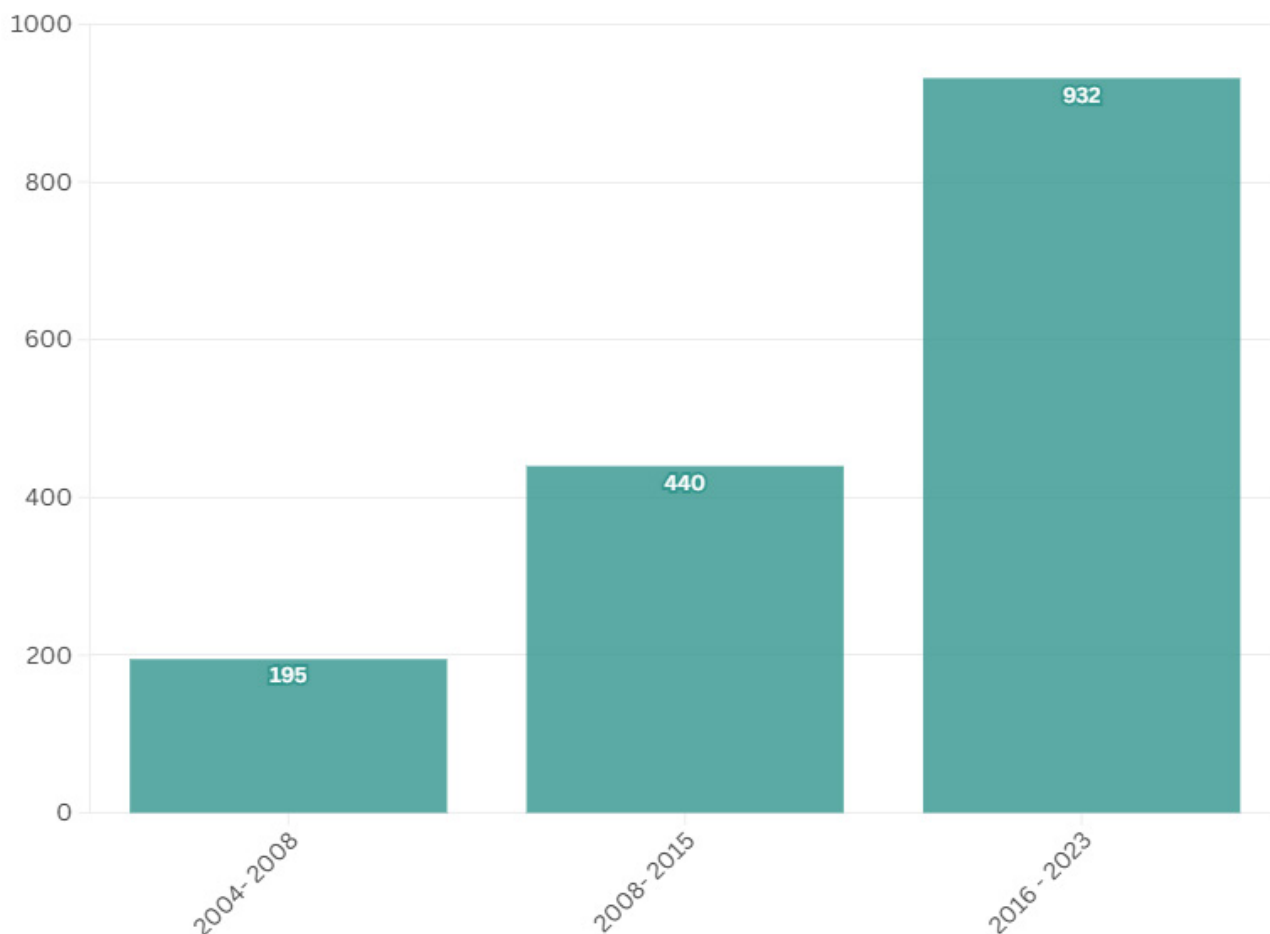


OVERVIEW OF INCLUDED STUDIES

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.

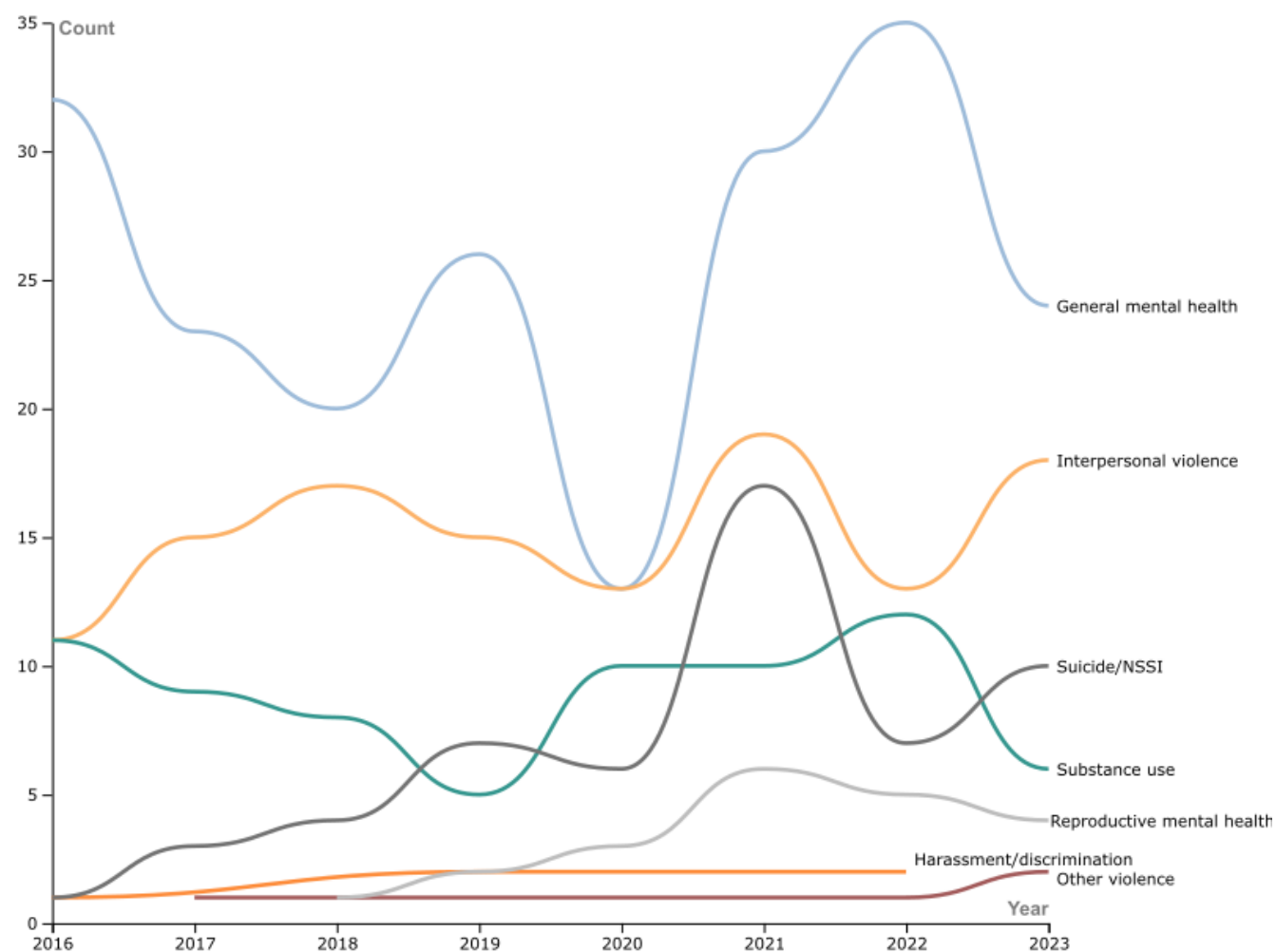
Primary Focus Areas

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

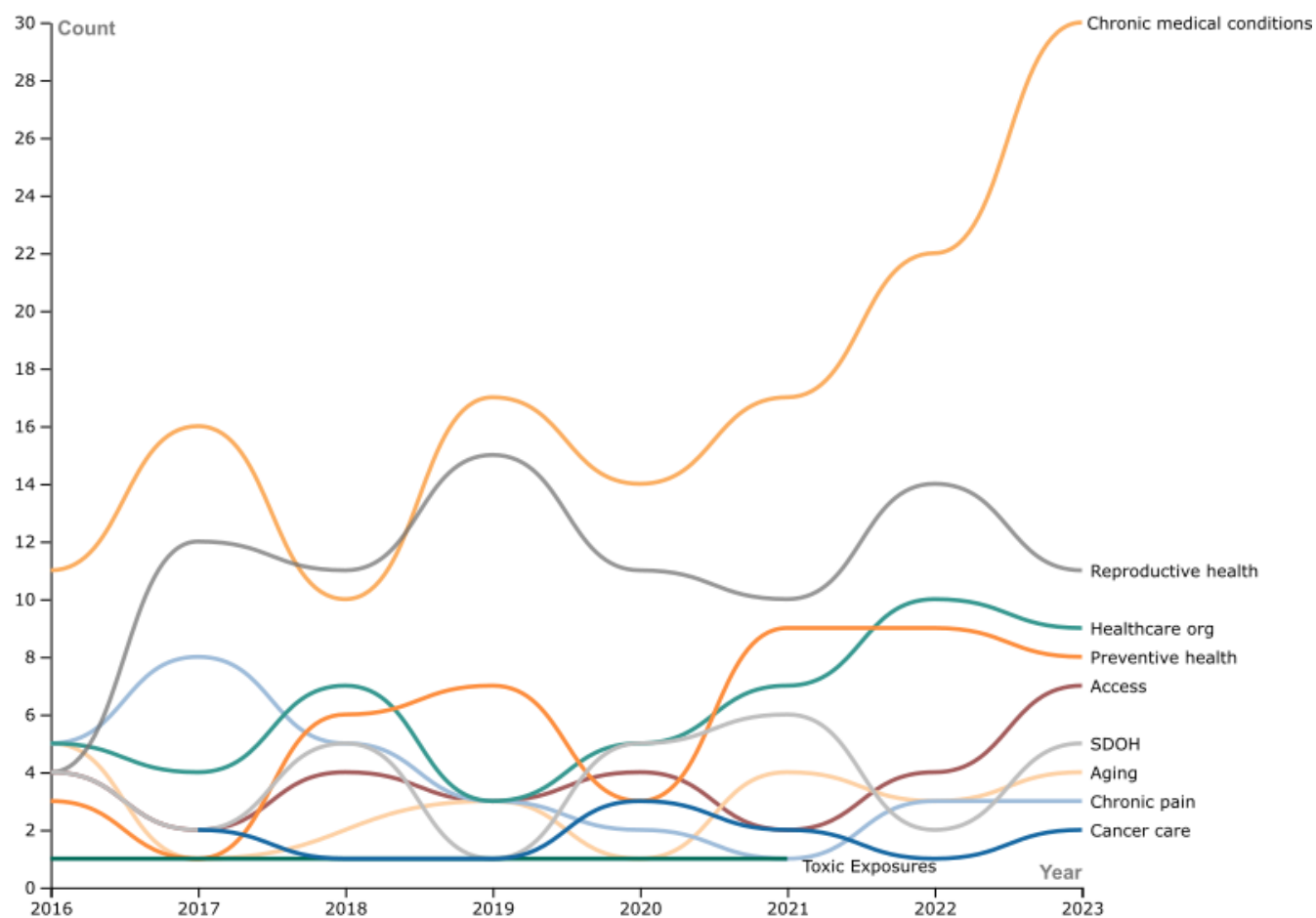
Focus areas with the largest proportional change since the 2008-2015 map were reproductive mental health (4 to 21 articles; 5.25-fold increase), chronic pain/opioid use (7 to 30 articles; 4.3-fold increase), and suicide/NSSI (13 to 55 articles; 4.2-fold increase). Focus areas with relatively limited 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.

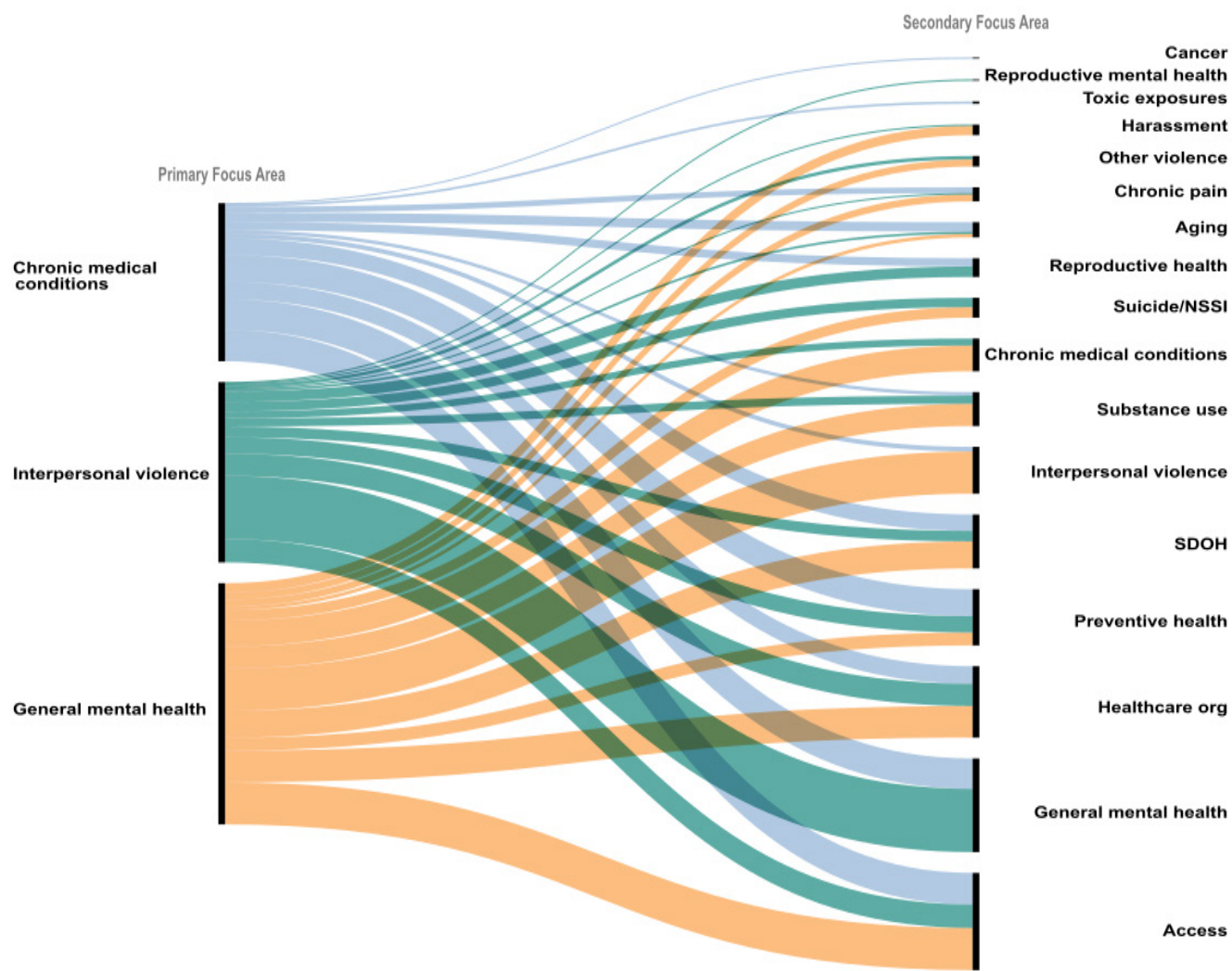
Figure 4. Change Over Time Across Medical Conditions, Structures of Care, and Other Focus Areas

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

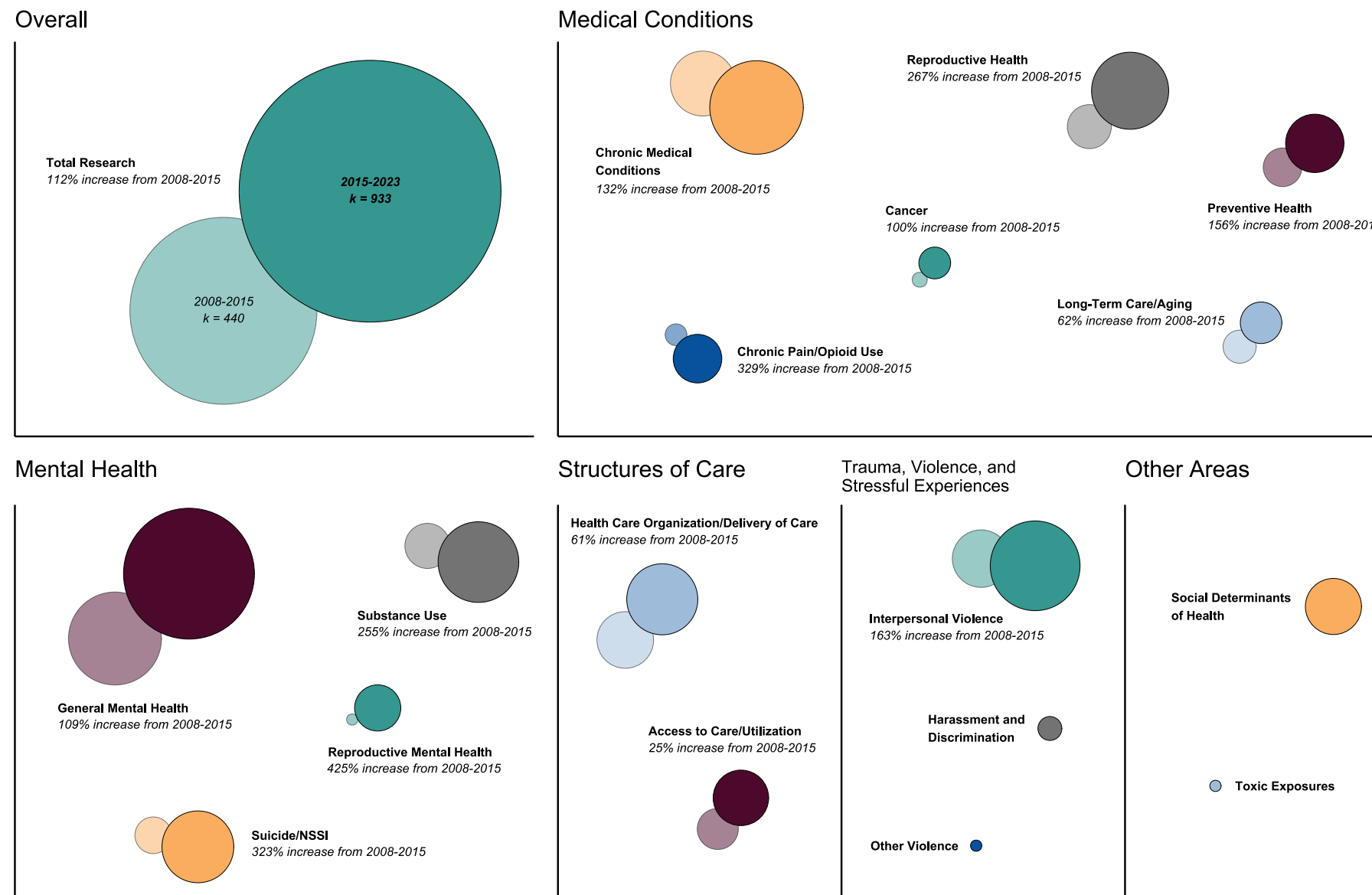
Across this collection of articles, we found the majority used an observational design ($k = 760$ [81%]), similar to the 2008-2015 map ($k = 375$ [85%]), which was also the most common design within each focus area (Figure 6). Of the 759 observational studies, 303 included WVs only, 398 included both 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



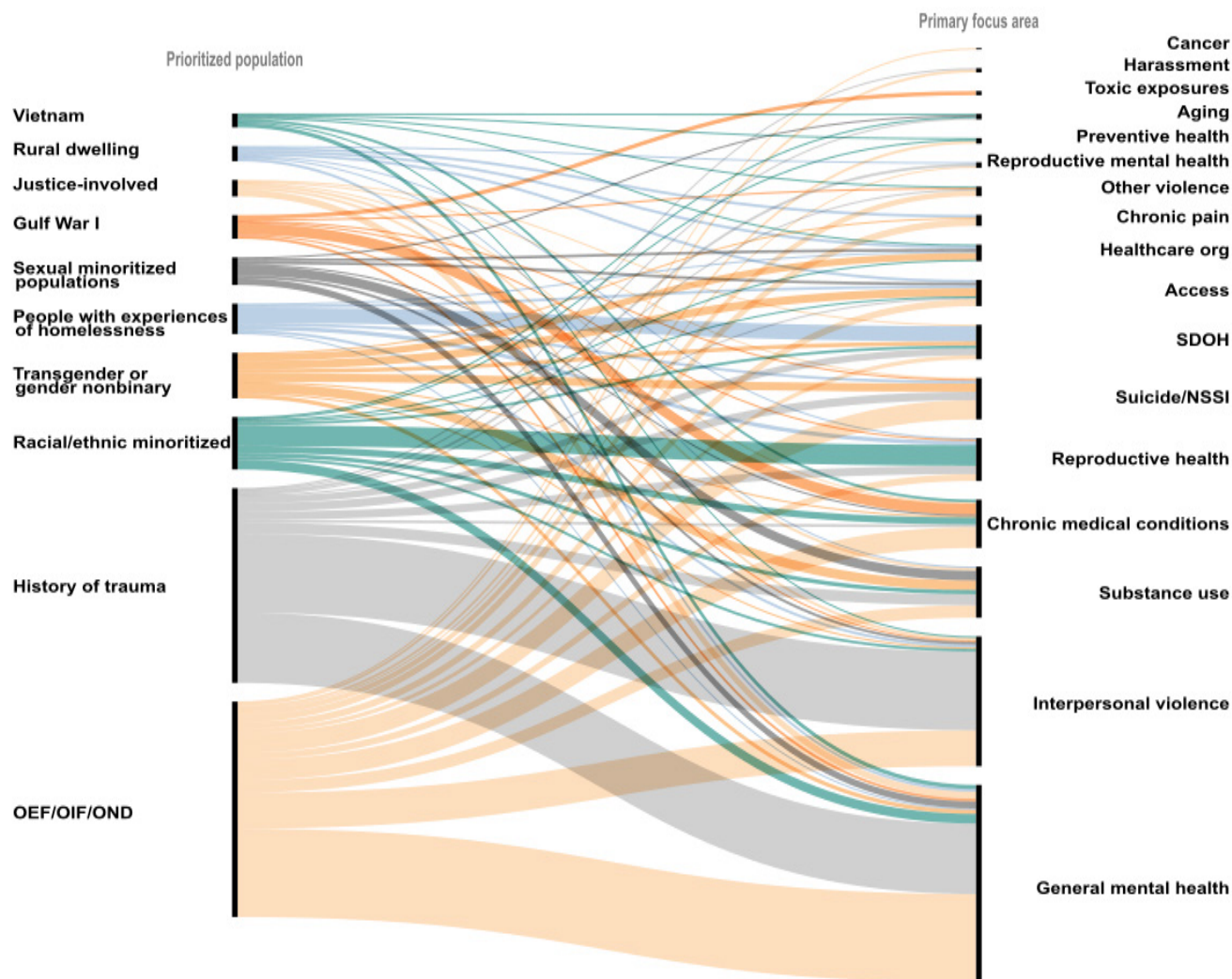
Note. Lighter-shaded circles indicate volume of literature in the 2008–2015 period.

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	<ul style="list-style-type: none"> • WVs-only (<i>k</i> = 80) • WVs versus Veteran men (<i>k</i> = 114) • WVs versus non-Veteran women (<i>k</i> = 9) • Both WVs versus Veteran men and WVs versus non-Veterans (<i>k</i> = 3) • Other (<i>k</i> = 3)
Key study designs	<ul style="list-style-type: none"> • Observational (<i>k</i> = 161) • Qualitative (<i>k</i> = 17) • RCT (<i>k</i> = 13) • EPOC or quasi-experimental (<i>k</i> = 6) • Mixed methods (<i>k</i> = 6)
Key study stages	<ul style="list-style-type: none"> • Program evaluation and/or QI (<i>k</i> = 10) • Efficacy and/or effectiveness (<i>k</i> = 11) • Implementation (<i>k</i> = 0) • Systematic reviews (<i>k</i> = 4) • Methods development (<i>k</i> = 4)
Top 3 prioritized populations	<ul style="list-style-type: none"> • OEF/OIF/OND Veterans (<i>k</i> = 57) • History of trauma (<i>k</i> = 51) • Racial and ethnic minoritized (<i>k</i> = 6)
Top 3 subcategories	<ul style="list-style-type: none"> • PTSD (<i>k</i> = 95) • Multiple diagnoses (<i>k</i> = 28) • Disordered eating (<i>k</i> = 18)
Top 3 secondary focus areas	<ul style="list-style-type: none"> • Access to care/utilization (<i>k</i> = 36) • Interpersonal violence (<i>k</i> = 36) • Health care organization/delivery of care for WVs (<i>k</i> = 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 disorders¹⁵) or general (eg, physical function¹⁶). 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 site¹⁸ 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	<ul style="list-style-type: none"> • WVs only sample (<i>k</i> = 19) • WVs versus Veteran men (<i>k</i> = 34) • WVs versus non-Veteran women (<i>k</i> = 4) • Both WVs versus Veteran men and WVs versus non-Veterans (<i>k</i> = 1) • Other (<i>k</i> = 14)
Key study designs	<ul style="list-style-type: none"> • Observational (<i>k</i> = 57) • Qualitative (<i>k</i> = 7) • RCT (<i>k</i> = 4) • EPOC and/or quasi-experimental (<i>k</i> = 3) • Mixed methods (<i>k</i> = 0)
Key study stages	<ul style="list-style-type: none"> • Program evaluation and/or QI (<i>k</i> = 5) • Efficacy and/or effectiveness (<i>k</i> = 4) • Implementation (<i>k</i> = 0) • Systematic review (<i>k</i> = 1) • Scoping review (<i>k</i> = 1) • Methods development (<i>k</i> = 1)
Top 3 prioritized populations	<ul style="list-style-type: none"> • OEF/OIF/OND Veterans (<i>k</i> = 10) • History of trauma (<i>k</i> = 8) • Transgender and/or nonbinary (<i>k</i> = 7) • Sexual minoritized (<i>k</i> = 7)
Top 3 subcategories	<ul style="list-style-type: none"> • Treatment access, utilization, and outcomes (<i>k</i> = 19) • Prevalence, risk factors, and mortality (<i>k</i> = 17) • Stress and substance use (<i>k</i> = 15)
Top 3 secondary focus areas	<ul style="list-style-type: none"> • General mental health (<i>k</i> = 16) • Access to care/utilization (<i>k</i> = 12) • Preventative health (<i>k</i> = 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Observational (k = 47) • Qualitative (k = 4) • RCT (k = 0) • EPOC and/or quasi-experimental (k = 2) • Mixed methods (k = 2)
Key study stages	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • OEF/OIF/OND Veterans ($k = 14$) • History of trauma ($k = 6$) • Transgender and/or nonbinary ($k = 6$)
Top 3 subcategories	<ul style="list-style-type: none"> • Prevalence, risk factor, and formative evaluations ($k = 43$) • VA practices and programs ($k = 8$) • Research methods ($k = 3$)
Top 3 secondary focus areas	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • WVs-only sample ($k = 17$) • WVs versus Veteran men ($k = 1$) • WVs versus non-Veteran women ($k = 2$) • Other ($k = 1$)
Key study designs	<ul style="list-style-type: none"> • Observational ($k = 15$) • Qualitative ($k = 3$) • RCT ($k = 0$) • EPOC and/or quasi-experimental ($k = 1$) • Mixed methods ($k = 2$)
Key study stages	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • History of trauma ($k = 2$) • OEF/OIF/OND Veterans ($k = 1$) • Rural dwelling ($k = 1$)
Top 3 subcategories	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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 therapy⁷⁷), 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	<ul style="list-style-type: none"> • WVs-only sample (<i>k</i> = 36) • WVs versus Veteran men (<i>k</i> = 95) • WVs versus non-Veteran women (<i>k</i> = 9) • Both WVs versus Veteran men and WVs versus non-Veterans (<i>k</i> = 4) • Other (<i>k</i> = 1)
Key study designs	<ul style="list-style-type: none"> • Observational (<i>k</i> = 129) • Qualitative (<i>k</i> = 5) • RCT (<i>k</i> = 2) • EPOC and/or quasi-experimental (<i>k</i> = 0) • Mixed methods (<i>k</i> = 1)
Key study stages	<ul style="list-style-type: none"> • Program evaluation and/or QI (<i>k</i> = 2) • Efficacy and/or effectiveness (<i>k</i> = 1) • Implementation (<i>k</i> = 1) • Systematic reviews (<i>k</i> = 1) • Methods development (<i>k</i> = 5)
Top 3 prioritized populations	<ul style="list-style-type: none"> • OEF/OIF/OND Veterans (<i>k</i> = 13) • Gulf War I (<i>k</i> = 8) • Racial and ethnic minoritized (<i>k</i> = 5)
Top 3 subcategories	<ul style="list-style-type: none"> • Cardiovascular disorders (<i>k</i> = 32) • Endocrine disorders (<i>k</i> = 22) • Nervous system disorders (<i>k</i> = 21)
Top 3 secondary focus areas	<ul style="list-style-type: none"> • Access to care/utilization (<i>k</i> = 26) • General mental health (<i>k</i> = 26) • Preventative health (<i>k</i> = 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	<ul style="list-style-type: none"> • WVs-only sample ($k = 75$) • WVs versus Veteran men ($k = 4$) • WVs versus non-Veteran women ($k = 6$) • Other ($k = 7$)
Key study designs	<ul style="list-style-type: none"> • Observational ($k = 79$) • Qualitative ($k = 5$) • RCT ($k = 0$) • EPOC and/or quasi-experimental ($k = 1$) • Mixed methods ($k = 3$)
Key study stages	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Racial and ethnic minoritized ($k = 15$)

	<ul style="list-style-type: none"> History of trauma ($k = 5$) OEF/OIF/OND Veterans ($k = 5$)
Top 3 subcategories	<ul style="list-style-type: none"> Maternal health ($k = 30$) Family planning ($k = 29$) Uterine diagnoses and surgeries ($k = 11$)
Top 3 secondary focus areas	<ul style="list-style-type: none"> 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 minoritized 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 studies¹³²⁻¹³⁴ 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 studies¹⁵³⁻¹⁵⁶ 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. Three¹⁵⁸⁻¹⁶⁰ 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	<ul style="list-style-type: none"> • WVs-only sample (<i>k</i> = 17) • WVs versus Veteran men (<i>k</i> = 25) • WVs versus non-Veteran women (<i>k</i> = 1) • Both WVs versus Veteran men and WVs versus non-Veterans (<i>k</i> = 1) • Other (<i>k</i> = 3)
Key study designs	<ul style="list-style-type: none"> • Observational (<i>k</i> = 35) • Qualitative (<i>k</i> = 7) • RCT (<i>k</i> = 2) • EPOC and/or quasi-experimental (<i>k</i> = 0) • Mixed methods (<i>k</i> = 1)
Key study stages	<ul style="list-style-type: none"> • Program evaluation and/or QI (<i>k</i> = 3) • Efficacy and/or effectiveness (<i>k</i> = 1) • Implementation (<i>k</i> = 2) • Systematic reviews (<i>k</i> = 0) • Methods development (<i>k</i> = 3)
Top 3 prioritized populations	<ul style="list-style-type: none"> • OEF/OIF/OND Veterans (<i>k</i> = 2) • Vietnam era (<i>k</i> = 1) • Rural dwelling (<i>k</i> = 0) • Racial and ethnic minoritized (<i>k</i> = 1)
Top 3 subcategories	<ul style="list-style-type: none"> • Screening (<i>k</i> = 21) • Health behaviors (<i>k</i> = 21) • Vaccinations (<i>k</i> = 2)
Top 3 secondary focus areas	<ul style="list-style-type: none"> • Health care organization/delivery of care for WVs (<i>k</i> = 11) • General mental health (<i>k</i> = 8) • Access to care/utilization (<i>k</i> = 8) • Chronic medical conditions (<i>k</i> = 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 health¹⁶⁹ 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 studies¹⁷²⁻¹⁷⁷ ($N = 167$ 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 articles¹⁷⁸⁻¹⁸⁰ 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 studies¹⁸¹⁻¹⁸³ 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 studies¹⁸⁴⁻¹⁸⁷ assessed health behaviors using the VA MOVE! program data, and 4 studies¹⁸⁶⁻¹⁸⁹ 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Observational ($k = 27$) • Qualitative ($k = 3$) • RCT ($k = 0$) • EPOC and/or quasi-experimental ($k = 0$) • Mixed methods ($k = 0$)
Key study stages	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • OEF/OIF/OND Veterans ($k = 6$) • Rural dwelling ($k = 2$) • Transgender and/or nonbinary ($k = 1$)
Top 3 subcategories	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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 pain²⁰⁴ 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Observational ($k = 21$) • Qualitative ($k = 0$) • RCT ($k = 0$) • EPOC and/or quasi-experimental ($k = 0$) • Mixed methods ($k = 0$)
Key study stages	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • History of trauma ($k = 1$) • Racial and ethnic minoritized ($k = 1$) • Sexual minoritized populations ($k = 1$) • Vietnam ($k = 1$)
Top 3 subcategories	<ul style="list-style-type: none"> • Morbidity and mortality ($k = 9$) • Cognitive function ($k = 7$) • End of life care ($k = 3$)
Top 3 secondary focus areas	<ul style="list-style-type: none"> • 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 WVs²¹², 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 Initiative²²⁰ 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 WVs²²¹ 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Observational ($k = 11$) • Qualitative ($k = 1$) • RCT ($k = 0$) • EPOC and/or quasi-experimental ($k = 0$) • Mixed methods ($k = 0$)

Key study stages	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • OEF/OIF/OND Veterans ($k = 1$) • N/A • N/A
Top 3 subcategories	<ul style="list-style-type: none"> • sex-specific cancer ($k = 6$) • non-sex-specific cancer ($k = 6$) • N/A
Top 3 secondary focus areas	<ul style="list-style-type: none"> • Preventative health ($k = 3$) • Chronic medical conditions ($k = 2$) • General mental health ($k = 1$)
Identified gaps	<ul style="list-style-type: none"> • 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 (<i>ie</i>, 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	<ul style="list-style-type: none"> • WVs-only sample (<i>k</i> = 69) • WVs versus Veteran men (<i>k</i> = 43) • WVs versus non-Veteran women (<i>k</i> = 2) • Both WVs versus Veteran men and WVs versus non-Veterans (<i>k</i> = 1) • Other (<i>k</i> = 8)
Key study designs	<ul style="list-style-type: none"> • Observational (<i>k</i> = 89) • Qualitative (<i>k</i> = 24) • RCT (<i>k</i> = 4) • EPOC and/or quasi-experimental (<i>k</i> = 2) • Mixed methods (<i>k</i> = 2)
Key study stages	<ul style="list-style-type: none"> • Program evaluation and/or QI (<i>k</i> = 3) • Efficacy and/or effectiveness (<i>k</i> = 3) • Implementation (<i>k</i> = 4) • Systematic reviews (<i>k</i> = 3) • Methods development (<i>k</i> = 5)
Top 3 prioritized populations	<ul style="list-style-type: none"> • History of trauma (<i>k</i> = 58) • OEF/OIF/OND Veterans (<i>k</i> = 26) • Racial and ethnic minoritized (<i>k</i> = 2) • Justice involved (<i>k</i> = 2) • Sexual minoritized (<i>k</i> = 2) • Persons with experiences of homelessness (<i>k</i> = 2)
Top 3 subcategories	<ul style="list-style-type: none"> • MST (<i>k</i> = 69) • IPV (<i>k</i> = 41) • Other interpersonal trauma (<i>k</i> = 6)
Top 3 secondary focus areas	<ul style="list-style-type: none"> • General mental health (<i>k</i> = 54) • Access to care/utilization (<i>k</i> = 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 sequelae 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	<ul style="list-style-type: none"> • WVs-only sample ($k = 3$) • WVs versus Veteran men ($k = 3$) • WVs versus non-Veteran women ($k = 0$)
Key study designs	<ul style="list-style-type: none"> • Observational ($k = 4$) • Qualitative ($k = 1$) • RCT ($k = 0$) • EPOC and/or quasi-experimental ($k = 0$) • Mixed methods ($k = 1$)
Key study stages	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • OEF/OIF/OND Veterans ($k = 4$) • History of trauma ($k = 1$)

	<ul style="list-style-type: none"> • Gulf war I and/or Vietnam ($k = 1$)
Top 3 subcategories	<ul style="list-style-type: none"> • Firearm ownership ($k = 4$) • Exposure to violence ($k = 2$) • N/A
Top 3 secondary focus areas	<ul style="list-style-type: none"> • 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 exposure²⁴⁷ 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	<ul style="list-style-type: none"> • WVs-only sample ($k = 5$) • WVs versus Veteran men ($k = 3$) • WVs versus non-Veteran women ($k = 0$) • Other ($k = 1$)
Key study designs	<ul style="list-style-type: none"> • Observational ($k = 5$) • Qualitative ($k = 4$) • RCT ($k = 0$) • EPOC and/or quasi-experimental ($k = 0$) • Mixed methods ($k = 0$)
Key study stages	<ul style="list-style-type: none"> • Program evaluation and/or QI ($k = 0$) • Efficacy and/or effectiveness ($k = 1$)

	<ul style="list-style-type: none"> • Implementation ($k = 0$) • Systematic reviews ($k = 0$) • Methods development ($k = 0$)
Top 3 prioritized populations	<ul style="list-style-type: none"> • OEF/OIF/OND Veterans ($k = 2$) • History of trauma ($k = 1$) • N/A
Top 3 subcategories	<ul style="list-style-type: none"> • Harassment in the VA ($k = 7$) • Other harassment ($k = 2$) • N/A
Top 3 secondary focus areas	<ul style="list-style-type: none"> • 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 trauma²⁵⁰ 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 functioning²⁵⁰ 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	<ul style="list-style-type: none"> • WVs-only sample ($k = 19$) • WVs versus Veteran men ($k = 11$) • WVs versus non-Veteran women ($k = 2$)

	<ul style="list-style-type: none"> • Both WVs versus Veteran men and WVs versus non-Veterans ($k = 1$) • Other ($k = 19$)
Key study designs	<ul style="list-style-type: none"> • Observational ($k = 31$) • Qualitative ($k = 15$) • RCT ($k = 1$) • EPOC and/or quasi-experimental ($k = 1$) • Mixed methods ($k = 2$)
Key study stages	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Service delivery ($k = 27$) • Research methods ($k = 10$) • Staffing and training of VA women's health providers ($k = 7$)
Top 3 secondary focus areas	<ul style="list-style-type: none"> • 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 aggression²⁶⁹ and PACT participation.^{270,271} Other articles in this category addressed the provision of certain care types, such as equine-facilitated therapy²⁷² 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 Veterans²⁷³ 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 articles²⁷⁸⁻²⁸¹ examined strategies for identifying gender using administrative data, 5 articles²⁸²⁻²⁸⁶ 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	<ul style="list-style-type: none"> • WVs-only sample (k = 15) • WVs versus Veteran men (k = 9) • WVs versus non-Veteran women (k = 1) • Other (k = 5)
Key study designs	<ul style="list-style-type: none"> • Observational (k = 21) • Qualitative (k = 7) • RCT (k = 0) • EPOC and/or quasi-experimental (k = 0) • Mixed methods (k = 2)
Key study stages	<ul style="list-style-type: none"> • Program evaluation and/or QI (k = 1) • Efficacy and/or effectiveness (k = 0)

	<ul style="list-style-type: none"> • Implementation ($k = 1$) • Systematic reviews ($k = 1$) • Methods development ($k = 0$)
Top 3 prioritized populations	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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 homelessness²⁸⁸ 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 care²⁹² 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% women²⁹³]; $N = 49,865$ [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 lines²⁹³; 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Observational ($k = 24$) • Qualitative ($k = 4$) • RCT ($k = 0$) • EPOC and/or quasi-experimental ($k = 0$) • Mixed methods ($k = 2$)
Key study stages	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Veterans with experiences of homelessness ($k = 11$) • History of trauma ($k = 5$) • Transgender and/or nonbinary ($k = 3$)
Top 3 subcategories	<ul style="list-style-type: none"> • Housing instability ($k = 15$) • General and overlapping SDOH ($k = 6$)

	<ul style="list-style-type: none"> • Other SDOH ($k = 6$)
Top 3 secondary focus areas	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • WVs-only sample ($k = 1$) • WVs versus Veteran men ($k = 2$) • WVs versus non-Veteran women ($k = 0$) • Other ($k = 1$)
Key study designs	<ul style="list-style-type: none"> • Observational ($k = 3$) • Qualitative ($k = 0$) • RCT ($k = 0$) • EPOC and/or quasi-experimental ($k = 0$) • Mixed methods ($k = 0$)
Key study stages	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Gulf War I ($k = 3$) • N/A
Top 3 subcategories	<ul style="list-style-type: none"> • N/A
Top 3 secondary focus areas	<ul style="list-style-type: none"> • Chronic medical conditions ($k = 2$) • Reproductive health ($k = 1$) • Long-term care/aging ($k = 1$)

We identified 3 observational studies³²⁰⁻³²² 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 WHRN⁶ 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 WHRN⁶ 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	<ul style="list-style-type: none">• Women with health issues common during midlife, peri-, and post-menopausal age• Older WVs and their caregivers• Rural-dwelling women
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	<ul style="list-style-type: none"> • Women from racially and ethnically minoritized populations • Mixed-sex and mixed-gender populations
Intervention or phenomena	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Non-VA care • Non-sex-based or gender-informed care
Outcomes	<ul style="list-style-type: none"> • Implementation outcomes
Setting	<ul style="list-style-type: none"> • Community-delivered care for Veterans
Other design and reporting considerations	<ul style="list-style-type: none"> • 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.

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Appendix

SEARCH STRATEGIES

Database: MEDLINE (via Ovid)

Search date: 10/17/2023

Note: MEDLINE ALL 1946 to October 16, 2023

Search Set + Description	Search Strategy	Results
#1 <i>Veteran terms</i>	exp Veterans/ or exp Hospitals, Veterans/ or exp Veterans Health/ or exp Veterans Health Services/ or (veteran or veterans or ((former* or retir*) adj2 (military or "service member" or "service members" or servicemember or servicemembers)) or "post deployment" or post-deployment or VAMC or VAHCS or VHA).ti,ab.	52093
#2 <i>Women terms</i>	exp Women/ or exp Women's Health/ or exp Women's Health Services/ or exp Health Services for Transgender Persons/ or exp Homosexuality, Female/ or exp Breast/ or exp Breast Diseases/ or exp Breast Neoplasms/ or exp Mammography/ or exp Mastectomy/ or exp Mammoplasty/ or exp Female Genitalia/ or exp Genital Diseases, Female/ or exp Genital Neoplasms, Female/ or exp Pregnant Women/ or exp Maternal Health/ or exp Maternal Health Services/ or exp Prenatal Care/ or exp Perinatal Care/ or exp Postnatal Care/ or exp Postpartum Period/ or exp Depression, Postpartum/ or exp Pregnancy/ or exp Pregnancy Complications/ or exp Breast Feeding/ or exp Lactation/ or exp Contraception/ or exp Hormonal Contraception/ or exp Contraceptives, Oral/ or exp "Contraceptive Devices, Female"/ or Reproductive Health Services/ or exp Preconception Care/ or exp Family Planning Services/ or exp Fertility/ or exp Infertility/ or exp Fertility Clinics/ or exp obstetrical surgical procedures/ or exp gynecologic surgical procedures/ or exp Abortion, Induced/ or exp Abortion, Spontaneous/ or exp Menstrual Cycle/ or exp Menstruation Disturbances/ or exp Menopause/ or exp Polycystic Ovary Syndrome/ or exp Domestic Violence/ or exp Intimate Partner Violence/ or exp Spousal Abuse/ or exp Battered Women/ or exp Rape/ or (woman or women or womens or womans or "women s" or "woman s" or female or females or "female s" or trans or transgender or transgendered or transfemale or "trans-female" or transman or trans-man or transmans or "transman s" or trans-mans or "trans-man s" or transmen or trans-men or transmens or trans-mens or "transmen s" or "transmen s" or transwoman or trans-woman or transwomans or "transwoman s" or trans-womans or "trans-woman s" or trans-women or transwomen or transwomens or "transwomen s" or trans-womens or "transwomen s" or gender-specific or "gender specific" or gender-related or "gender related" or "gender difference" or "gender differences" or sex-specific or "sex specific" or sex-related or "sex related" or "sex difference" or "sex differences" or lesbian or lesbians or non-binary or "non binary" or abortifacient or abortifacients or abortion or abortions or amenorrhea or breast or breasts or breastfeeding or cervix or cervical or climacteric or clitoris or clitoral or colposcop* or colpotom* or conception or contraception or contraceptive or contraceptives or culdoscop* or dysmenorrhea or dyspareunia or endometriosis or endometritis or endometrium or endometrial or endometrioid or episiotom* or fallopian or fallopians or "family planning" or fertility or gynecolog* or "hot flash" or "hot flashes" or hymen or hymens or hysterectom* or hysteroscop* or infertility or "intimate partner violence" or "intrauterine device" or "intrauterine devices" or IUD or IUDs or labia or labias or labial or lactation or lactating or mammoplast* or mammoplast* or mammogra* or mastectom* or maternal or maternally or menopaus* or menorrhagia or menstrua* or menses or menarche or "military sexual trauma" or "military sexual assault" or "morning after pill" or "morning after pills" or obstetric* or oligomenorrhea or oophorectom* or oophoritis or ovariectom* or ovary or ovaries or ovarian or "painful period" or "painful periods" or "irregular period" or	4874513

	"irregular periods" or PCOS or perimenopaus* or peri-menopaus* or perinatal or peri-natal or perinatally or peri-natally or PMDD or postmenopaus* or post-menopaus* or postnatal or post-natal or postnatally or post-natally or postpartum or post-partum or preconception or pre-conception or pregnancy or pregnancies or pregnant or pregnancy-induced or pregnancy-associated or prepregnancy or premenstrual or pre-menstrual or prenatal or pre-natal or prenately or pre-natally or puerperium or rape or rapes or raped or "reproductive health" or "reproductive care" or "reproductive healthcare" or "reproductive plan" or "reproductive planning" or salpingectomy* or salpingo-oophorectomy* or uterus or uterine or vagina or vaginas or vaginal* or transvaginal* or vaginismus or vulva or vulvas or vulvar or vulvectomy* or vulvitis or vulvodynia).ti,ab. or ((dilatation or vacuum) adj2 curettage).ti,ab. or ((sex or sexual or sexually or domestic or partner or spouse or spousal or physical or physically) adj3 (abuse or abuses or abuser or abusers or abusive or violence or violent or assault or assaults or assaulted)).ti,ab. or (tubal adj2 (ligation* or sterilization* or sterilisation*)).ti,ab.	
#3 combination	1 and 2	5729
#4 Date limit 2016 - present	Limit 3 to da=20160101-20231231	3156
#5 Study design exclusions	4 not (case reports OR editorial OR letter OR comment OR congress).pt.	3070
#6 Animal study exclusion	5 not (exp animals/ not exp humans/)	3063

Database: Embase (via Elsevier)

Search date: 10/17/2023

Note: Search from the Results page

Search Set + Description	Search Strategy	Results
#1 Veteran terms	'veteran'/exp OR 'veterans health'/exp OR 'veterans health service'/exp OR (veteran OR veterans OR ((former* OR retir*) NEAR/2 (military OR 'service member' OR 'service members' OR servicemember OR servicemembers)) OR 'post deployment' OR 'post deployment' OR VAMC OR VAHCS OR VHA).ti,ab	67740
#2 Women terms	'women's health'/exp OR 'homosexual female'/exp OR 'male to female transgender'/exp OR 'breast'/exp OR 'breast disease'/exp OR 'breast cancer'/exp OR 'mammography'/exp OR 'mastectomy'/exp OR 'breast reconstruction'/exp OR 'female genital system'/exp OR 'gynecologic disease'/exp OR 'female genital tract tumor'/exp OR 'pregnant woman'/exp OR 'maternal care'/exp OR 'maternal health service'/exp OR 'prenatal care'/exp OR 'perinatal care'/exp OR 'postnatal care'/de OR 'puerperium'/de OR 'postnatal depression'/exp OR 'pregnancy'/exp OR 'pregnancy complication'/exp OR 'breast feeding'/exp OR 'lactation'/exp OR 'lactation disorder'/exp OR 'contraception'/exp OR 'female contraceptive device'/exp OR 'pregnancy care'/exp OR 'family planning'/exp OR 'female fertility'/exp OR 'female infertility'/exp OR 'fertility clinic'/exp OR 'obstetric procedure'/exp OR 'obstetric operation'/exp OR 'gynecologic disease'/exp OR 'gynecologic surgery'/exp OR 'abortion'/exp OR 'menstrual cycle'/exp OR 'menstrual cycle'/exp OR 'menstruation disorder'/exp OR 'menopause and climacterium'/exp OR 'menopause related disorder'/exp OR 'battered woman'/exp OR 'partner violence'/exp OR 'rape'/exp OR (woman OR women OR womens OR womans OR 'women s' OR 'woman s' OR female OR females OR 'female s' OR trans	7127763

	OR transgender OR transgendered OR transfemale OR 'trans female' OR transman OR 'trans man' OR transmans OR 'transman s' OR 'trans mans' OR 'trans-man s' OR transmen OR 'trans men' OR transmens OR 'trans mens' OR 'transmen s' OR 'transmen s' OR transwoman OR 'trans woman' OR transwomans OR 'transwoman s' OR 'trans womans' OR 'trans-woman s' OR 'trans women' OR transwomen OR transwomens OR 'transwomen s' OR 'trans womens' OR 'transwomen s' OR 'genderspecific' OR 'gender specific' OR 'genderrelated' OR 'gender related' OR 'gender difference' OR 'gender differences' OR 'sexspecific' OR 'sex specific' OR 'sexrelated' OR 'sex related' OR 'sex difference' OR 'sex differences' OR lesbian OR lesbians OR nonbinary OR 'non binary' OR abortifacient OR abortifacients OR abortion OR abortions OR amenorrhea OR breast OR breasts OR breastfeeding OR cervix OR cervical OR climacteric OR clitoris OR clitoral OR colposcop* OR colpotom* OR conception OR contraception OR contraceptive OR contraceptives OR culdoscop* OR dysmenorrhea OR dyspareunia OR endometriosis OR endometritis OR endometrium OR endometrial OR endometrioid OR episiotom* OR fallopian OR fallopians OR 'family planning' OR fertility OR gynecolog* OR 'hot flash' OR 'hot flashes' OR hymen OR hymens OR hysterectom* OR hysteroscop* OR infertility OR 'intimate partner violence' OR 'intrauterine device' OR 'intrauterine devices' OR IUD OR IUDs OR labia OR labias OR labial OR lactation OR lactating OR mammoplast* OR mammoplast* OR mammogra* OR mastectom* OR maternal OR maternally OR menopaus* OR menorrhagia OR menstrua* OR menses OR menarche OR 'military sexual trauma' OR 'military sexual assault' OR 'morning after pill' OR 'morning after pills' OR obstetric* OR oligomenorrhea OR oophorectom* OR oophoritis OR ovariectom* OR ovary OR ovaries OR ovarian OR 'painful period' OR 'painful periods' OR 'irregular period' OR 'irregular periods' OR PCOS OR perimenopaus* OR peri?menopaus* OR perinatal OR peri?natal OR perinatally OR peri?natally OR PMDD OR postmenopaus* OR post?menopaus* OR postnatal OR post?natal OR postnatally OR post?natally OR postpartum OR post?partum OR preconception OR pre?conception OR pregnancy OR pregnancies OR pregnant OR pregnancy?induced OR pregnancy?associated OR prepregnancy OR premenstrual OR pre?menstrual OR prenatal OR pre?natal OR prenately OR pre?natally OR puerperium OR rape OR rapes OR raped OR 'reproductive health' OR 'reproductive care' OR 'reproductive healthcare' OR 'reproductive plan' OR 'reproductive planning' OR salpingectom* OR salpingo?oophorectom* OR uterus OR uterine OR vagina OR vaginas OR vaginal* OR transvaginal* OR vaginismus OR vulva OR vulvas OR vulvar OR vulvectomy* OR vulvitis OR vulvodynia):ti,ab OR ((dilatation OR vacuum) NEAR/2 curettage):ti,ab OR ((sex OR sexual OR sexually OR domestic OR partner OR spouse OR spousal OR physical OR physically) NEAR/3 (abuse OR abuses OR abused OR abuser OR abusers OR abusive OR violence OR violent OR assault OR assaults OR assaulted)):ti,ab OR (tubal NEAR/2 (ligation* OR sterilization* OR sterilisation*)):ti,ab	
#3 <i>combination</i>	#1 AND #2	8591
#4 <i>Date limit 2016 - present</i>	#3 AND [01-01-2016]/sd	5085
#5 <i>Study design exclusions</i>	#4 NOT ('case report'/exp OR 'case study'/exp OR 'editorial'/exp OR [editorial]/lim OR 'letter'/exp OR [letter]/lim OR 'note'/exp OR [note]/lim OR [conference abstract]/lim OR 'conference abstract'/exp OR 'conference abstract'/it OR 'case report':ti OR editorial:ti OR letter:ti OR proceedings:ti OR conference:ti)	3062
#6	#5 AND [humans]/lim	3017

<i>Animal study exclusion</i>		
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Database: CINAHL Complete (via EBSCO)

Search date: 10/17/2023

Search Set + Description	Search Strategy	Results
#1 <i>Veteran terms</i>	(MH "Veterans Health Services") OR (MH "Veterans+") OR (MH "United States Department of Veterans Affairs") OR (MH "Hospitals, Veterans") OR ((TI veteran OR AB veteran) OR (TI veterans OR AB veterans) OR (((TI former* OR AB former*) OR (TI retir* OR AB retir*)) N2 ((TI military OR AB military) OR (TI "service member" OR AB "service member") OR (TI "service members" OR AB "service members") OR (TI servicemember OR AB servicemember) OR (TI servicemembers OR AB servicemembers))) OR (TI "post deployment" OR AB "post deployment") OR (TI post-deployment OR AB post-deployment) OR (TI VAMC OR AB VAMC) OR (TI VAHCS OR AB VAHCS) OR (TI VHA OR AB VHA))	37061
#2 <i>Women terms</i>	(MH "Women+") OR (MH "Battered Women") OR (MH "Single Women") OR (MH "Trans Women") OR (MH "Expectant Mothers") OR (MH "Intimate Partner Violence") OR (MH "Women's Health") OR (MH "Women's Health Services") OR (MH "Lesbians") OR (MH "Breast+") OR (MH "Breast Neoplasms+") OR (MH "Breast Self-Examination") OR (MH "Breast Pumps") OR (MH "Breast Tissue Density") OR (MH "Breast Reconstruction") OR (MH "Breast Examination+") OR (MH "Breast Implants") OR (MH "Breast Feeding+") OR (MH "Mammography") OR (MH "Mastectomy+") OR (MH "Genitalia, Female+") OR (MH "Genital Neoplasms, Female+") OR (MH "Genital Diseases, Female+") OR (MH "Female Urogenital Diseases and Pregnancy Complications+") OR (MH "Sexual Dysfunction, Female+") OR (MH "Maternal Health Services+") OR (MH "Prenatal Care") OR (MH "Prenatal Diagnosis+") OR (MH "Perinatal Period") OR (MH "Perinatal Care") OR (MH "Postnatal Care+") OR (MH "Postnatal Period+") OR (MH "Depression, Postpartum") OR (MH "Postpartum Psychosis") OR (MH "Pregnancy+") OR (MH "Pregnancy Outcomes") OR (MH "Pregnancy Discomforts") OR (MH "Lactation") OR (MH "Lactation Disorders+") OR (MH "Contraception+") OR (MH "Hormonal Contraception") OR (MH "Contraceptive Agents+") OR (MH "Pregpregnancy Care") OR (MH "Family Planning+") OR (MH "Fertility+") OR (MH "Fertility Preservation") OR (MH "Infertility+") OR (MH "Obstetric Emergencies") OR (MH "Delivery, Obstetric+") OR (MH "Obstetric Patients") OR (MH "Obstetric Service") OR (MH "Obstetric Care+") OR (MH "Surgery, Obstetrical+") OR (MH "Gynecologic Examination") OR (MH "Surgery, Gynecologic+") OR (MH "Diagnosis, Gynecologic+") OR (MH "Gynecologic Care") OR (MH "Abortion, Incomplete") OR (MH "Abortion, Induced+") OR (MH "Abortion, Spontaneous+") OR (MH "Menstrual Cycle+") OR (MH "Dysmenorrhea") OR (MH "Menstrual and Perimenopausal Disorders+") OR (MH "Menstruation Disorders+") OR (MH "Menstruation") OR (MH "Menstruation Inducing Agents+") OR (MH "Oligomenorrhea") OR (MH "Menopause+") OR (MH "Menarche") OR (MH "Menopause, Premature") OR (MH "Premenopause") OR (MH "Postmenopause") OR (MH "Postmenopausal Disorders") OR (MH "Perimenopause") OR (MH "Domestic Violence+") OR (MH "Rape") OR ((TI woman OR AB woman) OR (TI women OR AB women) OR (TI womens OR AB womens) OR (TI womans OR AB womans) OR (TI "women s" OR AB "women s") OR (TI "woman s" OR AB "woman s") OR (TI female OR AB female) OR (TI females OR AB females) OR (TI "female s" OR AB "female s") OR (TI trans OR AB trans) OR (TI transgender OR AB transgender) OR (TI transgendered OR AB transgendered) OR (TI transfemale OR AB transfemale) OR (TI trans-female OR AB trans-female) OR (TI transman OR AB transman) OR (TI trans-man OR AB trans-man) OR (TI transmans OR AB transmans) OR (TI	1459233

	<p>"transman s" OR AB "transman s") OR (TI trans-mans OR AB trans-mans) OR (TI "trans-man s" OR AB "trans-man s") OR (TI transmen OR AB transmen) OR (TI trans-men OR AB trans-men) OR (TI transmens OR AB transmens) OR (TI trans-mens OR AB trans-mens) OR (TI "transmen s" OR AB "transmen s") OR (TI "transmen s" OR AB "transmen s") OR (TI transwoman OR AB transwoman) OR (TI trans-woman OR AB trans-woman) OR (TI transwomans OR AB transwomans) OR (TI "transwoman s" OR AB "transwoman s") OR (TI trans-womans OR AB trans-womans) OR (TI "trans-woman s" OR AB "trans-woman s") OR (TI trans-women OR AB trans-women) OR (TI transwomen OR AB transwomen) OR (TI transwomens OR AB transwomens) OR (TI "transwomen s" OR AB "transwomen s") OR (TI trans-womens OR AB trans-womens) OR (TI "transwomen s" OR AB "transwomen s") OR (TI gender-specific OR AB gender-specific) OR (TI "gender specific" OR AB "gender specific") OR (TI gender-related OR AB gender-related) OR (TI "gender related" OR AB "gender related") OR (TI "gender difference" OR AB "gender difference") OR (TI "gender differences" OR AB "gender differences") OR (TI sex-specific OR AB sex-specific) OR (TI "sex specific" OR AB "sex specific") OR (TI sex-related OR AB sex-related) OR (TI "sex related" OR AB "sex related") OR (TI "sex difference" OR AB "sex difference") OR (TI "sex differences" OR AB "sex differences") OR (TI lesbian OR AB lesbian) OR (TI lesbians OR AB lesbians) OR (TI non-binary OR AB non-binary) OR (TI "non binary" OR AB "non binary") OR (TI abortifacient OR AB abortifacient) OR (TI abortifacients OR AB abortifacients) OR (TI abortion OR AB abortion) OR (TI abortions OR AB abortions) OR (TI amenorrhea OR AB amenorrhea) OR (TI breast OR AB breast) OR (TI breasts OR AB breasts) OR (TI breastfeeding OR AB breastfeeding) OR (TI cervix OR AB cervix) OR (TI cervical OR AB cervical) OR (TI climacteric OR AB climacteric) OR (TI clitoris OR AB clitoris) OR (TI clitoral OR AB clitoral) OR (TI colposcop* OR AB colposcop*) OR (TI colpotosc* OR AB colpotosc*) OR (TI conception OR AB conception) OR (TI contraception OR AB contraception) OR (TI contraceptive OR AB contraceptive) OR (TI contraceptives OR AB contraceptives) OR (TI culdoscop* OR AB culdoscop*) OR (TI dysmenorrhea OR AB dysmenorrhea) OR (TI dyspareunia OR AB dyspareunia) OR (TI endometriosis OR AB endometriosis) OR (TI endometritis OR AB endometritis) OR (TI endometrium OR AB endometrium) OR (TI endometrial OR AB endometrial) OR (TI endometrioid OR AB endometrioid) OR (TI episiotom* OR AB episiotom*) OR (TI fallopian OR AB fallopian) OR (TI fallopians OR AB fallopians) OR (TI "family planning" OR AB "family planning") OR (TI fertility OR AB fertility) OR (TI gynecolog* OR AB gynecolog*) OR (TI "hot flash" OR AB "hot flash") OR (TI "hot flashes" OR AB "hot flashes") OR (TI hymen OR AB hymen) OR (TI hymens OR AB hymens) OR (TI hysterectomy* OR AB hysterectomy*) OR (TI hysteroscop* OR AB hysteroscop*) OR (TI infertility OR AB infertility) OR (TI "intimate partner violence" OR AB "intimate partner violence") OR (TI "intrauterine device" OR AB "intrauterine device") OR (TI "intrauterine devices" OR AB "intrauterine devices") OR (TI IUD OR AB IUD) OR (TI IUDs OR AB IUDs) OR (TI labia OR AB labia) OR (TI labias OR AB labias) OR (TI labial OR AB labial) OR (TI lactation OR AB lactation) OR (TI lactating OR AB lactating) OR (TI mammaplast* OR AB mammaplast*) OR (TI mammoplast* OR AB mammoplast*) OR (TI mammogra* OR AB mammogra*) OR (TI mastectomy* OR AB mastectomy*) OR (TI maternal OR AB maternal) OR (TI maternally OR AB maternally) OR (TI menopaus* OR AB menopaus*) OR (TI menorrhagia OR AB menorrhagia) OR (TI menstrua* OR AB menstrua*) OR (TI menses OR AB menses) OR (TI menarche OR AB menarche) OR (TI "military sexual trauma" OR AB "military sexual trauma") OR (TI "military sexual assault" OR AB "military sexual assault") OR (TI "morning after pill" OR AB "morning after pill") OR (TI "morning after pills" OR AB "morning after pills") OR (TI obstetric* OR AB obstetric*) OR (TI oligomenorrhea OR AB oligomenorrhea) OR (TI oophorectom* OR AB oophorectom*) OR (TI</p>	
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	oophoritis OR AB oophoritis) OR (TI ovariectom* OR AB ovariectom*) OR (TI ovary OR AB ovary) OR (TI ovaries OR AB ovaries) OR (TI ovarian OR AB ovarian) OR (TI "painful period" OR AB "painful period") OR (TI "painful periods" OR AB "painful periods") OR (TI "irregular period" OR AB "irregular period") OR (TI "irregular periods" OR AB "irregular periods") OR (TI PCOS OR AB PCOS) OR (TI perimenopaus* OR AB perimenopaus*) OR (TI peri-menopaus* OR AB peri-menopaus*) OR (TI perinatal OR AB perinatal) OR (TI peri-natal OR AB peri-natal) OR (TI perinatally OR AB perinatally) OR (TI peri-natally OR AB peri-natally) OR (TI PMDD OR AB PMDD) OR (TI postmenopaus* OR AB postmenopaus*) OR (TI post-menopaus* OR AB post-menopaus*) OR (TI postnatal OR AB postnatal) OR (TI post-natal OR AB post-natal) OR (TI postnatally OR AB postnatally) OR (TI post-natally OR AB post-natally) OR (TI postpartum OR AB postpartum) OR (TI post-partum OR AB post-partum) OR (TI preconception OR AB preconception) OR (TI pre-conception OR AB pre-conception) OR (TI pregnancy OR AB pregnancy) OR (TI pregnancies OR AB pregnancies) OR (TI pregnant OR AB pregnant) OR (TI pregnancy-induced OR AB pregnancy-induced) OR (TI pregnancy-associated OR AB pregnancy-associated) OR (TI prepregnancy OR AB prepregnancy) OR (TI premenstrual OR AB premenstrual) OR (TI pre-menstrual OR AB pre-menstrual) OR (TI prenatal OR AB prenatal) OR (TI pre-natal OR AB pre-natal) OR (TI prenataally OR AB prenataally) OR (TI pre-natally OR AB pre-natally) OR (TI puerperium OR AB puerperium) OR (TI rape OR AB rape) OR (TI rapes OR AB rapes) OR (TI raped OR AB raped) OR (TI "reproductive health" OR AB "reproductive health") OR (TI "reproductive care" OR AB "reproductive care") OR (TI "reproductive healthcare" OR AB "reproductive healthcare") OR (TI "reproductive plan" OR AB "reproductive plan") OR (TI "reproductive planning" OR AB "reproductive planning") OR (TI salpingectom* OR AB salpingectom*) OR (TI salpingo-oophorectom* OR AB salpingo-oophorectom*) OR (TI uterus OR AB uterus) OR (TI uterine OR AB uterine) OR (TI vagina OR AB vagina) OR (TI vaginas OR AB vaginas) OR (TI vaginal* OR AB vaginal*) OR (TI transvaginal* OR AB transvaginal*) OR (TI vaginismus OR AB vaginismus) OR (TI vulva OR AB vulva) OR (TI vulvas OR AB vulvas) OR (TI vulvar OR AB vulvar) OR (TI vulvectomy* OR AB vulvectomy*) OR (TI vulvitis OR AB vulvitis) OR (TI vulvodynia OR AB vulvodynia) OR (((TI dilatation OR AB dilatation) OR (TI vacuum OR AB vacuum)) N2 (TI curettage OR AB curettage)) OR (((TI sex OR AB sex) OR (TI sexual OR AB sexual) OR (TI sexually OR AB sexually) OR (TI domestic OR AB domestic) OR (TI partner OR AB partner) OR (TI spouse OR AB spouse) OR (TI spousal OR AB spousal) OR (TI physical OR AB physical) OR (TI physically OR AB physically)) N3 ((TI abuse OR AB abuse) OR (TI abuses OR AB abuses) OR (TI abused OR AB abused) OR (TI abuser OR AB abuser) OR (TI abusers OR AB abusers) OR (TI abusive OR AB abusive) OR (TI violence OR AB violence) OR (TI violent OR AB violent) OR (TI assault OR AB assault) OR (TI assaults OR AB assaults) OR (TI assaulted OR AB assaulted))) OR ((TI tubal OR AB tubal) N2 ((TI ligation* OR AB ligation*) OR (TI sterilization* OR AB sterilization*) OR (TI sterilisation* OR AB sterilisation*)))	
#3 <i>combination</i>	S1 AND S2	4720
#4 <i>Date limit 2016 - present</i>	Limit 3 to da=20160101-20231231	2253
#5 <i>Study design exclusions</i>	4 not (case reports OR editorial OR letter OR comment OR congress).pt.	1996
#6	5 not (exp animals/ not exp humans/)	1993

Animal study exclusion		
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STUDIES EXCLUDED DURING FULL-TEXT SCREENING

Citation	Exclude Reason
Zhu, 2023 ¹	8
Yocum, 2023 ²	5
Yancey, 2023 ³	8
Yan, 2023 ⁴	8
Wong, 2023 ⁵	8
Womersley, 2023 ⁶	8
White, 2023 ⁷	8
Webermann, 2023 ⁸	8
Webermann, 2023 ⁹	8
Wang, 2023 ¹⁰	8
Walter, 2023 ¹¹	5
Walker, 2023 ¹²	8
Villamagna, 2023 ¹³	6
Vashistha, 2023 ¹⁴	4
Thrift, 2023 ¹⁵	8
Tannahill, 2023 ¹⁶	8
Stryczek, 2023 ¹⁷	8
Spiller, 2023 ¹⁸	8
Shih, 2023 ¹⁹	1
Sherva, 2023 ²⁰	8
Shenasa, 2023 ²¹	8
Serier, 2023 ²²	8
Serbeniuk, 2023 ²³	1
Schwartzenburg, 2023 ²⁴	5
Schreiber, 2023 ²⁵	8
Schneider, 2023 ²⁶	8
Schapira, 2023 ²⁷	4
Schafer, 2023 ²⁸	8
Saenz de Viteri, 2023 ²⁹	8
Saba, 2023 ³⁰	8
Russell, 2023 ³¹	8
Ruiz, 2023 ³²	6
Robison, 2023 ³³	8
Robichaux, 2023 ³⁴	8
Robertson, 2023 ³⁵	8
Rizk, 2023 ³⁶	8
Rich, 2023 ³⁷	8
Resnik, 2023 ³⁸	8

Citation	Exclude Reason
Relyea, 2023 ³⁹	8
Rauch, 2023 ⁴⁰	8
Ranney, 2023 ⁴¹	8
Ramsey, 2023 ⁴²	8
Pundi, 2023 ⁴³	8
Puckett, 2023 ⁴⁴	7
Proctor, 2023 ⁴⁵	4
Portnoy, 2023 ⁴⁶	4
Peppard, 2023 ⁴⁷	8
Pebole, 2023 ⁴⁸	8
Patil, 2023 ⁴⁹	8
Panelli, 2023 ⁵⁰	7
Ozturk, 2023 ⁵¹	8
Olmos-Ochoa, 2023 ⁵²	5
Oblea, 2023 ⁵³	8
Nilaweera, 2023 ⁵⁴	8
Nikolaidou, 2023 ⁵⁵	3
Nik-Ahd, 2023 ⁵⁶	6
Morgan-Lopez, 2023 ⁵⁷	8
Monteith, 2023 ⁵⁸	8
Mitchell, 2023 ⁵⁹	8
Mills, 2023 ⁶⁰	6
Miller, 2023 ⁶¹	8
Miller, 2023 ⁶²	8
Mehta, 2023 ⁶³	8
McNabb, 2023 ⁶⁴	8
McCormack, 2023 ⁶⁵	1
Mattocks, 2023 ⁶⁶	8
Mattison, 2023 ⁶⁷	7
Matthieu, 2023 ⁶⁸	8
Maciejewski, 2023 ⁶⁹	8
Ly, 2023 ⁷⁰	8
Luoh, 2023 ⁷¹	7
Logan, 2023 ⁷²	4
Lloyd, 2023 ⁷³	6
Liao, 2023 ⁷⁴	1
Liao, 2023 ⁷⁵	1
Lavigne, 2023 ⁷⁶	8
Landes, 2023 ⁷⁷	8
Kviatkovsky, 2023 ⁷⁸	4

Citation	Exclude Reason
Kulak, 2023 ⁷⁹	8
Krebs, 2023 ⁸⁰	7
Koutsouras, 2023 ⁸¹	8
Korona-Bailey, 2023 ⁸²	5
Korem, 2023 ⁸³	8
Kolaja, 2023 ⁸⁴	8
Kochar, 2023 ⁸⁵	4
Klote, 2023 ⁸⁶	8
Kimbrel, 2023 ⁸⁷	8
Kim, 2023 ⁸⁸	8
Kidwai-Khan, 2023 ⁸⁹	3
Katon, 2023 ⁹⁰	7
Kanwal, 2023 ⁹¹	8
Kamdar, 2023 ⁹²	8
Kalandari, 2023 ⁹³	5
Jones, 2023 ⁹⁴	8
Jasuja, 2023 ⁹⁵	8
Iwashyna, 2023 ⁹⁶	8
Ivey, 2023 ⁹⁷	8
Huang, 2023 ⁹⁸	1
Houghtaling, 2023 ⁹⁹	8
Holliday, 2023 ¹⁰⁰	8
Holder, 2023 ¹⁰¹	8
Hilgeman, 2023 ¹⁰²	4
Hilgeman, 2023 ¹⁰³	4
Herrick, 2023 ¹⁰⁴	5
Hendriks, 2023 ¹⁰⁵	3
Hasin, 2023 ¹⁰⁶	8
Harper, 2023 ¹⁰⁷	6
Hamrick, 2023 ¹⁰⁸	5
Hahn, 2023 ¹⁰⁹	8
Gregg, 2023 ¹¹⁰	8
Goulet, 2023 ¹¹¹	8
Gonugunta, 2023 ¹¹²	8
Goldstein, 2023 ¹¹³	7
Goldman, 2023 ¹¹⁴	8
Gelernter, 2023 ¹¹⁵	8
Gaffey, 2023 ¹¹⁶	8
Fox, 2023 ¹¹⁷	8
Fischer, 2023 ¹¹⁸	8

Citation	Exclude Reason
Evans, 2023 ¹¹⁹	6
Elsea, 2023 ¹²⁰	8
Ellis, 2023 ¹²¹	7
Ebrahimi, 2023 ¹²²	7
Duffy, 2023 ¹²³	1
Deo, 2023 ¹²⁴	8
Cunningham, 2023 ¹²⁵	8
Copeland, 2023 ¹²⁶	8
Clark, 2023 ¹²⁷	8
Chu, 2023 ¹²⁸	8
Chidambaram, 2023 ¹²⁹	7
Chang, 2023 ¹³⁰	8
Chang, 2023 ¹³¹	8
Carlson, 2023 ¹³²	8
C Coleman, 2023 ¹³³	8
Bail, 2023 ¹³⁴	7
Buckholdt, 2023 ¹³⁵	7
Brault, 2023 ¹³⁶	5
Bovin, 2023 ¹³⁷	8
Blais, 2023 ¹³⁸	8
Blais, 2023 ¹³⁹	8
Beagley, 2023 ¹⁴⁰	8
Bajema, 2023 ¹⁴¹	8
Aunon, 2023 ¹⁴²	8
Anderson, 2023 ¹⁴³	8
Alpert, 2023 ¹⁴⁴	6
Alemi, 2023 ¹⁴⁵	8
Yarmolinsky, 2022 ¹⁴⁶	8
Wooldridge, 2022 ¹⁴⁷	4
West, 2022 ¹⁴⁸	4
West, 2022 ¹⁴⁹	7
Wang, 2022 ¹⁵⁰	8
Vitzthum, 2022 ¹⁵¹	8
Velagaleti, 2022 ¹⁵²	8
Tisdale, 2022 ¹⁵³	8
Therkorn, 2022 ¹⁵⁴	8
Szymkowiak, 2022 ¹⁵⁵	8
Strewler, 2022 ¹⁵⁶	7
Stacy, 2022 ¹⁵⁷	6
Spinella, 2022 ¹⁵⁸	6

Citation	Exclude Reason
Southwell, 2022 ¹⁵⁹	8
Sou, 2022 ¹⁶⁰	1
Soohoo, 2022 ¹⁶¹	8
Song, 2022 ¹⁶²	8
Shah, 2022 ¹⁶³	5
Scoglio, 2022 ¹⁶⁴	8
Schnurr, 2022 ¹⁶⁵	8
Schliep, 2022 ¹⁶⁶	8
Scherrer, 2022 ¹⁶⁷	7
Rufa, 2022 ¹⁶⁸	8
Ross, 2022 ¹⁶⁹	8
Romano, 2022 ¹⁷⁰	5
Rockett, 2022 ¹⁷¹	8
Randles, 2022 ¹⁷²	8
Radomski, 2022 ¹⁷³	8
Prasad, 2022 ¹⁷⁴	8
Pittaras, 2022 ¹⁷⁵	6
Pierce, 2022 ¹⁷⁶	4
Pewowaruk, 2022 ¹⁷⁷	4
Petersen, 2022 ¹⁷⁸	8
Perino, 2022 ¹⁷⁹	8
Patel, 2022 ¹⁸⁰	5
Oslin, 2022 ¹⁸¹	8
Oberlin, 2022 ¹⁸²	4
O'Reilly, 2022 ¹⁸³	6
Nolte, 2022 ¹⁸⁴	8
Nichter, 2022 ¹⁸⁵	8
Myers, 2022 ¹⁸⁶	8
Mukherjee, 2022 ¹⁸⁷	8
Mukand, 2022 ¹⁸⁸	5
Monteith, 2022 ¹⁸⁹	7
Mitzel, 2022 ¹⁹⁰	4
Miller, 2022 ¹⁹¹	8
Michailidou, 2022 ¹⁹²	6
Meyer, 2022 ¹⁹³	8
Mehta, 2022 ¹⁹⁴	8
Megan, 2022 ¹⁹⁵	8
McLean, 2022 ¹⁹⁶	8
McLean, 2022 ¹⁹⁷	8
McLean, 2022 ¹⁹⁸	8

Citation	Exclude Reason
McGinnis, 2022 ¹⁹⁹	8
McDonald, 2022 ²⁰⁰	8
Mayor, 2022 ²⁰¹	8
Mahtta, 2022 ²⁰²	8
Lundeen, 2022 ²⁰³	5
Livecchi, 2022 ²⁰⁴	8
Liu, 2022 ²⁰⁵	1
Liang, 2022 ²⁰⁶	8
Lee, 2022 ²⁰⁷	8
Lamprea-Montealegre, 2022 ²⁰⁸	8
Kornblith, 2022 ²⁰⁹	8
Knopp, 2022 ²¹⁰	4
Kinney, 2022 ²¹¹	5
Kimbrel, 2022 ²¹²	8
Kidwai, 2022 ²¹³	8
Khalifian, 2022 ²¹⁴	8
Kelton, 2022 ²¹⁵	8
Kelton, 2022 ²¹⁶	8
Kelly, 2022 ²¹⁷	5
Keller, 2022 ²¹⁸	7
Kaul, 2022 ²¹⁹	8
Kasovic, 2022 ²²⁰	1
Kasovic, 2022 ²²¹	1
Kachadourian, 2022 ²²²	8
Jalal, 2022 ²²³	4
Jackson, 2022 ²²⁴	4
Iverson, 2022 ²²⁵	4
Iverson, 2022 ²²⁶	6
Holzhauer, 2022 ²²⁷	6
Haun, 2022 ²²⁸	8
Hashemi, 2022 ²²⁹	8
Harris, 2022 ²³⁰	8
Harper, 2022 ²³¹	8
Hadlandsmyth, 2022 ²³²	8
Guillot, 2022 ²³³	8
Gross, 2022 ²³⁴	8
Gromisch, 2022 ²³⁵	8
Grigoryan, 2022 ²³⁶	8
Grau, 2022 ²³⁷	8
Grau, 2022 ²³⁸	8

Citation	Exclude Reason
Graham, 2022 ²³⁹	8
Golla, 2022 ²⁴⁰	7
Goger, 2022 ²⁴¹	4
Gardner, 2022 ²⁴²	8
Galovski, 2022 ²⁴³	7
Funk, 2022 ²⁴⁴	8
Fried, 2022 ²⁴⁵	8
Forkus, 2022 ²⁴⁶	8
Fletcher, 2022 ²⁴⁷	6
Etuk, 2022 ²⁴⁸	8
Elbogen, 2022 ²⁴⁹	8
Dodlapati, 2022 ²⁵⁰	8
Der-Martirosian, 2022 ²⁵¹	8
Dennis, 2022 ²⁵²	8
Deitelzweig, 2022 ²⁵³	8
Davis, 2022 ²⁵⁴	8
Cucciare, 2022 ²⁵⁵	8
Crasta, 2022 ²⁵⁶	8
Cowlishaw, 2022 ²⁵⁷	8
Corey, 2022 ²⁵⁸	5
Coleman, 2022 ²⁵⁹	5
Chen, 2022 ²⁶⁰	8
Chandra, 2022 ²⁶¹	8
Ceroni, 2022 ²⁶²	8
Carr, 2022 ²⁶³	8
Carey, 2022 ²⁶⁴	8
Carey, 2022 ²⁶⁵	3
Callegari, 2022 ²⁶⁶	6
Buchanan, 2022 ²⁶⁷	8
Bond, 2022 ²⁶⁸	8
Boice Jr, 2022 ²⁶⁹	7
Boice, 2022 ²⁷⁰	8
Betancourt, 2022 ²⁷¹	8
Bernardy, 2022 ²⁷²	8
Bennett, 2022 ²⁷³	4
Belizaire, 2022 ²⁷⁴	7
Beagley, 2022 ²⁷⁵	4
Apaydin, 2022 ²⁷⁶	5
Ali, 2022 ²⁷⁷	6
Young-Xu, 2021 ²⁷⁸	8

Citation	Exclude Reason
Ye, 2021 ²⁷⁹	8
Xie, 2021 ²⁸⁰	8
Wilson, 2021 ²⁸¹	8
Williams, 2021 ²⁸²	8
Wilkinson, 2021 ²⁸³	8
Wiemken, 2021 ²⁸⁴	8
Weygandt, 2021 ²⁸⁵	8
Wayne, 2021 ²⁸⁶	8
Ward, 2021 ²⁸⁷	8
Wang, 2021 ²⁸⁸	6
Vashi, 2021 ²⁸⁹	8
Van Voorhees, 2021 ²⁹⁰	4
Valera, 2021 ²⁹¹	6
Torre, 2021 ²⁹²	1
Tirone, 2021 ²⁹³	8
Tcheung, 2021 ²⁹⁴	8
Tantisattamo, 2021 ²⁹⁵	8
Sumida, 2021 ²⁹⁶	8
Sugarman, 2021 ²⁹⁷	4
Stirman, 2021 ²⁹⁸	8
Steers, 2021 ²⁹⁹	8
Soohoo, 2021 ³⁰⁰	8
Simonov, 2021 ³⁰¹	8
Shaine, 2021 ³⁰²	8
Shahait, 2021 ³⁰³	8
Seligman, 2021 ³⁰⁴	8
Seidenfeld, 2021 ³⁰⁵	8
Schirmer, 2021 ³⁰⁶	8
Scherrer, 2021 ³⁰⁷	8
Salloum, 2021 ³⁰⁸	8
Sadler, 2021 ³⁰⁹	8
Ryan, 2021 ³¹⁰	7
Qiao, 2021 ³¹¹	8
Pundi, 2021 ³¹²	8
Pulverman, 2021 ³¹³	6
Pierce, 2021 ³¹⁴	6
Perino, 2021 ³¹⁵	8
Perino, 2021 ³¹⁶	8
Pedersen, 2021 ³¹⁷	8
Parrish, 2021 ³¹⁸	5

Citation	Exclude Reason
Modiano, 2021 ³¹⁹	4
Miller, 2021 ³²⁰	7
Miao, 2021 ³²¹	8
McDaniel, 2021 ³²²	8
Martinez, 2021 ³²³	8
Marchand, 2021 ³²⁴	8
Mancuso, 2021 ³²⁵	6
Lynch, 2021 ³²⁶	8
Livingston, 2021 ³²⁷	8
Kumar, 2021 ³²⁸	8
Kosturakis, 2021 ³²⁹	7
Kolaja, 2021 ³³⁰	5
Koffel, 2021 ³³¹	8
Kasovic, 2021 ³³²	1
Jones, 2021 ³³³	8
Jia, 2021 ³³⁴	8
Jasuja, 2021 ³³⁵	8
Ioannou, 2021 ³³⁶	8
Huang, 2021 ³³⁷	1
Hsiung, 2021 ³³⁸	7
Horseman, 2021 ³³⁹	8
Holens, 2021 ³⁴⁰	8
Harvey, 2021 ³⁴¹	6
Hahn, 2021 ³⁴²	8
Grillo, 2021 ³⁴³	6
Greiner, 2021 ³⁴⁴	8
Greenhalgh, 2021 ³⁴⁵	4
Gomez, 2021 ³⁴⁶	5
Glynn, 2021 ³⁴⁷	8
George, 2021 ³⁴⁸	8
Gawron, 2021 ³⁴⁹	6
Gaffey, 2021 ³⁵⁰	8
Fortney, 2021 ³⁵¹	8
Flores, 2021 ³⁵²	8
Flatt, 2021 ³⁵³	8
Finlay, 2021 ³⁵⁴	8
Ferguson, 2021 ³⁵⁵	8
Fenwick, 2021 ³⁵⁶	8
Eichler, 2021 ³⁵⁷	8
Ebrahimi, 2021 ³⁵⁸	7

Citation	Exclude Reason
Denneson, 2021 ³⁵⁹	7
Decker, 2021 ³⁶⁰	8
Davis, 2021 ³⁶¹	8
Daphna-Tekoah, 2021 ³⁶²	1
Dalocchio, 2021 ³⁶³	7
Cunningham, 2021 ³⁶⁴	4
Cucciare, 2021 ³⁶⁵	8
Creech, 2021 ³⁶⁶	6
Conard, 2021 ³⁶⁷	6
Cohen, 2021 ³⁶⁸	7
Byrne, 2021 ³⁶⁹	8
Butt, 2021 ³⁷⁰	8
Brodhead, 2021 ³⁷¹	7
Braun, 2021 ³⁷²	6
Bountress, 2021 ³⁷³	8
Boersma, 2021 ³⁷⁴	7
Blais, 2021 ³⁷⁵	8
Bhanegaonkar, 2021 ³⁷⁶	8
Balut, 2021 ³⁷⁷	8
Baca, 2021 ³⁷⁸	8
Avoundjian, 2021 ³⁷⁹	8
Appaneal, 2021 ³⁸⁰	8
Appaneal, 2021 ³⁸¹	8
Alqam, 2021 ³⁸²	7
Allen, 2021 ³⁸³	8
Alcantara, 2021 ³⁸⁴	5
Akwo, 2021 ³⁸⁵	8
Agarwal, 2021 ³⁸⁶	8
Abou-Donia, 2021 ³⁸⁷	4
Yoon, 2020 ³⁸⁸	8
Xie, 2020 ³⁸⁹	8
Womack, 2020 ³⁹⁰	8
Wilson, 2020 ³⁹¹	8
Werum, 2020 ³⁹²	4
Vogt, 2020 ³⁹³	8
Vassy, 2020 ³⁹⁴	4
Turner, 2020 ³⁹⁵	8
Timko, 2020 ³⁹⁶	8
Thakur, 2020 ³⁹⁷	8
Tan, 2020 ³⁹⁸	8

Citation	Exclude Reason
Taetzsch, 2020 ³⁹⁹	5
Stefanovics, 2020 ⁴⁰⁰	8
Skalitzky, 2020 ⁴⁰¹	7
Siddiqi, 2020 ⁴⁰²	5
Seymour, 2020 ⁴⁰³	8
Serper, 2020 ⁴⁰⁴	8
Selby, 2020 ⁴⁰⁵	8
Sanchez, 2020 ⁴⁰⁶	8
Ryan, 2020 ⁴⁰⁷	7
Ryan, 2020 ⁴⁰⁸	7
Rubin, 2020 ⁴⁰⁹	8
Rossi, 2020 ⁴¹⁰	6
Robbins, 2020 ⁴¹¹	8
Richardson, 2020 ⁴¹²	8
Resnik, 2020 ⁴¹³	4
Rentsch, 2020 ⁴¹⁴	8
Relyea, 2020 ⁴¹⁵	6
Redd, 2020 ⁴¹⁶	8
Ravindran, 2020 ⁴¹⁷	8
Raad, 2020 ⁴¹⁸	6
Protsiv, 2020 ⁴¹⁹	5
Portnoy, 2020 ⁴²⁰	8
Porter, 2020 ⁴²¹	8
Podlogar, 2020 ⁴²²	8
Park, 2020 ⁴²³	1
Pak, 2020 ⁴²⁴	8
Norman, 2020 ⁴²⁵	6
Nelson, 2020 ⁴²⁶	5
Montgomery, 2020 ⁴²⁷	8
Molloy, 2020 ⁴²⁸	5
McGlade, 2020 ⁴²⁹	4
Mazzei, 2020 ⁴³⁰	4
Maynard, 2020 ⁴³¹	8
Mancuso, 2020 ⁴³²	7
Mahtta, 2020 ⁴³³	8
Maguen, 2020 ⁴³⁴	8
Lord, 2020 ⁴³⁵	1
Livingston, 2020 ⁴³⁶	8
Lee, 2020 ⁴³⁷	8
Lamba, 2020 ⁴³⁸	6

Citation	Exclude Reason
LaFrance, 2020 ⁴³⁹	4
Lacefield, 2020 ⁴⁴⁰	6
Kwan, 2020 ⁴⁴¹	8
Kumar, 2020 ⁴⁴²	8
Kobe, 2020 ⁴⁴³	8
Klapheke, 2020 ⁴⁴⁴	5
Kinzel, 2020 ⁴⁴⁵	4
Khalifian, 2020 ⁴⁴⁶	4
Keach, 2020 ⁴⁴⁷	8
Katon, 2020 ⁴⁴⁸	7
Jenkins, 2020 ⁴⁴⁹	5
Iverson, 2020 ⁴⁵⁰	6
Holliday, 2020 ⁴⁵¹	8
Henderson, 2020 ⁴⁵²	8
Hausmann, 2020 ⁴⁵³	8
Haun, 2020 ⁴⁵⁴	6
Haun, 2020 ⁴⁵⁵	6
Hamilton, 2020 ⁴⁵⁶	6
Gundlapalli, 2020 ⁴⁵⁷	8
Gromisch, 2020 ⁴⁵⁸	8
Griffiths, 2020 ⁴⁵⁹	4
Graham, 2020 ⁴⁶⁰	8
Gosmanova, 2020 ⁴⁶¹	8
Goode, 2020 ⁴⁶²	4
Gnall, 2020 ⁴⁶³	8
Drake, 2020 ⁴⁶⁴	8
Do, 2020 ⁴⁶⁵	5
Djousse, 2020 ⁴⁶⁶	8
Dionne-Odom, 2020 ⁴⁶⁷	5
Dent, 2020 ⁴⁶⁸	8
Damschroder, 2020 ⁴⁶⁹	8
Cypel, 2020 ⁴⁷⁰	8
Cucciare, 2020 ⁴⁷¹	8
Chu, 2020 ⁴⁷²	8
Christiansen, 2020 ⁴⁷³	6
Chang, 2020 ⁴⁷⁴	8
Carbone, 2020 ⁴⁷⁵	4
Blais, 2020 ⁴⁷⁶	8
Blais, 2020 ⁴⁷⁷	8
Blais, 2020 ⁴⁷⁸	8

Citation	Exclude Reason
Blais, 2020 ⁴⁷⁹	8
Beach, 2020 ⁴⁸⁰	6
Baldassarri, 2020 ⁴⁸¹	8
Bade, 2020 ⁴⁸²	8
Arya, 2020 ⁴⁸³	8
Aronson, 2020 ⁴⁸⁴	8
Anonymous, 2020 ⁴⁸⁵	6
Alemi, 2020 ⁴⁸⁶	8
Zundel, 2019 ⁴⁸⁷	4
Yoon, 2019 ⁴⁸⁸	8
Yecies, 2019 ⁴⁸⁹	6
Wooldridge, 2019 ⁴⁹⁰	8
Williams, 2019 ⁴⁹¹	8
Wells, 2019 ⁴⁹²	8
Wells, 2019 ⁴⁹³	6
Weissman, 2019 ⁴⁹⁴	4
Weber, 2019 ⁴⁹⁵	8
Weaver, 2019 ⁴⁹⁶	8
Tsai, 2019 ⁴⁹⁷	8
Tsai, 2019 ⁴⁹⁸	8
Trbovich, 2019 ⁴⁹⁹	8
Thomas, 2019 ⁵⁰⁰	6
Thomas, 2019 ⁵⁰¹	8
Taylor, 2019 ⁵⁰²	8
Tam-Seto, 2019 ⁵⁰³	8
Sutton, 2019 ⁵⁰⁴	7
Stroupe, 2019 ⁵⁰⁵	8
Sripada, 2019 ⁵⁰⁶	8
Sooahoo, 2019 ⁵⁰⁷	8
Shuster, 2019 ⁵⁰⁸	8
Shue, 2019 ⁵⁰⁹	6
Shiner, 2019 ⁵¹⁰	8
Segars, 2019 ⁵¹¹	8
Segars, 2019 ⁵¹²	6
Scoglio, 2019 ⁵¹³	6
Schmidt, 2019 ⁵¹⁴	8
Schifman, 2019 ⁵¹⁵	8
Ronzitti, 2019 ⁵¹⁶	8
Rogal, 2019 ⁵¹⁷	8
Riordan, 2019 ⁵¹⁸	8

Citation	Exclude Reason
Piuzzi, 2019 ⁵¹⁹	4
Peacock, 2019 ⁵²⁰	5
Park, 2019 ⁵²¹	5
Papaleontiou, 2019 ⁵²²	1
Pan, 2019 ⁵²³	8
Ozieh, 2019 ⁵²⁴	1
Nouri, 2019 ⁵²⁵	8
Nenova, 2019 ⁵²⁶	8
Mull, 2019 ⁵²⁷	8
Morland, 2019 ⁵²⁸	8
Monteith, 2019 ⁵²⁹	4
Mikolic, 2019 ⁵³⁰	8
Meffert, 2019 ⁵³¹	8
McCulley, 2019 ⁵³²	8
McCarthy, 2019 ⁵³³	8
Maskin, 2019 ⁵³⁴	8
Maguen, 2019 ⁵³⁵	8
Luciano, 2019 ⁵³⁶	8
Lifshitz, 2019 ⁵³⁷	4
Liang, 2019 ⁵³⁸	7
Lerman, 2019 ⁵³⁹	8
Lentscher, 2019 ⁵⁴⁰	8
Lee, 2019 ⁵⁴¹	6
LaPosta, 2019 ⁵⁴²	8
Korinek, 2019 ⁵⁴³	8
Kim, 2019 ⁵⁴⁴	1
Kheirbek, 2019 ⁵⁴⁵	6
Kenny, 2019 ⁵⁴⁶	8
Kelley, 2019 ⁵⁴⁷	6
Kauth, 2019 ⁵⁴⁸	8
Juraschek, 2019 ⁵⁴⁹	8
Jackson, 2019 ⁵⁵⁰	5
Iverson, 2019 ⁵⁵¹	6
Hung, 2019 ⁵⁵²	4
Hugin, 2019 ⁵⁵³	8
Huang, 2019 ⁵⁵⁴	6
Hsiung, 2019 ⁵⁵⁵	7
Holder, 2019 ⁵⁵⁶	8
Himmelstein, 2019 ⁵⁵⁷	8
Harrison-Brown, 2019 ⁵⁵⁸	6

Citation	Exclude Reason
Harris, 2019 ⁵⁵⁹	5
Harb, 2019 ⁵⁶⁰	8
Han, 2019 ⁵⁶¹	8
Gyamlani, 2019 ⁵⁶²	8
Goldstein, 2019 ⁵⁶³	8
Gallegos Salazar, 2019 ⁵⁶⁴	6
Fredman, 2019 ⁵⁶⁵	8
Etingen, 2019 ⁵⁶⁶	8
Edmonds, 2019 ⁵⁶⁷	8
Demb, 2019 ⁵⁶⁸	6
Davis, 2019 ⁵⁶⁹	5
Coughlin, 2019 ⁵⁷⁰	8
Cooper, 2019 ⁵⁷¹	7
Christy, 2019 ⁵⁷²	8
Christy, 2019 ⁵⁷³	7
Chermack, 2019 ⁵⁷⁴	7
Brunner, 2019 ⁵⁷⁵	4
Brickell, 2019 ⁵⁷⁶	5
Brickell, 2019 ⁵⁷⁷	5
Branch-Elliman, 2019 ⁵⁷⁸	8
Branch-Elliman, 2019 ⁵⁷⁹	5
Boehler, 2019 ⁵⁸⁰	8
Blais, 2019 ⁵⁸¹	8
Blais, 2019 ⁵⁸²	8
Bevans, 2019 ⁵⁸³	8
Bennett, 2019 ⁵⁸⁴	7
Beckman, 2019 ⁵⁸⁵	8
Bauer, 2019 ⁵⁸⁶	8
Andresen, 2019 ⁵⁸⁷	8
Alore, 2019 ⁵⁸⁸	8
Wu, 2018 ⁵⁸⁹	8
Won, 2018 ⁵⁹⁰	8
Williams, 2018 ⁵⁹¹	8
Westover, 2018 ⁵⁹²	8
Weisbord, 2018 ⁵⁹³	8
Wahl, 2018 ⁵⁹⁴	8
Vest, 2018 ⁵⁹⁵	8
Vassy, 2018 ⁵⁹⁶	4
Strigo, 2018 ⁵⁹⁷	8
Stoerckel, 2018 ⁵⁹⁸	8

Citation	Exclude Reason
Starr, 2018 ⁵⁹⁹	5
Srivastava, 2018 ⁶⁰⁰	8
Spece, 2018 ⁶⁰¹	8
Sloan, 2018 ⁶⁰²	8
Singh, 2018 ⁶⁰³	5
Shea, 2018 ⁶⁰⁴	8
Shayegani, 2018 ⁶⁰⁵	6
Ross, 2018 ⁶⁰⁶	8
Rodriguez, 2018 ⁶⁰⁷	5
Rhee, 2018 ⁶⁰⁸	5
Raskind, 2018 ⁶⁰⁹	8
Pourafkari, 2018 ⁶¹⁰	8
Patros, 2018 ⁶¹¹	8
Park, 2018 ⁶¹²	8
Obi, 2018 ⁶¹³	8
Niznik, 2018 ⁶¹⁴	8
Najavits, 2018 ⁶¹⁵	8
Nadpara, 2018 ⁶¹⁶	4
Murff, 2018 ⁶¹⁷	8
Mosher, 2018 ⁶¹⁸	8
Morris, 2018 ⁶¹⁹	8
Moreau, 2018 ⁶²⁰	8
Metrik, 2018 ⁶²¹	5
McManus, 2018 ⁶²²	8
McCabe, 2018 ⁶²³	8
Maule, 2018 ⁶²⁴	8
Markossian, 2018 ⁶²⁵	8
Marcum, 2018 ⁶²⁶	8
Lucas, 2018 ⁶²⁷	8
Lippa, 2018 ⁶²⁸	8
Lerner, 2018 ⁶²⁹	5
Lee, 2018 ⁶³⁰	6
Leapman, 2018 ⁶³¹	8
LaVaccare, 2018 ⁶³²	8
Kravitz, 2018 ⁶³³	8
Kleine, 2018 ⁶³⁴	8
Jones, 2018 ⁶³⁵	8
Hudson, 2018 ⁶³⁶	4
Hostetter, 2018 ⁶³⁷	8
Holliday, 2018 ⁶³⁸	8

Citation	Exclude Reason
Holder, 2018 ⁶³⁹	8
Hartz, 2018 ⁶⁴⁰	8
Hallett, 2018 ⁶⁴¹	8
Ha, 2018 ⁶⁴²	6
Gupta, 2018 ⁶⁴³	8
Grubbs, 2018 ⁶⁴⁴	8
Goodman, 2018 ⁶⁴⁵	8
Gobin, 2018 ⁶⁴⁶	6
Gerber, 2018 ⁶⁴⁷	4
Gawron, 2018 ⁶⁴⁸	4
Garner, 2018 ⁶⁴⁹	7
Eyawo, 2018 ⁶⁵⁰	8
Elbogen, 2018 ⁶⁵¹	8
Edmond, 2018 ⁶⁵²	8
Davis, 2018 ⁶⁵³	8
Davis, 2018 ⁶⁵⁴	4
Coughlin, 2018 ⁶⁵⁵	8
Connolly, 2018 ⁶⁵⁶	5
Conard, 2018 ⁶⁵⁷	8
Burney, 2018 ⁶⁵⁸	7
Bui, 2018 ⁶⁵⁹	6
Brickell, 2018 ⁶⁶⁰	5
Blais, 2018 ⁶⁶¹	8
Blais, 2018 ⁶⁶²	8
Bekelman, 2018 ⁶⁶³	8
Barnes, 2018 ⁶⁶⁴	8
Bannister, 2018 ⁶⁶⁵	8
Arya, 2018 ⁶⁶⁶	8
Armenta, 2018 ⁶⁶⁷	8
Ahlin, 2018 ⁶⁶⁸	8
Abel, 2018 ⁶⁶⁹	8
Aase, 2018 ⁶⁷⁰	8
Anonymous, 2018 ⁶⁷¹	4
Yano, 2017 ⁶⁷²	6
Wallace, 2017 ⁶⁷³	7
Wahl, 2017 ⁶⁷⁴	6
Vora, 2017 ⁶⁷⁵	8
Turban, 2017 ⁶⁷⁶	8
Tarlov, 2017 ⁶⁷⁷	4
Sumida, 2017 ⁶⁷⁸	8

Citation	Exclude Reason
Stroupe, 2017 ⁶⁷⁹	8
Stahlman, 2017 ⁶⁸⁰	8
Shivakumar, 2017 ⁶⁸¹	5
Shirazipour, 2017 ⁶⁸²	6
Sexton, 2017 ⁶⁸³	8
Schroeck, 2017 ⁶⁸⁴	4
Savitz, 2017 ⁶⁸⁵	8
Ryan, 2017 ⁶⁸⁶	8
Rubenstein, 2017 ⁶⁸⁷	7
Ruben, 2017 ⁶⁸⁸	8
Roumie, 2017 ⁶⁸⁹	8
Rodriguez, 2017 ⁶⁹⁰	8
Radell, 2017 ⁶⁹¹	8
Puttnam, 2017 ⁶⁹²	8
Puttnam, 2017 ⁶⁹³	8
Pogach, 2017 ⁶⁹⁴	8
Perino, 2017 ⁶⁹⁵	8
Park, 2017 ⁶⁹⁶	8
Odden, 2017 ⁶⁹⁷	8
McCabe, 2017 ⁶⁹⁸	5
Marshall, 2017 ⁶⁹⁹	8
Markland, 2017 ⁷⁰⁰	8
MacGregor, 2017 ⁷⁰¹	8
London, 2017 ⁷⁰²	5
Leppert, 2017 ⁷⁰³	8
LeBlanc, 2017 ⁷⁰⁴	8
Kwon, 2017 ⁷⁰⁵	8
Koo, 2017 ⁷⁰⁶	5
Koenig, 2017 ⁷⁰⁷	8
Kleiber Balderrama, 2017 ⁷⁰⁸	7
Kinsinger, 2017 ⁷⁰⁹	8
Kim-Dopp, 2017 ⁷¹⁰	8
Keiichi, 2017 ⁷¹¹	7
Jones, 2017 ⁷¹²	8
Jeon-Slaughter, 2017 ⁷¹³	8
Hoopsick, 2017 ⁷¹⁴	5
Holliday, 2017 ⁷¹⁵	8
Hauser, 2017 ⁷¹⁶	4
Haun, 2017 ⁷¹⁷	4
Harrison, 2017 ⁷¹⁸	8

Citation	Exclude Reason
Hamilton, 2017 ⁷¹⁹	5
Gustafson, 2017 ⁷²⁰	6
George, 2017 ⁷²¹	5
Fox, 2017 ⁷²²	8
Falkenstein, 2017 ⁷²³	8
Erickson, 2017 ⁷²⁴	4
Doran, 2017 ⁷²⁵	8
Dixon, 2017 ⁷²⁶	8
DiNapoli, 2017 ⁷²⁷	8
D'Aoust, 2017 ⁷²⁸	8
Coughlin, 2017 ⁷²⁹	6
Conard, 2017 ⁷³⁰	8
Cleveland, 2017 ⁷³¹	7
Chun, 2017 ⁷³²	4
Christie, 2017 ⁷³³	8
Ceylony, 2017 ⁷³⁴	4
Callegari, 2017 ⁷³⁵	6
Callegari, 2017 ⁷³⁶	7
Buchholz, 2017 ⁷³⁷	7
Branch-Elliman, 2017 ⁷³⁸	8
Bomyea, 2017 ⁷³⁹	8
Bastian, 2017 ⁷⁴⁰	8
Barry, 2017 ⁷⁴¹	8
Anderson, 2017 ⁷⁴²	8
Altalib, 2017 ⁷⁴³	8
Abraham, 2017 ⁷⁴⁴	8
Zephyrin, 2016 ⁷⁴⁵	6
Yeomans, 2016 ⁷⁴⁶	6
Xie, 2016 ⁷⁴⁷	6
Wright, 2016 ⁷⁴⁸	8
Wright, 2016 ⁷⁴⁹	5
Whiting, 2016 ⁷⁵⁰	8
Wang, 2016 ⁷⁵¹	8
Waltz, 2016 ⁷⁵²	1
Walser, 2016 ⁷⁵³	7
Wagner, 2016 ⁷⁵⁴	4
Wachterman, 2016 ⁷⁵⁵	1
Tsui, 2016 ⁷⁵⁶	8
Thomson, 2016 ⁷⁵⁷	8
Taber, 2016 ⁷⁵⁸	5

Citation	Exclude Reason
Sumida, 2016 ⁷⁵⁹	8
Sternke, 2016 ⁷⁶⁰	8
Smith, 2016 ⁷⁶¹	8
Shimada, 2016 ⁷⁶²	8
Rossiter, 2016 ⁷⁶³	8
Rogal, 2016 ⁷⁶⁴	6
Rodriguez, 2016 ⁷⁶⁵	8
Robbins, 2016 ⁷⁶⁶	8
Ramchand, 2016 ⁷⁶⁷	5
Pugh, 2016 ⁷⁶⁸	5
Prentice, 2016 ⁷⁶⁹	8
Pierce, 2016 ⁷⁷⁰	8
Perez, 2016 ⁷⁷¹	4
Park, 2016 ⁷⁷²	5
Park, 2016 ⁷⁷³	8
Naylor, 2016 ⁷⁷⁴	8
Mouilso, 2016 ⁷⁷⁵	7
Moore, 2016 ⁷⁷⁶	8
Montgomery, 2016 ⁷⁷⁷	8
Monteith, 2016 ⁷⁷⁸	8
Mehta, 2016 ⁷⁷⁹	8
McGinnis, 2016 ⁷⁸⁰	7
Mankowski, 2016 ⁷⁸¹	8
Malaty, 2016 ⁷⁸²	6
Maguen, 2016 ⁷⁸³	8
Lonberger, 2016 ⁷⁸⁴	8
Lindsay, 2016 ⁷⁸⁵	7
Lederer, 2016 ⁷⁸⁶	7
Le, 2016 ⁷⁸⁷	8
Lawrence-Wood, 2016 ⁷⁸⁸	8
Latta, 2016 ⁷⁸⁹	8
Langdon, 2016 ⁷⁹⁰	6
Kopacz, 2016 ⁷⁹¹	8
Kip, 2016 ⁷⁹²	8
Kazerooni, 2016 ⁷⁹³	8
Inacio, 2016 ⁷⁹⁴	8
Heung, 2016 ⁷⁹⁵	6
Halvorson, 2016 ⁷⁹⁶	8
Haaland, 2016 ⁷⁹⁷	8
Grams, 2016 ⁷⁹⁸	4

Citation	Exclude Reason
Gosmanova, 2016 ⁷⁹⁹	8
Gosmanov, 2016 ⁸⁰⁰	8
Gorman, 2016 ⁸⁰¹	8
Ganzer, 2016 ⁸⁰²	8
Funderburk, 2016 ⁸⁰³	7
Finlay, 2016 ⁸⁰⁴	8
Echevarria Baez, 2016 ⁸⁰⁵	8
Copeland, 2016 ⁸⁰⁶	7
Connor, 2016 ⁸⁰⁷	8
Callegari, 2016 ⁸⁰⁸	5
Boos, 2016 ⁸⁰⁹	7
Bethel, 2016 ⁸¹⁰	8
Ashrafioun, 2016 ⁸¹¹	4
Anker, 2016 ⁸¹²	8
Anonymous, 2016 ⁸¹³	8
Xue, 2015 ⁸¹⁴	7
Simonetti, 2015 ⁸¹⁵	8
Mosher, 2015 ⁸¹⁶	2
McCauley, 2015 ⁸¹⁷	2
Kimerling, 2015 ⁸¹⁸	2
Fischer, 2015 ⁸¹⁹	2
Fang, 2015 ⁸²⁰	2
Bullman, 2015 ⁸²¹	2
Zullig, 2014 ⁸²²	2
Blosnich, 2014 ⁸²³	8
Sternke, 2011 ⁸²⁴	2
Oishi, 2011 ⁸²⁵	2
MacGregor, 2011 ⁸²⁶	2
Iverson, 2011 ⁸²⁷	2
Cone, 2011 ⁸²⁸	2
Curran, 2009 ⁸²⁹	2

Notes. 1 = Not US, 2 = ineligible year, 3 = ineligible setting, 4 = ineligible total N, 5 = ineligible population, 6 = ineligible study design, 7 = ineligible publication type, 8 = not stratified by women Veterans.

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SUMMARY OF INCLUDED STUDIES

	Systematic Reviews <i>k</i> = 17	Other (Methods Development, Protocols, Program Eval/QI) <i>k</i> = 71	Qualitative <i>k</i> = 106	Observational <i>k</i> = 685	Mixed Methods <i>k</i> = 21	Experimental	
						Efficacy/Effectiveness <i>k</i> = 22	Implementation <i>k</i> = 10
Preventative health	0 studies	7 studies	6 studies Median participants: 27.5 4 studies of women only	29 studies Median participants: 6578 8 studies of women only	1 study Median participants: 5 0 studies of women only	1 study Median participants: 883 1 studies of women only	1 study Median participants: 58,159 0 studies of women only
Access to care/utilization	1 study	0 studies	7 studies Median participants: 51 4 studies of women only	20 studies Median participants: 6,728 11 studies of women only	1 study Median participants: 68 0 studies of women only	0 studies	1 study Median participants: 11,337 0 studies of women only
Health care delivery	1 study	13 studies	15 studies Median participants: 35 7 studies of women only	19 studies Median participants: 1,395 6 studies of women only	2 studies Median participants: 22 1 studies of women only	0 studies	0 studies
Reproductive health	1 study	7 studies	6 studies Median participants: 28.5 5 studies of women only	69 studies Median participants: 1,341 59 studies of women only	3 studies Median participants: 979 2 studies of women only	0 studies	2 studies Median participants: 12,206 2 studies of women only
Chronic medical conditions	1 study	8 studies	5 studies Median participants: 24 2 studies of women only	120 studies Median participants: 58,525 27 studies of women only	1 study Median participants: 119 1 studies of women only	1 studies Median participants: 481 0 studies of women only	1 study Median participants: 14,792 0 studies of women only

	Systematic Reviews <i>k</i> = 17	Other (Methods Development, Protocols, Program Eval/QI) <i>k</i> = 71	Qualitative <i>k</i> = 106	Observational <i>k</i> = 685	Mixed Methods <i>k</i> = 21	Experimental	
						Efficacy/Effectiveness <i>k</i> = 22	Implementation <i>k</i> = 10
Cancer care	0 studies	1 study	1 study Median participants: 23 0 studies of women only	10 studies Median participants: 10,550.5 3 studies of women only	0 studies	0 studies	0 studies
Chronic pain & opioids	0 studies	1 study	3 studies Median participants: 16 2 studies of women only	25 studies Median participants: 46,320 7 studies of women only	0 studies	0 studies	1 study Median participants: 764 0 studies of women only
Suicide & NSSI	0 studies	4 studies	5 studies Median participants: 50 1 studies of women only	45 studies Median participants: 4,285 13 studies of women only	1 study Median participants: 76,927 0 studies of women only	0 studies	0 studies
Reproductive Mental Health	0 studies	2 studies	3 studies Median participants: 33 2 studies of women only	14 studies Median participants: 560.5 12 studies of women only	2 studies Median participants: 126.5 2 studies of women only	0 studies	0 studies
General mental health	4 studies	12 studies	16 studies Median participants: 30 12 studies of women only	153 studies Median participants: 1,162 48 studies of women only	6 studies Median participants: 559 2 studies of women only	12 studies Median participants: 142 9 studies of women only	0 studies
Interpersonal violence	3 studies	9 studies	23 studies Median participants: 27 15 studies of women only	77 studies Median participants: 840 40 studies of women only	2 studies Median participants: 170 1 study of women only	3 studies Median participants: 136 2 studies of women only	4 studies Median participants: 7,421 4 studies of women only

	Systematic Reviews <i>k</i> = 17	Other (Methods Development, Protocols, Program Eval/QI) <i>k</i> = 71	Qualitative <i>k</i> = 106	Observational <i>k</i> = 685	Mixed Methods <i>k</i> = 21	Experimental	
						Efficacy/Effectiveness <i>k</i> = 22	Implementation <i>k</i> = 10
Long-term care & aging	2 studies	0 studies	0 studies	19 studies Median participants: 109,140 7 studies of women only	0 studies	0 studies	0 studies
Toxic Exposures	0 studies	0 studies	0 studies	3 studies Median participants: 2,189 1 studies of women only	0 studies	0 studies	0 studies
Social determinants of health	2 studies	1 study	4 studies Median participants: 13.5 4 studies of women only	22 studies Median participants: 22,850 7 studies of women only	1 study Median participants: 833 0 studies of women only	0 studies	0 studies
Harassment/discrimination	0 studies	0 studies	4 studies Median participants: 87.5 1 study of women only	4 studies Median participants: 1,840.5 3 studies of women only	0 studies Median participants: 0 0 studies of women only	1 study Median participants: 3,011 1 study of women only	0 studies
Other Violence	0 studies	0 studies	1 study Median participants: 16 1 study of women only	4 study Median participants: 25,358 1 study of women only	1 study Median participants: 501 1 study of women only	0 studies	0 studies
Substance Use	2 study	6 studies	7 studies Median participants: 17 5 studies of women only	52 studies Median participants: 42,627 10 studies of women only	0 studies	4 studies Median participants: 425 2 studies of women only	0 studies

CHARACTERISTICS OF INCLUDED SYSTEMATIC REVIEWS

Author, Year, N Articles	Title	Objective	Secondary Focus Area(s)	Prioritized Populations Funding
<i>Mental Health Not Otherwise Categorized (General Mental Health)</i>				
Creech, 2021 ¹⁷ 21	Clinical Complexity in Women Veterans: A Systematic Review of the Recent Evidence on Mental Health and Physical Health Comorbidities	The aim of this systematic review was to evaluate and synthesize research published between 2008 and 2015 and identified in the WVs Health Research Evidence Map as related to mental and physical health comorbidities among WVs.	Chronic medical conditions	N/A VA
Godier-McBard, 2023 ²¹ 24	Barriers and Facilitators to Mental Healthcare for Women Veterans: A Scoping Review	This paper aimed to provide a comprehensive up-to-date scoping review of current knowledge regarding the barriers and facilitators experienced by WVs when accessing mental health services.	Access to care/utilization Health care organization/delivery of care for WV	N/A University
Jones, 2017 ²⁴ 8	The Psychological Health and Well-being Experiences of Female Military Veterans: A Systematic Review of the Qualitative Literature	To determine what is known about the psychological health and well-being experiences of female military Veterans.	N/A	OEF/OIF/OND Not reported
Orshak, 2022 ²⁰ 8	Interventions for Women Veterans with Mental Health Care Needs: Findings from a Scoping Review	The purpose of this study was to conduct a scoping review of the literature to summarize interventions for WVs with mental health care needs designed in the VA.	Access to care/utilization Health care organization/delivery of care for WV	Justice involved University
<i>Interpersonal Violence</i>				
Pulverman, 2019 ²³⁶ 6	Military Sexual Trauma and Sexual Health in Women Veterans: A Systematic Review	This paper aimed to systematically review the existing research on the impact of MST on sexual health in WVs.	Reproductive health	History of trauma VA
Sparrow, 2017 ²⁴⁰ 13	Systematic Review of Mental Health Disorders and Intimate Partner Violence Victimization Among Military Populations	This study systematically reviewed extant studies to summarize the literature exploring IPV victimization and specific mental health problems among male and female military personnel (serving and ex-serving).	General mental health	N/A Not reported

Author, Year, N Articles	Title	Objective	Secondary Focus Area(s)	Prioritized Populations Funding
Wilson, 2018 ²³⁵ 69	The Prevalence of Military Sexual Trauma: A Meta-Analysis	This meta-analysis aimed to obtain a single estimate of the prevalence of MST across methodologies and participant characteristics.	N/A	N/A Unfunded
<i>Substance Use</i>				
Simpson, 2022 ³⁹ 44	Seeking Care Where They Can: A Systematic Review of Global Trends in Online Alcohol Treatment Utilization Among Non-Veteran and Veteran Women	This systematic review examined associations between gender-tailored recruitment/inclusion criteria and proportions of women enrolled in online alcohol intervention trials, evaluated whether community samples have greater proportions of women than clinical samples, and compared country-specific average proportions of women in trials to country-specific proportions of women with AUD.	Access to care/utilization	N/A Not reported
Weinberger, 2016 ⁴⁰	A Review of Research on Smoking Behavior in Three Demographic Groups of Veterans: Women, Racial/Ethnic Minorities, and Sexual Orientation Minorities	This study reviewed published studies of smoking behavior in three demographic subgroups of veterans: women, racial and ethnic minorities, and sexual orientation minorities to synthesize current knowledge and identify areas in need of more research.	Preventative health	Sexual minoritized populations; Racial and ethnic minoritized populations VA
<i>Chronic Medical Conditions</i>				
Coughlin, 2017 ¹⁰⁷ 21	A Review of Epidemiologic Studies of the Health of Gulf War Women Veterans	This study reviewed epidemiologic studies of the health of women who served in the 1990-1991 Gulf War.	General mental health Reproductive health	Gulf War I Veterans NIH/other government
<i>Reproductive Health</i>				
Katon, 2018 ¹⁶⁶ 52	Reproductive Health of Women Veterans: A Systematic Review of the Literature from 2008 to 2017	This systematic review aimed to (1) review the literature pertaining to reproductive health of WVs and (2) synthesize findings.	N/A	N/A VA; NIH/other government

Author, Year, N Articles	Title	Objective	Secondary Focus Area(s)	Prioritized Populations Funding
<i>Long-Term Care/Aging</i>				
Varilek, 2021 ²²³ 19	Female Veteran Use of Palliative and Hospice Care: A Scoping Review	This scoping review explored the palliative and hospice care literature specific to WVs to: (1) learn what evidence was available regarding WVs use of palliative and hospice care, and (2) identify the existing gaps specific to WVs use of palliative and hospice care, to meet the needs of this growing population.	Access to care/utilization Health care organization/delivery of care for WV	N/A Not reported
Weitlauf, 2023 ²¹⁴ 6	Mortality of Women Vietnam War Era Veterans	The objectives of this study were to 1) understand the scope of the current mortality literature on US Vietnam War era WVs and 2) identify major themes and knowledge gaps that might guide future research.	Preventative health Chronic medical conditions	Vietnam era VA; DOD
<i>Health Care Organization/Delivery of Care for WVs</i>				
Danan, 2019 ²⁸² 45	Evidence Map: Reporting of Results by Sex or Gender in Randomized, Controlled Trials with Women Veteran Participants (2008 to 2018)	The main purpose of this study was to compare characteristics of RCTs that included WVs and did or did not report results by sex or gender.	NA	NA VA
<i>Access to Care/Utilization</i>				
Flike, 2023 ²⁸⁸ 35	Systematic Review of Access to Healthcare and Social Services Among US Women Veterans Experiencing Homelessness	This systematic review examined the barriers and facilitators for access to health care and social care among WVs experiencing homelessness.	SDOH	People with experiences of homelessness Unfunded
<i>Social Determinants of Health</i>				
Kondo, 2017 ³⁰⁵ 109	Health Disparities in Veterans: A Map of the Evidence	This study aimed to characterize the research on health care disparities in the Veterans Health Administration via an evidence map.	Access to care/utilization Health care organization/delivery of care for WV	N/A VA
Short, 2023 ³⁰² 15	Female Veterans' Risk Factors for Homelessness: A Scoping Review	This scoping review aimed to identify published peer-reviewed academic and grey literature about the lived experiences of homeless WVs and risk factors for homelessness among WVs.	N/A	People with experiences of homelessness Veterans Affairs Canada

CHARACTERISTICS OF INCLUDED RCTS

Author Year N (% women)	Title	Objective	Secondary Focus Areas	Target Populations Funding
<i>General Mental Health</i>				
Acierno, 2021 ³⁴² 136 (100%)	A Randomized Clinical Trial of In-person vs. Home-based Telemedicine Delivery of Prolonged Exposure for PTSD in Military Sexual Trauma Survivors	This study used a randomized controlled design to examine PTSD and depression symptom outcomes, overall number of sessions completed.	Access to care/utilization	History of trauma DOD
Amsalem, 2021 ¹⁴ 172 (31.39%)	Increasing Treatment-Seeking Intentions of US Veterans in the Covid-19 era: A Randomized Controlled Trial	This study screened for clinical symptoms and evaluated the efficacy of a brief, online social contact based video intervention in increasing treatment seeking intentions among Veterans.	Access to care/utilization	N/A Not reported
Castillo, 2016 ³⁴³ 86 (100%)	Group-Delivered Cognitive/Exposure Therapy for PTSD in Women Veterans: A Randomized Controlled Trial	The primary aim of this RCT was to examine the overall efficacy of the 16-week, three-module group protocol on PTSD severity compared to a minimal attention waitlist control in a sample of Afghanistan (OEF) and Iraq (OIF) WVs.	N/A	History of trauma; OEF/OIF/OND DOD
Creech, 2022 ³⁴⁴ 153 (100%)	Computerized Intervention in Primary Care for Women Veterans with Sexual Assault Histories and Psychosocial Health Risks: a Randomized Clinical Trial	This study aimed to test the impact of a brief computerized intervention delivered in primary care to reduce health risks and increase mental health treatment utilization among women with histories of sexual assault and current health risks.	Substance use General mental health	History of trauma NIH/other government
Gobin, 2019 ³⁴⁵ 160 (20%)	Gender Differences in Response to Acceptance and Commitment Therapy Among Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn Veterans	The purpose of this investigation was to examine gender differences in response to acceptance and commitment therapy, an empirically supported transdiagnostic psychotherapy.	N/A	OEF/OIF/OND DOD
Kelly, 2021 ³⁴⁶ 104 (100%)	Trauma-Sensitive Yoga for Post-Traumatic Stress Disorder in Women Veterans who Experienced Military Sexual Trauma: Interim Results from a Randomized Controlled Trial	This study aimed to assess the effectiveness of Trauma Center Trauma-Sensitive Yoga for PTSD among WVs with PTSD related to MST.	Interpersonal violence	History of trauma VA
Lehavot, 2021 ³⁴⁷ 102 (100%)	A Randomized Trial of an Online, Coach-Assisted Self-Management	This RCT aimed to evaluate the feasibility, acceptability, and efficacy of DELivery of Self TRaining and Education for Stressful Situations	N/A	N/A Not reported

Author Year N (% women)	Title	Objective	Secondary Focus Areas	Target Populations Funding
	PTSD Intervention Tailored for Women Veterans	(DESTRESS)-WVs compared to an active control (phone monitoring) on PTSD symptoms at post-treatment and at three- and six-months post-treatment.		
Lopez, 2022 ³⁴⁸ 151 (100%)	Effects of Emotion Dysregulation on Post-treatment Post-traumatic Stress Disorder and Depressive Symptoms Among Women Veterans With Military Sexual Trauma	This study aimed to present secondary data analyses from a randomized clinical trial comparing the efficacy of in-person versus telemedicine delivery of prolonged exposure therapy for WVs with MST-related PTSD.	Interpersonal violence	History of trauma NIH/other government; DOD
Martin, 2023 ³⁴⁹ 149 (100%)	Novel Treatment Based on Acceptance and Commitment Therapy Versus Cognitive Behavioral Therapy for Insomnia: A Randomized Comparative Effectiveness Trial in Women Veterans	The primary objectives of this study were to determine whether acceptance and commitment therapy for insomnia (ABC-I) was noninferior to cognitive behavioral therapy for insomnia (CBT-I) in improving sleep and to test whether ABC-I resulted in higher treatment completion and adherence versus CBT-I.	N/A	NA VA; NIH/other government
Murdoch, 2022 ³⁵⁰ 383 (50.30%)	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	This postal survey study aimed to test whether altering cover letter information would induce or reduce non-response bias in a sample of US Veterans applying for PTSD disability benefits, and examined whether those cover letter alterations impacted participant emotional reactions.	N/A	OEF/OIF/OND VA
Saban, 2022 ²⁵ 136 (100%)	Impact of a Mindfulness-Based Stress Reduction Program on Psychological Well-Being, Cortisol, and Inflammation in Women Veterans	This study determined the effectiveness of the Mindfulness-Based Stress Reduction Program for improving psychological well-being, cortisol, and inflammation associated with CVD in WVs.	Preventative health Chronic medical conditions	N/A VA
Thompson-Hollands, 2023 ³⁵¹ 284 (100%)	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	To compare two theories (the dose-response model and the good-enough level model) across two manualized treatments for PTSD.	Access to care/utilization	History of trauma DOD
Zaccari, 2022 ³⁵² 152 (100%)	Synchronous Telehealth Yoga and Cognitive Processing Group Therapies for Women Veterans with Posttraumatic Stress Disorder: A	This study aimed to present modifications made to pivot a multisite RCT at a Southeastern and Pacific Northwestern VA Health Care Systems from in-person to virtual study implementation..	Health care organization/delivery of care for WV Interpersonal violence	History of trauma VA

Author Year N (% women)	Title	Objective	Secondary Focus Areas	Target Populations Funding
	Multisite Randomized Controlled Trial Adapted for COVID-19			
<i>Substance Use</i>				
Danan, 2019 ⁴⁴ 2654 (5.22%)	Smoking Cessation among Female and Male Veterans before and after a Randomized Trial of Proactive Outreach	This study compared baseline experiences with VA smoking cessation care for men and women and assessed differing gender responses to a proactive intervention.	N/A	N/A VA
Holzhauser, 2021 ⁴⁸ 50 (100%)	Targeting Women Veteran's Stress- Induced Drinking with Cognitive Reappraisal: Mechanisms and Moderators of Change	This study examined the effects of cognitive reappraisal, an adaptive emotion regulation strategy, on mechanisms that contribute to drinking among 50 WVs.	General mental health	N/A VA
Najavits, 2018 ³⁵³ 66 (100%)	A Randomized Controlled Trial of a Gender-Focused Addiction Model Versus 12-Step Facilitation for Women Veterans	This study compared 12 individual sessions of a gender-focused substance use disorder (SUD) recovery model, 'A Womans Path to Recovery' to an evidence-based, non-gender-focused SUD model, 12-Step Facilitation, in WVs with severe SUD.	Health care organization/delivery of care for WV	Justice-involved VA
Pedersen, 2017 ⁴⁵ 784 (17%)	A Randomized Controlled Trial of a Web-Based, Personalized Normative Feedback Alcohol Intervention for Young-Adult Veterans	This RCT tested a very brief alcohol intervention delivered over the Internet to reach the population of young adult veterans to help reduce their drinking.	Preventative health	N/A NIH/other government
<i>Interpersonal Violence</i>				
Gilmore, 2016 ²³⁸ 100 (100%)	"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	This manuscript described an ongoing federally funded RCT comparing PE delivered in-person to PE delivered via home-based telemedicine.	Health care organization/delivery of care for WV General mental health	History of trauma NIH/other government
Gilmore, 2020 ²³⁹ 136 (100%)	Emotion Dysregulation Predicts Dropout from Prolonged Exposure Treatment among Women Veterans with Military Sexual Trauma-Related Posttraumatic Stress Disorder	This study examined factors associated with treatment dropout among WVs with MST- related PTSD enrolled in PE both in person or via telemedicine as part of an ongoing randomized clinical trial.	Access to care/utilization General mental health	History of trauma NIH/other government; DOD
Iverson, 2021 ²⁴¹ 60 (100%)	Recovering From Intimate Partner Violence Through Strengths and Empowerment: Findings From a Randomized Clinical Trial	This study examined the effectiveness of RISE compared to an advocacy-based enhanced care as usual condition consisting of education,	N/A	History of trauma VA

Author Year N (% women)	Title	Objective	Secondary Focus Areas	Target Populations Funding
		safety planning, resources, and referrals in a sample of women VHA patients.		
Iverson, 2023 ²³⁴ 7421 (100%)	Integrating Intimate Partner Violence Screening Programs in Primary Care: Results from a Hybrid-II Implementation-Effectiveness RCT	This stepped-wedge, hybrid-II, implementation-effectiveness, cluster randomized trial investigated implementation and clinical effectiveness outcomes associated with VHA leadership's use of implementation facilitation to roll out IPV screening programs in mixed-sex/gender and shared-space primary care clinics.	Health care organization/delivery of care for WV	N/A VA
<i>Preventive Health</i>				
Hamilton, 2023 ¹⁹⁵ 40 (100%)	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	This study aimed to compare the effectiveness of Replicating Effective Practices and Evidence-Based QI on improved access to and rates of engagement in telehealth preventive lifestyle and mental health services.	General mental health	N/A VA
Marcotte, 2023 ¹⁶⁹ 883 (100%)	Automated Opt-Out vs Opt-In Patient Outreach Strategies for Breast Cancer Screening: A Randomized Clinical Trial	This study evaluated the effect of an opt-out automatic mammography referral strategy compared with an opt-in automated telephone message strategy, on breast cancer screening.	Health care organization/delivery of care for WV Cancer care	N/A VA; NIH/other government
<i>Chronic Medical Conditions</i>				
Markland, 2023 ¹¹⁴ 286 (100%)	Optimizing Remote Access to Urinary Incontinence Treatments for Women Veterans (PRACTICAL): Study Protocol for a Pragmatic Clinical Trial Comparing Two Virtual Care Options	This pragmatic clinical trial aimed to increase access to behavioral treatment of urinary incontinence for WVs by comparing the effectiveness of two virtual care delivery modalities.	N/A	NA VA
Vimalananda, 2016 ⁹⁰ 481 (15%)	Weight Loss Among Women and Men in the ASPIRE-VA Behavioral Weight Loss Intervention Trial	This study examined weight loss among WVs and Veteran men in the Aspiring for Lifelong Health (ASPIRE) trial, a small changes weight loss program.	Preventative health	General population/not specified VA
<i>Health Care Organization/Delivery of Care for WVs</i>				
Yano, 2016 ²⁶¹ N/A	Cluster Randomized Trial of a Multilevel Evidence-Based Quality Improvement Approach to Tailoring VA Patient Aligned Care Teams to the Needs of Women Veterans	This study tested an evidence-based QI approach to tailoring PACT to meet WVs needs, incorporating comprehensive primary care services and gender-specific care in gender-sensitive environments, accelerating	Access to care/utilization	N/A VA

Author Year N (% women)	Title	Objective	Secondary Focus Areas	Target Populations Funding
		achievement of PACT tenets for women (Womens Health [WH]-PACT).		



CHARACTERISTICS OF INCLUDED PROGRAM EVALUATIONS AND QI STUDIES

Author, Year, N (% Women)	Title	Objective	Secondary Focus Areas	Target Populations Funding
<i>General Mental Health</i>				
Bauer, 2021 ³⁵⁴ 80 (66%)	A Resource Building Virtual Care Programme: improving symptoms and social functioning among female and male rural Veterans	This project aimed to (1) identify whether webSTAIR would effectively improve PTSD and depression, (2) identify whether the programme would improve functioning, particularly social functioning and the related outcomes of emotion regulation and interpersonal skills, and (3) assess programme feasibility and satisfaction.	Health care organization/delivery of care for WV	History of trauma VA
Galovski, 2022 ³⁶ 699 (100%)	WoVeN, the Women Veterans Network: an Innovative Peer Support Program for Women Veterans	This program aimed to (1) foster connections and build relationships among WVs in local communities and nationwide and (2) develop a collaborative network of stakeholders, agencies, and organizations that share the goal of improving the quality of life of WVs.	N/A	N/A Foundation
Green, 2017 ³⁵⁵ 1347 (51%)	Examining the Diagnostic Utility of the DSM-5 PTSD Symptoms Among Male and Female Returning Veterans	This study aimed to examine the diagnostic utility of the DSM-5 PTSD symptoms among Veterans.	Substance use	OEF/OIF/OND VA; NIH/other government; DOD
Katz, 2016 ³⁸ 62 (100%)	Improved Attachment Style for Female Veterans Who Graduated Warrior Renew Sexual Trauma Treatment	This study examined Relationships Scales Questionnaire and Brief Symptom Inventory scores pre- and post-treatment in WVs who graduated the program.	Interpersonal violence	History of trauma VA
Lawrence, 2019 ²⁷ 346 (30.1%)	Civic Service as an Intervention to Promote Psychosocial Health and Implications for Mental Health in Post-9/11/01 Era Women Veterans	This study characterized the physical and mental health and psychosocial functioning of WVs and evaluated changes in these domains following completion of an intensive civic service program.	N/A	OEF/OIF/OND VA
Laws, 2018 ³⁵⁶ 6107 (8.6%)	Posttraumatic Stress Symptom Change after Family Involvement in Veterans' Mental Health Care	This study assessed PTSD symptoms before and after Veterans first family session to test whether symptoms changed after family inclusion.	N/A	N/A VA
Menefee, 2016 ³⁵⁷ 559 (49.55%)	Inpatient Trauma-Focused Treatment for Veterans: Implementation and Evaluation of Patient Perceptions and Outcomes of an Integrated Evidence-Based Treatment Approach	This article aimed to describe and evaluate the integration of evidence-based treatments for PTSD implemented in two gender-specific, VA inpatient programs.	Health care organization/delivery of care for WV	N/A VA

Author, Year, N (% Women)	Title	Objective	Secondary Focus Areas	Target Populations Funding
Mengeling, 2022 ³⁵⁸ 414 (51.69%)	Online Screening and Personalized Education to Identify Post-Deployment Mental Health Need and Facilitate Access to Care	This article examined an online intervention (Web-Ed) with regard to participation, screening results, satisfaction, and intent to seek follow-up mental health care, with comparisons by gender and post-deployment mental health care receipt.	Access to care/utilization	OEF/OIF/OND VA
Pebble, 2021 ³⁵⁹ 107 (100%)	Patient-Centered Behavioral Services for Women Veterans with Mental Health Conditions	This study explored wellness priorities and program preferences among WVs utilizing VHA mental health services.	Access to care/utilization Health care organization/delivery of care for WV	N/A VA
Stefanovics, 2020 ³⁶⁰ 3370 (14.7%)	Gender Differences in Outcomes Following Specialized Intensive PTSD Treatment in the Veterans Health Administration	This program evaluated specialized intensive VHA PTSD treatment program data to compare sociodemographic and clinical characteristics as well as differences in military and traumatic experiences of men and WVs at the time of program entry.	Health care organization/delivery of care for WV Substance use	N/A Not reported
<i>Substance Use</i>				
Berg, 2016 ³⁶¹ 759 (100%)	Identifying Opportunities to Improve Smoking Cessation Among Women Veterans at a Veterans Hospital	This study described the demographics, smoking characteristics, and medical and psychiatric comorbidities of WVs at a Midwestern VA, and examined tobacco cessation service referral and enrollment.	Access to care/utilization	N/A Unfunded
Livingston, 2021 ⁴² 222 (22.5%)	Differential Alcohol Treatment Response by Gender Following use of VetChange	This study examined differences among returning Veteran men and WVs who used VetChange, a web-based intervention for hazardous drinking and posttraumatic stress symptoms.	General mental health	OEF/OIF/OND VA; Foundation
Stefanovics, 2020 ⁴³ 7047 (2.9%)	Gender Difference in Substance Use and Psychiatric Outcomes Among Dually Diagnosed Veterans Treated in Specialized Intensive PTSD Programs	This study focused on Veteran men and WVs with a clinical diagnoses of PTSD and SUD and who reported active use of alcohol or illicit drugs in the 30 days prior to admission.	Access to care/utilization General mental health	N/A Unfunded
Timko, 2017 ³⁶² 140 (NA)	Substance Use Disorder Treatment Services for Women in the Veterans Health Administration	This study used national VHA facility-level data to examine the extent of womens specialty SUD treatment programming in the VHA.	Health care organization/delivery of care for WV	N/A VA
<i>Interpersonal Violence</i>				

Author, Year, N (% Women)	Title	Objective	Secondary Focus Areas	Target Populations Funding
Dichter, 2023 ³⁶³ 208 (100%)	Clinical Response to Positive Screens for Intimate Partner Violence in the Veterans Health Administration: Findings from Review of Medical Records	This study examined the clinical responses to the positive screen in two early-adopting VA medical centers that had implemented both routine IPV screening for women patients and an on-site IPV coordinator.	Preventative health	N/A
Katz, 2023 ²³⁷ 27 (100%)	Delivering Brief Warrior Renew Over Video Teleconferencing to Women Veterans with Military Sexual Trauma: A Pragmatic Trial	This study examined effectiveness and acceptability of an 8-session brief warrior renew treatment protocol, modified and delivered over video teleconferencing to WVs who experienced MST.	Health care organization/delivery of care for WV	History of trauma Not reported
Portnoy, 2021 ³⁶⁴ 62 (N/A)	A Multisite Quality Improvement Initiative to Enhance the Adoption of Screening Practices for Intimate Partner Violence Into Routine Primary Care for Women Veterans	This study evaluated the helpfulness of VHA Office of Women's Health Services QI program for comprehensive women's health clinics and reported lessons for implementation of similar screening programs in the VHA and other settings.	Preventative health Health care organization/delivery of care for WV	Justice involved Unfunded
<i>Suicide/NSSI</i>				
Kumpula, 2019 ³⁶⁵ 1780 (20.4%)	An Evaluation of the Effectiveness of Evidence-Based Psychotherapies for Depression to Reduce Suicidal Ideation among Male and Female Veterans	This study aimed to examine the impact of evidence-based psychotherapies for depression on suicidal ideation and the role of gender and treatment type in patients responses to treatment.	General mental health	N/A VA
<i>Reproductive Mental Health</i>				
Gisseman, 2021 ³⁶⁶ 4402 (2.49%)	Depression Screening During Pregnancy: Compliance and Effectiveness in a Military Population	This study was designed to assess the rate and effectiveness of screening in a major military medical center.	Preventative health Reproductive health	N/A Not reported
Solness, 2021 ⁷⁷ 326 (100%)	Treating Postpartum Depression in Rural Veterans using Internet Delivered CBT: Program Evaluation of MomMoodBooster	This program evaluation paper compared urban and rural-dwelling WVs using pre-post measures of depression, behavioral activation, and automatic thoughts.	Access to care/utilization SDOH	Rural dwelling VA
<i>Chronic Medical Conditions</i>				
Batch, 2018 ³⁶⁷ 62882 (14.6%)	Outcome by Gender in the Veterans Health Administration Motivating Overweight/Obese Veterans Everywhere Weight Management Program	This study aimed to determine patterns of change in weight over six months in women and men enrolled in the MOVE! Program.	Chronic medical conditions General mental health	N/A VA; NIH/other government

Author, Year, N (% Women)	Title	Objective	Secondary Focus Areas	Target Populations Funding
Dyer, 2020 ⁹² 119 (100%)	Tailoring an Evidence-Based Lifestyle Intervention to Meet the Needs of Women Veterans with Prediabetes	This study aimed to assess the impact of gender-tailoring and modality choice on diabetes prevention program engagement among WVs with prediabetes.	Preventative health	N/A VA
Reproductive Health				
Combellick, 2020 ³⁶⁸ 66 (100%)	Severe Maternal Morbidity Among a Cohort of Post-9/11 Women Veterans	This study aimed to evaluate a surveillance methodology at the VA and describe the characteristics of WVs who experienced severe maternal morbidity events.	N/A	OEF/OIF/OND VA
Cordasco, 2019 ¹⁵³ 266 (100%)	Veterans Health Administration Primary Care Provider Adherence to Prescribing Guidelines for Systemic Hormone Therapy in Menopausal Women	This study assessed primary care guideline adherence in prescribing systemic hormone therapy, and associations between adherence and provider characteristics, in four VHA facilities.	Health care organization/delivery of care for WV	N/A VA
Cordasco, 2018 ¹³⁴ 1199 (100%)	Care Coordination for Pregnant Veterans: VA's Maternity Care Coordinator Telephone Care Program	This study aimed to develop and assess the feasibility of the VA Maternity Care Coordinator Telephone Care Program, as well as facilitators and barriers encountered in its implementation.	Access to care/utilization	N/A VA
Cordasco, 2019 ¹⁵² 305 episodes	Guideline Adherence of Veterans Health Administration Primary Care for Abnormal Uterine Bleeding	This study assessed the extent to which VA primary care patients with AUB receive guideline-adherent primary care.	Health care organization/delivery of care for WV	N/A VA
Shroff, 2017 ¹³⁵ N/A	An Innovative Framework to Improve Teratogenic Medication Risk Counseling	This study described the development and implementation of the TARCC framework in a quality improvement initiative.	Health care organization/delivery of care for WV Chronic medical conditions	N/A Not reported
Preventive Health				
Avery, 2021 ³⁶⁹ 953 (27%)	Clinical Yoga Program Utilization in a Large Health Care System	This study described referral patterns and patient adoption rates in a clinical yoga program.	Access to care/utilization General mental health	N/A VA
Bean-Mayberry, 2022 ¹⁷⁹ 52 (37%)	Cardiovascular Risk Screening among Women Veterans: Identifying Provider and Patient Barriers and Facilitators to Develop a Clinical Toolkit	This study identified barriers/facilitators to CV risk identification and reduction among VA providers and their women patients to develop a clinical toolkit to improve CV risk factor screening and lifestyle changes.	Health care organization/delivery of care for WV Chronic medical conditions	N/A VA

Author, Year, N (% Women)	Title	Objective	Secondary Focus Areas	Target Populations Funding
Zenk, 2018 ¹⁸⁷ 3,261,115 (6.92%)	Weight and Veterans' Environments Study (WAVES) I and II: Rationale, Methods, and Cohort Characteristics	This study presented the rationale, methods, and cohort characteristics for two complementary big-data studies of residential environment contributions to body weight, metabolic risk, and weight management program participation and effectiveness.	Chronic medical conditions	N/A VA; NIH/other government
<i>Chronic Pain/Opioids</i>				
Okvat, 2022 ³⁷⁰ 36 (100%)	Mindfulness-Based Training for Women Veterans with Chronic Pain: A Retrospective Study	This retrospective study evaluated (1) if women who engaged in treatment showed pre-to-post treatment improvement in psychosocial/physical functioning and (2) whether demographic/clinical data differed among those referred to the program who engaged versus did not engage in treatment.	Health care organization/delivery of care for WV General mental health	N/A Unfunded
<i>Health Care Organization/Delivery of Care for WVs</i>				
Farkas, 2022 ²⁷⁶ 2664 (NA)	Retaining Providers with Women's Health Expertise: Decreased Provider Loss Among VHA Women's Health Faculty Development Program Attendees	The objective of this program evaluation was to determine the impact of Women's Health-Mini Residency participation on WH-Primary Care Provider (PCPs) retention.	N/A	N/A VA
Gawron, 2023 ²⁶³ 15 (86.67%)	Women's Health Provider Perspectives on Reproductive Services Provision in the Veterans Health Administration	This study explored barriers and facilitators to VHA reproductive service provision across a catchment area from women's health providers perspectives.	Reproductive health	N/A VA; NIH/other government; Private company
Manwell, 2022 ³⁷¹ 234 N/A)	Mini-Residencies to Improve Care for Women Veterans: A Decade of Re-Educating Veterans Health Administration Primary Care Providers	This study aimed to design, implement, and evaluate a training program to increase participant comfort with and provision of care to WVs, and foster practice changes in women's health care at local institutions.	Preventative health	N/A VA
Moreau, 2020 ³⁷² 1303 (100%)	Women Veterans' Perspectives on How to Make Veterans Affairs Healthcare Settings More Welcoming to Women	This study analyzed patient suggestions on how to make the VA more welcoming to women.	Access to care/utilization	N/A VA
Rose, 2022 ³⁷³ 4254 (100%)	Association Between Availability of Women's Health Services and Women Veterans' Care Experiences	This study assessed associations between availability of women's health services and WVs ratings of care experiences.	Access to care/utilization	N/A VA

Author, Year, N (% Women)	Title	Objective	Secondary Focus Areas	Target Populations Funding
Sanders, 2022 ²⁷⁴ 501 (NA%)	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	This study reported the implementation of a women's health rural workforce training program, demonstrated initial evidence of its effectiveness within VHA as a Learning Health System, and presented lessons learned and implications for other workforce training programs.	Reproductive health	Rural dwelling VA
Shipherd, 2016 ²⁷³ 111 providers	Interdisciplinary Transgender Veteran Care: Development of a Core Curriculum for VHA Providers	This article aimed to: (1) describe the Transgender SCAN-ECHO program curriculum as a minimum of core content for learners who treat transgender Veterans and (2) report the performance of Transgender SCAN-ECHO from the first three cohorts of learners.	SDOH	N/A Not reported
Vincent, 2023 ²⁷² 29 (100%)	Mind Full or Mindful? A Cohort Study of Equine-Facilitated Therapy for Women Veterans	This study aimed to explore the assets and challenges of partnering with equines for WVs seeking to increase aspects of mind-fulness that can be applied daily.	N/A	N/A Unfunded
Yano, 2016 ²⁶¹ N/A	Cluster Randomized Trial of a Multilevel Evidence-Based Quality Improvement Approach to Tailoring VA Patient Aligned Care Teams to the Needs of Women Veterans	This study aimed to test an evidence-based QI approach to tailoring PACT to meet the WVs needs, incorporating comprehensive primary care services and gender-specific care in gender-sensitive environments, thereby accelerating achievement of WH-PACT.	Access to care/utilization	N/A VA
Access to Care/Utilization				
Blosnich, 2019 ²⁸⁹ 15 (provider interviews), 53 (provider surveys) (NA%)	Utilization of the Veterans Affairs' Transgender E-consultation Program by Health Care Providers: Mixed-Methods Study	This mixed-methods project aimed to describe providers program experiences, reasons for non-use of the VA Transgender E-consultation program, and ways to improve program use.	Health care organization/delivery of care for WV	N/A VA
Social Determinants of Health				
Liu, 2023 ³⁰⁴ 577 (10.9%)	Intimate Partner Violence Screening for Veterans Accessing Homelessness Services	This three-month screening pilot aimed to explore IPV screening for participants of VA homeless Veteran programs at 5 VA medical centers throughout Tennessee and Kentucky.	Health care organization/delivery of care for WV Interpersonal violence	People with experiences of homelessness Not reported

INCLUDED STUDIES

Author, Year	Title	Target Population	Secondary Focus Area	Sub-Focus Area
<i>General Mental Health</i>				
Liu, 2019 ³⁷⁴	The prevalence and trend of depression among Veterans in the United States	General population/not specified	N/a	Depression
Davis, 2016 ²²	Women Veterans with Depression in Veterans Health Administration Primary Care: An Assessment of Needs and Preferences	General population/not specified	N/a	Depression
Sairsingh, 2018 ³⁷⁵	Depression in Female Veterans Returning from Deployment: The Role of Social Factors	OEF/OIF/OND	SDOH combat exposure	Depression
Anderson, 2023 ³⁷⁶	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	General population/not specified	N/a	Depression
Lam, 2017 ²³	Differences in Depression Care for Men and Women among Veterans with and without Psychiatric Comorbidities	General population/not specified	N/a	Depression
Thomas, 2016 ³⁷⁷	Predictors of Depression Diagnoses and Symptoms in United States Female Veterans: Results from a National Survey and Implications for Programming	General population/not specified	Health care organization/delivery of care for WVs SDOH	Depression
Borowski, 2021 ³⁷⁸	Work-family conflict and subsequent depressive symptoms among war-exposed post-9/11 U.S. military Veterans	OEF/OIF/OND	work-family conflict	Depression
Curry, 2021 ³⁷⁹	Sex differences in predictors of recurrent major depression among current-era military Veterans	OEF/OIF/OND	traumatic experiences	Depression
King, 2023 ¹⁸	Qualitative Exploration of Factors Influencing Women Veterans' Disordered Eating Symptoms and Treatment Preferences in VHA Primary Care	General population/not specified	Access to care/utilization Health care organization/delivery of care for WVs	Disordered eating
Breland, 2017 ³⁸⁰	Military experience can influence Women's eating habits	General population/not specified	N/a	Disordered eating
Breland, 2016 ¹⁹	Women Veterans' Treatment Preferences for Disordered Eating	General population/not specified	Health care organization/delivery of care for WVs	Disordered eating

Author, Year	Title	Target Population	Secondary Focus Area	Sub-Focus Area
Vaught, 2021 ³⁸¹	Prevalence of eating disorders and comorbid psychopathology in a US sample of treatment-seeking Veterans	General population/not specified	N/a	Disordered eating
Buchholz, 2018 ³⁸²	Rates and correlates of disordered eating among women Veterans in primary care	General population/not specified	N/a	Disordered eating
Rosenbaum, 2016 ³⁸³	Binge Eating among Women Veterans in Primary Care: Comorbidities and Treatment Priorities	General population/not specified	Health care organization/delivery of care for WVs Chronic medical conditions	Disordered eating
Zhao, 2023 ²⁴⁹	Gender similarities and differences in associations between weight discrimination, shape/weight concerns, and eating disorder symptoms among post-9/11 Veterans	OEF/OIF/OND	Chronic medical conditions Harassment/discrimination	Disordered eating
Masheb, 2021 ³⁸⁴	Atypical Anorexia Nervosa, not so atypical after all: Prevalence, correlates, and clinical severity among United States military Veterans	OEF/OIF/OND	N/a	Disordered eating
Masheb, 2021 ³⁸⁵	DSM-5 eating disorder prevalence, gender differences, and mental health associations in United States military Veterans	OEF/OIF/OND	N/a	Disordered eating
Slane, 2016 ³⁸⁶	Eating Behaviors: Prevalence, Psychiatric Comorbidity, and Associations With Body Mass Index Among Male and Female Iraq and Afghanistan Veterans	OEF/OIF/OND	Chronic medical conditions	Disordered eating
Krupp, 2023 ³⁸⁷	Health service utilization among women Veterans who report eating disorder symptoms	General population/not specified	Access to care/utilization General mental health	Disordered eating
Sienkiewicz, 2021 ³⁸⁸	Associations between eating disorder symptoms, employment status, and occupational functioning among female Veterans	General population/not specified	SDOH	Disordered eating
Huston, 2018 ³⁸⁹	Associations between health care use and disordered eating among female Veterans	General population/not specified	Preventative health Access to care/utilization	Disordered eating
Breland, 2018 ³⁹⁰	Military sexual trauma is associated with eating disorders, while combat exposure is not	General population/not specified	Preventative health Interpersonal Violence	Disordered eating
Zelkowitz, 2022 ³⁹¹	Gender differences in direct and indirect associations of trauma types with disordered eating in a national U.S. Veteran sample	History of trauma	Suicide/Non-suicidal self-injury Harassment/discrimination	Disordered eating

Author, Year	Title	Target Population	Secondary Focus Area	Sub-Focus Area
Arditte Hall, 2018 ³⁹²	Eating disorder symptoms in female Veterans: The role of childhood, adult, and military trauma exposure	History of trauma	Interpersonal Violence Other Violence	Disordered eating
Mitchell, 2022 ³⁹³	Associations between probable eating disorders and health care use among post-9/11 Veteran men and women	OEF/OIF/OND	Access to care/utilization	Disordered eating
Serier, 2022 ³⁹⁴	Disordered eating in sexual minority post-9/11 United States Veterans	Sexual minoritized populations; OEF/OIF/OND	Harassment/discrimination SDOH	Disordered eating
Creech, 2021 ¹⁷	Clinical Complexity in Women Veterans: A Systematic Review of the Recent Evidence on Mental Health and Physical Health Comorbidities	General population/not specified	Chronic medical conditions	Multiple mental health symptoms and diagnosis
Ziobrowski, 2017 ³⁹⁵	Gender differences in mental and physical health conditions in U.S. Veterans: Results from the National Health and Resilience in Veterans Study	General population/not specified	Chronic medical conditions Interpersonal Violence	Multiple mental health symptoms and diagnosis
Brown, 2016 ³⁹⁶	Mental Health and Medical Health Disparities in 5135 Transgender Veterans Receiving Health care in the Veterans Health Administration: A Case-Control Study	Transgender or gender nonbinary	Chronic medical conditions	Multiple mental health symptoms and diagnosis
Serier, 2022 ¹⁶	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	OEF/OIF/OND	N/a	Multiple mental health symptoms and diagnosis
Fenton, 2018 ¹⁵	Relationships Between Temporomandibular Disorders, MSD Conditions, and Mental Health Comorbidities: Findings from the Veterans Musculoskeletal Disorders Cohort	General population/not specified	Chronic Pain/Opioids Chronic medical conditions	Multiple mental health symptoms and diagnosis
Fitzke, 2023 ³⁹⁷	Barriers and Facilitators to Behavioral Health care for Women Veterans: a Mixed-Methods Analysis of the Current Landscape	General population/not specified	N/a	Mental health care
Ingelse, 2016 ³⁹⁸	Rural Women Veterans' Use and Perception of Mental Health Services	Rural dwelling	Access to care/utilization	Mental health care
Creech, 2022 ³⁴⁴	Computerized Intervention in Primary Care for Women Veterans with Sexual Assault Histories and Psychosocial Health Risks: a Randomized Clinical Trial	History of trauma	Substance Use General mental health	Mental health care

Author, Year	Title	Target Population	Secondary Focus Area	Sub-Focus Area
Mengeling, 2022 ³⁵⁸	Online Screening and Personalized Education to Identify Post-Deployment Mental Health Need and Facilitate Access to Care	OEF/OIF/OND	Access to care/utilization	Mental health care
Rossi, 2021 ³⁹⁹	An Examination of the Association Between Patient Experience and Quality of Mental Health Care Among Women Veterans	General population/not specified	Access to care/utilization Health care organization/delivery of care for WV	Mental health care
Pebble, 2021 ³⁵⁹	Patient-centered behavioral services for women Veterans with mental health conditions	General population/not specified	Access to care/utilization Health care organization/delivery of care for WV	Mental health care
Brunner, 2019 ⁴⁰⁰	Timely access to mental health care among women Veterans	General population/not specified	Access to care/utilization Health care organization/delivery of care for WV	Mental health care
Lindsay, 2022 ⁴⁰¹	Getting Connected: a Retrospective Cohort Investigation of Video-to-Home Telehealth for Mental Health Care Utilization Among Women Veterans	General population/not specified	Access to care/utilization Health care organization/delivery of care for WV	Mental health care
Williston, 2020 ⁴⁰²	An Examination of the Roles of Mental Health Literacy, Treatment-Seeking Stigma, and Perceived Need for Care in Female Veterans' Service Use	General population/not specified	Access to care/utilization	Mental health care
Lilienthal, 2017 ⁴⁰³	Mental health measurement among women Veterans receiving co-located, collaborative care services	General population/not specified	Health care organization/delivery of care for WVs General mental health	Mental health care
Kimerling, 2016 ⁴⁰⁴	Patient Activation and Mental Health Care Experiences Among Women Veterans	General population/not specified	Health care organization/delivery of care for WVs SDOH	Mental health care
Tsai, 2017 ⁴⁰⁵	One-year incidence and predictors of homelessness among 300,000 U.S. Veterans seen in specialty mental health care	People with experiences of homelessness	SDOH	Mental health care
Fischer, 2021 ⁴⁰⁶	Impact of Attitudes and Rurality on Veterans' Use of Veterans Health Administration Mental Health Services	Rural dwelling; General population/not specified	Access to care/utilization	Mental health care

Author, Year	Title	Target Population	Secondary Focus Area	Sub-Focus Area
Harper, 2022 ⁴⁰⁷	Mental health treatment utilization and relationship functioning among male and female OEF/OIF Veterans	OEF/OIF/OND	Access to care/utilization	Mental health care
Kotzias, 2019 ⁴⁰⁸	Mental Health Service Preferences and Utilization Among Women Veterans in Crisis: Perspectives of Veterans Crisis Line Responders	General population/not specified	Health care organization/delivery of care for WVs Veterans crisis line	Mental health care
Godier-McBard, 2023 ²¹	Barriers and facilitators to mental health care for women Veterans: a scoping review	General population/not specified	Access to care/utilization Health care organization/delivery of care for WVs	Mental health care
Orshak, 2022 ²⁰	Interventions for Women Veterans with Mental Health Care Needs: Findings from a Scoping Review	Justice-involved ; General population/not specified	Access to care/utilization Health care organization/delivery of care for WVs	Mental health care
Sayer, 2021 ⁴⁰⁹	What the public should know about Veterans returning from combat deployment to support reintegration: A qualitative analysis	OEF/OIF/OND	SDOH	Multiple mental health symptoms and diagnosis
Amsalem, 2021 ¹⁴	Increasing treatment-seeking intentions of US Veterans in the Covid-19 era: A randomized controlled trial	General population/not specified	Access to care/utilization COVID-19	Multiple mental health symptoms and diagnosis
Breland, 2020 ⁴¹⁰	Mental Health and Obesity Among Veterans: A Possible Need for Integrated Care	General population/not specified	Chronic medical conditions	Multiple mental health symptoms and diagnosis
Wilson, 2018 ⁴¹¹	The Association Between Alcohol Consumption, Lifetime Alcohol Use Disorder, and Psychiatric Distress Among Male and Female Veterans	OEF/OIF/OND	Suicide/Non-suicidal self-injury Substance Use	Multiple mental health symptoms and diagnosis
Desai, 2023 ⁴¹²	Racial, ethnic, and sex differences in psychiatric diagnosis, mental health sequelae, and VHA service utilization among justice-involved Veterans	Justice-involved ; Racial/ethnic minoritized	Access to care/utilization SDOH	Multiple mental health symptoms and diagnosis
Ramsey, 2017 ⁴¹³	Incidence of Mental Health Diagnoses in Veterans of Operations Iraqi Freedom, Enduring Freedom, and New Dawn, 2001-2014	OEF/OIF/OND	N/a	Multiple mental health symptoms and diagnosis

Author, Year	Title	Target Population	Secondary Focus Area	Sub-Focus Area
Merians, 2023 ⁴¹⁴	Racial and ethnic mental health disparities in U.S. Military Veterans: Results from the National Health and Resilience in Veterans Study	Racial/ethnic minoritized	Suicide/Non-suicidal self-injury Substance Use	Multiple mental health symptoms and diagnosis
Blosnich, 2016 ⁴¹⁵	Mental Health of Transgender Veterans in US States With and Without Discrimination and Hate Crime Legal Protection	Transgender or gender nonbinary	SDOH	Multiple mental health symptoms and diagnosis
Smith, 2020 ⁴¹⁶	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	Vietnam	Long-term care/aging	Multiple mental health symptoms and diagnosis
Maiocco, 2016 ⁴¹⁷	The Experience of Women Veterans Coming Back from War	OEF/OIF/OND	N/a	Multiple mental health symptoms and diagnosis
Pless Kaiser, 2017 ⁴¹⁸	Stressful and positive experiences of women who served in Vietnam	Vietnam	Interpersonal Violence Other Violence	Multiple mental health symptoms and diagnosis
Quinn, 2023 ⁴¹⁹	Recent and Frequent Mental Distress Among Women with a History of Military Service, 2003-2019	General population/not specified	N/a	Multiple mental health symptoms and diagnosis
Albright, 2019 ⁴²⁰	When women Veterans return: The role of postsecondary education in transition in their civilian lives	General population/not specified	Preventative health Access to care/utilization	Multiple mental health symptoms and diagnosis
Aronson, 2020 ³¹³	The Impact of Adverse Childhood Experiences (ACEs) and Combat Exposure on Mental Health Conditions Among New Post-9/11 Veterans	OEF/OIF/OND	Preventative health Substance Use	Multiple mental health symptoms and diagnosis
Vanneman, 2017 ⁴²¹	Postdeployment Behavioral Health Screens and Linkage to the Veterans Health Administration for Army Reserve Component Members	OEF/OIF/OND	Access to care/utilization Substance Use	Multiple mental health symptoms and diagnosis
Scoglio, 2021 ⁴²²	Gender-Specific Risk Factors for Psychopathology and Reduced Functioning in a Post-9/11 Veteran Sample	OEF/OIF/OND	Interpersonal Violence	Multiple mental health symptoms and diagnosis
Muralidharan, 2016 ⁴²³	Deployment Experiences, Social Support, and Mental Health: Comparison of Black, White, and Hispanic U.S. Veterans Deployed to Afghanistan and Iraq	OEF/OIF/OND	Harassment/discrimination family stressors and social support	Multiple mental health symptoms and diagnosis

Author, Year	Title	Target Population	Secondary Focus Area	Sub-Focus Area
Lawrence, 2021 ⁴²⁴	Mental health and psychosocial functioning in recently separated U.S. women Veterans: Trajectories and bi-directional relationships	OEF/OIF/OND	N/a	Multiple mental health symptoms and diagnosis
Adams, 2021 ⁴²⁵	Risk and protective factors associated with mental health among female military Veterans: results from the Veterans' health study	General population/not specified	N/a	Multiple mental health symptoms and diagnosis
Creech, 2016 ⁴²⁶	Combat exposure, mental health, and relationship functioning among women Veterans of the Afghanistan and Iraq wars	OEF/OIF/OND	Substance Use Family and relationship functioning Intimate relationship satisfaction,) parenting confidence and satisfaction	Multiple mental health symptoms and diagnosis
Lehavot, 2019 ⁴²⁷	Race/Ethnicity and Sexual Orientation Disparities in Mental Health, Sexism, and Social Support among Women Veterans	Sexual minoritized populations; General population/not specified	Harassment/discrimination SDOH	Multiple mental health symptoms and diagnosis
Lehavot, 2022 ⁴²⁸	Disparities in Mental Health and Health Risk Behaviors for LGBT Veteran Subgroups in a National U.S. Survey	Transgender or gender nonbinary; Sexual minoritized populations	Suicide/Non-suicidal self-injury Substance Use	Multiple mental health symptoms and diagnosis
Hamrick, 2022 ⁴²⁹	Moral Injury as a Mediator of the Associations Between Sexual Harassment and Mental Health Symptoms and Substance Use Among Women Veterans	History of trauma	Substance Use Interpersonal Violence	Moral injury
Ranney, 2022 ⁴³⁰	Moral injury and chronic pain in Veterans	OEF/OIF/OND	Chronic Pain/Opioids	Moral injury
Maguen, 2020 ⁴³¹	Gender differences in prevalence and outcomes of exposure to potentially morally injurious events among post-9/11 Veterans	OEF/OIF/OND	N/a	Moral injury
Masheb, 2021 ³¹¹	Associations between adverse childhood experiences and weight, weight control behaviors and quality of life in Veterans seeking weight management services	General population/not specified	Preventative health N/a	Additional mental health
Groër 2016 ³⁰	Allostatic Perspectives in Women Veterans With a History of Childhood Sexual Assault	History of trauma; General population/not specified	Interpersonal Violence	Additional mental health
Beckie, 2016 ³¹	The Relationship between Allostatic Load and Psychosocial Characteristics among Women Veterans	General population/not specified	Interpersonal Violence	Additional mental health
Lwi, 2019 ³³	Ten-Year Prevalence of Cognitive Impairment Diagnoses and Associated Medical and Psychiatric Conditions in a National Cohort of Older Female Veterans	General population/not specified	Long-term care/aging	Additional mental health

Author, Year	Title	Target Population	Secondary Focus Area	Sub-Focus Area
Fox, 2016 ³⁴	Understanding how deployment experiences change over time: Comparison of female and male OEF/OIF and Gulf War Veterans	OEF/OIF/OND ; Gulf War I	N/a	Additional mental health
Sullivan-Baca, 2020 ³⁵	Gender Differences in Veterans Referred for Neuropsychological Evaluation in an Outpatient Neuropsychology Consultation Service	General population/not specified	Long-term care/aging	Additional mental health
Galovski, 2022 ³⁶	WoVeN, the Women Veterans Network: an Innovative Peer Support Program for Women Veterans	General population/not specified	N/a	Additional mental health
Leslie, 2017 ³⁷	Returning to civilian life: Family reintegration challenges and resilience of women Veterans of the Iraq and Afghanistan wars	OEF/OIF/OND	SDOH	Additional mental health
Katz, 2016 ³⁸	Improved Attachment Style for Female Veterans Who Graduated Warrior Renew Sexual Trauma Treatment	History of trauma	Interpersonal Violence	Additional mental health
Wang, 2016 ³²	Stress-related biobehavioral responses, symptoms, and physical activity among female Veterans in the community: An exploratory study	History of trauma	Substance Use General mental health	Additional mental health
Saban, 2022 ²⁵	Impact of a Mindfulness-Based Stress Reduction Program on Psychological Well-Being, Cortisol, and Inflammation in Women Veterans	General population/not specified	Preventative health Chronic medical conditions	Well-being
Lawrence, 2019 ²⁷	Civic Service as an Intervention to Promote Psychosocial Health and Implications for Mental Health in Post-9/11/01 Era Women Veterans	OEF/OIF/OND	civic service and engagement	Well-being
Vogt, 2022 ²⁶	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	OEF/OIF/OND	long-term health outcomes	Well-being
Vogt, 2022 ²⁸	Strengths and vulnerabilities: Comparing post-9/11 U.S. Veterans' and non-Veterans' perceptions of health and broader well-being	OEF/OIF/OND	Substance Use SDOH	Well-being
Jones, 2017 ²⁴	The psychological health and well-being experiences of female military Veterans: a systematic review of the qualitative literature	OEF/OIF/OND	N/a	Well-being

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Kehle-Forbes, 2022 ⁴³²	"It leaves me very skeptical" messaging in marketing prolonged exposure and cognitive processing therapy to Veterans with PTSD	General population/not specified	Access to care/utilization	PTSD
Wilson, 2021 ⁴³³	Female U.S. Military Veterans' (Non)Disclosure of Mental Health Issues with Family and Friends: Privacy Rules and Boundary Management	History of trauma	Health care organization/delivery of care for WVs	PTSD
Kehle-Forbes, 2017 ⁴³⁴	Experiences with VHA care: a qualitative study of U.S. women Veterans with self-reported trauma histories	History of trauma	Health care organization/delivery of care for WVs Interpersonal Violence	PTSD
Haun, 2016 ⁴³⁵	Qualitative Inquiry Explores Health-Related Quality of Life of Female Veterans With Post-Traumatic Stress Disorder	History of trauma	Health-related quality of life	PTSD
Krupnick, 2017 ⁴³⁶	Gender Differences in Trauma Types and Themes in Veterans with Posttraumatic Stress Disorder	History of trauma	Interpersonal Violence	PTSD
Lehavot, 2021 ³⁴⁷	A randomized trial of an online, coach-assisted self-management PTSD intervention tailored for women Veterans	General population/not specified	N/a	PTSD
Thompson-Hollands, 2023 ³⁵¹	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	History of trauma	Access to care/utilization	PTSD
Lopez, 2022 ³⁴⁸	Effects of Emotion Dysregulation on Post-treatment Post-traumatic Stress Disorder and Depressive Symptoms Among Women Veterans With Military Sexual Trauma	History of trauma	Interpersonal Violence	PTSD
Kelly, 2021 ³⁴⁶	Trauma-Sensitive Yoga for Post-Traumatic Stress Disorder in Women Veterans who Experienced Military Sexual Trauma: Interim Results from a Randomized Controlled Trial	History of trauma	Interpersonal Violence	PTSD
Gobin, 2019 ³⁴⁵	Gender Differences in Response to Acceptance and Commitment Therapy Among Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn Veterans	OEF/OIF/OND	N/a	PTSD
Laws, 2018 ³⁵⁶	Posttraumatic stress symptom change after family involvement in Veterans' mental health care	General population/not specified	N/a	PTSD

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Valenstein-Mah, 2019 ⁴³⁷	Gender Differences in Rates and Predictors of Individual Psychotherapy Initiation and Completion Among Veterans Health Administration Users Recently Diagnosed With PTSD	History of trauma	Preventative health Access to care/utilization	PTSD
Farmer, 2020 ⁴³⁸	Psychotherapy Utilization, Preferences, and Retention among Women Veterans with Post-traumatic Stress Disorder	History of trauma	Preventative health Access to care/utilization	PTSD
Lehavot, 2017 ⁴³⁹	Study adaptation, design, and methods of a web-based PTSD intervention for women Veterans	History of trauma; General population/not specified	Access to care/utilization	PTSD
Menefee, 2016 ³⁵⁷	Inpatient Trauma-Focused Treatment for Veterans: Implementation and Evaluation of Patient Perceptions and Outcomes of an Integrated Evidence-Based Treatment Approach	General population/not specified	Health care organization/delivery of care for WVs	PTSD
Stefanovics, 2020 ³⁶⁰	Gender Differences in Outcomes Following Specialized Intensive PTSD Treatment in the Veterans Health Administration	General population/not specified	Health care organization/delivery of care for WVs Substance Use	PTSD
Murdoch, 2019 ⁴⁴⁰	Changes in Post-traumatic Stress Disorder Service Connection Among Veterans Under Age 55: An 18-Year Ecological Cohort Study	History of trauma	SDOH Service Connection Outcomes	PTSD
Hadlandsmayth, 2022 ⁴⁴¹	Gender differences in medication prescribing patterns for Veterans with posttraumatic stress disorder: A 10-year follow-up study	General population/not specified	Access to care/utilization	PTSD
Wisco, 2016 ⁴⁴²	Probable posttraumatic stress disorder in the US Veteran population according to DSM-5: Results from the national health and resilience in Veterans study	General population/not specified	Suicide/Non-suicidal self-injury Substance Use	PTSD
Davin, 2022 ⁴⁴³	Prospective mental health effects of intimate partner stalking among women Veterans	General population/not specified	Interpersonal Violence Intimate partner stalking	PTSD
Webermann, 2023 ⁴⁴⁴	Military sexual trauma-related posttraumatic stress disorder service-connection award denial across gender and race	History of trauma	Interpersonal Violence	PTSD
Moye, 2022 ⁴⁴⁵	Post-traumatic Stress Disorder in Older U.S. Military Veterans: Prevalence, Characteristics, and Psychiatric and Functional Burden	History of trauma	Interpersonal Violence Other Violence	PTSD

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Schnurr, 2019 ⁴⁴⁶	Residual symptoms following prolonged exposure and present-centered therapy for PTSD in female Veterans and soldiers	History of trauma	Health care organization/delivery of care for WVs General mental health	PTSD
Andresen, 2019 ⁴⁴⁷	Institutional betrayal following military sexual trauma is associated with more severe depression and specific posttraumatic stress disorder symptom clusters	History of trauma	Interpersonal Violence	PTSD
Stainbrook, 2016 ⁴⁴⁸	Female Veterans in Jail Diversion Programs: Differences From and Similarities to Their Male Peers	Justice-involved	Substance Use jail diversion programs	PTSD
Tsai, 2016 ⁴⁴⁹	Accuracy of screening for posttraumatic stress disorder in specialty mental health clinics in the U.S. Veterans Affairs Health care System	OEF/OIF/OND ; General population/not specified	Preventative health	PTSD
Murdoch, 2017 ⁴⁵⁰	Persistent Serious Mental Illness Among Former Applicants for VA PTSD Disability Benefits and Long-Term Outcomes: Symptoms, Functioning, and Employment	Other: Veterans who applied for PTSD disability benefits (severe mental illness, PTSD and other mental conditions)	N/a	PTSD
McClendon, 2019 ⁴⁵¹	Patterns and correlates of racial/ethnic disparities in posttraumatic stress disorder screening among recently separated Veterans	Racial/ethnic minoritized	Preventative health Access to care/utilization	PTSD
Shipherd, 2021 ⁴⁵²	Estimating Prevalence of PTSD Among Veterans With Minoritized Sexual Orientations Using Electronic Health Record Data	Sexual minoritized populations	N/a	PTSD
Green, 2017 ³⁵⁵	Examining the diagnostic utility of the DSM-5 PTSD symptoms among male and female returning Veterans	OEF/OIF/OND ; General population/not specified	Substance Use Functional impairment (not necessarily related to long-term care/aging)	PTSD
Shastry, 2022 ⁴⁵³	The impact of post-traumatic stress on quality of life and fatigue in women with Gulf War Illness	Gulf War I	Chronic medical conditions	PTSD
James, 2022 ⁴⁵⁴	Immunogenetics of posttraumatic stress disorder (PTSD) in women Veterans	General population/not specified	N/a	PTSD
Kimbrel, 2018 ⁴⁵⁵	Wall/Object Punching: An Important but Under-Recognized Form of Nonsuicidal Self-Injury	History of trauma	N/a	PTSD
Schnurr, 2016 ⁴⁵⁶	Symptom Benchmarks Of Improved Quality Of Life In Ptsd	History of trauma	quality of life	PTSD

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Maguen, 2020 ⁴⁵⁷	Factors associated with PTSD symptom improvement among Iraq and Afghanistan Veterans receiving evidenced-based psychotherapy	OEF/OIF/OND	Access to care/utilization	PTSD
Vogt, 2021 ⁴⁵⁸	Identifying factors that contribute to military Veterans' post-military well-being	General population/not specified	Suicide/Non-suicidal self-injury Substance Use	PTSD
Shiner, 2017 ⁴⁵⁹	Effect of Patient-Therapist Gender Match on Psychotherapy Retention Among United States Veterans with Posttraumatic Stress Disorder	General population/not specified	Health care organization/delivery of care for WVs	PTSD
Lehavot, 2018 ⁴⁶⁰	Do trauma type, stressful life events, and social support explain women Veterans' high prevalence of PTSD?	General population/not specified	SDOH	PTSD
Lehavot, 2018 ⁴⁶¹	Post-traumatic Stress Disorder by Gender and Veteran Status	General population/not specified	N/a	PTSD
James, 2022 ⁴⁶²	Classification of posttraumatic stress disorder and related outcomes in women Veterans using magnetoencephalography	General population/not specified	N/a	PTSD
Wooldridge, 2020 ³¹²	Relationships among adverse childhood experiences, posttraumatic stress disorder symptom clusters, and health in women Veterans	General population/not specified	N/a	PTSD
Stefanovics, 2019 ⁴⁶³	Comparing Outcomes of Women-Only and Mixed-Gender Intensive Posttraumatic Stress Disorder Treatment for Female Veterans	General population/not specified	Health care organization/delivery of care for WVs Harassment/discrimination	PTSD
Harper, 2023 ⁴⁶⁴	The Role of PTSD Symptom Severity and Relationship Functioning in Male and Female Veterans' Mental Health Service Use	History of trauma	N/a	PTSD
Christ, 2022 ⁴⁶⁵	Comparing Veterans with Posttraumatic Stress Disorder Related to Military Sexual Trauma or Other Trauma Types: Baseline Characteristics and Residential Cognitive Processing Therapy Outcomes	History of trauma	Interpersonal Violence	PTSD
Rosen, 2019 ⁴⁶⁶	Which patients initiate cognitive processing therapy and prolonged exposure in department of Veterans affairs PTSD clinics?	History of trauma	Access to care/utilization Health care organization/delivery of care for WVs	PTSD

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Shapiro, 2022 ⁴⁶⁷	Pain and posttraumatic stress: Associations among women Veterans with a history of military sexual trauma	History of trauma	Chronic Pain/Opioids Interpersonal Violence	PTSD
Wolf, 2016 ⁴⁶⁸	The Influence of the Dissociative Subtype of Posttraumatic Stress Disorder on Treatment Efficacy in Female Veterans and Active Duty Service Members	History of trauma	N/a	PTSD
Miles, 2016 ⁴⁶⁹	The Relationship Between Emotion Dysregulation and Impulsive Aggression in Veterans With Posttraumatic Stress Disorder Symptoms	History of trauma; OEF/OIF/OND ; Vietnam	Access to care/utilization	PTSD
Buta, 2018 ⁴⁷⁰	Posttraumatic stress disorder diagnosis and gender are associated with accelerated weight gain trajectories in Veterans during the post-deployment period	OEF/OIF/OND	obesity/accelerated weight gain	PTSD
Smith, 2017 ⁴⁷¹	The role of postdeployment social factors in linking deployment experiences and current posttraumatic stress disorder symptomatology among male and female Veterans	OEF/OIF/OND	Other Violence SDOH	PTSD
Zelkowitz, 2023 ⁴⁷²	Postdeployment Mental Health Concerns and Family Functioning in Veteran Men and Women	OEF/OIF/OND	Substance Use Relationship quality/Parenting self-efficacy	PTSD
Webermann, 2023 ³³⁴	The Role of Unit and Interpersonal Support in Military Sexual Trauma and Posttraumatic Stress Disorder Symptoms	OEF/OIF/OND	Interpersonal Violence	PTSD
Meyer, 2018 ⁴⁷³	Gender differences in associations between DSM-5 posttraumatic stress disorder symptom clusters and functional impairment in war Veterans	OEF/OIF/OND	Chronic medical conditions	PTSD
Vogt, 2017 ⁴⁷⁴	Consequences of PTSD for the work and family quality of life of female and male U.S. Afghanistan and Iraq War Veterans	OEF/OIF/OND	Relationship and work quality of life	PTSD
Burg, 2017 ⁴⁷⁵	Risk for Incident Hypertension Associated With Posttraumatic Stress Disorder in Military Veterans and the Effect of Posttraumatic Stress Disorder Treatment	OEF/OIF/OND	Chronic medical conditions	PTSD
Janke-Stedronsky, 2016 ⁴⁷⁶	Association of parental status and diagnosis of posttraumatic stress disorder among Veterans of Operations Iraqi and Enduring Freedom	OEF/OIF/OND	Parental Status	PTSD

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McClendon, 2021 ⁴⁷⁷	The Impact of Discriminatory Stress on Changes in Posttraumatic Stress Severity at the Intersection of Race/Ethnicity and Gender	Racial/ethnic minoritized; General population/not specified	SDOH	PTSD
Ceja, 2022 ⁴⁷⁸	Posttraumatic stress disorder symptom expression in racially and ethnically diverse women Veterans	Racial/ethnic minoritized; General population/not specified	SDOH	PTSD
Koo, 2016 ⁴⁷⁹	PTSD detection and symptom presentation: Racial/ethnic differences by gender among Veterans with PTSD returning from Iraq and Afghanistan	Racial/ethnic minoritized; OEF/OIF/OND	SDOH	PTSD
Caska-Wallace, 2016 ⁴⁸⁰	Posttraumatic Stress Disorder Symptom Severity and Relationship Functioning Among Partnered Heterosexual and Lesbian Women Veterans	Sexual minoritized populations; General population/not specified	N/a	PTSD
Murdoch, 2022 ³⁵⁰	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	OEF/OIF/OND	Research methods	PTSD
Sripada, 2018 ⁴⁸¹	Mental Health Service Utilization before and after Receipt of a Service-Connected Disability Award for PTSD: Findings from a National Sample	History of trauma	Access to care/utilization Health care organization/delivery of care for WV	PTSD
Acierno, 2021 ³⁴²	A randomized clinical trial of in-person vs. home-based telemedicine delivery of Prolonged Exposure for PTSD in military sexual trauma survivors	History of trauma	Access to care/utilization	PTSD
Castillo, 2016 ³⁴³	Group-Delivered Cognitive/Exposure Therapy for PTSD in Women Veterans: A Randomized Controlled Trial	History of trauma; OEF/OIF/OND	N/a	PTSD
Benfer, 2023 ⁴⁸²	An examination of the criterion-related validity of varying methods of indexing clinically significant change in posttraumatic stress disorder treatment	History of trauma	N/a	PTSD
Reuman, 2022 ⁴⁸³	Women Veterans' attitudes toward family involvement in PTSD treatment: A mixed-methods examination	History of trauma	Health care organization/delivery of care for WVs Interpersonal Violence	PTSD

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Gros, 2023 ⁴⁸⁴	Influence of comorbid social anxiety disorder in PTSD treatment outcomes for Prolonged Exposure in female military sexual trauma survivors with PTSD	History of trauma	Interpersonal Violence	PTSD
Banducci, 2019 ⁴⁸⁵	The associations between deployment experiences, PTSD, and alcohol use among male and female Veterans	OEF/OIF/OND	Substance Use	PTSD
Olmos-Ochoa, 2023 ⁴⁸⁶	Supporting Equitable Engagement and Retention of Women Patients in a Trauma-Informed Virtual Mental Health Intervention: Acceptability and Needed Adaptations	History of trauma	N/a	PTSD
Bauer, 2021 ³⁵⁴	A Resource Building Virtual Care Programme: improving symptoms and social functioning among female and male rural Veterans	History of trauma	Health care organization/delivery of care for WVs N/a	PTSD
Goldstein, 2017 ⁴⁸⁷	Impact of military trauma exposures on posttraumatic stress and depression in female Veterans	History of trauma	Interpersonal Violence	PTSD
Lucas, 2021 ⁴⁸⁸	An Examination of Stalking Experiences During Military Service Among Female and Male Veterans and Associations With PTSD and Depression	General population/not specified	Preventative health Interpersonal Violence	PTSD
Gross, 2023 ⁴⁸⁹	Clinical outcomes of Veterans affairs residential PTSD treatment for PTSD and depressive symptoms: 1-year follow-up outcomes and gender differences	History of trauma	N/a	PTSD
ArditteHall, 2019 ⁴⁹⁰	Associations Between Trauma-Related Rumination and Symptoms of Posttraumatic Stress and Depression in Treatment-Seeking Female Veterans	History of trauma	Interpersonal Violence Other Violence	PTSD
Holliday, 2021 ⁴⁹¹	Associations between justice involvement and PTSD and depressive symptoms, suicidal ideation, and suicide attempt among post-9/11 Veterans	Justice-involved ; OEF/OIF/OND	Suicide/Non-suicidal self-injury SDOH	PTSD
Welsh, 2019 ⁴⁹²	Gender Differences in Post-deployment Adjustment of Air Force Personnel: The Role of Wartime Experiences, Unit Cohesion, and Self-efficacy	OEF/OIF/OND	Interpersonal Violence Other Violence	PTSD

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Smith, 2017 ⁴⁹³	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	OEF/OIF/OND	Interpersonal Violence Harassment/discrimination	PTSD
Vogt, 2019 ⁴⁹⁴	Do functional impairments promote or hinder mental health treatment seeking: Differential results for women and men	OEF/OIF/OND	Access to care/utilization Relationship and work impairment	PTSD
Gorman, 2022 ⁴⁹⁵	The impact of deployment-related stressors on the development of PTSD and depression among sexual minority and heterosexual female Veterans	OEF/OIF/OND	Interpersonal Violence Harassment/discrimination	PTSD
Finkelstein-Fox, 2021 ⁴⁹⁶	Meaningful military engagement among male and female post-9/11 Veterans: An examination of correlates and implications for resilience	OEF/OIF/OND	N/a	PTSD
Gutner, 2018 ⁴⁹⁷	Going direct to the consumer: Examining treatment preferences for Veterans with insomnia, PTSD, and depression	General population/not specified	Access to care/utilization	PTSD
Sandhu, 2023 ⁴⁹⁸	PTSD symptoms as a potential mediator of associations between military sexual assault and disordered eating	History of trauma; General population/not specified	Interpersonal Violence	PTSD
Stojek, 2021 ⁴⁹⁹	Investigating sex differences in rates and correlates of food addiction status in women and men with ptsd	OEF/OIF/OND	N/a	PTSD
Webermann, 2022 ⁵⁰⁰	The role of general self-efficacy in intimate partner violence and symptoms of posttraumatic stress disorder among women Veterans	History of trauma	Interpersonal Violence PTSD symptoms	PTSD
C'De Baca, 2016 ⁵⁰¹	Examining Relationships Among Ethnicity, PTSD, Life Functioning, and Comorbidity in Female OEF/OIF Veterans	Racial/ethnic minoritized; OEF/OIF/OND	SDOH	PTSD
Williams, 2017 ⁵⁰²	Borderline Personality Disorder and Military Sexual Trauma: Analysis of Previous Traumatization and Current Psychiatric Presentation	History of trauma	Interpersonal Violence	PTSD

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Creech, 2019 ⁵⁰³	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	OEF/OIF/OND	N/a	PTSD
James, 2022 ⁵⁰⁴	MEG neural signature of sexual trauma in women Veterans with PTSD	History of trauma	Interpersonal Violence	PTSD
Saba, 2021 ⁵⁰⁵	Associations between symptoms of posttraumatic stress disorder, pain, and alcohol use disorder among OEF/OIF/OND Veterans	OEF/OIF/OND	Substance Use Chronic Pain/Opioids	PTSD
Epstein, 2019 ⁵⁰⁶	Posttraumatic stress disorder and traumatic brain Injury: Sex differences in Veterans	OEF/OIF/OND	Chronic Pain/Opioids Chronic medical conditions	PTSD
Jackson, 2016 ⁵⁰⁷	Mild Traumatic Brain Injury, PTSD, and Psychosocial Functioning Among Male and Female U.S. OEF/OIF Veterans	OEF/OIF/OND	Chronic medical conditions	PTSD
Portnoy, 2018 ⁵⁰⁸	Understanding Gender Differences in Resilience Among Veterans: Trauma History and Social Ecology	OEF/OIF/OND	Interpersonal Violence	PTSD
Sexton, 2018 ⁵⁰⁹	A psychometric evaluation of the Posttraumatic Cognitions Inventory with Veterans seeking treatment following military trauma exposure	History of trauma	Health care organization/delivery of care for WVs	PTSD
Zaccari, 2022 ³⁵²	Synchronous Telehealth Yoga and Cognitive Processing Group Therapies for Women Veterans with Posttraumatic Stress Disorder: A Multisite Randomized Controlled Trial Adapted for COVID-19	History of trauma	Health care organization/delivery of care for WVs Interpersonal Violence	PTSD
Schuman, 2019 ⁵¹⁰	A systematic review of the psychosocial impact of emotional numbing in US combat Veterans	General population/not specified	Suicide/Non-suicidal self-injury Substance Use	PTSD
0 ⁵¹¹	Mortality Among Veterans with Major Mental Illnesses Seen in Primary Care: Results of a National Study of Veteran Deaths	General population/not specified	Chronic medical conditions	Severe mental illness
Holliday, 2023 ⁵¹²	Personality Disorder Diagnosis among Justice-Involved Veterans: An Investigation of VA Using Veterans	Justice-involved	N/a	Severe mental illness
Goodsmith, 2023 ⁵¹³	Predictors of Functioning and Recovery Among Men and Women Veterans with Schizophrenia	General population/not specified	social support, mental health recovery	Severe mental illness

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Saldana, 2023 ⁵¹⁴	Values Expressed by Women Veterans Receiving Treatment for Chronic Insomnia Disorder	General population/not specified	N/a	Sleep related
Martin, 2023 ³⁴⁹	Novel treatment based on acceptance and commitment therapy versus cognitive behavioral therapy for insomnia: A randomized comparative effectiveness trial in women Veterans	General population/not specified	N/a	Sleep related
Carlson, 2022 ⁵¹⁵	Benefits of Cognitive Behavioral Therapy for Insomnia for Women Veterans with and without Probable Post-Traumatic Stress Disorder	History of trauma	Chronic medical conditions	Sleep related
Jasuja, 2019 ⁵¹⁶	Gender differences in prescribing of zolpidem in the Veterans Health Administration	General population/not specified	Access to care/utilization	Sleep related
Babson, 2018 ⁵¹⁷	Insomnia symptoms among female Veterans: Prevalence, risk factors, and the impact on psychosocial functioning and health care utilization	General population/not specified	Health care organization/delivery of care for WVs	Sleep related
Martin, 2017 ⁵¹⁸	Estimated Prevalence of Insomnia among Women Veterans: Results of a Postal Survey	General population/not specified	N/a	Sleep related
Culver, 2016 ⁵¹⁹	Acceptability of Medication and Nonmedication Treatment for Insomnia Among Female Veterans: Effects of Age, Insomnia Severity, and Psychiatric Symptoms	General population/not specified	Access to care/utilization Chronic medical conditions	Sleep related
Taylor, 2023 ⁵²⁰	Probable trauma associated sleep disorder in post-9/11 US Veterans	History of trauma; OEF/OIF/OND	N/a	Sleep related
Colvonen, 2020 ⁵²¹	Prevalence rates and correlates of insomnia disorder in post-9/11 Veterans enrolling in VA health care	OEF/OIF/OND	N/a	Sleep related
Carlson, 2019 ⁵²²	Trauma as an insomnia precipitating event among women Veterans	History of trauma; General population/not specified	Chronic medical conditions Interpersonal Violence	Sleep related
Kim, 2018 ⁵²³	Responsiveness of Veterans affairs health care system to zolpidem safety warnings	General population/not specified	N/a	Sleep related
Rosen, 2019 ⁵²⁴	Posttraumatic Stress Disorder Severity and Insomnia-Related Sleep Disturbances: Longitudinal Associations in a Large, Gender-Balanced Cohort of Combat-Exposed Veterans	OEF/OIF/OND	N/a	Sleep related
Kim, 2019 ⁵²⁵	Predictors of long-term and high-dose use of zolpidem in Veterans	General population/not specified	N/a	Sleep related

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Song, 2018 ⁵²⁶	Caregiving-Related Sleep Problems and Their Relationship to Mental Health and Daytime Function in Female Veterans	General population/not specified	N/a	Sleep related
Carlson, 2021 ⁵²⁷	Insomnia Precipitating Events among Women Veterans: The Impact of Traumatic and Nontraumatic Events on Sleep and Mental Health Symptoms	General population/not specified	Chronic medical conditions	Sleep related
Mahoney, 2022 ⁵²⁸	Longing for sleep after violence: The impact of PTSD symptoms, avoidance, and pain on insomnia among female Veterans	History of trauma; General population/not specified	Chronic Pain/Opioids Interpersonal Violence	Sleep related
Gaffey, 2020 ⁵²⁹	The role of insomnia in the association between posttraumatic stress disorder and hypertension	OEF/OIF/OND	Chronic medical conditions	Sleep related
<i>Interpersonal Violence</i>				
Webermann, 2023 ⁵³⁰	A Two-Year Examination of Intimate Partner Violence and Associated Mental and Physical Health among Sexual Minority and Heterosexual Women Veterans	General population/not specified	General mental health Physical pain related to IPV (eg, stomach pain, headaches, dizziness)	IPV
Tuepker, 2023 ⁵³¹	High-Risk Encounters: Primary Care Experiences of Women Living with Intimate Partner Violence, and Implications for the Patient Centered Medical Home	History of trauma	Health care organization/delivery of care for WVs	IPV
Miller, 2023 ⁵³²	Intimate Partner Violence Screening for Women in the Veterans Health Administration: Temporal Trends from the Early Years of Implementation 2014-2020	General population/not specified	Preventative health Health care organization/delivery of care for WV	IPV
Kim, 2023 ⁵³³	Experience of Intimate Partner Violence and Associated Psychiatric, Neurobehavioral, and Functional Burden in Male and Female Veterans: Implications for Treatment	OEF/OIF/OND	General mental health	IPV
Iverson, 2023 ²³⁴	Integrating Intimate Partner Violence Screening Programs in Primary Care: Results from a Hybrid-II Implementation-Effectiveness RCT	General population/not specified	Health care organization/delivery of care for WVs	IPV
Goldstein, 2023 ⁵³⁴	Lifetime history of interpersonal partner violence is associated with insomnia among midlife women Veterans	History of trauma	General mental health	IPV

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Dichter, 2023 ³⁶³	Clinical Response to Positive Screens for Intimate Partner Violence in the Veterans Health Administration: Findings from Review of Medical Records	General population/not specified	Preventative health	IPV
Shayani, 2022 ⁵³⁵	Women Tell All: A Comparative Thematic Analysis of Women's Perspectives on Two Brief Counseling Interventions for Intimate Partner Violence	History of trauma	Access to care/utilization Health care organization/delivery of care for WVs	IPV
Iverson, 2022 ⁵³⁶	PTSD and Depression Symptoms Increase Women's Risk for Experiencing Future Intimate Partner Violence	History of trauma; General population/not specified	Substance Use General mental health	IPV
Iverson, 2022 ⁵³⁷	Effects of Intimate Partner Violence During COVID-19 and Pandemic-Related Stress on the Mental and Physical Health of Women Veterans	History of trauma	General mental health Chronic medical conditions	IPV
Watkins, 2021 ⁵³⁸	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	OEF/OIF/OND	General mental health	IPV
Sorrentino, 2021 ⁵³⁹	Mental health care in the context of intimate partner violence: Survivor perspectives	History of trauma	Health care organization/delivery of care for WVs General mental health	IPV
Portnoy, 2021 ³⁶⁴	A Multisite Quality Improvement Initiative to Enhance the Adoption of Screening Practices for Intimate Partner Violence Into Routine Primary Care for Women Veterans	Justice-involved ; Other: providers	Preventative health Health care organization/delivery of care for WV	IPV
Iverson, 2021 ²⁴¹	Recovering From Intimate Partner Violence Through Strengths and Empowerment: Findings From a Randomized Clinical Trial	History of trauma	N/a	IPV
Creech, 2021 ⁵⁴⁰	Intimate Partner Violence Among Pregnant Veterans: Prevalence, Associated Mental Health Conditions, and Health Care Utilization	General population/not specified	Reproductive Mental Health Reproductive health	IPV
Adjognon, 2021 ⁵⁴¹	Getting routine intimate partner violence screening right: Implementation strategies used in Veterans Health Administration (VHA) primary care	Other: provider/staff study	Health care organization/delivery of care for WVs	IPV

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Portnoy, 2020 ⁵⁴²	A Longitudinal Analysis of Women Veterans' Partner Violence Perpetration: the Roles of Interpersonal Trauma and Posttraumatic Stress Symptoms	History of trauma	General mental health	IPV
Makaroun, 2020 ⁵⁴³	Association of Health Conditions and Health Service Utilization with Intimate Partner Violence Identified via Routine Screening among Middle-Aged and Older Women	General population/not specified	Preventative health Access to care/utilization	IPV
Iverson, 2020 ⁵⁴⁴	Intimate Partner Violence Among Female OEF/OIF/OND Veterans Who Were Evaluated for Traumatic Brain Injury in the Veterans Health Administration: A Preliminary Investigation	History of trauma; OEF/OIF/OND	Chronic medical conditions	IPV
Dichter, 2020 ⁵⁴⁵	Missed Opportunity for HIV Prevention Among a High-Risk Population of Women Experiencing Intimate Partner Violence	General population/not specified	Preventative health	IPV
Dichter, 2020 ⁵⁴⁶	Middle-aged Women's Experiences of Intimate Partner Violence Screening and Disclosure: "It's a private matter. It's an embarrassing situation"	History of trauma	Health care organization/delivery of care for WVs	IPV
Iverson, 2019 ⁵⁴⁷	Intimate Partner Violence Screening Programs in the Veterans Health Administration: Informing Scale-up of Successful Practices	Other: administrators and clinicians	Health care organization/delivery of care for WVs	IPV
Iovine-Wong, 2019 ⁵⁴⁸	Intimate Partner Violence, Suicide, and Their Overlapping Risk in Women Veterans: A Review of the Literature	General population/not specified	Suicide/Non-suicidal self-injury	IPV
Huston, 2019 ⁵⁴⁹	Associations between disordered eating and intimate partner violence mediated by depression and posttraumatic stress disorder symptoms in a female Veteran sample	History of trauma	General mental health	IPV
Danitz, 2019 ⁵⁵⁰	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 health care system	Other: VA providers involved in coordinating IPV related care	N/a	IPV
Rosenfeld, 2018 ⁵⁵¹	Male partner reproductive coercion among women Veterans	General population/not specified	Access to care/utilization Reproductive health	IPV

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Portnoy, 2018 ⁵⁵²	Accuracy and Acceptability of a Screening Tool for Identifying Intimate Partner Violence Perpetration among Women Veterans: A Pre-Implementation Evaluation	General population/not specified	Preventative health N/a	IPV
Iverson, 2018 ⁵⁵³	Adoption, penetration, and effectiveness of a secondary risk screener for intimate partner violence: Evidence to inform screening practices in integrated care settings	General population/not specified	Access to care/utilization	IPV
Dichter, 2018 ⁵⁵⁴	Women's Health care Utilization Following Routine Screening for Past-Year Intimate Partner Violence in the Veterans Health Administration	General population/not specified	Preventative health Access to care/utilization	IPV
Dardis, 2018 ⁵⁵⁵	Empowerment, PTSD and revictimization among women who have experienced intimate partner violence	History of trauma	General mental health	IPV
Bartlett, 2018 ⁵⁵⁶	Intimate partner violence and disordered eating among male and female Veterans	History of trauma	General mental health	IPV
Sparrow, 2017 ²⁴⁰	Systematic review of mental health disorders and intimate partner violence victimisation among military populations	General population/not specified	General mental health	IPV
Meredith, 2017 ⁵⁵⁷	Primary Care Providers with More Experience and Stronger Self-Efficacy Beliefs Regarding Women Veterans Screen More Frequently for Interpersonal Violence	Other: VA primary care providers	Preventative health VA Women's Health Workforce	IPV
Iverson, 2017 ⁵⁵⁸	Intimate Partner Violence Victimization and Associated Implications for Health and Functioning Among Male and Female Post-9/11 Veterans	OEF/OIF/OND	N/a	IPV
Dichter, 2017 ⁵⁵⁹	Disproportionate Mental Health Burden Associated With Past-Year Intimate Partner Violence Among Women Receiving Care in the Veterans Health Administration	History of trauma	Substance Use General mental health	IPV
Dichter, 2017 ⁵⁶⁰	Intimate Partner Violence Screening in the Veterans Health Administration: Demographic and Military Service Characteristics	General population/not specified	Preventative health	IPV
Dardis, 2017 ⁵⁶¹	Intimate partner violence among women Veterans by sexual orientation	Sexual minoritized populations	General mental health SDOH	IPV

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Dardis, 2017 ⁵⁶²	Intimate partner stalking: Contributions to PTSD symptomatology among a national sample of women Veterans	History of trauma	General mental health	IPV
Creech, 2017 ⁵⁶³	Use and Experience of Recent Intimate Partner Violence Among Women Veterans Who Deployed to Iraq and Afghanistan	OEF/OIF/OND	Substance Use General mental health	IPV
Kimerling, 2016 ⁵⁶⁴	Prevalence of Intimate Partner Violence among Women Veterans who Utilize Veterans Health Administration Primary Care	History of trauma; General population/not specified	N/a	IPV
Iverson, 2016 ⁵⁶⁵	Female Veterans' preferences for counseling related to intimate partner violence: Informing patient-centered interventions	History of trauma; General population/not specified	Health care organization/delivery of care for WVs	IPV
Rodriguez, 2023 ⁵⁶⁶	Associations among military sexual trauma, positive alcohol expectancies, and coping behaviors in female Veterans	History of trauma	Substance Use Coping behaviors	MST
Reinhardt, 2023 ⁵⁶⁷	In Their Own Words: Women Veterans Identify the Personal Consequences of Military Sexual Trauma Victimization	History of trauma	General mental health PTSD	MST
Monteith, 2023 ⁵⁶⁸	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	OEF/OIF/OND	Suicide/Non-suicidal self-injury Reproductive health	MST
Katz, 2023 ²³⁷	Delivering brief warrior renew over video teleconferencing to women Veterans with military sexual trauma: A pragmatic trial	History of trauma	Health care organization/delivery of care for WVs	MST
Kalvesmaki, 2023 ⁵⁶⁹	The Impact of Resilience on Employment Among Post-9/11 Veterans With and Without Military Sexual Trauma Exposure	History of trauma; OEF/OIF/OND	SDOH	MST
Holliday, 2023 ⁵⁷⁰	Military sexual trauma among Veterans using and not using VA justice-related programing: A national examination	Justice-involved ; General population/not specified	Access to care/utilization	MST
Hargrave, 2023 ⁵⁷¹	Factors Associated with Military Sexual Trauma (MST) Disclosure During VA Screening Among Women Veterans	General population/not specified	Preventative health SDOH	MST
Galovski, 2023 ⁵⁷²	The Relative Impact of Different Types of Military Sexual Trauma on Long-Term PTSD, Depression, and Suicidality	History of trauma; General population/not specified	Suicide/Non-suicidal self-injury General mental health	MST

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Doucette, 2023 ³¹⁰	The Effects of Adverse Childhood Experiences and Warfare Exposure on Military Sexual Trauma Among Veterans	OEF/OIF/OND	Other Violence	MST
Blais, 2022 ⁵⁷³	Interpersonal Trauma and Sexual Function and Satisfaction: The Mediating Role of Negative Affect Among Survivors of Military Sexual Trauma	General population/not specified	Reproductive health	MST
Preston, 2022 ⁵⁷⁴	Defeated No More: Meaning-Making After Military Sexual Trauma	History of trauma	N/a	MST
Paulson, 2022 ⁵⁷⁵	Contrasting ecological contexts among treatment-seeking military sexual assault survivors: Consideration of relationships with sexual and gender minority identification	History of trauma	SDOH	MST
Patel, 2022 ⁵⁷⁶	Correlates and clinical associations of military sexual assault in Gulf War era U.S. Veterans: Findings from a national sample	History of trauma	General mental health Harassment/discrimination	MST
Nichter, 2022 ⁵⁷⁷	Military sexual trauma in the United States: Results from a population-based study	General population/not specified	Access to care/utilization General mental health	MST
Monteith, 2022 ⁵⁷⁸	Institutional Betrayal and Closeness Among Women Veteran Survivors of Military Sexual Trauma: Associations with Self-Directed Violence and Mental Health Symptoms	History of trauma	Suicide/Non-suicidal self-injury	MST
McBain, 2022 ⁵⁷⁹	The Relationship Between Provider Gender Preferences and Perceptions of Providers Among Veterans Who Experienced Military Sexual Trauma	History of trauma	Health care organization/delivery of care for WVs	MST
Hargrave, 2022 ⁵⁸⁰	Veterans Health Administration Screening for Military Sexual Trauma May Not Capture Over Half of Cases Among Midlife Women Veterans	General population/not specified	Preventative health Access to care/utilization	MST
Gaffey, 2022 ⁵⁸¹	Military sexual trauma and incident hypertension: a 16-year cohort study of young and middle-aged men and women	OEF/OIF/OND	Chronic medical conditions	MST
Wiblin, 2021 ⁵⁸²	Predictors of Unbearability, Unlovability, and Unsolvability in Veterans With Military-Sexual-Trauma-Related Posttraumatic Stress Disorder	History of trauma	General mental health	MST
Wiblin, 2021 ⁵⁸³	A Factor Analysis of the Suicide Cognitions Scale in Veterans with Military Sexual Trauma-Related Posttraumatic Stress Disorder	General population/not specified	N/a	MST

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Tannahill, 2021 ⁵⁸⁴	Gender as a moderator of the association of military sexual trauma and posttraumatic stress symptoms	General population/not specified	General mental health	MST
Sumner, 2021 ⁵⁸⁵	Military Sexual Trauma and Adverse Mental and Physical Health and Clinical Comorbidity in Women Veterans	History of trauma; General population/not specified	Suicide/Non-suicidal self-injury Substance Use	MST
Street, 2021 ⁵⁸⁶	Veterans' perspectives on military sexual trauma-related communication with VHA providers	General population/not specified	Preventative health Health care organization/delivery of care for WV	MST
Newins, 2021 ⁵⁸⁷	Psychological outcomes following sexual assault: Differences by sexual assault setting	OEF/OIF/OND	General mental health	MST
Monteith, 2021 ⁵⁸⁸	Assessing Institutional Betrayal Among Female Veterans Who Experienced Military Sexual Trauma: A Rasch Analysis of the Institutional Betrayal Questionnaire.2	History of trauma	Access to care/utilization	MST
Monteith, 2021 ⁵⁸⁹	Institutional betrayal and help-seeking among women survivors of military sexual trauma	History of trauma	Access to care/utilization General mental health	MST
Kelly, 2021 ⁵⁹⁰	Barriers to PTSD treatment-seeking by women Veterans who experienced military sexual trauma decades ago: The role of institutional betrayal	History of trauma	Access to care/utilization Other Violence	MST
Hannan, 2021 ⁵⁹¹	Posttraumatic Stress Symptom Severity Mediates the Relationship Between Military Sexual Trauma and Tension Reduction Behaviors in Male and Female Veterans	History of trauma	General mental health	MST
Felder, 2021 ⁵⁹²	Life course perspective on the role of military sexual trauma as a pathway to homelessness for female Veterans	People with experiences of homelessness	SDOH	MST
Blais, 2021 ⁵⁹³	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	General population/not specified	General mental health sexual function	MST
Monteith, 2020 ⁵⁹⁴	Military sexual trauma survivors' perceptions of Veterans health administration care: A qualitative examination	History of trauma	Access to care/utilization Health care organization/delivery of care for WV	MST

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Khan, 2020 ⁵⁹⁵	How do gender and military sexual trauma impact PTSD symptoms in cognitive processing therapy and prolonged exposure?	OEF/OIF/OND	General mental health	MST
Gross, 2020 ⁵⁹⁶	Sex Differences in Military Sexual Trauma and Severe Self-Directed Violence	OEF/OIF/OND	Suicide/Non-suicidal self-injury	MST
Gilmore, 2020 ²³⁹	Emotion Dysregulation Predicts Dropout from Prolonged Exposure Treatment among Women Veterans with Military Sexual Trauma-Related Posttraumatic Stress Disorder	History of trauma	Access to care/utilization General mental health	MST
Gibson, 2020 ⁵⁹⁷	Military Sexual Trauma in Older Women Veterans: Prevalence and Comorbidities	General population/not specified	Long-term care/aging	MST
Garneau-Fournier, 2020 ⁵⁹⁸	Factors Associated with Sexual Satisfaction among Veterans Who Have Experienced Military Sexual Trauma	History of trauma	General mental health sexual satisfaction	MST
Pulverman, 2019 ⁵⁹⁹	Sexual Assault in the Military and Increased Odds of Sexual Pain Among Female Veterans	History of trauma	General mental health Reproductive health	MST
Pulverman, 2019 ²³⁶	Military Sexual Trauma and Sexual Health in Women Veterans: A Systematic Review	History of trauma	Reproductive health	MST
Holder, 2019 ⁶⁰⁰	Predictors of dropout from a randomized clinical trial of cognitive processing therapy for female Veterans with military sexual trauma-related PTSD	History of trauma	Access to care/utilization General mental health	MST
Gundlapalli, 2019 ⁶⁰¹	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	Racial/ethnic minoritized; OEF/OIF/OND	SDOH	MST
Gross, 2019 ⁶⁰²	Meaning in life following deployment sexual trauma: Prediction of posttraumatic stress symptoms, depressive symptoms, and suicidal ideation	OEF/OIF/OND	General mental health	MST
Dichter, 2019 ⁶⁰³	Women's Participation in Research on Intimate Partner Violence: Findings on Recruitment, Retention, and Participants' Experiences	History of trauma	research participation	MST
Cichowski, 2019 ⁶⁰⁴	Female Veterans' Experiences With VHA Treatment for Military Sexual Trauma	History of trauma	Health care organization/delivery of care for WVs	MST

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Bovin, 2019 ⁶⁰⁵	The Impact of Assessment Modality and Demographic Characteristics on Endorsement of Military Sexual Trauma	Sexual minoritized populations; Racial/ethnic minoritized; History of trauma	Preventative health	MST
Bergman, 2019 ⁶⁰⁶	Primary Care Providers' Perspectives on Providing Care to Women Veterans with Histories of Sexual Trauma	Other: primary care providers with any number of women Veterans on their panels	VA Women's Health Workforce	MST
Averill, 2019 ⁶⁰⁷	Sex Differences in Correlates of Risk and Resilience Associated with Military Sexual Trauma	History of trauma	General mental health	MST
Wilson, 2018 ²³⁵	The Prevalence of Military Sexual Trauma: A Meta-Analysis	General population/not specified	N/a	MST
Pandey, 2018 ⁶⁰⁸	Military Sexual Trauma and Obesity Among Women Veterans	History of trauma	General mental health obesity	MST
Gross, 2018 ⁶⁰⁹	Does Deployment-Related Military Sexual Assault Interact with Combat Exposure to Predict Posttraumatic Stress Disorder in Female Veterans?	OEF/OIF/OND	General mental health	MST
Freysteinson, 2018 ⁶¹⁰	Body Image Perceptions of Women Veterans With Military Sexual Trauma	People with experiences of homelessness	SDOH	MST
Foynes, 2018 ⁶¹¹	"Who Are You Going to Tell? Who's Going to Believe You?"	History of trauma	General mental health	MST
Dardis, 2018 ⁶¹²	Labeling of deployment sexual harassment experiences among male and female Veterans	OEF/OIF/OND	General mental health	MST
Calhoun, 2018 ⁶¹³	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	OEF/OIF/OND	Access to care/utilization General mental health	MST
Brownstone, 2018 ⁶¹⁴	The Phenomenology of Military Sexual Trauma Among Women Veterans	History of trauma	N/a	MST
Blais, 2018 ⁶¹⁵	Assailant identity and self-reported nondisclosure of military sexual trauma in partnered women Veterans	General population/not specified	Access to care/utilization	MST
Beckman, 2018 ⁶¹⁶	Military Sexual Assault in Transgender Veterans: Results From a Nationwide Survey	Transgender or gender nonbinary	Substance Use General mental health	MST
Story, 2017 ⁶¹⁷	Guided Imagery and Music with female military Veterans: An intervention development study	History of trauma	General mental health	MST

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Katz, 2017 ⁶¹⁸	In Her Own Words: Semi-structured Interviews of Women Veterans Who Experienced Military Sexual Assault	History of trauma	Suicide/Non-suicidal self-injury General mental health	MST
Gundlapalli, 2017 ⁶¹⁹	Using Structured and Unstructured Data to Refine Estimates of Military Sexual Trauma Status Among US Military Veterans	OEF/OIF/OND	N/a	MST
Brignone, 2017 ⁶²⁰	Increased Health Care Utilization and Costs Among Veterans With a Positive Screen for Military Sexual Trauma	OEF/OIF/OND	Access to care/utilization	MST
Blais, 2017 ⁶²¹	Military sexual trauma is associated with post-deployment eating disorders among Afghanistan and Iraq Veterans	OEF/OIF/OND	General mental health	MST
Wolff, 2016 ⁶²²	Reporting Military Sexual Trauma: A Mixed-Methods Study of Women Veterans' Experiences Who Served From World War II to the War in Afghanistan	History of trauma; OEF/OIF/OND ; Gulf War I; Vietnam ; Other: World War II	Access to care/utilization	MST
Laws, 2016 ⁶²³	Within-unit relationship quality mediates the association between military sexual trauma and posttraumatic stress symptoms in Veterans separating from military service	OEF/OIF/OND	General mental health	MST
Kimerling, 2016 ⁶²⁴	Military Sexual Trauma and Suicide Mortality	History of trauma; General population/not specified	Suicide/Non-suicidal self-injury	MST
Gilmore, 2016 ⁶²⁸	"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	History of trauma	Health care organization/delivery of care for WVs General mental health	MST
Gilmore, 2016 ⁶²⁵	Military Sexual Trauma and Co-occurring Posttraumatic Stress Disorder, Depressive Disorders, and Substance Use Disorders among Returning Afghanistan and Iraq Veterans	History of trauma; OEF/OIF/OND	Substance Use General mental health	MST
Gibson, 2016 ⁶²⁶	Sexual Assault, Sexual Harassment, and Physical Victimization during Military Service across Age Cohorts of Women Veterans	General population/not specified	Long-term care/aging	MST
Gaher, 2016 ⁶²⁷	Alexithymia, Coping Styles and Traumatic Stress Symptoms in a Sample of Veterans Who Experienced Military Sexual Trauma	History of trauma; General population/not specified	General mental health	MST

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Barth, 2016 ⁶²⁸	Military Sexual Trauma Among Recent Veterans: Correlates of Sexual Assault and Sexual Harassment	OEF/OIF/OND	N/a	MST
Rossi, 2023 ⁶²⁹	The association between lifetime trauma exposure typologies and mental health outcomes among Veterans	General population/not specified	General mental health Other Violence	Other interpersonal trauma
Esopenko, 2023 ⁶³⁰	Characterizing the Influence of Exposure to Military Sexual Trauma and Intimate Partner Violence on Mental Health Outcomes among Female Veterans	History of trauma	General mental health	Other interpersonal trauma
Relyea, 2020 ⁶³¹	Military Sexual Trauma and Intimate Partner Violence: Subtypes, Associations, and Gender Differences	OEF/OIF/OND	N/a	Other interpersonal trauma
Combellick, 2019 ⁶³²	Trauma and Sexual Risk: Do Men and Women Veterans Differ?	History of trauma	N/a	Other interpersonal trauma
Dichter, 2018 ⁶³³	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	General population/not specified	General mental health SDOH	Other interpersonal trauma
Bomyea, 2017 ⁶³⁴	Trauma-Related Disgust in Veterans With Interpersonal Trauma	History of trauma	General mental health	Other interpersonal trauma
Danan, 2022 ²⁴²	The Relationship Between Sexual Assault History and Cervical Cancer Screening Completion Among Women Veterans in the Veterans Health Administration	History of trauma	Preventative health	Sexual violence
Edmonds, 2021 ²⁴⁴	Associations Between Sexual Assault and Reproductive and Family Planning Behaviors and Outcomes in Female Veterans	General population/not specified	Reproductive health	Sexual violence
VanderWeg, 2020 ²⁴³	Lifetime History of Sexual Assault and Emergency Department Service Use among Women Veterans	General population/not specified	Access to care/utilization General mental health	Sexual violence
Dognin, 2017 ²⁴⁵	Group education sessions for women Veterans who experienced sexual violence: Qualitative findings	History of trauma	Access to care/utilization General mental health	Sexual violence
Schry, 2016 ⁶³⁵	Sexual revictimization among Iraq and Afghanistan war era Veterans	OEF/OIF/OND	N/a	Sexual violence

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<i>Other Violence</i>				
Morgan, 2022 ²⁴⁷	The interaction of exposure to adverse childhood and combat experiences on the current mental health of new post-9/11 Veterans	OEF/OIF/OND	Suicide/Non-suicidal self-injury General mental health	Exposure to violence
Murdoch, 2017 ²⁴⁸	Changes in affect after completing a mailed survey about trauma: two pre- and post-test studies in former disability applicants for posttraumatic stress disorder	History of trauma; Gulf War I; Vietnam ; General population/not specified	General mental health Interpersonal Violence	Exposure to violence
Monteith, 2023 ⁶³⁶	“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	OEF/OIF/OND	General mental health Interpersonal Violence	Firearms
Monteith, 2023 ⁶³⁷	Associations between deployment experiences, safety-related beliefs, and firearm ownership among women Veterans	OEF/OIF/OND	Safety beliefs & Deployment experiences	Firearms
Brandt, 2021 ²⁴⁶	Documentation of Screening for Firearm Access by Health care Providers in the Veterans Health care System: A Retrospective Study	OEF/OIF/OND	Health care organization/delivery of care for WVs	Firearms
Monteith, 2020 ⁶³⁸	Understanding female Veterans’ experiences and perspectives of firearms	General population/not specified	Suicide/Non-suicidal self-injury N/a	Firearms
<i>Substance Use</i>				
Fink, 2023 ⁴¹	Trends in Cannabis-positive Urine Toxicology Test Results: US Veterans Health Administration Emergency Department Patients, 2008 to 2019	General population/not specified	N/a	Prevalence, associations, and risk factors
Williams, 2022 ⁶³⁹	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	General population/not specified	N/a	Prevalence, associations, and risk factors
Waddell, 2022 ⁶⁴⁰	Age, sex, and race-varying rates of alcohol use, cannabis use, and alcohol and cannabis co-use in Veterans vs. non-Veterans	General population/not specified	N/a	Prevalence, associations, and risk factors

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Stefanovics, 2022 ⁶⁴¹	Long-term impact of the U.S. Armed forces Zero-Tolerance drug policy on female Veterans	General population/not specified	N/a	Prevalence, associations, and risk factors
Hasin, 2022 ⁶⁴²	Trends in Cannabis Use Disorder Diagnoses in the U.S. Veterans Health Administration, 2005-2019	General population/not specified	N/a	Prevalence, associations, and risk factors
Begley, 2022 ⁶⁴³	Veteran drug overdose mortality, 2010-2019	General population/not specified	N/a	Prevalence, associations, and risk factors
Peltier, 2021 ⁶⁴⁴	Sex Differences in Opioid Use Disorder Prevalence and Multimorbidity Nationally in the Veterans Health Administration	General population/not specified	Access to care/utilization Chronic medical conditions	Prevalence, associations, and risk factors
Peltzman, 2020 ⁶⁴⁵	Veteran drug overdose mortality, 2010-2019	General population/not specified	N/a	Prevalence, associations, and risk factors
Agaku, 2020 ⁶⁴⁶	U.S. Military Veteran Versus NonVeteran Use of Licit and Illicit Substances	General population/not specified	N/a	Prevalence, associations, and risk factors
Schweizer, 2019 ⁴⁷	Use of alcohol as a sleep aid, unhealthy drinking behaviors, and sleeping pill use among women Veterans	General population/not specified	General mental health insomnia, PTSD symptoms	Prevalence, associations, and risk factors
Kalpakci, 2018 ⁶⁴⁷	Gender differences among Veterans with alcohol use disorder nationally in the Veterans Health Administration	General population/not specified	N/a	Prevalence, associations, and risk factors
Hoggatt, 2017 ⁶⁴⁸	Prevalence of substance misuse among US Veterans in the general population	General population/not specified	N/a	Prevalence, associations, and risk factors
Grossbard, 2017 ⁶⁴⁹	Prevalence of Alcohol Misuse and Follow-Up Care in a National Sample of OEF/OIF VA Patients With and Without TBI	OEF/OIF/OND	Chronic medical conditions traumatic brain injury	Prevalence, associations, and risk factors
Williams, 2016 ⁶⁵⁰	Racial/Ethnic Differences in the Prevalence of Clinically Recognized Alcohol Use Disorders Among Patients from the U.S. Veterans Health Administration	Racial/ethnic minoritized; General population/not specified	SDOH	Prevalence, associations, and risk factors
Simpson, 2016 ⁴⁶	Alcohol Consumption Levels and All-Cause Mortality Among Women Veterans and Non-Veterans Enrolled in the Women's Health Initiative	General population/not specified	Reproductive health Long-term care/aging	Prevalence, associations, and risk factors

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Shahoumian, 2016 ⁶⁵¹	Cigarette Smoking, Reduction and Quit Attempts: Prevalence Among Veterans With Coronary Heart Disease	General population/not specified	Chronic medical conditions	Prevalence, associations, and risk factors
Bastian, 2016 ⁶⁵²	Differences in Active and Passive Smoking Exposures and Lung Cancer Incidence Between Veterans and Non-Veterans in the Women's Health Initiative	General population/not specified	Preventative health Cancer	Prevalence, associations, and risk factors
Than, 2023 ⁵⁰	Ask and Ask Again: Repeated Screening for Smoking Increases Likelihood of Prescription for Cessation Treatment Among Women Veterans	General population/not specified	Preventative health	Screening and detection
Giannitrapani, 2022 ⁵¹	Provider perceptions of challenges to identifying women Veterans with hazardous substance use	Other: provider sample	N/a	Screening and detection
Hoggatt, 2018 ⁵⁴	Identifying women Veterans with unhealthy alcohol use using gender-tailored screening	General population/not specified	Preventative health Health care organization/delivery of care for WV	Screening and detection
Bachrach, 2018 ⁶⁵³	Alcohol screening and brief intervention in a representative sample of Veterans receiving primary care services	General population/not specified	Preventative health	Screening and detection
Williams, 2017 ⁶⁵⁴	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	General population/not specified	Preventative health	Screening and detection
Abraham, 2017 ⁵²	Providers' perceptions of barriers and facilitators to disclosure of alcohol use by women Veterans	Other: Women's Health Clinic Providers	Access to care/utilization N/a	Screening and detection
Cucciare, 2016 ⁵³	Factors Affecting Women's Disclosure of Alcohol Misuse in Primary Care: A Qualitative Study with U.S. Military Veterans	General population/not specified	Access to care/utilization	Stress and substance use
Buckheit, 2023 ⁶⁵⁵	Rates and Correlates of Alcohol and Substance Use Among Women Veterans During the COVID-19 Pandemic: The Moderating Role of COVID-Specific Anxiety	General population/not specified	General mental health	Stress and substance use
Beckman, 2022 ⁶⁵⁶	Associations Among Military Sexual Trauma, Opioid Use Disorder, and Gender	General population/not specified	Interpersonal Violence	Stress and substance use

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Beckman, 2022 ⁶⁵⁷	The impact of military sexual trauma and gender on receipt of evidence-based medication treatment among Veterans with opioid use disorder	History of trauma	Interpersonal Violence	Stress and substance use
Livingston, 2021 ⁶⁵⁸	Longitudinal assessment of PTSD and illicit drug use among male and female OEF-OIF Veterans	OEF/OIF/OND	General mental health	Stress and substance use
Holzhauser, 2021 ⁴⁸	Targeting women Veteran's stress-induced drinking with cognitive reappraisal: Mechanisms and moderators of change	General population/not specified	General mental health	Stress and substance use
Mahoney, 2020 ⁶⁵⁹	Cross-lagged effects of posttraumatic stress disorder symptom severity and cigarette smoking among OEF/OIF/OND Veterans	OEF/OIF/OND	General mental health	Stress and substance use
Mahoney, 2020 ⁶⁶⁰	The Roles of Alcohol Use Severity and Posttraumatic Stress Disorder Symptoms as Risk Factors for Women's Intimate Partner Violence Experiences	History of trauma	General mental health Interpersonal Violence	Stress and substance use
Gross, 2020 ⁶⁶¹	Sex Differences in Associations between Depression and Posttraumatic Stress Disorder Symptoms and Tobacco Use among Veterans of Recent Conflicts	OEF/OIF/OND	General mental health	Stress and substance use
Gross, 2020 ⁶⁶²	Perceived Stress Mediates the Association between Deployment Sexual Trauma and Nicotine Dependence in Women Veterans	History of trauma; OEF/OIF/OND	Interpersonal Violence	Stress and substance use
Goldberg, 2019 ⁶⁶³	A positive screen for military sexual trauma is associated with greater risk for substance use disorders in women Veterans	History of trauma	Interpersonal Violence	Stress and substance use
Yalch, 2018 ⁶⁶⁴	Influence of military sexual assault and other military stressors on substance use disorder and PTS symptomology in female military Veterans	History of trauma	General mental health	Stress and substance use
Evans, 2018 ⁶⁶⁵	Differences by Veteran/civilian status and gender in associations between childhood adversity and alcohol and drug use disorders	General population/not specified	N/a	Stress and substance use
Browne, 2018 ⁶⁶⁶	Regular past year cannabis use in women Veterans and associations with sexual trauma	Sexual minoritized populations; History of trauma	Interpersonal Violence	Stress and substance use
Gradus, 2017 ⁶⁶⁷	Gender differences in substance abuse, PTSD and intentional self-harm among Veterans health administration patients	History of trauma	Suicide/Non-suicidal self-injury General mental health	Stress and substance use

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Japuntich, 2016 ⁶⁶⁸	Deployment stress, tobacco use, and postdeployment posttraumatic stress disorder: Gender differences	OEF/OIF/OND	General mental health	Stress and substance use
Ruiz, 2023 ⁶⁶⁹	Cigarette Smoking Motives and Stages of Change in Smoking Cessation Among Veterans: Differences by Gender and Sexual Orientation	Sexual minoritized populations; General population/not specified	SDOH	Substance use in marginalized groups
Livingston, 2023 ⁶⁷⁰	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	Sexual minoritized populations	SDOH	Substance use in marginalized groups
Matson, 2022 ⁴⁹	Influence of a national transgender health care directive on receipt of alcohol-related care among transgender Veteran Health Administration patients with unhealthy alcohol use	Transgender or gender nonbinary	Preventative health Health care organization/delivery of care for WV	Substance use in marginalized groups
Lynch, 2022 ⁶⁷¹	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	Sexual minoritized populations; General population/not specified	SDOH	Substance use in marginalized groups
Fletcher, 2022 ⁶⁷²	Prevalence of social and economic stressors among transgender Veterans with alcohol and other drug use disorders	Transgender or gender nonbinary	SDOH	Substance use in marginalized groups
Williams, 2021 ⁶⁷³	Patterns of Alcohol Use Among Transgender Patients Receiving Care at the Veterans Health Administration: Overall and Relative to Nontransgender Patients	Transgender or gender nonbinary; General population/not specified	N/a	Substance use in marginalized groups
Williams, 2021 ⁶⁷⁴	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	Transgender or gender nonbinary; General population/not specified	Access to care/utilization	Substance use in marginalized groups
Frost, 2021 ⁶⁷⁵	Disparities in Documented Drug Use Disorders Between Transgender and Cisgender U.S. Veterans Health Administration Patients	Transgender or gender nonbinary	General mental health SDOH	Substance use in marginalized groups
Dawson, 2021 ⁶⁷⁶	Mental and Physical Health Correlates of Tobacco Use Among Transgender Veterans of the Iraq and Afghanistan Conflicts	Transgender or gender nonbinary; OEF/OIF/OND	N/a	Substance use in marginalized groups

Author, Year	Title	Target Population	Secondary Focus Area	Sub-Focus Area
Anderson-Carpenter, 2020 ⁶⁷⁷	Prescription opioid misuse among heterosexual versus lesbian, gay, and bisexual military Veterans: Evidence from the 2015-2017 national survey of drug use and health	Sexual minoritized populations	N/a	Substance use in marginalized groups
Bukowski, 2017 ⁶⁷⁸	Exploring Rural Disparities in Medical Diagnoses Among Veterans With Transgender-related Diagnoses Utilizing Veterans Health Administration Care	Transgender or gender nonbinary; Rural dwelling	General mental health	Substance use in marginalized groups
Weinberger, 2016 ⁴⁰	A review of research on smoking behavior in three demographic groups of Veterans: women, racial/ethnic minorities, and sexual orientation minorities	Sexual minoritized populations; Racial/ethnic minoritized	Preventative health	Substance use in marginalized groups
Lehavot, 2016 ⁶⁷⁹	Association of Alcohol Misuse With Sexual Identity and Sexual Behavior in Women Veterans	Sexual minoritized populations; General population/not specified	SDOH	Substance use in marginalized groups
Bachrach, 2023 ⁶⁸⁰	The role of gender and Veteran status in health care access among a national sample of U.S. adults with unhealthy alcohol use	General population/not specified	Access to care/utilization	Treatment access, utilization and outcomes
Simpson, 2022 ³⁹	Seeking care where they can: A systematic review of global trends in online alcohol treatment utilization among non-Veteran and Veteran women	General population/not specified	Access to care/utilization	Treatment access, utilization and outcomes
Pugatch, 2021 ⁶⁸¹	Rates and predictors of brief intervention for women Veterans returning from recent wars: Examining gaps in service delivery for unhealthy alcohol use	OEF/OIF/OND	N/a	Treatment access, utilization and outcomes
Meshberg-Cohen, 2021 ⁶⁸²	Binge drinking following residential treatment for posttraumatic stress disorder among Veterans with and without alcohol use disorder	History of trauma	General mental health	Treatment access, utilization and outcomes
Livingston, 2021 ⁴²	Differential alcohol treatment response by gender following use of VetChange	OEF/OIF/OND	General mental health	Treatment access, utilization and outcomes
Stefanovics, 2020 ⁴³	Gender Difference in Substance Use and Psychiatric Outcomes Among Dually Diagnosed Veterans Treated in Specialized Intensive PTSD Programs	General population/not specified	Access to care/utilization General mental health	Treatment access, utilization and outcomes
Chen, 2020 ⁶⁸³	Racial/ethnic and gender differences in receipt of brief intervention among patients with unhealthy alcohol use in the U.S. Veterans Health Administration	Racial/ethnic minoritized	Health care organization/delivery of care for WVs	Treatment access, utilization and outcomes

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Berg, 2020 ⁶⁸⁴	Helping women Veterans quit smoking: a qualitative analysis of successful and unsuccessful attempts	General population/not specified	Preventative health	Treatment access, utilization and outcomes
Wilson, 2019 ⁶⁸⁵	Lifetime Smoking Patterns and Preferences for Smoking Cessation Among Women Veterans Receiving Veterans Health Administration Care	General population/not specified	Health care organization/delivery of care for WVs	treatment access, utilization and outcomes
Taylor, 2019 ⁶⁸⁶	Receipt of pharmacotherapy for alcohol use disorder by justice-involved women in the Veterans Health Administration	Justice-involved	N/a	Treatment access, utilization and outcomes
Danan, 2019 ⁴⁴	Smoking Cessation among Female and Male Veterans before and after a Randomized Trial of Proactive Outreach	General population/not specified	N/a	Treatment access, utilization and outcomes
Painter, 2018 ⁶⁸⁷	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	OEF/OIF/OND	Access to care/utilization General mental health	Treatment access, utilization and outcomes
Najavits, 2018 ³⁵³	A randomized controlled trial of a gender-focused addiction model versus 12-step facilitation for women Veterans	Justice-involved ; General population/not specified	Health care organization/delivery of care for WVs	Treatment access, utilization and outcomes
Timko, 2017 ³⁶²	Substance Use Disorder Treatment Services for Women in the Veterans Health Administration	Other: NA (VA facilities)	VA Women's Health Workforce	Treatment access, utilization and outcomes
Pedersen, 2017 ⁴⁵	A randomized controlled trial of a web-based, personalized normative feedback alcohol intervention for young-adult Veterans	General population/not specified	Preventative health	Treatment access, utilization and outcomes
Abraham, 2017 ⁶⁸⁸	Providers' Perspectives on Barriers and Facilitators to Connecting Women Veterans to Alcohol-Related Care From Primary Care	Other: Providers from VA WH PC clinics	Access to care/utilization Health care organization/delivery of care for WVs	Treatment access, utilization and outcomes
Myers, 2016 ⁶⁸⁹	Factors Associated With Accepting Assistance for Smoking Cessation Among Military Veterans	General population/not specified	Access to care/utilization Health care organization/delivery of care for WV	Treatment access, utilization and outcomes
Lewis, 2016 ⁶⁹⁰	Receptivity to alcohol-related care among U.S. women Veterans with alcohol misuse	General population/not specified	Access to care/utilization Health care organization/delivery of care for WV	Treatment access, utilization and outcomes

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Berg, 2016 ³⁶¹	Identifying Opportunities to Improve Smoking Cessation Among Women Veterans at a Veterans Hospital	General population/not specified	Access to care/utilization	Treatment access, utilization and outcomes
<i>Suicide/Non-Suicidal Self Injury</i>				
Smolenski, 2023 ⁷⁴	Informing measurement of gender differences in suicide risk and resilience: A national study of United States military Veterans	General population/not specified	General mental health	Research methods
Holliday, 2022 ⁷⁵	Factor Structure of the Suicide Cognitions Scale in a National Sample of Female Veterans	General population/not specified	Preventative health	Research methods
Gaeddert, 2020 ⁷⁶	Recruitment of women Veterans into suicide prevention research: Improving response rates with enhanced recruitment materials and multiple survey modalities	General population/not specified	Access to care/utilization	Research methods
Krishnamurti, 2023 ⁷²	Improving suicide prevention for women Veterans: Recommendations from VHA suicide prevention coordinators	General population/not specified	Access to care/utilization	VA practices and programs to address suicide
Chen, 2021 ⁶⁹¹	Assessment of Suicidal Intent in Self-directed Violence and Subsequent Care Received Among Military Veterans: A National Study of Gender Differences	General population/not specified	N/a	VA practices and programs to address suicide
Krishnamurti, 2023 ⁶⁹²	Gender Differences in Connecting Veterans to Care Through the Veterans Crisis Line: A Mixed Methods Evaluation of Referrals to Suicide Prevention Coordinators	General population/not specified	Access to care/utilization General mental health	VA practices and programs to address suicide
Chhatre, 2023 ⁶⁹³	Relationship between Veterans Crisis Line risk rating and subsequent suicidal self-directed violence among Veteran callers: A gender comparison	General population/not specified	N/a	VA practices and programs to address suicide
Dichter, 2022 ⁶⁹⁴	Gender differences in Veterans' use of the Veterans Crisis Line (VCL): Findings from VCL call data	General population/not specified	N/a	VA practices and programs to address suicide
Dichter, 2022 ⁶⁹⁵	Variation in call volume to the Veterans Crisis Line by women and men Veterans prior to and following onset of the COVID-19 pandemic	General population/not specified	Access to care/utilization COVID-19	VA practices and programs to address suicide
Carter, 2020 ⁷³	Examination of potential disparities in suicide risk identification and follow-up care within the Veterans Health Administration	General population/not specified	Substance Use	VA practices and programs to address suicide

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Kumpula, 2019 ³⁶⁵	An Evaluation of the Effectiveness of Evidence-Based Psychotherapies for Depression to Reduce Suicidal Ideation among Male and Female Veterans	General population/not specified	General mental health	VA practices and programs to address suicide
Denneson, 2021 ⁶⁷	Gender Differences in Recovery Needs After a Suicide Attempt: A National Qualitative Study of US Military Veterans	General population/not specified	Health care organization/delivery of care for WVs General mental health	Prevalence studies, risk factor analyses, and formative evaluation
Denneson, 2020 ⁶⁶	Gender differences in the development of suicidal behavior among United States military Veterans: A national qualitative study	General population/not specified	Health care organization/delivery of care for WVs	Prevalence studies, risk factor analyses, and formative evaluation
Polzer, 2023 ⁶⁵	Women Veterans' experiences discussing household firearms with their intimate partners: collaborative, devalued, and deferential relational types	General population/not specified	General mental health household firearm access and storage with partners	Prevalence studies, risk factor analyses, and formative evaluation
Hoffmire, 2020 ⁶⁹⁶	Reevaluating Suicide Mortality for Veterans With Data From the VA-DoD Mortality Data Repository, 2000-2010	General population/not specified	N/a	Prevalence studies, risk factor analyses, and formative evaluation
Stefanovics, 2023 ⁶⁹⁷	Sex-specific risk and resilience correlates of suicidal ideation in U.S. military Veterans	General population/not specified	General mental health SDOH	Prevalence studies, risk factor analyses, and formative evaluation
Zelkowitz, 2021 ⁶⁹⁸	Latent Class Analysis of Self-directed Violence and Indirect Self-harm Behaviors: Gender Differences and Associations With Mental Health Symptoms	General population/not specified	General mental health Harassment/discrimination	Prevalence studies, risk factor analyses, and formative evaluation
Günak, 2021 ⁷⁰	Risk of Suicide Attempt in Patients With Recent Diagnosis of Mild Cognitive Impairment or Dementia	General population/not specified	General mental health Long-term care/aging	Prevalence studies, risk factor analyses, and formative evaluation
Androulakis, 2021 ⁶⁹⁹	Suicide attempts in us Veterans with chronic headache disorders: A 10-year retrospective cohort study	General population/not specified	Chronic Pain/Opioids General mental health	Prevalence studies, risk factor analyses, and formative evaluation
Aslan, 2020 ⁷⁰⁰	Suicidal ideation, behavior, and mortality in male and female US Veterans with severe mental illness	General population/not specified	General mental health	Prevalence studies, risk factor analyses, and formative evaluation

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Bohnert, 2017 ⁷⁰¹	Substance use disorders and the risk of suicide mortality among men and women in the US Veterans Health Administration	General population/not specified	Substance Use	Prevalence studies, risk factor analyses, and formative evaluation
Blosnich, 2016 ⁷⁰²	Population mental health among U.S. military Veterans: results of the Veterans Health Module of the Behavioral Risk Factor Surveillance System, 2011-2012	General population/not specified	General mental health	Prevalence studies, risk factor analyses, and formative evaluation
Halverson, 2022 ⁵⁵	Nonsuicidal self-injury in Veterans: Prevalence, clinical characteristics, and gender differences from a national cohort	Gulf War I	N/a	Prevalence studies, risk factor analyses, and formative evaluation
Livingston, 2023 ⁷¹	The Association of Military Sexual Harassment/Assault With Suicide Ideation, Plans, Attempts, and Mortality Among US Service Members/Veterans: A Meta-Analysis	History of trauma	Interpersonal Violence	Prevalence studies, risk factor analyses, and formative evaluation
Monteith, 2018 ⁷⁰³	Psychiatric and Interpersonal Correlates of Suicide Ideation in Military Sexual Trauma Survivors: The National Health and Resilience in Veterans Study	History of trauma; General population/not specified	General mental health Interpersonal Violence	Prevalence studies, risk factor analyses, and formative evaluation
Zelkowitz, 2023 ⁷⁰⁴	Associations between DSM-5 posttraumatic stress disorder Criterion E2 endorsement and selected self-destructive behaviors in recent-era Veterans: A focus on disordered eating	History of trauma; OEF/OIF/OND	Preventative health General mental health	Prevalence studies, risk factor analyses, and formative evaluation
Holliday, 2021 ⁵⁶	Association of lifetime homelessness and justice involvement with psychiatric symptoms, suicidal ideation, and suicide attempt among post-9/11 Veterans	Justice-involved; People with experiences of homelessness; OEF/OIF/OND	General mental health SDOH	Prevalence studies, risk factor analyses, and formative evaluation
Maguen, 2023 ⁶⁸	Moral injury and peri- and post-military suicide attempts among post-9/11 Veterans	OEF/OIF/OND	moral injury	Prevalence studies, risk factor analyses, and formative evaluation
Lawrence, 2021 ⁶²	Temporal Sequencing of Mental Health Symptom Severity and Suicidal Ideation in Post-9/11 Men and Women Veterans Who Recently Separated from the Military	OEF/OIF/OND	General mental health	Prevalence studies, risk factor analyses, and formative evaluation
Hoffmire, 2021 ⁶⁴	A sex-stratified analysis of suicidal ideation correlates among deployed post-9/11 Veterans: Results from the survey of experiences of returning Veterans	OEF/OIF/OND	General mental health SDOH	Prevalence studies, risk factor analyses, and formative evaluation

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Decker, 2021 ⁷⁰⁵	Military sexual trauma and suicidal ideation in VHA-care-seeking OEF/OIF/OND Veterans without mental health diagnosis or treatment	OEF/OIF/OND	Interpersonal Violence	Prevalence studies, risk factor analyses, and formative evaluation
Bullman, 2021 ⁷⁰⁶	Risk of suicide among U.S. Veterans who deployed as part of Operation Enduring Freedom, Operation Iraqi Freedom, and Operation New Dawn	OEF/OIF/OND	N/a	Prevalence studies, risk factor analyses, and formative evaluation
Ronzitti, 2019 ⁷⁰⁷	Gender Differences in Suicide and Self-Directed Violence Risk Among Veterans With Post-traumatic Stress and Substance Use Disorders	OEF/OIF/OND	Substance Use General mental health	Prevalence studies, risk factor analyses, and formative evaluation
Monteith, 2018 ⁷⁰⁸	Do unit and post-deployment social support influence the association between deployment sexual trauma and suicidal ideation?	OEF/OIF/OND	Interpersonal Violence SDOH	Prevalence studies, risk factor analyses, and formative evaluation
Gradus, 2017 ⁷⁰⁹	Gender Differences in Machine Learning Models of Trauma and Suicidal Ideation in Veterans of the Iraq and Afghanistan Wars	OEF/OIF/OND	Combat trauma	Prevalence studies, risk factor analyses, and formative evaluation
Montgomery, 2021 ⁵⁷	Gender Differences in the Predictors of Suicide-related Morbidity Among Veterans Reporting Current Housing Instability	People with experiences of homelessness	N/a	Prevalence studies, risk factor analyses, and formative evaluation
Boyer, 2021 ⁶⁰	Suicide, Homicide, and All-Cause Mortality Among Transgender and Cisgender Patients in the Veterans Health Administration	Transgender or gender nonbinary	Other Violence mortality causes	Prevalence studies, risk factor analyses, and formative evaluation
Blosnich, 2021 ⁵⁹	Differences in Methods of Suicide Death Among Transgender and Nontransgender Patients in the Veterans Health Administration, 1999-2016	Transgender or gender nonbinary	General mental health SDOH	Prevalence studies, risk factor analyses, and formative evaluation
Blosnich, 2021 ⁷¹⁰	Differences in childhood adversity, suicidal ideation, and suicide attempt among Veterans and nonVeterans	General population/not specified	SDOH	Prevalence studies, risk factor analyses, and formative evaluation
Hoffmire, 2021 ⁶³	Gender Differences in Lifetime Prevalence and Onset Timing of Suicidal Ideation and Suicide Attempt Among Post-9/11 Veterans and NonVeterans	OEF/OIF/OND	N/a	Prevalence studies, risk factor analyses, and formative evaluation

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Horwitz, 2019 ⁷¹¹	Characteristics of Veteran and Civilian Suicide Decedents: A Sex-Stratified Analysis	General population/not specified	General mental health	Prevalence studies, risk factor analyses, and formative evaluation
Aboussouan, 2019 ⁵⁸	Non-suicidal self-injury, suicide ideation, and past suicide attempts: Comparison between transgender and gender diverse Veterans and non-Veterans	Transgender or gender nonbinary	SDOH	Prevalence studies, risk factor analyses, and formative evaluation
Monteith, 2020 ⁷¹²	Suicidal ideation, suicide attempt, and non-suicidal self-injury among female Veterans: Prevalence, timing, and onset	General population/not specified	SDOH	Prevalence studies, risk factor analyses, and formative evaluation
Gibson, 2022 ⁶¹	Long-term Psychoactive Medications, Polypharmacy, and Risk of Suicide and Unintended Overdose Death Among Midlife and Older Women Veterans	General population/not specified	Substance Use General mental health	Prevalence studies, risk factor analyses, and formative evaluation
Monteith, 2021 ⁷¹³	Female Veterans' Willingness to Seek Veterans Health Administration and Non-Veterans Health Administration Services for Suicidal Thoughts and Mental Health Concerns	General population/not specified	Access to care/utilization	Prevalence studies, risk factor analyses, and formative evaluation
Holliday, 2021 ⁶⁹	Interpersonal Violence Throughout the Lifespan: Associations With Suicidal Ideation and Suicide Attempt Among a National Sample of Female Veterans	General population/not specified	Interpersonal Violence	Prevalence studies, risk factor analyses, and formative evaluation
Brignone, 2018 ⁷¹⁴	Suicidal ideation and behaviors among women Veterans with recent exposure to intimate partner violence	History of trauma	Interpersonal Violence	Prevalence studies, risk factor analyses, and formative evaluation
Monteith, 2017 ⁷¹⁵	Perceived Burdensomeness, Thwarted Belongingness, and Fearlessness about Death: Associations With Suicidal Ideation among Female Veterans Exposed to Military Sexual Trauma	History of trauma	General mental health Interpersonal Violence	Prevalence studies, risk factor analyses, and formative evaluation
Khan, 2019 ⁷¹⁶	Examining the impact of different types of military trauma on suicidality in women Veterans	History of trauma; General population/not specified	Interpersonal Violence Military stressors	Prevalence studies, risk factor analyses, and formative evaluation

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Monteith, 2022 ⁷¹⁷	Prevalence and Correlates of Firearm Access Among Post-9/11 US Women Veterans Using Reproductive Health care: a Cross-Sectional Survey	OEF/OIF/OND	Interpersonal Violence Other Violence	Prevalence studies, risk factor analyses, and formative evaluation
Lawrence, 2022 ⁷¹⁸	Psychosocial functioning deficits impact and are impacted by suicidal ideation in post-9/11 women Veterans	OEF/OIF/OND	General mental health	Prevalence studies, risk factor analyses, and formative evaluation
Tucker, 2019 ⁷¹⁹	Current and Military-Specific Gender Minority Stress Factors and Their Relationship with Suicide Ideation in Transgender Veterans	Transgender or gender nonbinary	SDOH	Prevalence studies, risk factor analyses, and formative evaluation
Carter, 2019 ⁷²⁰	Discrimination and Suicidal Ideation Among Transgender Veterans: The Role of Social Support and Connection	Transgender or gender nonbinary	SDOH	Prevalence studies, risk factor analyses, and formative evaluation
Tucker, 2018 ⁷²¹	Hormone therapy, gender affirmation surgery, and their association with recent suicidal ideation and depression symptoms in transgender Veterans	Transgender or gender nonbinary	General mental health	Prevalence studies, risk factor analyses, and formative evaluation
Sayer, 2023 ⁷²²	The Effects of Suicide Exposure on Mental Health Outcomes Among Post-9/11 Veterans: Protocol for an Explanatory, Sequential, Mixed Methods Study	OEF/OIF/OND	General mental health	Prevalence studies, risk factor analyses, and formative evaluation
Reproductive Mental Health				
Solness, 2023 ⁷²³	Relationship Factors in Internet-Delivered Psychological Interventions for Veterans Experiencing Postpartum Depression: Qualitative Analysis	General population/not specified	Access to care/utilization Health care organization/delivery of care for WVs	Peripartum Mental Health Care
Howard, 2023 ⁷²⁴	Exploring the prevalence of antidepressant medication discontinuation among pregnant Veterans	General population/not specified	Health care organization/delivery of care for WVs	Peripartum Mental Health Care
Anderson, 2023 ⁷²⁵	Perinatal Symptoms and Treatment Engagement in Female Veterans	General population/not specified	Access to care/utilization Reproductive health	Peripartum Mental Health Care
Kroll-Desrosiers, 2022 ³³⁶	Exploring the Acceptability of Expanded Perinatal Depression Care Practices Among Women Veterans	General population/not specified	Access to care/utilization Health care organization/delivery of care for WV	Peripartum Mental Health Care

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Solness, 2021 ⁷⁷	Treating postpartum depression in rural Veterans using internet delivered CBT: program evaluation of MomMoodBooster	Rural dwelling	Access to care/utilization SDOH	Peripartum Mental Health Care
Kroll-Desrosiers, 2021 ⁷²⁶	Exploring the Extent of Perinatal Depression Screening in the Health Records of Veterans	General population/not specified	Preventative health Health care organization/delivery of care for WV	Peripartum Mental Health Care
Gisseman, 2021 ³⁶⁶	Depression Screening During Pregnancy: Compliance and Effectiveness in a Military Population	General population/not specified	Preventative health Reproductive health	Peripartum Mental Health Care
Kroll-Desrosiers, 2020 ⁷²⁷	Treatment and Management of Depression Symptoms in Pregnant Veterans: Varying Experiences of Mental Health Care in the Prenatal Period	General population/not specified	Access to care/utilization Health care organization/delivery of care for WV	Peripartum Mental Health Care
Kroll-Desrosiers, 2019 ⁷⁸	Bridging the Gap for Perinatal Veterans: Care by Mental Health Providers at the Veterans Health Administration	General population/not specified	Care Coordination VA Women's Health Workforce	Peripartum Mental Health Care
Pratt, 2023 ⁷²⁸	Incidence and risk factors for postpartum mood and anxiety disorders among women Veterans	General population/not specified	Reproductive health	Prevalence and risk factors of peripartum mental health
Mattocks, 2022 ⁷²⁹	Veterans' Perinatal Care and Mental Health Experiences During the COVID-19 Pandemic: An Examination of the Role of Prior Trauma and Pandemic-Related Stressors	General population/not specified	Access to care/utilization General mental health	Prevalence and risk factors of peripartum mental health
Creech, 2022 ⁷³⁰	The impact of military sexual trauma on parent-infant bonding in a sample of perinatal women Veterans	General population/not specified	Interpersonal Violence	Prevalence and risk factors of peripartum mental health
Holzhauer, 2021 ⁷³¹	Prenatal Stress Exposure and Post-traumatic Stress Disorder Associated With Risk of Postpartum Alcohol Misuse Among Women Veterans	History of trauma; General population/not specified	Substance Use	Prevalence and risk factors of peripartum mental health
Coleman, 2021 ⁸⁰	Predictors of prenatal smoking among US women Veterans	OEF/OIF/OND	Substance Use	Prevalence and risk factors of peripartum mental health
Gross, 2020 ⁷⁹	A Longitudinal Investigation of Military Sexual Trauma and Perinatal Depression	General population/not specified	Interpersonal Violence	Prevalence and risk factors of peripartum mental health

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Kroll-Desrosiers, 2019 ⁷³²	Rates and Correlates of Depression Symptoms in a Sample of Pregnant Veterans Receiving Veterans Health Administration Care	General population/not specified	General mental health Reproductive health	Prevalence and risk factors of peripartum mental health
Katon, 2020 ⁸²	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	General population/not specified	Reproductive health	Reproductive lifecycle
Miller, 2018 ⁸¹	Mental Health Across the Reproductive Cycle in Women Veterans	General population/not specified	Interpersonal Violence	Reproductive lifecycle
Caloudas, 2022 ¹²	Prevalence of sexual desire and arousal difficulties among women Veterans: A retrospective cohort design	General population/not specified	General mental health	Sexual functioning
Blais, 2022 ⁸³	Mechanisms of the association between PTSD and sexual arousal and lubrication functioning among trauma-exposed female service members/Veterans	History of trauma	General mental health N/a	Sexual functioning
Shepardson, 2021 ⁷³³	Sexual dysfunction and preferences for discussing sexual health concerns among Veteran primary care patients	General population/not specified	Health care organization/delivery of care for WVs	Sexual functioning
Chronic Medical Conditions				
Vassy, 2023 ⁷³⁴	Cardiovascular Disease Risk Assessment Using Traditional Risk Factors and Polygenic Risk Scores in the Million Veteran Program	General population/not specified	Preventative health	Cardiovascular Disorders
Maskoun, 2023 ⁷³⁵	Sex Differences in Stress-Induced (Takotsubo) Cardiomyopathy	General population/not specified	N/a	Cardiovascular Disorders
Zheutlin, 2022 ⁷³⁶	Lipid-Lowering Therapy Use and Intensification among United States Veterans Following Myocardial Infarction or Coronary Revascularization between 2015 and 2019	General population/not specified	N/a	Cardiovascular Disorders
Lu, 2022 ⁷³⁷	Prediction of Cardiovascular and All-Cause Mortality After Myocardial Infarction in US Veterans	General population/not specified	Preventative health	Cardiovascular Disorders
Dhruva, 2022 ⁷³⁸	Gender Differences in Guideline-Directed Medical Therapy for Cardiovascular Disease Among Young Veterans	OEF/OIF/OND	N/a	Cardiovascular Disorders

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Mahtta, 2021 ⁷³⁹	Recreational substance use among patients with premature atherosclerotic cardiovascular disease	General population/not specified	Substance Use	Cardiovascular Disorders
Lee, 2021 ⁷⁴⁰	Sex-Related Disparities in Cardiovascular Health Care among Patients with Premature Atherosclerotic Cardiovascular Disease	General population/not specified	Access to care/utilization SDOH	Cardiovascular Disorders
Jeon-Slaughter, 2021 ⁸⁵	Developing an Internally Validated Veterans Affairs Women Cardiovascular Disease Risk Score Using Veterans Affairs National Electronic Health Records	General population/not specified	N/a	Cardiovascular Disorders
Gaziano, 2021 ⁷⁴¹	Risk factors and prediction models for incident heart failure with reduced and preserved ejection fraction	General population/not specified	N/a	Cardiovascular Disorders
Gaffey, 2021 ⁷⁴²	Post-9/11 Veterans' heart disease knowledge, self-perceived risk, and prevention beliefs and behaviors	OEF/OIF/OND	Preventative health Health care organization/delivery of care for WV	Cardiovascular Disorders
Ebrahimi, 2021 ⁷⁴³	Association of Posttraumatic Stress Disorder and Incident Ischemic Heart Disease in Women Veterans	General population/not specified	General mental health Long-term care/aging	Cardiovascular Disorders
Xiaofei, 2020 ⁸⁴	Differential Impact of Aging on Cardiovascular Risk in Women Military Service Members	General population/not specified	N/a	Cardiovascular Disorders
Weeda, 2020 ⁷⁴⁴	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	Racial/ethnic minoritized	SDOH	Cardiovascular Disorders
Vassy, 2020 ⁷⁴⁵	Estimation of Atherosclerotic Cardiovascular Disease Risk among Patients in the Veterans Affairs Health Care System	General population/not specified	N/a	Cardiovascular Disorders
Mahtta, 2020 ⁷⁴⁶	Statin Prescription Rates, Adherence, and Associated Clinical Outcomes Among Women with PAD and ICVD	General population/not specified	Preventative health Chronic medical conditions	Cardiovascular Disorders
Cavanagh, 2020 ⁸⁸	Barriers to Cardiovascular Disease Preventive Behaviors Among OEF/OIF/OND Women and Men Veterans	OEF/OIF/OND	Preventative health	Cardiovascular Disorders
Ajam, 2020 ⁷⁴⁷	Lower Post Myocardial Infarction Mortality Among Women Treated at Veterans Affairs Hospitals Compared to Men	General population/not specified	N/a	Cardiovascular Disorders

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Vance, 2019 ⁷⁴⁸	Increased Cardiovascular Disease Risk in Veterans With Mental Illness	General population/not specified	General mental health	Cardiovascular Disorders
Rodriguez, 2019 ⁷⁴⁹	Association of Statin Adherence with Mortality in Patients with Atherosclerotic Cardiovascular Disease	General population/not specified	N/a	Cardiovascular Disorders
Mattingly, 2019 ⁷⁵⁰	Association of Sex With Postoperative Mortality Among Patients With Heart Failure Who Underwent Elective Noncardiac Operations	General population/not specified	N/a	Cardiovascular Disorders
Hinojosa, 2019 ⁷⁵¹	Sex, Age, Race/Ethnicity, Veteran Status, and the Likelihood of Reporting Cardiovascular Conditions in the National Health Interview Survey	OEF/OIF/OND	SDOH	Cardiovascular Disorders
Gibson, 2018 ⁷⁵²	Gender Differences in Cardiovascular Risk Related to Diabetes and Posttraumatic Stress Disorder	General population/not specified	General mental health Long-term care/aging	Cardiovascular Disorders
Gerber, 2018 ⁸⁶	Association Between Mental Health Burden and Coronary Artery Disease in U.S. Women Veterans Over 45: A National Cross-Sectional Study	General population/not specified	Substance Use General mental health	Cardiovascular Disorders
Ajam, 2018 ⁷⁵³	Effect of carvedilol vs metoprolol succinate on mortality in heart failure with reduced ejection fraction	General population/not specified	N/a	Cardiovascular Disorders
Ventetuolo, 2017 ⁷⁵⁴	Sex-based differences in Veterans with pulmonary hypertension: Results from the Veterans affairs-clinical assessment reporting and tracking database	General population/not specified	N/a	Cardiovascular Disorders
Sussman, 2017 ⁷⁵⁵	The Veterans Affairs Cardiac Risk Score: Recalibrating the Atherosclerotic Cardiovascular Disease Score for Applied Use	General population/not specified	Preventative health	Cardiovascular Disorders
Haskell, 2017 ⁷⁵⁶	Incident Cardiovascular Risk Factors Among Men and Women Veterans After Return From Deployment	OEF/OIF/OND	N/a	Cardiovascular Disorders
Goldstein, 2017 ⁷⁵⁷	Impact of Gender on Satisfaction and Confidence in Cholesterol Control Among Veterans at Risk for Cardiovascular Disease	General population/not specified	N/a	Cardiovascular Disorders
Goldstein, 2017 ⁷⁵⁸	Characteristics and Health Care Preferences Associated with Cardiovascular Disease Risk among Women Veterans	General population/not specified	Access to care/utilization General mental health	Cardiovascular Disorders

Author, Year	Title	Target Population	Secondary Focus Area	Sub-Focus Area
Farmer, 2017 ⁷⁵⁹	Sex Differences in 1-Year Outcomes After Percutaneous Coronary Intervention in the Veterans Health Administration	General population/not specified	Access to care/utilization	Cardiovascular Disorders
Aghazadehsanai, 2017 ⁸⁷	Prevalence of calcified carotid artery atheromas on digital panoramic images among perimenopausal and postmenopausal African American women	Racial/ethnic minoritized	Preventative health	Cardiovascular Disorders
Whitehead, 2019 ⁷⁶⁰	Sex Differences in Veterans' Cardiovascular Health	General population/not specified	N/a	Cardiovascular Disorders
Lee, 2023 ⁷⁶¹	Demographic, social and geographic factors associated with glycaemic control among US Veterans with new onset type 2 diabetes: a retrospective cohort study	General population/not specified	N/a	Endocrine disorders
Inoue, 2023 ⁷⁶²	Iodine-Induced Hypothyroidism and Long-Term Risks of Incident Heart Failure	General population/not specified	Access to care/utilization	Endocrine disorders
Inoue, 2023 ⁷⁶³	Iodinated Contrast Administration and Risks of Thyroid Dysfunction: A Retrospective Cohort Analysis of the U.S. Veterans Health Administration System	General population/not specified	Access to care/utilization	Endocrine disorders
Inoue, 2023 ⁷⁶⁴	Iodine-Induced Hyperthyroidism and Long-term Risks of Incident Atrial Fibrillation and Flutter	General population/not specified	Access to care/utilization	Endocrine disorders
Gulanski, 2023 ⁹⁴	Metformin Prescription for U.S. Veterans with Prediabetes, 2010-2019	General population/not specified	Preventative health	Endocrine disorders
Gray, 2023 ⁹¹	Gender differences in social support for diabetes self-management: A qualitative study among Veterans	General population/not specified	SDOH	Endocrine disorders
Dawson, 2023 ⁸⁹	Weight Management Treatment Representations: A Novel Use of the Common Sense Model	General population/not specified	N/a	Endocrine disorders
Wander, 2022 ⁷⁶⁵	The Incidence of Diabetes Among 2,777,768 Veterans With and Without Recent SARS-CoV-2 Infection	General population/not specified	COVID-19 infection	Endocrine disorders
Dyer, 2020 ⁹²	Tailoring an evidence-based lifestyle intervention to meet the needs of women Veterans with prediabetes	General population/not specified	Preventative health	Endocrine disorders
Breland, 2020 ⁷⁶⁶	Differences in body mass index based on self-reported versus measured data from women Veterans	General population/not specified	Reproductive health	Endocrine disorders

Author, Year	Title	Target Population	Secondary Focus Area	Sub-Focus Area
Schmidt, 2019 ⁷⁶⁷	Four Decades after War: Incident Diabetes among Women Vietnam-Era Veterans in the HealthViEWS Study	Vietnam	N/a	Endocrine disorders
Santhiveeran, 2019 ⁷⁶⁸	The influence of obesity and sociodemographic factors on the health hardships among women Veterans	General population/not specified	N/a	Endocrine disorders
Breland, 2019 ⁷⁶⁹	Obesity and Health Care Experiences among Women and Men Veterans	General population/not specified	Health care organization/delivery of care for WVs	Endocrine disorders
Gatwood, 2018 ⁹³	Differences in health outcomes associated with initial adherence to oral antidiabetes medications among Veterans with uncomplicated Type 2 diabetes: a 5-year survival analysis	General population/not specified	Preventative health Chronic medical conditions	Endocrine disorders
Batch, 2018 ³⁶⁷	Outcome by Gender in the Veterans Health Administration Motivating Overweight/Obese Veterans Everywhere Weight Management Program	General population/not specified	General mental health	Endocrine disorders
Breland, 2017 ⁷⁷⁰	The Obesity Epidemic in the Veterans Health Administration: Prevalence Among Key Populations of Women and Men Veterans	General population/not specified	SDOH	Endocrine disorders
Vimalananda, 2016 ⁹⁰	Weight loss among women and men in the ASPIRE-VA behavioral weight loss intervention trial	General population/not specified	Preventative health	Endocrine disorders
LaFleur, 2016 ⁷⁷¹	Fracture Rates and Bone Density Among Postmenopausal Veteran and Non-Veteran Women From the Women's Health Initiative	General population/not specified	Long-term care/aging	Endocrine disorders
Gray, 2016 ⁹⁵	Association Between Chronic Conditions and Physical Function Among Veteran and Non-Veteran Women With Diabetes	General population/not specified	Long-term care/aging physical functioning	Endocrine disorders
Goodrich, 2016 ⁷⁷²	Sex Differences in Weight Loss among Veterans with Serious Mental Illness: Observational Study of a National Weight Management Program	General population/not specified	General mental health	Endocrine disorders
Chang, 2016 ⁹⁶	Prevalence and risk of fracture diagnoses in women across the adult life span: a national cross-sectional study	General population/not specified	Access to care/utilization	Endocrine disorders
Bethel, 2016 ⁹⁷	Risk factors for osteoporotic fractures in persons with spinal cord injuries and disorders	General population/not specified	spinal cord injury	Endocrine disorders

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Heredia, 2023 ¹²⁰	Association of Diet Quality with Metabolic (Dysfunction) Associated Fatty Liver Disease in Veterans in Primary Care	General population/not specified	Preventative health	Gastrointestinal Disorders
Pandey, 2016 ¹²¹	Preventative care for patients with inflammatory bowel disease in the Veterans Health Administration	General population/not specified	Preventative health	Gastrointestinal Disorders
Lafferty, 2023 ¹⁰⁸	Women of the Gulf War: Understanding Their Military and Health Experiences Over 30 Years	Gulf War I	Health care organization/delivery of care for WVs SDOH	Military Era associated chronic conditions
Dursa, 2023 ⁷⁷³	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	Gulf War I	Long-term care/aging	Military Era associated chronic conditions
Cypel, 2023 ⁷⁷⁴	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	OEF/OIF/OND	N/a	Military Era associated chronic conditions
Gaffey, 2021 ⁷⁷⁵	Baseline Characteristics from the Women Veterans Cohort Study: Gender Differences and Similarities in Health and Health care Utilization	OEF/OIF/OND	Access to care/utilization Health care organization/delivery of care for WV	Military Era associated chronic conditions
Bullman, 2021 ⁷⁷⁶	Cause-specific mortality risks among U.S. Veterans: 25 years after their service in the 1990-1991 gulf war	Gulf War I	N/a	Military Era associated chronic conditions
Sullivan, 2020 ³²³	Prevalence and Patterns of Symptoms Among Female Veterans of the 1991 Gulf War Era: 25 Years Later	Gulf War I	Toxic Exposures	Military Era associated chronic conditions
Heboyan, 2019 ⁷⁷⁷	Sex Differences in Gulf War Illness: A Reanalysis of Data From the CDC Air Force Study Using CDC and Modified Kansas Case Definitions	Gulf War I	N/a	Military Era associated chronic conditions
Dursa, 2019 ³²⁵	Health Status of Female and Male Gulf War and Gulf Era Veterans: A Population-Based Study	Gulf War I	General mental health Toxic Exposures	Military Era associated chronic conditions
Brown, 2019 ⁷⁷⁸	Gender-based Differences among 1990-1991 Gulf War Era Veterans: Demographics, Lifestyle Behaviors, and Health Conditions	Gulf War I	N/a	Military Era associated chronic conditions

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Coughlin, 2018 ⁷⁷⁹	Study Protocol: Southern Women Veterans' Health Study	General population/not specified	Access to care/utilization Reproductive health	Military Era associated chronic conditions
Kilbourne, 2017 ⁷⁸⁰	Physical Health Conditions Among a Population-Based Cohort of Vietnam-Era Women Veterans: Agreement Between Self-Report and Medical Records	Vietnam	Health care organization/delivery of care for WVs SDOH	Military Era associated chronic conditions
Coughlin, 2017 ¹⁰⁷	A Review of Epidemiologic Studies of the Health of Gulf War Women Veterans	Gulf War I	General mental health Reproductive health	Military Era associated chronic conditions
Harfouch, 2023 ⁷⁸¹	Impact of the COVID-19 Pandemic on the PrEP Cascade at Two Veterans Affairs Health care Systems	General population/not specified	Preventative health Reproductive health	Infectious Diseases
Upchurch, 2022 ¹¹²	COVID-19 Infection in the Veterans Health Administration: Gender-specific Racial and Ethnic Differences	Racial/ethnic minoritized; General population/not specified	Preventative health SDOH	Infectious Diseases
Lynch, 2022 ¹¹³	Sexual orientation-related disparities in health conditions that elevate COVID-19 severity	Sexual minoritized populations	Access to care/utilization	Infectious Diseases
Tsai, 2021 ¹¹¹	COVID-19 associated mortality and cardiovascular disease outcomes among US women Veterans	General population/not specified	N/a	Infectious Diseases
McGinnis, 2021 ⁷⁸²	HIV care using differentiated service delivery during the COVID-19 pandemic: a nationwide cohort study in the US Department of Veterans Affairs	General population/not specified	Access to care/utilization Health care organization/delivery of care for WV	Infectious Diseases
Clark, 2021 ¹⁰⁹	Veteran Women Living With Human Immunodeficiency Virus Have Increased Risk of Human Papillomavirus (HPV)-Associated Genital Tract Cancers	General population/not specified	Cancer care	Infectious Diseases
Matson, 2018 ⁷⁸³	Gender and alcohol use: Influences on HIV care continuum in a national cohort of patients with HIV	General population/not specified	Access to care/utilization Substance Use	Infectious Diseases
Kramer, 2017 ⁷⁸⁴	Hepatitis C virus-related complications are increasing in women Veterans: A national cohort study	General population/not specified	N/a	Infectious Diseases
Hotton, 2017 ¹¹⁰	Prevalence and Predictors of Hospitalizations among HIV-Infected and At-Risk HIV-Uninfected Women	General population/not specified	SDOH	Infectious Diseases

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Kanwal, 2016 ⁷⁸⁵	Race and Gender Differences in the Use of Direct Acting Antiviral Agents for Hepatitis C Virus	General population/not specified	Access to care/utilization SDOH	Infectious Diseases
Webster, 2023 ⁷⁸⁶	Prosthesis nonuse and discontinuation in United States Veterans with major limb amputation: Results of a national survey	General population/not specified	Access to care/utilization	Musculoskeletal and Rheumatologic Disorders
RussellEsposito, 2023 ¹⁰²	Footwear limitations in women prosthesis users relate to more than preference	General population/not specified	N/a	Musculoskeletal and Rheumatologic Disorders
Norvell, 2023 ⁷⁸⁷	The effect of depression on prosthesis prescription in men and women who have undergone a lower limb amputation	General population/not specified	Access to care/utilization General mental health	Musculoskeletal and Rheumatologic Disorders
Littman, 2023 ⁷⁸⁸	Differences in Prosthetic Prescription Between Men and Women Veterans After Transtibial or Transfemoral Lower-Extremity Amputation: A Longitudinal Cohort Study (2005-2018)	General population/not specified	Access to care/utilization	Musculoskeletal and Rheumatologic Disorders
Kuo, 2023 ⁷⁸⁹	Gender differences in prosthesis-related outcomes among Veterans: Results of a national survey of U.S. Veterans	General population/not specified	Health care organization/delivery of care for WVs prosthesis	Musculoskeletal and Rheumatologic Disorders
Meadows, 2022 ⁷⁹⁰	Validity of Methods to Identify Individuals With Lower Extremity Amputation Using Department of Veterans Affairs Electronic Medical Records	General population/not specified	Health care organization/delivery of care for WVs	Musculoskeletal and Rheumatologic Disorders
Lehavot, 2022 ¹⁰³	Voices of Women Veterans with Lower Limb Prostheses: a Qualitative Study	General population/not specified	Access to care/utilization Health care organization/delivery of care for WV	Musculoskeletal and Rheumatologic Disorders
Aday, 2022 ⁷⁹¹	Association of Sex and Race With Incident Peripheral Artery Disease Among Veterans With Normal Ankle-Brachial Indices	General population/not specified	SDOH	Musculoskeletal and Rheumatologic Disorders
Vina, 2021 ¹⁰⁵	Use of Complementary and Alternative Therapy for Knee Osteoarthritis: Race and Gender Variations	Racial/ethnic minoritized; General population/not specified	SDOH Complementary and alternative medicine	Musculoskeletal and Rheumatologic Disorders
Haskell, 2020 ¹⁰⁴	Incident Musculoskeletal Conditions Among Men and Women Veterans Returning From Deployment	OEF/OIF/OND	Chronic Pain/Opioids	Musculoskeletal and Rheumatologic Disorders
Higgins, 2017 ⁷⁹²	Gender Differences in Demographic and Clinical Correlates among Veterans with Musculoskeletal Disorders	General population/not specified	General mental health SDOH	Musculoskeletal and Rheumatologic Disorders

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Goulet, 2016 ⁷⁹³	The musculoskeletal diagnosis cohort: Examining pain and pain care among Veterans	General population/not specified	Chronic Pain/Opioids	Musculoskeletal and Rheumatologic Disorders
Quiñones, 2023 ⁷⁹⁴	Hydroxychloroquine and Risk of Long QT Syndrome in Rheumatoid Arthritis: A Veterans Cohort Study With Nineteen-Year Follow-up	General population/not specified	N/a	Musculoskeletal and Rheumatologic Disorders
England, 2023 ⁷⁹⁵	Identification of Multimorbidity Patterns in Rheumatoid Arthritis Through Machine Learning	General population/not specified	N/a	Musculoskeletal and Rheumatologic Disorders
Fadhil, 2022 ¹⁰⁶	Prevalence of neurological dysfunction and irregularities in people suffering from autoimmune conditions: An Iraqi perspective	OEF/OIF/OND	General mental health	Musculoskeletal and Rheumatologic Disorders
Sullivan-Baca, 2023 ⁷⁹⁶	Psychiatric co-morbidity of drug-resistant epilepsy in Veterans	General population/not specified	Access to care/utilization General mental health	Nervous System Disorders
Sullivan-Baca, 2023 ⁷⁹⁷	Utilization of epilepsy care among Women Veterans: A population-based study	General population/not specified	Access to care/utilization Health care organization/delivery of care for WVs	Nervous System Disorders
Sofer, 2023 ⁷⁹⁸	Genome-wide association study of obstructive sleep apnoea in the Million Veteran Program uncovers genetic heterogeneity by sex	General population/not specified	Health care organization/delivery of care for WVs Chronic medical conditions	Nervous System Disorders
Moghtaderi, 2023 ⁷⁹⁹	Identifying gaps in clinical evaluation and treatment of sleep-disordered breathing in women Veterans	General population/not specified	Access to care/utilization Health care organization/delivery of care for WVs	Nervous System Disorders
Merritt, 2023 ⁹⁹	Exploring Interactions Between Traumatic Brain Injury History and Gender on Medical Comorbidities in Military Veterans: An Epidemiological Analysis in the VA Million Veteran Program	General population/not specified	General mental health	Nervous System Disorders
Lopez, 2023 ¹⁰⁰	Prescribing Trends of Antiseizure Drugs in Women Veterans With Epilepsy	General population/not specified	Care Coordination Reproductive health	Nervous System Disorders
Sullivan-Baca, 2022 ⁸⁰⁰	Characterizing differences in psychiatric profiles between male and female Veterans with epilepsy and psychogenic non-epileptic seizures	General population/not specified	General mental health	Nervous System Disorders

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Sullivan-Baca, 2022 ⁸⁰¹	Characterizing women Veterans receiving seizure care in the Veterans affairs health care system	General population/not specified	Access to care/utilization General mental health	Nervous System Disorders
Sico, 2022 ¹⁰¹	Characteristics and Gender Differences of Headache in the Veterans Health Administration: A National Cohort Study, Fiscal Year 2008-2019	General population/not specified	Access to care/utilization	Nervous System Disorders
Seng, 2022 ⁸⁰²	Frequency, Demographics, Comorbidities, and Health Care Utilization by Veterans With Migraine: A VA Nationwide Cohort Study	General population/not specified	Access to care/utilization	Nervous System Disorders
Merritt, 2022 ⁸⁰³	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	General population/not specified	N/a	Nervous System Disorders
Chung, 2022 ⁹⁸	In her own words: a phenomenological analysis of stories told by female service members and Veterans after traumatic brain injury	General population/not specified	N/a	Nervous System Disorders
Song, 2021 ⁸⁰⁴	Sleep Disruption Due to Stress in Women Veterans: A Comparison between Caregivers and Noncaregivers	General population/not specified	General mental health	Nervous System Disorders
Martin, 2021 ⁸⁰⁵	Sleep apnea in women Veterans: Results of a national survey of VA health care users	General population/not specified	Preventative health Health care organization/delivery of care for WV	Nervous System Disorders
Cogan, 2020 ⁸⁰⁶	Self-reported Participation Restrictions Among Male and Female Veterans With Traumatic Brain Injury in Veterans Health Administration Outpatient Polytrauma Programs	History of trauma; General population/not specified	Access to care/utilization	Nervous System Disorders
Rosman, 2019 ⁸⁰⁷	Posttraumatic Stress Disorder and Risk for Stroke in Young and Middle-Aged Adults: A 13-Year Cohort Study	OEF/OIF/OND	General mental health	Nervous System Disorders
Amara, 2019 ⁸⁰⁸	Predictors of Employment Status in Male and Female Post-9/11 Veterans Evaluated for Traumatic Brain Injury	OEF/OIF/OND	General mental health SDOH	Nervous System Disorders

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Nelson, 2018 ⁸⁰⁹	Estimation of the Prevalence of Amyotrophic Lateral Sclerosis in the United States Using National Administrative Health care Data from 2002 to 2004 and Capture-Recapture Methodology	General population/not specified	N/a	Nervous System Disorders
Iverson, 2017 ⁸¹⁰	Traumatic brain injury and PTSD symptoms as a consequence of intimate partner violence	General population/not specified	General mental health Interpersonal Violence	Nervous System Disorders
Rissling, 2016 ⁸¹¹	Sleep Disturbance, Diabetes, and Cardiovascular Disease in Postmenopausal Veteran Women	General population/not specified	N/a	Nervous System Disorders
MacGregor, 2021 ¹²²	Health Profiles of Military Women and the Impact of Combat-Related Injury	OEF/OIF/OND	Combat-related injury	Other
Maynard, 2019 ¹²³	Characteristics of younger women Veterans with service connected disabilities	General population/not specified	Long-term care/aging	Other
Harrington, 2019 ⁸¹²	Gender Differences in Demographic and Health Characteristics of the Million Veteran Program Cohort	General population/not specified	N/a	Other
Maynard, 2018 ⁸¹³	Disability Rating, Age at Death, and Cause of Death in U.S. Veterans with Service-Connected Conditions	General population/not specified	General mental health Long-term care/aging	Other
Clifford, 2022 ¹²⁴	The Interrelationship of Tinnitus and Hearing Loss Secondary to Age, Noise Exposure, and Traumatic Brain Injury	General population/not specified	N/a	Other
Kaul, 2023 ¹¹⁹	Disparities in Antifibrotic Medication Utilization Among Veterans With Idiopathic Pulmonary Fibrosis	General population/not specified	N/a	Pulmonary Disorders
Bade, 2019 ¹¹⁷	Sex Differences in Veterans Admitted to the Hospital for Chronic Obstructive Pulmonary Disease Exacerbation	General population/not specified	N/a	Pulmonary Disorders
Rinne, 2017 ¹¹⁸	Implementation of guideline-based therapy for chronic obstructive pulmonary disease: Differences between men and women Veterans	General population/not specified	Health care organization/delivery of care for WVs	Pulmonary Disorders
Gregg, 2023 ¹¹⁶	Predictors, Disparities, and Facility-Level Variation: SGLT2 Inhibitor Prescription Among US Veterans With CKD	Racial/ethnic minoritized	Preventative health	Renal Disorders
Hassan, 2022 ⁸¹⁴	Association of Uric Acid and Lowering Therapy With Incident Chronic Kidney Disease	General population/not specified	Preventative health	Renal Disorders

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Akwo, 2022 ⁸¹⁵	Phenome-Wide Association Study of UMOD Gene Variants and Differential Associations With Clinical Outcomes Across Populations in the Million Veteran Program a Multiethnic Biobank	General population/not specified	UMOD gene variants	Renal Disorders
You, 2020 ⁸¹⁶	Mortality Risk in Chronic Kidney Disease Patients Transitioning to Dialysis: Impact of Opiate and Non-Opiate Use	General population/not specified	Chronic medical conditions Post-ESRD mortality	Renal Disorders
Soohoo, 2019 ⁸¹⁷	Statin Therapy Before Transition to End-Stage Renal Disease With Posttransition Outcomes	General population/not specified	Preventative health	Renal Disorders
Kim, 2016 ⁸¹⁸	Tenofovir exposure alters associations of serum bicarbonate with chronic kidney disease risk in HIV-infected Veterans	General population/not specified	medication use	Renal Disorders
Markland, 2023 ¹¹⁴	Optimizing remote access to urinary incontinence treatments for women Veterans (PRACTICAL): Study protocol for a pragmatic clinical trial comparing two virtual care options	General population/not specified	N/a	Urinary System Disorders
Tholemeier, 2022 ¹¹⁵	Do medication prescription patterns follow guidelines in a cohort of women with interstitial cystitis/bladder pain syndrome?	General population/not specified	interstitial cystitis/bladder pain	Urinary System Disorders
Dubinskaya, 2022 ⁸¹⁹	Prevalence of Overactive Bladder Symptoms among Women with Interstitial Cystitis/Bladder Pain Syndrome	General population/not specified	N/a	Urinary System Disorders
Dallas, 2022 ⁸²⁰	Demographic Differences and Disparities in the Misdiagnosis of Interstitial Cystitis/Bladder Pain Syndrome in a National Cohort of VA Patients	General population/not specified	N/a	Urinary System Disorders
Welch, 2021 ⁸²¹	Retrospective Review on the Safety and Efficacy of Nitrofurantoin for the Treatment of Cystitis in the Veteran Population with or without Renal Insufficiency	General population/not specified	N/a	Urinary System Disorders
Laden, 2021 ⁸²²	Comorbidities in a Nationwide, Heterogenous Population of Veterans with Interstitial Cystitis/Bladder Pain Syndrome	General population/not specified	N/a	Urinary System Disorders
Volpe, 2020 ⁸²³	Female Veterans with Diagnoses of Both Chronic Pelvic Pain and Overactive Bladder; How Do They Compare to Women Diagnosed with Interstitial Cystitis?	General population/not specified	General mental health Reproductive health	Urinary System Disorders

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Lynch, 2020 ⁸²⁴	Sex and the Diagnostic Pathway to Bladder Cancer among Veterans: No Evidence of Disparity	General population/not specified	N/a	Urinary System Disorders
Ninivaggio, 2018 ⁸²⁵	One and the Same? Nocturnal Enuresis and Overactive Bladder in the Female Veteran Population: Evaluation of a Large National Database	General population/not specified	General mental health Interpersonal Violence	Urinary System Disorders
Bradley, 2017 ⁸²⁶	Longitudinal associations between mental health conditions and overactive bladder in women Veterans	OEF/OIF/OND	General mental health Interpersonal Violence	Urinary System Disorders
Reproductive Health				
Schwarz, 2018 ¹⁶²	Induced abortion among women Veterans: data from the ECUUN study	General population/not specified	Abortions Access to care/utilization	Other reproductive health services
Judge-Golden, 2022 ¹⁶³	Prior Abortions and Barriers to Abortion Access Reported by Pregnant Women Veterans	General population/not specified	Abortions Access to care/utilization	Other reproductive health services
Friedman, 2022 ¹²⁶	Gynecologist Supply Deserts Across the VA and in the Community	General population/not specified	Access to reproductive health services Access to care/utilization	Other reproductive health services
Vinekar, 2023 ¹⁶¹	Using Primary Care Geographic Network Adequacy Metrics for VA Obstetric Referrals: a Foundation for Equitable, Timely, and Veteran-Centered Care	General population/not specified	Access to reproductive health services Access to care/utilization	Other reproductive health services
Coady-Fariborzian, 2021 ¹⁶⁵	Twenty Years of Breast Reduction Surgery at a Veterans Affairs Medical Center	General population/not specified	Breast surgery N/a	Other reproductive health services
Judge-Golden, 2020 ¹⁴⁵	Agreement between Self-Reported "Ideal" and Currently Used Contraceptive Methods among Women Veterans Using the Veterans Affairs Health care System	General population/not specified	Contraception Access to care/utilization	Family planning
Judge-Golden, 2019 ¹⁴²	Financial Implications of 12-Month Dispensing of Oral Contraceptive Pills in the Veterans Affairs Health Care System	General population/not specified	Contraception N/a	Family planning
Gawron, 2022 ⁸²⁷	Oral Emergency Contraception Provision in the Veterans Health Administration: a Retrospective Cohort Study	General population/not specified	Contraception Health care organization/delivery of care for WV	Family planning
Mahorter, 2023 ⁸²⁸	Variations in Provision of Long-Acting Reversible Contraception Across Veterans Health Administration Facilities	General population/not specified	Contraception Preventative health	Family planning

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Arora, 2020 ⁸²⁹	Factors Associated with Choice of Sterilization Among Women Veterans	General population/not specified	Contraception N/a	Family planning
Callegari, 2019 ¹⁴³	Understanding Women Veterans' Family Planning Counseling Experiences and Preferences to Inform Patient-Centered Care	General population/not specified	Contraception Health care organization/delivery of care for WV	Family planning
Wolgemuth, 2020 ¹⁴⁴	Perceived Barriers and Facilitators to Contraceptive Use Among Women Veterans Accessing the Veterans Affairs Health care System	General population/not specified	Contraception Access to care/utilization	Family planning
Judge, 2018 ⁸³⁰	Medical contraindications to estrogen and contraceptive use among women Veterans	General population/not specified	Contraception N/a	Family planning
Britton, 2019 ⁸³¹	Associations Between Perceived Susceptibility to Pregnancy and Contraceptive Use in a National Sample of Women Veterans	General population/not specified	Contraception Preventative health	Family planning
Gawron, 2017 ¹³⁸	The "Safety Net" of Community Care: Leveraging GIS to Identify Geographic Access Barriers to Texas Family Planning Clinics for Homeless Women Veterans	People with experiences of homelessness	Contraception homeless Access to care/utilization	Family planning
Borrero, 2017 ¹²⁹	Unintended Pregnancy and Contraceptive Use Among Women Veterans: The ECUUN Study	General population/not specified	Contraception, ECUUN study Access to care/utilization	Family planning
Callegari, 2022 ³³⁸	Perceived Contraceptive Counseling Quality Among Veterans Using VA Primary Care: Data from the ECUUN Study	General population/not specified	Contraception, ECUUN study Health care organization/delivery of care for WV	Family planning
Wolgemuth, 2018 ⁸³²	Associations between Pregnancy Intention, Attitudes, and Contraceptive Use among Women Veterans in the ECUUN Study	General population/not specified	Contraception, ECUUN study Access to care/utilization	Family planning
Koenig, 2019 ⁸³³	Factors associated with long-acting reversible contraception use among women Veterans in the ECUUN study	General population/not specified	Contraception, ECUUN study Access to care/utilization	Family planning
Rosenfeld, 2017 ¹³⁹	Racial and ethnic disparities in contraceptive knowledge among women Veterans in the ECUUN study	Racial/ethnic minoritized; General population/not specified	Contraception, ECUUN study Health care organization/delivery of care for WV	Family planning

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Gawron, 2017 ¹³⁷	Long-acting Reversible Contraception Among Homeless Women Veterans With Chronic Health Conditions: A Retrospective Cohort Study	People with experiences of homelessness; OEF/OIF/OND	Contraception, homeless Chronic medical conditions	Family planning
Gawron, 2019 ¹³⁶	Distance Matters: Geographic barriers to long acting reversible and permanent contraception for homeless women Veterans	People with experiences of homelessness; Rural dwelling	Contraception, homeless Access to care/utilization	Family planning
Schexnayder, 2020 ⁸³⁴	Documentation of contraceptive counseling in female Veterans of reproductive age	General population/not specified	Contraception, medications of teratogenic potential Chronic medical conditions	Family planning
Callegari, 2017 ¹⁴⁰	Racial/ethnic differences in contraceptive preferences, beliefs, and self-efficacy among women Veterans	Racial/ethnic minoritized; General population/not specified	Contraception, Racial disparity N/a	Family planning
MacDonald, 2017 ¹⁴¹	Associations Between Perceived Race-based Discrimination and Contraceptive Use Among Women Veterans in the ECUUN Study	Racial/ethnic minoritized; General population/not specified	Contraception, Racial disparity SDOH	Family planning
Mancuso, 2022 ³²⁴	Lifetime infertility and environmental, chemical, and hazardous exposures among female and male US Veterans	OEF/OIF/OND	Infertility Toxic Exposures	Family planning
Kroll-Desrosiers, 2023 ⁸³⁵	Infertility Services for Veterans Enrolled in Veterans Health Administration Care	General population/not specified	Infertility Access to care/utilization	Family planning
Goossen, 2019 ¹⁴⁶	Ethnic Minority Status and Experiences of Infertility in Female Veterans	Racial/ethnic minoritized; General population/not specified	Infertility Access to care/utilization	Family planning
Mancuso, 2020 ⁸³⁶	Infertility and Health-Related Quality of Life in United States Women Veterans	General population/not specified	Infertility Chronic Pain/Opioids	Family planning
Judge-Golden, 2018 ⁸³⁷	The Association between Mental Health Disorders and History of Unintended Pregnancy among Women Veterans	General population/not specified	Unintended pregnancy General mental health	Family planning
Quinn, 2020 ⁸³⁸	History of unintended pregnancy and patterns of contraceptive use among racial and ethnic minority women Veterans	Racial/ethnic minoritized; General population/not specified	Unintended pregnancy Access to care/utilization	Family planning
Friedman, 2022 ⁸³⁹	Preliminary Findings from the Gulf War Women's Cohort: Reproductive and Children's Health Outcomes among Women Veterans	Gulf War I	AND newborn/infant health Children's health outcomes	Maternal health

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Shaw, 2018 ⁸⁴⁰	Selection of Higher Risk Pregnancies into Veterans Health Administration Programs: Discoveries from Linked Department of Veterans Affairs and California Birth Data	General population/not specified	AND newborn/infant health Health care organization/delivery of care for WV	Maternal health
Katon, 2023 ⁸⁴¹	Assessing Racial Disparities in Access, Use, and Outcomes for Pregnant and Postpartum Veterans and Their Infants in Veterans Health Administration	Racial/ethnic minoritized	AND newborn/infant health AND racial disparity Access to care/utilization	Maternal health
Keddem, 2020 ⁸⁴²	Disparities in Breastfeeding Among Military Veterans	General population/not specified	Breast feeding SDOH	Maternal health
Sheahan, 2022 ⁸⁴³	Sufficiency of Health Information During Pregnancy: What's Missing and for Whom? A Cross-Sectional Analysis Among Veterans	General population/not specified	Counseling Care Coordination	Maternal health
Mattocks, 2019 ⁸⁴⁴	Factors Impacting Perceived Access to Early Prenatal Care among Pregnant Veterans Enrolled in the Department of Veterans Affairs	General population/not specified	Maternal health Access to care/utilization	Maternal health
Katon, 2017 ⁸⁴⁵	Deployment and Adverse Pregnancy Outcomes: Primary Findings and Methodological Considerations	OEF/OIF/OND	Maternal health deployment	Maternal health
Grekin, 2020 ⁸⁴⁶	Predictors of Veterans Affairs Health Service Utilization by Women Veterans during Pregnancy	General population/not specified	Maternal health Access to care/utilization	Maternal health
Katon, 2018 ¹³⁰	Women Veterans' Experiences with Department of Veterans Affairs Maternity Care: Current Successes and Targets for Improvement	General population/not specified	Maternal health Health care organization/delivery of care for WV	Maternal health
Gopisetty, 2022 ¹³¹	Veteran Postpartum Health: VA Care Team Perspectives on Care Coordination, Health Equity, and Trauma-Informed Care	General population/not specified	MCC program Care Coordination	Maternal health
Mattocks, 2017 ¹³³	Implementing and Evaluating a Telephone-Based Centralized Maternity Care Coordination Program for Pregnant Veterans in the Department of Veterans Affairs	General population/not specified	MCC program Health care organization/delivery of care for WV	Maternal health
Cordasco, 2018 ¹³⁴	Care coordination for pregnant Veterans: VA's Maternity Care Coordinator Telephone Care Program	General population/not specified	MCC program Access to care/utilization	Maternal health
Mattocks, 2019 ¹³²	Understanding Maternity Care Coordination for Women Veterans Using an Integrated Care Model Approach	General population/not specified	MCC program Access to care/utilization	Maternal health

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Copeland, 2022 ⁸⁴⁷	Medications with Potential for Fetal Risk Prescribed to Veterans	General population/not specified	Medication with teratogenicity Care Coordination	Maternal health
Shroff, 2017 ¹³⁵	An Innovative Framework to Improve Teratogenic Medication Risk Counseling	Other: n/a	Medications with teratogenic potential Health care organization/delivery of care for WV	Maternal health
Nilini, 2022 ⁸⁴⁸	The impact of military sexual trauma and warfare exposure on women Veterans' perinatal outcomes	General population/not specified	Mental health Reproductive Mental Health	Maternal health
Shaw, 2017 ⁸⁴⁹	Post-traumatic Stress Disorder and Antepartum Complications: a Novel Risk Factor for Gestational Diabetes and Preeclampsia	General population/not specified	Mental health Preventative health	Maternal health
Shivakumar, 2021 ⁸⁵⁰	Patterns of Treatment Utilization Across the Perinatal Period in the Center for Maternal and Infant Outcomes and Research in Translation (COMFORT) Veterans Study	General population/not specified	Mental health Health care organization/delivery of care for WV	Maternal health
Shapiro, 2023 ⁸⁵¹	Understanding the Mental Health Impact of Previous Pregnancy Loss Among Currently Pregnant Veterans	History of trauma	Mental health Reproductive Mental Health	Maternal health
Nilini, 2020 ⁸⁵²	The Impact of Posttraumatic Stress Disorder and Moral Injury on Women Veterans' Perinatal Outcomes Following Separation From Military Service	General population/not specified	Mental health General mental health	Maternal health
Kinney, 2023 ⁸⁵³	Newborn Outcomes Among Veterans Utilizing VHA Maternity Benefits, 2016-2020	General population/not specified	Newborn/infant health Health care organization/delivery of care for WV	Maternal health
Panelli, 2023 ⁸⁵⁴	An Exploratory Analysis of Factors Associated With Spontaneous Preterm Birth Among Pregnant Veterans With Post-Traumatic Stress Disorder	History of trauma	Newborn/infant health Reproductive Mental Health	Maternal health
Katon, 2022 ¹²⁵	Timeliness and Adequacy of Prenatal Care Among Department of Veterans Affairs' Enrolled Veterans: The First Step May Be the Biggest Hurdle	General population/not specified	Payer variation Access to care/utilization	Maternal health

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Shankar, 2021 ⁸⁵⁵	Postpartum Transition of Care: Racial/Ethnic Gaps in Veterans' Re-Engagement in VA Primary Care after Pregnancy	Racial/ethnic minoritized	Racial disparity Access to care/utilization	Maternal health
Lumsden, 2022 ⁸⁵⁶	Racial Differences in Nontraditional Risk Factors Associated with Cardiovascular Conditions in Pregnancy Among U.S. Women Veterans	Racial/ethnic minoritized	Racial disparity Chronic medical conditions	Maternal health
Hansen, 2023 ⁸⁵⁷	Disparate Risk Factors Among Pregnant Veterans Using Veterans Administration Health Benefits for Community-Based Obstetrical Care	General population/not specified	risk factors Preventative health	Maternal health
Combellick, 2020 ³⁶⁸	Severe Maternal Morbidity Among a Cohort of Post-9/11 Women Veterans	OEF/OIF/OND	risk factors N/a	Maternal health
Albright, 2021 ⁸⁵⁸	Pregnancy and Binge Drinking: An Intersectionality Theory Perspective Using Veteran Status and Racial/Ethnic Identity	Racial/ethnic minoritized; General population/not specified	Substance use in pregnancy Substance Use	Maternal health
Kroll-Desrosiers, 2021 ⁸⁵⁹	Factors Associated With Quitting Smoking During Pregnancy Among Women Veterans	General population/not specified	Substance use in pregnancy Preventative health	Maternal health
Mattocks, 2021 ⁸⁶⁰	Racial Differences in the Cesarean Section Rates Among Women Veterans Using Department of Veterans Affairs Community Care	Racial/ethnic minoritized; General population/not specified	Racial disparity SDOH	Maternal health
Katon, 2016 ⁸⁶¹	Vasomotor Symptoms and Quality of Life Among Veteran and Non-Veteran Postmenopausal Women	General population/not specified	Menopause Quality of Life	Menopause
Dang, 2019 ¹²⁷	A Patient Portal Intervention for Menopause Knowledge and Shared Decision-Making	General population/not specified	Menopause Health care organization/delivery of care for WV	Menopause
Dietz, 2018 ¹⁵⁷	Women Veterans and menopause: Knowledge and preferences	General population/not specified	Menopause Health care organization/delivery of care for WV	Menopause
Cordasco, 2019 ¹⁵³	Veterans Health Administration Primary Care Provider Adherence to Prescribing Guidelines for Systemic Hormone Therapy in Menopausal Women	General population/not specified	MHT Health care organization/delivery of care for WV	Menopause

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Blondon, 2021 ¹⁵⁴	Comparative venous thromboembolic safety of oral and transdermal postmenopausal hormone therapies among women Veterans	General population/not specified	MHT N/a	Menopause
Gibson, 2021 ¹⁵⁵	Menopausal Hormone Therapy and Suicide in a National Sample of Midlife and Older Women Veterans	General population/not specified	MHT Suicide/Non-suicidal self-injury	Menopause
Blanken, 2022 ¹⁵⁶	Racial/ethnic disparities in the diagnosis and management of menopause symptoms among midlife women Veterans	Racial/ethnic minoritized	MHT Health care organization/delivery of care for WV	Menopause
Quinn, 2023 ³³⁷	Reproductive health services: A missed opportunity in VA primary care?	General population/not specified	Access to reproductive health services Access to care/utilization	Family planning
Quinn, 2021 ⁸⁶²	Measuring Female Veterans' Prepregnancy Wellness Using Department of Veterans Affairs' Health Record Data	General population/not specified	Pre-pregnancy care Preventative health	Family planning
Quinn, 2021 ⁸⁶³	Veteran-Reported Receipt of Prepregnancy Care: Data from the Examining Contraceptive Use and Unmet Need (ECUUN) Study	General population/not specified	Pre-pregnancy care General mental health	Family planning
Breyer, 2016 ¹⁵⁸	Sexual Health in Male and Female Iraq and Afghanistan U. S. War Veterans With and Without PTSD: Findings From the VALOR Cohort	History of trauma; OEF/OIF/OND	Sexual health General mental health	Sexual health
Garneau-Fournier, 2018 ¹⁵⁹	Factors Associated with Sexual Dysfunction Symptoms among Veterans who Have Experienced Military Sexual Trauma	History of trauma	Sexual health Interpersonal Violence	Sexual health
Blais, 2019 ¹²⁸	The association of disordered eating and sexual health with relationship satisfaction in female service members/Veterans	General population/not specified	Sexual health General mental health	Sexual health
DiMauro, 2018 ¹⁶⁰	Sexual vs. Non-sexual trauma, sexual satisfaction and function, and mental health in female Veterans	History of trauma	Sexual health General mental health	Sexual health
Goyal, 2017 ¹⁶⁴	Lifetime Sexual Assault and Sexually Transmitted Infections Among Women Veterans	General population/not specified	Sexually transmitted infection Interpersonal Violence	Other reproductive health services
Katon, 2018 ¹⁶⁶	Reproductive Health of Women Veterans: A Systematic Review of the Literature from 2008 to 2017	General population/not specified	Systematic review of reproductive health N/a	Other reproductive health services

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Washington, 2019 ¹⁵¹	Development of Quality Indicators for the Care of Women with Abnormal Uterine Bleeding by Primary Care Providers in the Veterans Health Administration	General population/not specified	Abnormal uterine bleeding Health care organization/delivery of care for WV	Uterine Diagnoses and Surgeries
Cordasco, 2019 ¹⁵²	Guideline Adherence of Veterans Health Administration Primary Care for Abnormal Uterine Bleeding	General population/not specified	Abnormal uterine bleeding Health care organization/delivery of care for WV	Uterine Diagnoses and Surgeries
Katon, 2017 ⁸⁶⁴	Trends in hysterectomy rates among women Veterans in the US Department of Veterans Affairs	General population/not specified	Hysterectomy Health care organization/delivery of care for WV	Uterine Diagnoses and Surgeries
Katon, 2019 ⁸⁶⁵	Contributors to Racial Disparities in Minimally Invasive Hysterectomy in the US Department of Veterans Affairs	General population/not specified	Hysterectomy SDOH	Uterine Diagnoses and Surgeries
Callegari, 2019 ⁸⁶⁶	Associations between Race/Ethnicity, Uterine Fibroids, and Minimally Invasive Hysterectomy in the VA Health care System	General population/not specified	Hysterectomy SDOH	Uterine Diagnoses and Surgeries
Ryan, 2016 ⁸⁶⁷	Hysterectomy risk in premenopausal-aged military Veterans: associations with sexual assault and gynecologic symptoms	General population/not specified	Hysterectomy General mental health	Uterine Diagnoses and Surgeries
Carey, 2022 ⁸⁶⁸	Uterine Weight as a Modifier of Black/White Racial Disparities in Minimally Invasive Hysterectomy Among Veterans with Fibroids in the Veterans Health Administration	Racial/ethnic minoritized	Hysterectomy N/a	Uterine Diagnoses and Surgeries
Callegari, 2016 ¹⁴⁷	Hysterectomy and Bilateral Salpingo-Oophorectomy: Variations by History of Military Service and Birth Cohort	General population/not specified	Hysterectomy, bilateral salpingo-oophorectomy Long-term care/aging	Uterine Diagnoses and Surgeries
Bossick, 2020 ¹⁴⁸	Concomitant Bilateral Salpingo-Oophorectomy at Hysterectomy: Differences by Race and Menopausal Status in the Veterans Affairs Health Care System, 2007-2014	Racial/ethnic minoritized; General population/not specified	Hysterectomy, bilateral salpingo-oophorectomy SDOH	Uterine Diagnoses and Surgeries
Carey, 2023 ¹⁴⁹	"I Wasn't Presented With Options": Perspectives of Black Veterans Receiving Care for Uterine Fibroids in the Veterans Health Administration	Racial/ethnic minoritized	Uterine fibroids Health care organization/delivery of care for WV	Uterine Diagnoses and Surgeries

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Katon, 2023 ¹⁵⁰	Racial Disparities in Uterine Fibroid Treatment Among Veterans Using VA Health Care	Racial/ethnic minoritized; General population/not specified	Uterine fibroids Health care organization/delivery of care for WV	Uterine Diagnoses and Surgeries
<i>Preventative Health</i>				
Blalock, 2023 ⁸⁶⁹	BMI Trends for Veterans Up to 10 Years After VA Enrollment Following Military Discharge	OEF/OIF/OND	General mental health	Health behaviors
Whitbourne, 2022 ¹⁹⁰	Million Veteran Program's response to COVID-19: Survey development and preliminary findings	General population/not specified	Access to care/utilization Health care organization/delivery of care for WV	Health behaviors
Cohen, 2022 ⁸⁷⁰	Risk factors for Veteran food insecurity: findings from a National US Department of Veterans Affairs Food Insecurity Screener	General population/not specified	SDOH	Health behaviors
Stefanovics, 2021 ⁸⁷¹	Personality and Body Mass Index in U.S. Military Veterans: Results from the National Health and Resilience in Veterans Study	General population/not specified	General mental health	Health behaviors
Avery, 2021 ³⁶⁹	Clinical yoga program utilization in a large health care system	General population/not specified	Access to care/utilization General mental health	Health behaviors
Tarlov, 2020 ¹⁸⁸	Neighborhood Walkability and BMI Change: A National Study of Veterans in Large Urban Areas	General population/not specified	Chronic medical conditions	Health behaviors
Batch, 2020 ¹⁸⁴	Women Veterans Experience with the VA MOVE! Weight Management Program	General population/not specified	Access to care/utilization	Health behaviors
Zenk, 2019 ¹⁸⁵	Does the built environment influence the effectiveness of behavioral weight management interventions?	General population/not specified	SDOH	Health behaviors
Slater, 2019 ⁸⁷²	Would increasing access to recreational places promote healthier weights and a healthier nation?	General population/not specified	Access to care/utilization Health care organization/delivery of care for WV	Health behaviors
Schult, 2019 ⁸⁷³	The Health Status of Veteran Employees Compared to Civilian Employees in Veterans Health Administration	General population/not specified	Substance Use Chronic medical conditions	Health behaviors
Powell, 2019 ¹⁸⁹	The price of ultra-processed foods and beverages and adult body weight: Evidence from U.S. Veterans	General population/not specified	SDOH	Health behaviors

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Kreyenbuhl, 2019 ¹⁹³	Understanding Women Veterans' Experiences With and Management of Weight Gain From Medications for Serious Mental Illness: A Qualitative Study	General population/not specified	General mental health	Health behaviors
Zenk, 2018 ¹⁸⁶	Long-term weight loss effects of a behavioral weight management program: Does the community food environment matter?	General population/not specified	Health care organization/delivery of care for WVs SDOH	Health behaviors
Tarlov, 2018 ⁸⁷⁴	Does Effectiveness of Weight Management Programs Depend on the Food Environment?	General population/not specified	SDOH obesity	Health behaviors
Tamas, 2018 ⁸⁷⁵	Weight Trends in Veterans With and Without Diabetes, 2000 to 2014	General population/not specified	Chronic medical conditions	Health behaviors
Nguyen, 2018 ¹⁹¹	Baseline Characterization and Annual Trends of Body Mass Index for a Mega-Biobank Cohort of US Veterans 2011-2017	General population/not specified	N/a	Health behaviors
Washington, 2016 ¹⁹²	Trajectories in Physical Activity and Sedentary Time Among Women Veterans in the Women's Health Initiative	General population/not specified	Reproductive health	Health behaviors
Jay, 2016 ⁸⁷⁶	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 Administration	General population/not specified	Access to care/utilization Chronic medical conditions	Health behaviors
Albright, 2019 ¹⁷¹	Sexual Behaviors and Health Practices Among Student Service Members and Veterans	General population/not specified	Reproductive health	Health behaviors
Goldstein, 2018 ¹⁹⁴	Understanding women Veterans' preferences for peer support interventions to promote heart healthy behaviors: A qualitative study	General population/not specified	Health care organization/delivery of care for WVs Chronic medical conditions	Health behaviors
Zenk, 2018 ¹⁸⁷	Weight and Veterans' Environments Study (WAVES) I and II: Rationale, Methods, and Cohort Characteristics	General population/not specified	Chronic medical conditions	Health behaviors
Hamilton, 2023 ¹⁹⁵	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	General population/not specified	General mental health Research methods	Health behaviors

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Monty, 2023 ¹⁷⁸	"We Are Working Harder, Not Smarter": A Qualitative Inquiry into Care Coordination for Department of Veterans Affairs Mammograms Referred to the Community	Other: VA staff	Care Coordination	Screening
Marcotte, 2023 ¹⁶⁹	Automated Opt-Out vs Opt-In Patient Outreach Strategies for Breast Cancer Screening: A Randomized Clinical Trial	General population/not specified	Health care organization/delivery of care for WVs Cancer care	Screening
Syler, 2021 ¹⁷²	Cervical Cancer Screening in South Florida Veteran Population, 2014 to 2020: Cytology and High-Risk Human Papillomavirus Correlation and Epidemiology	General population/not specified	N/a	Screening
Schuttner, 2021 ¹⁶⁷	Factors Associated With Low-Value Cancer Screenings in the Veterans Health Administration	General population/not specified	Health care organization/delivery of care for WVs	Screening
Minnier, 2021 ⁸⁷⁷	Polygenic breast cancer risk for women Veterans in the million Veteran program	General population/not specified	Cancer care	Screening
Imperiale, 2021 ⁸⁷⁸	Prevalence of Advanced Colorectal Neoplasia in Veterans: Effects of Age, Sex, and Race/Ethnicity	General population/not specified	N/a	Screening
Bidassie, 2020 ¹⁷³	Breast Cancer Risk Assessment and Chemoprevention Use Among Veterans Affairs Primary Care Providers: A National Online Survey	Other: VA primary care providers	VA Women's Health Workforce	Screening
Brunner, 2022 ⁸⁷⁹	Implementing clinical decision support for reducing women Veterans' cardiovascular risk in VA: A mixed-method, longitudinal study of context, adaptation, and uptake	General population/not specified	Health care organization/delivery of care for WVs	Screening
Bean-Mayberry, 2022 ¹⁷⁹	Cardiovascular Risk Screening among Women Veterans: Identifying Provider and Patient Barriers and Facilitators to Develop a Clinical Toolkit	General population/not specified	Health care organization/delivery of care for WVs Chronic medical conditions	Screening
Jeon-Slaughter, 2021 ¹⁸¹	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	General population/not specified	Chronic medical conditions	Screening

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Sullivan-Baca, 2023 ¹⁷⁴	An Update on the Healthy Soldier Effect in U.S. Veterans	General population/not specified	Access to care/utilization	Screening
Sterneke, 2017 ¹⁸²	Assessment of a Revised Wartime Experiences Scale for Vietnam-Era Women: The Health of Vietnam-Era Women's Study (HealthViEWS)	Vietnam	N/a	Screening
Hoffmire, 2022 ⁸⁸⁰	Women Veterans' Perspectives on Suicide Prevention in Reproductive Health Care Settings: An Acceptable, Desired, Unmet Opportunity	General population/not specified	Health care organization/delivery of care for WVs Suicide/Non-suicidal self-injury	Screening
Hardin, 2022 ¹⁸⁰	Male and Female Veterans' Preferences for Eating Disorders Screening	General population/not specified	General mental health	Screening
Bovin, 2021 ¹⁸³	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	General population/not specified	General mental health	Screening
Reddy, 2019 ¹⁷⁰	Screening for Military Sexual Trauma Is Associated With Improved HIV Screening in Women Veterans	OEF/OIF/OND	Substance Use General mental health	Screening
Trowbridge, 2016 ¹⁷⁵	Prevalence of positive screening test for cognitive impairment among elderly urogynecologic patients	General population/not specified	Long-term care/aging	Screening
Ferras, 2023 ⁸⁸¹	An Examination of Factors That Influence Receipt of Reproductive Health Screenings Among Female Veterans	General population/not specified	Reproductive health	Screening
Keddem, 2022 ¹⁶⁸	Gonorrhea and Chlamydia Testing and Case Rates Among Women Veterans in the Veterans Health Administration	General population/not specified	Health care organization/delivery of care for WVs SDOH	Screening
Beste, 2022 ¹⁷⁶	Sexually Transmitted Infection Testing in the National Veterans Health Administration Patient Cohort During the Coronavirus Disease 2019 Pandemic	General population/not specified	Access to care/utilization	Screening
Beste, 2021 ¹⁷⁷	Testing Practices and Incidence of Chlamydial and Gonococcal Infection in the Veterans Health Administration, 2009-2019	General population/not specified	Access to care/utilization	Screening

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Bernstein, 2023 ¹⁹⁶	Racial, Ethnic, and Rural Disparities in US Veteran COVID-19 Vaccine Rates	Racial/ethnic minoritized; General population/not specified	SDOH	Vaccines
Mattocks, 2022 ¹⁹⁷	Examining Pregnant Veterans' Acceptance and Beliefs Regarding the COVID-19 Vaccine	General population/not specified	Reproductive health	Vaccines
<i>Chronic Pain/Opioids</i>				
Gibson, 2019 ⁸⁸²	Menopausal Symptoms and Higher Risk Opioid Prescribing in a National Sample of Women Veterans with Chronic Pain	General population/not specified	Reproductive Mental Health Long-term care/aging	Opioid use among VA users
Salas, 2018 ⁸⁸³	Gender and the Association between Long-Term Prescription Opioid Use and New-Onset Depression	General population/not specified	General mental health	Opioid use among VA users
Cichowski, 2018 ⁸⁸⁴	A 10-yr Analysis of Chronic Pelvic Pain and Chronic Opioid Therapy in the Women Veteran Population	General population/not specified	Interpersonal Violence	Opioid use among VA users
Kroll-Desrosiers, 2016 ⁸⁸⁵	Receipt of Prescription Opioids in a National Sample of Pregnant Veterans Receiving Veterans Health Administration Care	General population/not specified	Health care organization/delivery of care for WVs Reproductive Mental Health	Opioid use among VA users
Martinson, 2020 ⁸⁸⁶	Factors associated with participation and nonparticipation in a VA Whole Health Primary Care Pain Education and Opioid Monitoring Program (PC-POP)	General population/not specified	N/a	Opioid use among VA users
Goldsmith, 2020 ⁸⁸⁷	Complementary, Integrative, and Nondrug Therapy Use for Pain Among US Military Veterans on Long-term Opioids	General population/not specified	N/a	Opioid use among VA users
Driscoll, 2017 ⁸⁸⁸	Examining Gender as a Correlate of Self-Reported Pain Treatment Use Among Recent Service Veterans with Deployment-Related Musculoskeletal Disorders	OEF/OIF/OND	N/a	Opioid use among VA users
Boyer, 2022 ²⁰²	Comparing Outpatient Opioids, High-Risk Prescribing, and Opioid Poisoning Between Transgender and Cisgender Veterans: A Cross-sectional Analysis	Transgender or gender nonbinary	Access to care/utilization	Opioid use among VA users
Naylor, 2019 ⁸⁸⁹	Pain Intensity and Pain Interference in Male and Female Iraq/Afghanistan-era Veterans	OEF/OIF/OND	N/a	Pain assessment and management

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Vigil, 2017 ²⁰³	How nurse gender influences patient priority assignments in US emergency departments	General population/not specified	Care Coordination Vital signs (heart rate and respiratory rate)	Pain assessment and management
Okvat, 2022 ³⁷⁰	Mindfulness-based training for women Veterans with chronic pain: A retrospective study	General population/not specified	Health care organization/delivery of care for WVs General mental health	Pain assessment and management
Nicosia, 2021 ⁸⁹⁰	Women Veterans' Experiences with Integrated, Biopsychosocial Pain Care: A Qualitative Study	General population/not specified	Health care organization/delivery of care for WVs VA Women's Health Workforce	Pain assessment and management
Evans, 2018 ⁸⁹¹	Gender Differences in Use of Complementary and Integrative Health by U.S. Military Veterans with Chronic Musculoskeletal Pain	General population/not specified	Access to care/utilization	Pain assessment and management
Corcoran, 2017 ⁸⁹²	Chiropractic Management for US Female Veterans With Low Back Pain: A Retrospective Study of Clinical Outcomes	General population/not specified	Chiropractic care	Pain assessment and management
Murphy, 2016 ⁸⁹³	Sex differences between Veterans participating in interdisciplinary chronic pain rehabilitation	General population/not specified	Health care organization/delivery of care for WVs	Pain assessment and management
Gibson, 2019 ⁸⁹⁴	Menopause symptoms and chronic pain in a national sample of midlife women Veterans	General population/not specified	Reproductive health	Risk factors for chronic pain
Arout, 2018 ²⁰¹	Gender Differences in the Prevalence of Fibromyalgia and in Concomitant Medical and Psychiatric Disorders: A National Veterans Health Administration Study	General population/not specified	N/a	Risk factors for chronic pain
Rogers, 2017 ²⁰⁰	Military Sexual Trauma in Female Veterans is Associated With Chronic Pain Conditions	General population/not specified	Interpersonal Violence	Risk factors for chronic pain
Nahin, 2017 ⁸⁹⁵	Severe Pain in Veterans: The Effect of Age and Sex, and Comparisons With the General Population	General population/not specified	Chronic medical conditions	Risk factors for chronic pain
Patel, 2016 ⁸⁹⁶	Association of Pain With Physical Function, Depressive Symptoms, Fatigue, and Sleep Quality Among Veteran and non-Veteran Postmenopausal Women	General population/not specified	General mental health Long-term care/aging	Risk factors for chronic pain
Higgins, 2016 ⁸⁹⁷	Prevalence and correlates of painful conditions and multimorbidity in national sample of overweight/obese Veterans	General population/not specified	Preventative health Chronic medical conditions	Risk factors for chronic pain

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Naylor, 2017 ⁸⁹⁸	Self-Reported Pain in Male and Female Iraq/Afghanistan-Era Veterans: Associations with Psychiatric Symptoms and Functioning	OEF/OIF/OND	Access to care/utilization General mental health	Risk factors for chronic pain
Green, 2017 ⁸⁹⁹	Cigarette Smoking and Musculoskeletal Pain Severity Among Male and Female Afghanistan/Iraq Era Veterans	OEF/OIF/OND	Substance Use	Risk factors for chronic pain
Buttner, 2017 ¹⁹⁹	Combat exposure and pain in male and female Afghanistan and Iraq Veterans: The role of mediators and moderators	OEF/OIF/OND	Other Violence	Risk factors for chronic pain
Mohanty, 2016 ⁹⁰⁰	Fibromyalgia syndrome care of Iraq- and Afghanistan-deployed Veterans in Veterans Health Administration	OEF/OIF/OND	Access to care/utilization Chronic Pain/Opioids	Risk factors for chronic pain
Higgins, 2022 ³³⁵	Risk Factors Associated with Health care Utilization for Spine Pain	General population/not specified	Access to care/utilization	Utilization among patients with chronic pain
Kroll-Desrosiers, 2023 ⁹⁰¹	Musculoskeletal Pain During Pregnancy Among Veterans: Associations With Health and Health Care Utilization	General population/not specified	Reproductive health	Utilization among patients with chronic pain
Driscoll, 2018 ²⁰⁴	Patient Experiences Navigating Chronic Pain Management in an Integrated Health Care System: A Qualitative Investigation of Women and Men	General population/not specified	Health care organization/delivery of care for WVs	Utilization among patients with chronic pain
Johnson, 2023 ¹⁹⁸	"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	Rural dwelling	Access to care/utilization	Utilization among patients with chronic pain
Hadlandsmayth, 2023 ²⁰⁵	Rurality impacts pain care for female Veterans similarly to male Veterans	Rural dwelling	Access to care/utilization SDOH	Utilization among patients with chronic pain
Long-Term Care/Aging				
Tabio, 2021 ²²⁴	Association of Lifetime TBI and Military Employment with Late Life ADL Functioning: A Population-Based Prospective Cohort Study	General population/not specified	Chronic medical conditions TBI	Functioning
LaCroix, 2016 ²²⁵	Aging Well Among Women Veterans Compared With Non-Veterans in the Women's Health Initiative	General population/not specified	N/a	Functioning

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Cheng, 2023 ²¹⁹	Cardiorespiratory fitness and risk of Alzheimer's disease and related dementias among American Veterans	General population/not specified	Preventative health	Cognitive function
Dinesh, 2023 ²¹⁵	The epidemiology of mild cognitive impairment, Alzheimer's disease and related dementia in U.S. Veterans	General population/not specified	N/a	Cognitive function
Eastman, 2022 ⁹⁰²	Sex Differences in the Risk of Dementia in Older Veterans	General population/not specified	N/a	Cognitive function
Padula, 2016 ²²⁰	Longitudinal Cognitive Trajectories of Women Veterans from the Women's Health Initiative Memory Study	General population/not specified	Reproductive health	Cognitive function
Yaffe, 2019 ²¹⁸	Military-related risk factors in female Veterans and risk of dementia	General population/not specified	General mental health	Cognitive function
Bahorik, 2021 ²¹⁶	Increased risk of dementia in older female US Veterans with alcohol use disorder	General population/not specified	Substance Use	Cognitive function
Kornblith, 2020 ²¹⁷	Sex, race, and risk of dementia diagnosis after traumatic brain injury among older Veterans	History of trauma	Chronic medical conditions	Cognitive function
Varilek, 2021 ²²³	Female Veteran Use of Palliative and Hospice Care: A Scoping Review	General population/not specified	Access to care/utilization Health care organization/delivery of care for WV	End of life care
West, 2022 ²²²	Advance Care Directive Preferences in Women Veterans: A Snapshot	General population/not specified	N/a	End of life care
Varilek, 2023 ²²¹	Analysis of Palliative Care Knowledge and Symptom Burden Among Female Veterans With Serious Illness: A Cross-Sectional Study	General population/not specified	Health care organization/delivery of care for WVs Long-term care/aging	End of life care
Orkaby, 2019 ²⁰⁹	The Burden of Frailty Among U.S. Veterans and Its Association With Mortality, 2002-2012	General population/not specified	N/a	Morbidity and mortality
Bernstein, 2022 ²⁰⁸	Estimating Median Survival Following Hip Fracture Among Geriatric Females: (100 - Patient Age) / 4	General population/not specified	N/a	Morbidity and mortality
Cho, 2016 ²¹¹	Protective and Risk Factors for 5-Year Survival in the Oldest Veterans: Data from the Veterans Health Administration	General population/not specified	Access to care/utilization Chronic medical conditions	Morbidity and mortality
Howard, 2021 ²¹³	Telomere shortening and accelerated aging in US military Veterans	General population/not specified	N/a	Morbidity and mortality

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Gonsoulin, 2017 ²¹²	A Health Profile of Senior-Aged Women Veterans: A Latent Class Analysis of Condition Clusters	General population/not specified	Chronic medical conditions	Morbidity and mortality
Washington, 2016 ²¹⁰	Military Generation and Its Relationship to Mortality in Women Veterans in the Women's Health Initiative	General population/not specified	General mental health Chronic medical conditions	Morbidity and mortality
Wong, 2019 ²⁰⁷	Racial/Ethnic Disparities in Mortality Across the Veterans Health Administration	Racial/ethnic minoritized; General population/not specified	Access to care/utilization Chronic medical conditions	Morbidity and mortality
Lehavot, 2016 ²⁰⁶	Mortality in Postmenopausal Women by Sexual Orientation and Veteran Status	Sexual minoritized populations; General population/not specified	Preventative health Chronic medical conditions	Morbidity and mortality
Weitlauf, 2023 ²¹⁴	Mortality of Women Vietnam War-Era Veterans	Vietnam	Preventative health Chronic medical conditions	Morbidity and mortality
Cancer				
Zullig, 2019 ²³²	Cancer Among Women Treated in the Veterans Affairs Health care System	General population/not specified	N/a	Non–sex-specific cancers
Zullig, 2017 ²³¹	Cancer Incidence Among Patients of the U.S. Veterans Affairs Health Care System: 2010 Update	General population/not specified	N/a	Non–sex-specific cancers
Bihn, 2023 ⁹⁰³	Brain Tumors in United States Military Veterans	General population/not specified	N/a	Non–sex-specific cancers
Demb, 2021 ²²⁷	Young-onset colorectal cancer risk among individuals with iron-deficiency anaemia and haematochezia	General population/not specified	Chronic medical conditions	Non–sex-specific cancers
Oppegaard, 2020 ²³³	Gender Differences in the Use of Engagement and Disengagement Coping Strategies in Patients With Cancer Receiving Chemotherapy	General population/not specified	General mental health	Non–sex-specific cancers
Jeon, 2022 ²²⁶	Prediction of Pancreatic Cancer in Diabetes Patients with Worsening Glycemic Control	General population/not specified	Preventative health	Non–sex-specific cancers
Gaffey, 2023 ²²⁸	Post-9/11 deployment history and the incidence of breast cancer among women Veterans	OEF/OIF/OND	Preventative health	Sex-specific cancers
Aggarwal, 2021 ⁹⁰⁴	Gender Disparity in Breast Cancer: A Veteran Population-Based Comparison	General population/not specified	N/a	Sex-specific cancers

Author, Year	Title	Target Population	Secondary Focus Area	Sub-Focus Area
Johnson, 2020 ²³⁰	The relationship between circulating lipids and breast cancer risk: A Mendelian randomization study	General population/not specified	Preventative health Chronic medical conditions	Sex-specific cancers
Azad, 2020 ⁹⁰⁵	Acute pain after breast surgery and reconstruction: A two-institution study of surgical factors influencing short-term pain outcomes	General population/not specified	Chronic Pain/Opioids	Sex-specific cancers
Hull, 2018 ²²⁹	Clinical Impact of 21-Gene Recurrence Score Test Within the Veterans Health Administration: Utilization and Receipt of Guideline-Concordant Care	General population/not specified	Health care organization/delivery of care for WVs	Sex-specific cancers
Zuchowski, 2017 ⁹⁰⁶	Coordinating Care Across Health Care Systems for Veterans With Gynecologic Malignancies: A Qualitative Analysis	General population/not specified	Reproductive health Care Coordination	Sex-specific cancers
Health Care Organization/Delivery of Care				
Fried, 2021 ²⁷⁷	Total and Per-Patient Fiscal Year 2013 VA Disability Compensation and Medical Care Expenditures and Utilization for Vietnam Era Veterans with Service-Connected Disabilities	Vietnam	Access to care/utilization	Cost of Care
Capitulo, 2023 ⁹⁰⁷	Voices of women Veterans: My Life, My Story	General population/not specified	Access to care/utilization	Population-specific care needs and preferences
Sheahan, 2022 ⁹⁰⁸	Women Veterans' Health care Needs, Utilization, and Preferences in Veterans Affairs Primary Care Settings	General population/not specified	Access to care/utilization Care Coordination	Population-specific care needs and preferences
Holzhauser, 2019 ⁹⁰⁹	Profiles of Clinical Need Among Homeless Individuals with Dual Diagnoses	People with experiences of homelessness	General mental health SDOH	Population-specific care needs and preferences
Sedlander, 2018 ⁹¹⁰	Veterans' Preferences for Remote Management of Chronic Conditions	General population/not specified	Chronic medical conditions remote management/telehealth	Population-specific care needs and preferences
Evans, 2018 ⁹¹¹	Psychosocial Factors that Shape Substance Abuse and Related Mental Health of Women Military Veterans who Use Community-Based Services	General population/not specified	Substance Use General mental health	Population-specific care needs and preferences
Brooks, 2016 ⁹¹²	Listening to the Patient: Women Veterans' Insights About Health Care Needs, Access, and Quality in Rural Areas	Rural dwelling	Access to care/utilization	Population-specific care needs and preferences

Author, Year	Title	Target Population	Secondary Focus Area	Sub-Focus Area
Whitbourne, 2023 ²⁸⁶	Overview of Efforts to Increase Women Enrollment in the Veterans Affairs Million Veteran Program	General population/not specified	VA Women's Health Workforce	Research methods
Nik-Ahd, 2023 ²⁷⁹	Seeing the unseen: how can we best identify transgender women within the Veterans Affairs health care system's electronic medical record?	Transgender or gender nonbinary	Preventative health gender affirming therapy	Research methods
Fan, 2023 ²⁸⁴	Recruiting Sexual and Gender Minority Veterans for Health Disparities Research: Recruitment Protocol of a Web-Based Prospective Cohort Study	Transgender or gender nonbinary; Sexual minoritized populations	N/a	Research methods
Chrystal, 2022 ²⁸⁵	Increasing Engagement of Women Veterans in Health Research	General population/not specified	N/a	Research methods
Blosnich, 2022 ²⁸¹	Concordance of Data About Sex From Electronic Health Records and the National Death Index: Implications for Transgender Populations	Transgender or gender nonbinary	SDOH all cause mortality	Research methods
Wolfe, 2021 ²⁸⁰	Validating Data-Driven Methods for Identifying Transgender Individuals in the Veterans Health Administration of the US Department of Veterans Affairs	Transgender or gender nonbinary	SDOH	Research methods
Golden, 2021 ²⁸⁷	Promoting learning health system feedback loops: Experience with a VA practice-based research network card study: VA Card Study Promotes Learning Health System	General population/not specified	N/a	Research methods
Goldstein, 2019 ²⁸³	Enrollment and Retention of Men and Women in Health Services Research and Development Trials	General population/not specified	Research methods	Research methods
Danan, 2019 ²⁸²	Evidence Map: Reporting of Results by Sex or Gender in Randomized, Controlled Trials with Women Veteran Participants (2008 to 2018)	General population/not specified	Research methods	Research methods
Blosnich, 2018 ²⁷⁸	Using clinician text notes in electronic medical record data to validate transgender-related diagnosis codes	Transgender or gender nonbinary	N/a	Research methods
Vincent, 2023 ²⁷²	Mind Full or Mindful? A Cohort Study of Equine-Facilitated Therapy for Women Veterans	General population/not specified	mindfulness	Service delivery

Author, Year	Title	Target Population	Secondary Focus Area	Sub-Focus Area
Tsui, 2023 ⁹¹³	Patient inequities in affording surgical resident operative autonomy at Veterans Affairs teaching hospitals, does it extend to female patients?	General population/not specified	N/a	Service delivery
Scheuner, 2022 ⁹¹⁴	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	General population/not specified	Preventative health Health care organization/delivery of care for WV	Service delivery
Lynch, 2021 ²⁵⁹	Variation in Sexual Orientation Documentation in a National Electronic Health Record System	Sexual minoritized populations; Racial/ethnic minoritized	SDOH	Service delivery
Moreau, 2020 ³⁷²	Women Veterans' Perspectives on How to Make Veterans Affairs Health care Settings More Welcoming to Women	General population/not specified	VA Women's Health Workforce Health care organization/delivery of care for WV	Service delivery
Gray, 2020 ⁹¹⁵	Understanding Variation in Availability and Provision of Minimally Invasive Hysterectomy: A Qualitative Study of Department of Veterans Affairs Gynecologists	General population/not specified	Access to care/utilization Reproductive health	Service delivery
Zickmund, 2018 ⁹¹⁶	Racial, Ethnic, and Gender Equity in Veteran Satisfaction with Health Care in the Veterans Affairs Health Care System	General population/not specified	SDOH Racial, Ethnic, and Gender Equity	Service delivery
Gawron, 2023 ²⁶³	Women's Health Provider Perspectives on Reproductive Services Provision in the Veterans Health Administration	Other: VA Staff	Reproductive health VA Women's Health Workforce	Service delivery
Than, 2022 ⁹¹⁷	Discontinuity of Women Veterans' Care in Patient-Centered Medical Homes: Does Workforce Gender Sensitivity Matter?	General population/not specified	Access to care/utilization	Service delivery
Hamilton, 2017 ²⁶²	Engaging multilevel stakeholders in an implementation trial of evidence-based quality improvement in VA women's health primary care	Other: VA staff	VA Women's Health Workforce	Service delivery
Yano, 2016 ²⁶¹	Cluster randomized trial of a multilevel evidence-based quality improvement approach to tailoring VA Patient Aligned Care Teams to the needs of women Veterans	General population/not specified	Access to care/utilization Care Coordination	Service delivery

Author, Year	Title	Target Population	Secondary Focus Area	Sub-Focus Area
Reddy, 2016 ⁹¹⁸	The Role of Organizational Factors in the Provision of Comprehensive Women's Health in the Veterans Health Administration	General population/not specified	Preventative health	Service delivery
Devine, 2020 ⁹¹⁹	Quality of life among women Veterans	General population/not specified	General mental health Interpersonal Violence	Service delivery
Vance, 2023 ⁹²⁰	Women Veterans' Descriptions of Interactions With Civilian Health Care Providers: A Qualitative Inquiry	General population/not specified	N/a	Service delivery
Rose, 2022 ³⁷³	Association Between Availability of Women's Health Services and Women Veterans' Care Experiences	General population/not specified	Access to care/utilization	Service delivery
Carlson, 2022 ²⁶⁵	What Drives Women Veterans' Trust in VA Health care Providers?	General population/not specified	Health care organization/delivery of care for WVs	Service delivery
Jones, 2021 ²⁶⁶	National Media Coverage of the Veterans Affairs Waitlist Scandal: Effects on Veterans' Distrust of the VA Health Care System	General population/not specified	N/a	Service delivery
Fleming, 2021 ⁹²¹	An Exploration into the Experiences of Female Veterans Who Attended Higher Ground Military Programming	General population/not specified	General mental health Chronic medical conditions	Service delivery
Shamaskin-Garroway, 2018 ²⁶⁷	"I Think It's Pretty Much the Same, as It Should Be": Perspectives of Inpatient Care Among Women Veterans	General population/not specified	Access to care/utilization Health care organization/delivery of care for WV	Service delivery
Mattocks, 2018 ²⁶⁸	Examining Women Veteran's Experiences, Perceptions, and Challenges With the Veterans Choice Program	General population/not specified	Access to care/utilization Reproductive health	Service delivery
Chanfreau-Coffinier, 2018 ²⁶⁴	Mental Health Screening Results Associated with Women Veterans' Ratings of Provider Communication, Trust, and Care Quality	General population/not specified	N/a	Service delivery
Trentalange, 2016 ²⁶⁰	Patient Perception of Enough Time Spent With Provider Is a Mechanism for Improving Women Veterans' Experiences With VA Outpatient Health Care	General population/not specified	VA Women's Health Workforce	Service delivery
Cannedy, 2023 ²⁶⁹	Coping with disruptive patients: Perspectives of primary care employees	Other: VA primary care providers	N/a	Service delivery

Author, Year	Title	Target Population	Secondary Focus Area	Sub-Focus Area
Hamilton, 2020 ⁹²²	Usual Care Among Providers Treating Women Veterans: Managing Complexity and Multimorbidity in the Era of Evidence-Based Practice	General population/not specified	Access to care/utilization	Service delivery
Meredith, 2017 ²⁷¹	Attitudes, Practices, and Experiences with Implementing a Patient-Centered Medical Home for Women Veterans	Other: PCP and primary care-affiliated staff in PCP or Women's Health Clinic	N/a	Service delivery
Chuang, 2017 ²⁷⁰	Challenges with Implementing a Patient-Centered Medical Home Model for Women Veterans	Other: VA providers/staff	VA Women's Health Workforce	Service delivery
Farkas, 2022 ²⁷⁶	Retaining Providers with Women's Health Expertise: Decreased Provider Loss Among VHA Women's Health Faculty Development Program Attendees	Other: VA Women's Health Primary Care Providers	WH education	Staffing and training of VA women's health care providers
Schwartz, 2021 ²⁷⁵	Retaining VA Women's Health Primary Care Providers: Work Setting Matters	Other: VA women's health PCP's	N/a	Staffing and training of VA women's health care providers
Sanders, 2022 ²⁷⁴	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	Rural dwelling; Other: Rural providers and nurses	Reproductive health	Staffing and training of VA women's health care providers
Baier Manwell, 2022 ³⁷¹	Mini-Residencies to Improve Care for Women Veterans: A Decade of Re-Educating Veterans Health Administration Primary Care Providers	General population/not specified	Preventative health	Staffing and training of VA women's health care providers
Than, 2020 ⁹²³	Understanding Gender Sensitivity of the Health Care Workforce at the Veterans Health Administration	General population/not specified	N/a	Staffing and training of VA women's health care providers
Zuchowski, 2017 ⁹²⁴	Drivers of Continuing Education Learning Preferences for Veterans Affairs Women's Health Primary Care Providers	General population/not specified	Health care organization/delivery of care for WVs	Staffing and training of VA women's health care providers
Shipherd, 2016 ²⁷³	Interdisciplinary Transgender Veteran Care: Development of a Core Curriculum for VHA Providers	Other: Provider sample	SDOH	Staffing and training of VA women's health care providers
Access to Care/Utilization				
Murdoch, 2021 ²⁹⁹	Reversals in initially denied Department of Veterans Affairs' PTSD disability claims after 17 years: a cohort study of gender differences	History of trauma	Health care organization/delivery of care for WVs General mental health	Disability claims

Author, Year	Title	Target Population	Secondary Focus Area	Sub-Focus Area
Chrystal, 2022 ²⁹⁰	Women Veterans' Attrition from the VA Health Care System	General population/not specified	Health care organization/delivery of care for WVs	General access to care/utilization
Baldomero, 2022 ²⁹²	Drive Time and Receipt of Guideline-Recommended Screening, Diagnosis, and Treatment	General population/not specified	Preventative health Chronic medical conditions	General access to care/utilization
Marshall, 2021 ⁹²⁵	The Focus They Deserve: Improving Women Veterans' Health Care Access	General population/not specified	Care Coordination VA Women's Health Workforce	General access to care/utilization
Weitlauf, 2020 ²⁹⁵	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	OEF/OIF/OND	Health care organization/delivery of care for WVs SDOH	General access to care/utilization
Vance, 2020 ⁹²⁶	Five-year trend in health care access and patient-reported health outcomes among women Veterans	General population/not specified	Chronic medical conditions	General access to care/utilization
Copeland, 2020 ²⁹⁴	Gender Differences in Newly Separated Veterans' Use of Health care	OEF/OIF/OND	N/a	General access to care/utilization
Brunner, 2020 ⁹²⁷	The role of health care system hassles in delaying or forgoing care	General population/not specified	N/a	General access to care/utilization
Newins, 2019 ⁹²⁸	Barriers to the use of Veterans Affairs health care services among female Veterans who served in Iraq and Afghanistan	OEF/OIF/OND	N/a	General access to care/utilization
Chanfreau-Coffinier, 2019 ⁹²⁹	Exploring the association of care fragmentation and patient ratings of care quality: A mediation analysis of women Veterans' experience with VA care	General population/not specified	N/a	General access to care/utilization
Narain, 2018 ²⁹¹	Access to Care and Health Outcomes Among Women Veterans Using Veterans Administration Health Care: Association With Food Insufficiency	General population/not specified	SDOH Food Insufficiency	General access to care/utilization
Brunner, 2018 ⁹³⁰	Patient-Rated Access to Needed Care: Patient-Centered Medical Home Principles Intertwined	General population/not specified	Health care organization/delivery of care for WVs	General access to care/utilization

Author, Year	Title	Target Population	Secondary Focus Area	Sub-Focus Area
Di Leone, 2016 ⁹³¹	Women's Veteran identity and utilization of VA health services	OEF/OIF/OND	Health care organization/delivery of care for WVs SDOH	General access to care/utilization
Davies, 2016 ²⁹³	Large-Scale No-Show Patterns and Distributions for Clinic Operational Research	General population/not specified	N/a	General access to care/utilization
Flike, 2023 ²⁸⁸	Systematic review of access to health care and social services among US women Veterans experiencing homelessness	People with experiences of homelessness	SDOH	Prioritized population specific utilization and access
Gawron, 2017 ⁹³²	Distance to Veterans Administration Medical Centers as a Barrier to Specialty Care for Homeless Women Veterans	People with experiences of homelessness	SDOH	Prioritized population specific utilization and access
Wolfe, 2023 ⁹³³	Barriers and Facilitators to Gender-affirming Hormone Therapy in the Veterans Health Administration	Transgender or gender nonbinary	Health care organization/delivery of care for WVs	Prioritized population specific utilization and access
Rose, 2023 ⁹³⁴	Trends in Feminizing Hormone Therapy for Transgender Patients, 2006-2017	Transgender or gender nonbinary	N/a	Prioritized population specific utilization and access
Hahn, 2023 ⁹³⁵	Primary sources of health care among LGBTQ+ Veterans: Findings from the Behavioral Risk Factor Surveillance System	Transgender or gender nonbinary; Sexual minoritized populations	N/a	Prioritized population specific utilization and access
Boyer, 2023 ⁹³⁶	Patient Experiences and Provider Perspectives on Accessing Gender-Affirming Surgical Services in the Veterans Health Administration	Transgender or gender nonbinary; Other: VA providers	N/a	Prioritized population specific utilization and access
Wolfe, 2022 ⁹³⁷	Patient Characteristics Associated with Receiving Gender-Affirming Hormone Therapy in the Veterans Health Administration	Transgender or gender nonbinary	N/a	Prioritized population specific utilization and access
Blosnich, 2019 ²⁸⁹	Utilization of the Veterans Affairs' Transgender E-consultation Program by Health Care Providers: Mixed-Methods Study	Other: VA providers	Health care organization/delivery of care for WVs transgender health	Prioritized population specific utilization and access
Shipherd, 2018 ⁹³⁸	Experiences in the Veterans Health Administration and Impact on Health care Utilization: Comparisons Between LGBT and Non-LGBT Women Veterans	Sexual minoritized populations	Harassment/discrimination	Prioritized population specific utilization and access
Dietert, 2017 ⁹³⁹	Addressing the Needs of Transgender Military Veterans: Better Access and More Comprehensive Care	Transgender or gender nonbinary	Health care organization/delivery of care for WVs	Prioritized population specific utilization and access

Author, Year	Title	Target Population	Secondary Focus Area	Sub-Focus Area
Rohs, 2023 ⁹⁴⁰	Perspectives of VA health care from rural women Veterans not enrolled in or using VA health care	Rural dwelling	SDOH	Prioritized population specific utilization and access
Cordasco, 2016 ⁹⁴¹	Health and Health Care Access of Rural Women Veterans: Findings From the National Survey of Women Veterans	Rural dwelling	N/a	Prioritized population specific utilization and access
Graham, 2023 ¹³	Evaluating rates of chiropractic use and utilization by patient sex within the United States Veterans Health Administration: a serial cross-sectional analysis	General population/not specified	N/a	Specific service access and utilization
Haskell, 2022 ²⁹⁶	Sex Differences in Use of a Clinical Complexity Measure to Predict Primary Care Utilization	OEF/OIF/OND	Health care organization/delivery of care for WVs Chronic medical conditions	Specific service access and utilization
Williams, 2018 ²⁹⁸	Clearing Away Past Wreckage: A Constructivist Grounded Theory of Identity and Mental Health Access by Female Veterans	General population/not specified	Health care organization/delivery of care for WVs General mental health	Specific service access and utilization
Moore, 2016 ²⁹⁷	Return-to-Work Outcome Rates of African American Versus White Veterans Served by State Vocational Rehabilitation Agencies	Racial/ethnic minoritized; General population/not specified	SDOH	Specific service access and utilization
<i>Social Determinates of Health</i>				
Nilini, 2023 ³⁰⁶	The impact of perceived everyday discrimination and income on racial and ethnic disparities in PTSD, depression, and anxiety among Veterans	Racial/ethnic minoritized	General mental health Harassment/discrimination	General or overlapping SDOH
Tynan, 2022 ³⁰⁹	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	History of trauma	N/a	General or overlapping SDOH
Ward, 2021 ⁹⁴²	Racial and Ethnic Disparities in U.S. Veteran Health Characteristics	General population/not specified	Access to care/utilization Care Coordination	General or overlapping SDOH
Blosnich, 2020 ³⁰⁷	Adverse social factors and all-cause mortality among male and female patients receiving care in the Veterans Health Administration	General population/not specified	all-cause mortality	General or overlapping SDOH
Gaska, 2018 ³⁰⁸	Patterns of Adverse Experiences and Health Outcomes Among Women Veterans	General population/not specified	Interpersonal Violence	General or overlapping SDOH

Author, Year	Title	Target Population	Secondary Focus Area	Sub-Focus Area
Kondo, 2017 ³⁰⁵	Health Disparities in Veterans: A Map of the Evidence	General population/not specified	Access to care/utilization Health care organization/delivery of care for WV	General or overlapping SDOH
Tsai, 2023 ⁹⁴³	Unmet needs of homeless U.S. Veterans by gender and race/ethnicity: Data from five annual surveys	People with experiences of homelessness	N/a	Housing instability
Short, 2023 ³⁰²	Female Veterans' risk factors for homelessness: A scoping review	People with experiences of homelessness	N/a	Housing instability
Liu, 2023 ³⁰⁴	Intimate Partner Violence Screening for Veterans Accessing Homelessness Services	People with experiences of homelessness	Health care organization/delivery of care for WVs Interpersonal Violence	Housing instability
Tsai, 2022 ⁹⁴⁴	Psychopharmacoepidemiology of antidepressant medications among homeless and unstably housed service users in the VA Veterans Affairs health care system	People with experiences of homelessness	Access to care/utilization General mental health	Housing instability
Tsai, 2021 ³⁰⁰	The Problem of Veteran Homelessness: An Update for the New Decade	People with experiences of homelessness	Access to care/utilization	Housing instability
Spinola, 2021 ⁹⁴⁵	A psychosocial mediational model of homelessness among U.S. male and female Veterans who served in Iraq and Afghanistan	People with experiences of homelessness; OEF/OIF/OND	N/a	Housing instability
Mulcahy, 2021 ⁹⁴⁶	Psychosocial risk factors for transitions into housing instability among women Veterans	People with experiences of homelessness; General population/not specified	N/a	Housing instability
Yu, 2020 ⁹⁴⁷	The Intersection of Interpersonal Violence and Housing Instability: Perspectives From Women Veterans	People with experiences of homelessness; Other: people with experiences of housing instability (including but not limited to homelessness)	Interpersonal Violence	Housing instability
Montgomery, 2020 ⁹⁴⁸	Use of Veterans Health Administration Homeless Programs Among Transgender and Non-Transgender Veterans Experiencing Self-Reported Housing Instability	Transgender or gender nonbinary	Access to care/utilization Chronic medical conditions	Housing instability
Felder, 2020 ⁹⁴⁹	The life course of homeless female Veterans: Qualitative study findings	People with experiences of homelessness	N/a	Housing instability
Carter, 2019 ⁹⁵⁰	Housing Instability Characteristics Among Transgender Veterans Cared for in the Veterans Health Administration, 2013-2016	Transgender or gender nonbinary	N/a	Housing instability

Author, Year	Title	Target Population	Secondary Focus Area	Sub-Focus Area
Montgomery, 2018 ⁹⁵¹	Recent Intimate Partner Violence and Housing Instability Among Women Veterans	People with experiences of homelessness; History of trauma	Interpersonal Violence	Housing instability
Dichter, 2017 ⁹⁵²	Intimate partner violence, unhealthy alcohol use, and housing instability among women Veterans in the Veterans Health Administration	General population/not specified	Substance Use Interpersonal Violence	Housing instability
Montgomery, 2016 ³⁰¹	Services Receipt Following Veteran Outpatients' Positive Screen for Homelessness	People with experiences of homelessness	Access to care/utilization	housing instability
Brignone, 2016 ³⁰³	Differential Risk for Homelessness Among US Male and Female Veterans With a Positive Screen for Military Sexual Trauma	History of trauma; General population/not specified	Interpersonal Violence	Housing instability
Scoglio, 2023 ³¹⁴	Social support over time for men and women Veterans with and without complex trauma histories	OEF/OIF/OND	General mental health	Other SDOH
Campbell, 2021 ⁹⁵³	Differences in functional and structural social support among female and male Veterans and civilians	General population/not specified	N/a	Other SDOH
Narain, 2018 ³¹⁶	The Association of Food Insufficiency with Patient Activation Among Women Veterans Using Veterans Administration Health care: a Cross-Sectional Analysis	General population/not specified	Preventative health Access to care/utilization	Other SDOH
McCall, 2018 ³¹⁵	Characteristics and Health Needs of Veterans in Jails and Prisons: What We Know and Do Not Know about Incarcerated Women Veterans	Justice-involved	Access to care/utilization Chronic medical conditions	Other SDOH
Hill, 2016 ³¹⁷	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 or gender nonbinary	General mental health Chronic medical conditions	Other SDOH
Carter, 2016 ³¹⁸	Racial and Ethnic Health Care Disparities Among Women in the Veterans Affairs Health care System: A Systematic Review	Racial/ethnic minoritized	Access to care/utilization N/a	Other SDOH
Boros, 2021 ⁹⁵⁴	Women Veterans after Transition to Civilian Life: An Interpretative Phenomenological Analysis	OEF/OIF/OND	General mental health Chronic medical conditions	Social outcomes
Sienkiewicz, 2020 ⁹⁵⁵	Examining the association between trauma exposure and work-related outcomes in women Veterans	History of trauma	General mental health Interpersonal Violence	Social outcomes

Author, Year	Title	Target Population	Secondary Focus Area	Sub-Focus Area
Hawkins, 2018 ³¹⁹	Contextual Facilitators and Barriers of Community Reintegration Among Injured Female Military Veterans: A Qualitative Study	History of trauma	Chronic medical conditions Injury	Social outcomes
Harassment				
Mattocks, 2020 ²⁵¹	Women Veterans' Experiences with Perceived Gender Bias in U.S. Department of Veterans Affairs Specialty Care	OEF/OIF/OND	Health care organization/delivery of care for WVs VA Women's Health Workforce	Harassment in VA
MacDonald, 2020 ²⁵³	Experiences of Perceived Gender-based Discrimination Among Women Veterans: Data From the ECUUN Study	General population/not specified	Health care organization/delivery of care for WVs SDOH	Harassment in VA
Stanton, 2022 ²⁵⁰	Combat exposure and mental health outcomes: The incremental impact of nonsexual harassment on women Veterans	History of trauma; OEF/OIF/OND	General mental health combat exposure	Other harassment
Reddy, 2016 ²⁵⁸	Does the Factor Structure of Military Sexual Stressors in Men Correspond to Women's? A Confirmatory Factor Analysis Using the Sexual Harassment Inventory	General population/not specified	N/a	Other harassment
Cannedy, 2022 ²⁵⁵	Managers' and Leaders' Perceptions of Sexual and Gender-Based Public Harassment in the Veterans Health Administration	Other: VA middle managers and facility leaders	Health care organization/delivery of care for WVs	Harassment in VA
Fenwick, 2021 ²⁵⁶	Staff and Patient Perspectives on Bystander Intervention Training to Address Patient-Initiated Sexual Harassment in Veterans Affairs Health care Settings	General population/not specified	Health care organization/delivery of care for WVs VA Women's Health Workforce	sexual/gender-based harassment in VA
Fenwick, 2021 ²⁵⁷	Women Veterans' Experiences of Harassment and Perceptions of Veterans Affairs Health Care Settings During a National Anti-Harassment Campaign	General population/not specified	Health care organization/delivery of care for WVs	Harassment in VA
Klap, 2019 ²⁵²	Prevalence of Stranger Harassment of Women Veterans at Veterans Affairs Medical Centers and Impacts on Delayed and Missed Care	General population/not specified	Access to care/utilization	Harassment in VA
Dyer, 2019 ²⁵⁴	Gender Differences in Veterans' Perceptions of Harassment on Veterans Health Administration Grounds	General population/not specified	Access to care/utilization Health care organization/delivery of care for WV	Harassment in VA

Author, Year	Title	Target Population	Secondary Focus Area	Sub-Focus Area
<i>Toxic Exposures</i>				
Krengel, 2021 ³²⁰	Neurotoxicant exposures and rates of Chronic Multisymptom Illness and Kansas Gulf War Illness criteria in Gulf War deployed women Veterans	Gulf War I	Chronic medical conditions	Toxic Exposures
Shinawi, 2019 ³²¹	Birth Defects Among 788 Children Born to Gulf War Veterans Based on Physical Examination	Gulf War I	Reproductive health	Toxic Exposures
Barth, 2016 ³²²	All-Cause Mortality Among US Veterans of the Persian Gulf War: 13-Year Follow-up	Gulf War I	Chronic medical conditions Long-term care/aging	Toxic Exposures

PEER REVIEW COMMENTS AND RESPONSES

Comment #	Reviewer #	Comment	Author Response
<i>Are the objectives, scope, and methods for this review clearly described?</i>			
1	1	Yes	Acknowledged
2	2	Yes	Acknowledged
3	3	Yes	Acknowledged
4	4	Yes	Acknowledged
5	5	Yes	Acknowledged
6	6	Yes	Acknowledged
7	7	Yes	Acknowledged
8	8	Yes	Acknowledged
<i>Is there any indication of bias in our synthesis of the evidence?</i>			
9	1	No	Acknowledged
10	2	No	Acknowledged
11	3	No	Acknowledged
12	4	No	Acknowledged
13	5	No	Acknowledged
14	6	No	Acknowledged
15	7	No	Acknowledged
16	8	No	Acknowledged
<i>Are there any published or unpublished studies that we may have overlooked?</i>			
17	1	No	Acknowledged
18	2	No	Acknowledged
19	3	No	Acknowledged
20	4	No	Acknowledged
21	5	No	Acknowledged
22	6	No	Acknowledged

Comment #	Reviewer #	Comment	Author Response
23	7	No	Acknowledged
24	8	No	Acknowledged
<i>Additional suggestions or comments can be provided below.</i>			
25	1	Excellent report I noted 2 typos: Page viii, 4th key finding the date 2008-2025 should be 2008-2015 page 40, line 37, it seems like the sentence ending with using....is missing words.	Thank you, these typos have been corrected.
26	2	Operational partner should be listed as Office of Women's Health, not WHRN. Consider including trauma/experiencing violence as a separate category rather than including under MH.	We have corrected the operational partner identification. We also organized our categories such that trauma and violence appear as a separate category from mental health as recommended.
27	2	I think it is important to note that there has only been a slight increase in studies of organizational structure/access/utilization and this remains a high priority area as we need continued evidence to support our models of care/or trials of different models of providing care to this complex population	We added access/utilization to areas of minimal growth in the first paragraph of the discussion. We edited language for clarity under the future research section to highlight access/utilization.
28	3	1. Citation on page 2 leaves off Adelaide who appears to be 1st author on pg 1; same issue on pg 4 under Authors (unless pg 1 is incorrect). Also on pg 1, odd to include MPH for Adelaide and none of other author degrees (e.g., MDs, PhDs).	This is the title page generated by the ESP submission portal and will not be included in the published version of the report.
29	3	2. Pg 7, as mentioned before, while WHRN did this topic nomination, it was on behalf of the Office of Women's Health (OWH) and the field, so am wondering whether this section should be amended since I am not an "operational partner" in VA terms. Same true for Dr. Rodriguez who is my deputy – also, please change her title to Deputy Director. On pg 12, under Current Review (lines 13-14), you note the review was requested by OWH, so just needs to be consistent. Can add OWH to front-end operational partners with WHRN tech support, but would then add WHRN under Current Review so consistent with each other.	We have corrected the identification of the operation partner.
30	3	3. Pg 8, Dr. Hamilton is a Research Career Scientist, not a Career Research Scientist. All HSR&D Centers should now be called HSR	The suggested changes have been made in the report.

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		Centers (e.g., line 30, line 47). Since some include academic affiliations, would make consistent. Hamilton is a Research Anthropologist, Department of Psychiatry & Biobehavioral Sciences, UCLA Geffen School of Medicine, as one example. Her role as Associate Director for Implementation Science is also a VA HSR Center role, not a VA Greater Los Angeles role. Bevanne left out her VA HSR Center role, so please add Core Investigator, VA HSR Center for the Study of Healthcare Innovation, Implementation & Policy to her affiliations. May want to add that she is a Staff Physician, Comprehensive Women's Health Center, at GLA rather than just staff physician at GLA.	
31	3	4. Pg 11, lines 5-7, may want to help reader by noting the "previous 7-year period" (2016-23 vs. 2008-15, both being 7-year periods so able to compare from that perspective). Lines 16-20, am confused by reference to a "2008-25 map" – suspect that is a typo and should be 2008-15 map. In same bullet, I am somewhat confused by "relatively few prioritized the inclusion of rural-dwelling Veterans..." compared to the increase in transgender/nonbinary Veteran literature. Does this mean there was less of an increase (less than 8-fold)? Or simply few rural WV papers? May want to add "(e.g., LGB+)" to "sexual minoritized Veterans" for clarity or some other way of anchoring term (don't feel strongly about it – sometimes this kind of clarification helps bring less-experienced readers along). Bottom line, not sure how to interpret this bullet. Pg 11, lines 22-23, was expecting this to sum to 100% (47+44=91), so if not WVs only and not mixed gender, what's left?	Thank you for these suggestions. They have been incorporated and the identified bullet was rewritten.
32	3	5. Pg 11, lines 25-26, having one of the largest areas of primary care be 'other mental health' makes me confused because I don't know what "other" means (what is it up against, trauma?). Consider adding an e.g., to clarify what is meant here so readers don't have read report to understand this key bullet. Line 31, should spell out NSSI here since it has not been described previously. Recommend inclusion of an e.g., after 'toxic exposures' as the apostrophes suggest it has a more specific meaning and readers won't know why without more context (adding "e.g., burn pits" would solve the problem) (this same issue comes up on pg 16, line 23 where there is never an example of what type of toxic exposures are relevant. Line 40, think it more accurate to note "Gaps" because no other section was described as gaps so saying "Additional gaps..." here gives one pause. Or be more explicit about other areas of gap(s) so the Additional makes sense. Lines 42-43, would make the "intersectional	We changed this category from 'other mental health' to 'general mental health' and we added some examples for this category and for the toxic exposure category. We spelled out NSSI in the bullets and clarified the Key Findings as suggested.

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		effects of chronic disease and conditions...” clearer – addition of the word “other” before “conditions” alone would help.	
33	3	6. Pg 11, lines 51-55 – the lead in phrase is about WVs’ sociodemographics and needs changing but the sentence after the colon is not about their needs changing (e.g., over time) but about their differences from men Veterans. This should be edited accordingly, e.g., describe how changing and/or change lead-in phrase to being about differences from men. Next sentence on lifespan doesn’t relate to sex/gender differences, so there is a logic flow issue here that the authors ought to be able to remedy easily but importantly. [Note: This same logical flow issue comes up on pg 22 under main report Background section not surprisingly, since it was probably written 1st – changes of WV demographics, etc., over time are not actually described other than perhaps that they have aged.]	We edited the wording in the identified section as well as the main report Background for clarity and to address flow issues.
34	3	7. How do you have 47% of the 933 articles with mixed-sex/gender (page 11, lines 22-23), while requiring that studies have “more than 75% WVs” on page 12, line 25? Were men relatively small samples in those studies? This is clearer in the Methods section (pg 23, lines 29-30) so would make comparably clear up front.	Addressed as noted above. Some studies included women Veterans, Veteran men, and women Civilians and included results disaggregated by WVs. We have rewritten this bullet.
35	3	8. Pg 12, like comment above about ‘other mental health’ it would be helpful to include an example for line 57 for ‘mental health not otherwise categorized.’	Note that we have renamed this category to “general mental health”. In addition, an example has been added.
36	3	9. Pg 14, line 57, think this is missing a word (e.g., “...found only 29 articulated targeted prioritized populations...” – is this “on targeted...” or “targeting”?). line 58, “common” repeated in sentence. “common conditions common among WVs...” – there may be a better way to phrase.	We have reworded both sentences for clarity.
37	3	10. Pg 15, preventive health – have general recollection that in last review, preventive care was a big gap area, which may be worth noting in discussion section.	Added a sentence to the first paragraph of the discussion addressing gaps that persisted between the 2008-2015 map and the current map.
38	3	11. Pg 16, lines 42-45, think this is a fragment – was looking for verb, not sure it’s there, like “was found” or “focused on” instead of focusing on.	Thank you, this has been updated to ‘focused on’ as suggested.

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39	3	12. Importance of Veteran engagement mentioned a couple of times but never anchored in why important, what it adds, and/or why especially important for WV research. Given that this work will likely to be used to inform future research, I think spending a little bit of time contextualizing why this is mentioned would be helpful to those of us supporting the field.	We have added additional rationale for this recommendation in the executive summary and the discussion of the main report under the "future research" sections.
40	3	13. Pg 17, under Future Research, mention is made of implementation trials but limited context is provided. Were there any published implementation trials over this time period? Would protocol papers have been excluded? Know there were protocol papers for 2-3 implementation trials during this time, but am assuming those were excluded (?), but sentence on lines 18-20 alludes to efficacy and implementation trials so thinking about whether this means more clinical research (efficacy instead of effectiveness) is needed and then taking of interventions and evidence-based practices to scale through implementation strategies. Might consider making this just a little more clear (e.g., efficacy signals clinical while effectiveness signals HSR).	Thank you for this question. We identified 11 implementation studies as part of this map. The wording in this future research section has been clarified.
41	3	14. Pg 22, lines 15-16, notes largest proportion of service-connected WVs are 18-44 years of age, but the most recent graphs I have seen suggest they are 45-64 years of age, so would be good to verify with the Women's Health Evaluation Initiative (Susan Frayne, MD, MPH), as a new WV Sourcebook will soon be out and it would be useful to have this map to the most recent data. Authors are framing a very large group here (18-44) with the comparison group being 45+. Think under Executive Summary, another age group was used, so double checking would be good here. The other distinction here is "service connected" so if another age group was referenced earlier, should be clearer (e.g., vs. eligible for low income?).	Double checked with most recent WV sourcebook vol. V data and edited for clarity.
42	3	15. Pg 22, line 33 – the PBRN is comprised of 76 VAs and has been for a number of years (rather than 73 noted here – noted citation #4 so maybe authors found link to an older version of WHRN executive summary (?). May want to point to the first VA WH services research agenda published in 2011 (2004 version was enterprise-wide, and map here focuses on HSR, so recommend giving HSR-centric agenda brief attention here as well: Yano EM, Bastian L, Bean-Mayberry B, Eisen S, Frayne SM, Hayes P, Lipson L, Mattocks K, McGlynn G, Sadler AN, Schnurr P, Washington DL. Using research to transform care for women Veterans: Advancing the	Number of WH-PBRNs updated and reference updated. Added additional information to provide an overview of the 2010 VA women's health services research agenda.

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		research agenda and enhancing research-clinical partnerships. Women's Health Issues. 2011;21(4 Suppl):S73-S83. (PMID:21724148) Also important since the topics in which this systematic review drew categories fit the 2nd agenda, not the first enterprise-wide one.	
43	3	16. Pg 22, lines 36-38: I'm aware of additional systematic reviews than these overviews, including several that relied on the last evidence map to do, for example, a systematic review of the VA reproductive health research literature (Katon JG et al). There was also one on effects of military service on women Veterans: Batuman F, Bean-Mayberry B, Goldzweig C, Huang C, Miake-Lye I, Washington DL, Yano EM, Zephyrin LC, Shekelle PG. Health effects of military service on women Veterans. VA Evidence Synthesis Program (Project # 05-226), Los Angeles, CA: May 2011. And ESP did several other systematic reviews focused on women Veterans but on specific elements (e.g., telehealth). I get that the systematic reviews and evidence map are the global ones, but readers may not make same distinction. May want to mention other systematic reviews on more specific topics within landscape of WVs research. [NOTE: I see that there is reference to these other reviews on pg 31, lines 12-16. Not sure how to help readers distinguish from ref made to two reviews and one map above except to emphasize that they were literature-wide instead of topically-focused.]	We agree that this is confusing and have reworded this sentence to clarify that we were referring to those articles that sought to summarize this field of literature broadly in similar or parallel way to the current map.
44	3	17. Figures are fantastic with respect to examining changes over time. Might consider making lines thicker (e.g., Fig 3 and 4). May want to change "preventative health" in Fig 4 to "preventive health" to be consistent with narrative.	We redrafted the figures with thicker lines and renamed the categories for consistency.
45	3	18. When I look at "assorted mental health" vs. IPV/MST (e.g., Fig 5), I pause because it's not immediately clear where PTSD lies. Solid proportion of WVs PTSD is MST-related. Think earlier section of report says much of the "other mental health" (which I guess is "assorted" mental health here? should be clarified) is PTSD (figure title says "other mental health" too so may want to make consistent throughout so readers don't wonder if "other" and "assorted" refer to different classifications. Would recommend making figures self-documenting if possible so that what fits in "assorted" or "other" mental health is clear without having to go elsewhere in report.	Given the multiple compelling reviewer comments on this topic we have made two significant changes. First, we have relabeled "assorted mental health" (sometimes previously labeled as "other mental health") as general mental health. We realize that this, too, is imperfect but we feel is more clear. Second, we have created a new high-level category for "trauma, violence, and stressful experiences" separate from the larger mental health

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			category. This new category will include interpersonal violence, other violence, and discrimination/harassment. PTSD will remain in the same category now labeled as "general mental health". We have clarified this organization throughout.
46	3	19. Pg 31, line 46, think the "a" should be taken out (referring to plural analyses). Also page 31, line 48, refers to an observational study of "N=46,112,675 Veterans" but there are only 16.2 million Veterans in the US as a whole, so this is confusing. Is it a global study? Or is this somehow a weighting issue? Pg 32, line 19, need a space between "1" and "was." I thought the standard was to spell out single digits like "1" (the authors do spell out "three" in the same sentence.	We have made the suggested changes and clarified that the 46,112,675 is observations and not individual Veterans.
47	3	20. Pg 33, table, line 14, with SDOH – wasn't there at least 1 SDOH paper? – if none, would put in zeros or N/A like the toxic exposures row below it. For harassment and discrimination, there is no number for the current map. Under post-deployment health, there is no prior map number for OIF/OEF/OND – none? Or N/A? same for rural-dwelling, lines 34-37. Line 33, Rural Health IS a WHRN strategic priority area (the priority area is called "access/rural health." So Rural Health should have a superscript "a" next to it as well. Not sure we call out homelessness in the research agenda and do not have a priority area for it currently, so think that superscripted "a" should probably be taken off. Page 33, line 46, would note that the proportion is similar (not the #). Pg 35, line 44, it is National Institutes of Health (rather than "Institute"). Pg 36, lines 6-9, says 4 new mental health related focus areas but five categories are noted. As noted previously, describing category of "other mental health" without ever saying what kinds of studies are there is not as helpful as it could be. Can authors characterize types of "other MH" conditions that reside therein? Pg 39, line 45, need space between "3" and "observational." Same on pg 41, line 58, space needed between "5" and "studies." I am sure I didn't catch all of these, so would be good if someone did another round of review with a "fine-toothed comb." Pg 43 top (bottom of table 6), again good to be consistent in term use (preventative vs. preventive).	We replaced this table with a figure that represents the changes in literature with more visual interest.

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48	3	<p>21. Pg 49, lines 7-9, says one study included only WVs with a N = 790,726 – as with another study that reports nearly four-fold higher numbers of Veterans than exist in US (not just beyond VA), there are not this many WVs in VA so this number left me wondering whether this was a study of all Veterans (not just VA users) OR if this is a weighted number rather than an actual number. Good to know since it calls into question intent/meaning without that extra piece of info. Same for pg 50, lines 16-17 (N=570,049). Pg 50, lines 7-8, looks like a word is missing in this sentence, e.g., “physical functioning WV compared...” (needs a “with” or something). Pg 51, lines 22-23, think this needs a semi-colon between the two sentences or addition of something like “with” between the two sentences to link them. Broadly, there are times reference numbers are before and sometimes after periods and commas, so consistency would be good (e.g., “...Initiative study225.” vs. “...and Veteran status.228” Pg 64, line 8, is there a number missing for “from both patients and staff...”? Sometimes WV is used as plural and sometimes it’s WVs. Personally, I prefer WVs to represent plural, but either way, would make this consistent throughout. Pg 65, lines 7-8, don’t think a dash should be between “gender” and “using” (don’t know what “gender-using admin data” are). Might consider an e.g., for the “1 described a specific approach to data collection from WVs.” (line 10, same pg).</p>	<p>Both are prevalence studies using VA Corporate Data Warehouse. Caloudas, 2022¹² pulled data for WVs from October 2019 to September 2020. Ninivaggio, 2018⁸²⁵ pulled data for WVs from 1997 to 2015.</p> <p>The editing suggestions have been addressed.</p>
49	3	<p>22. Discussion section – given that the volume of transgender/nonbinary research is still so very small, saying “By far, the greatest growth in research...” is about them torques findings in a way that brings far more attention to something where the numbers go from very small numbers to not so small numbers whereas other areas of research that are and continue to be more substantial sounds paltry in comparison. I would encourage authors to not over-emphasize the growth (going from 2-4 is 100% growth but it doesn’t mean it’s vastly more important or represents a dramatic shift in the literature). In this case, number of papers went from 4 to 32 but that’s still a very small literature, especially when one considers the n=933 denominator. If the authors are dead set on making this statement, I urge inclusion of a parenthetical that reminds the reader (who may take this finding out of context) that we are talking about going from 4 to 32 papers. As an epidemiologist, I would even point out that if you consider the change in denominator, the rate of publication for this</p>	<p>Reworded section for clarity and to avoid over-emphasizing the amount of literature focused on transgender and/or nonbinary Veterans.</p>

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		special population went from 4 out of 440 (or 0.9%) to 32 out of 933 (3.4%) (closer to a 3-fold increase) or something that reminds the reader that somehow transgender/nonbinary work didn't swamp the entire map.	
50	3	23. Discussion – another thing to consider, since WHRN was brought up, is that we have active national collaborative research work groups on repro health (including a repro MH subgroup), suicide prevention, LGBTQ+ Veterans, SUD, and harassment. We also sponsored journal supplements in 2019 (sex/gender differences in clinical trials and HSR studies), 2021 (suicide prevention), and 2023 (general WVs' research). We only recently launched work groups for menopause, women and aging, and women's military exposures so wouldn't expect/hypothesize impacts as yet. We support mental health research broadly and were directly involved in Congressionally mandated IPV work, and there is now an IPV work group overseen by an IPV research center (Portnoy GA, Director), which we indirectly support. I suspect these collaboratives and supplements contributed to growth in some of these areas. So on page 72, lines 23+, it may be worth noting that WHRN has supported collaboration in these priority areas as well. Just a thought.	We agree with the importance of highlighting these successful efforts that have supported the growth outlined in this report. We have added a description of these activities in the discussion.
51	3	24. Discussion page 72, lines 50-52, the 500 excluded articles that didn't report stratified outcomes by sex/gender are of interest and make me think about what it might take for us (outside of the context of this report) to do some investigator/author outreach to explore barriers to such reporting. Beyond scope of ESP work, but would it be possible to get access to these excluded papers to pilot test such an approach?	We added this to the future research section of discussion. ESP will make list of these articles available to OWH.
52	3	25. Discussion, page 73, lines 8-11 – sentence starting “While such resource-intensive trials...” is a tad hard to get through – had to read it several times and think it would probably be better to divide into a couple of sentences. Next sentence “This is especially true...” is also hard to understand – what are “clinical settings or populations of safety and benefit?” Next sentence a little rough too, e.g., it's a field of WVs research, rather than a field of literature I think (line 13). Sentence starting new paragraph same page line 19, doesn't jive. Evidence map is focused on WV then says implications go beyond VA. Do the authors mean evidence map is focused on WVs so the map's implications go beyond WVs to all women or all Veterans? Or is it that the evidence map chiefly focuses on WVs who use VA? If the latter, then the 2nd phrase works. Given the next	We have heavily revised this section of the discussion for clarity and readability and to reflect recommended edits.

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		<p>sentence starting “First, more WVs receive care outside of the VA” makes it seem like the “who use VA” phrase needs to be added to the 1st sentence of this paragraph to make sense. Line 25 should refer to “clinical” expertise. Lines 30-31, men also experience sexual trauma so may want to make note of that as well (i.e., gender tailoring goes both ways), and in fact we just had a VA HSR CDA funded to study a gender-tailored intervention for men with histories of MST. Line 33, “used by civilian populations” – remember Veterans are also civilians, so we typically have to say “non-Veteran civilian populations” to be more accurate and clear.</p>	
53	3	<p>26. Discussion, page 74, as noted above, please double check whether WVs are “reaching middle age” (line 9) vs. are already there based on the most recent age distribution data. Would consider noting importance of studying mental health/trauma overlay on women in midlife as they age and their chronic care management may be complicated therein. There’s very little literature as I recall on older WVs with PTSD (with the exception of the Longitudinal Vietnam WVs Study, which is no longer funded but from which papers still emerge). Line 23-25, may want to also note WRIISC WOMAN, which has (I think) substantially more funding than COURAGE and is focused on military exposures. It is based at VA Palo Alto and may be worth noting vis a vis the military exposures section, though I don’t think they have published that much as yet. Paragraph starting on line 39, would be good to put the onus of reporting by sex and gender on men Veterans’ research too – it seems that women’s health research bears the burden more in many editorials I’ve reviewed so it would be helpful to the field to add some sort of proviso that this admonition should be applied ORD-wide. New inclusion language is being added to all of the new ORD enterprise-wide RFAs so it’s not just our job to do this right and do it well. Page 75, lines 3-7, do you want to give a nod to the CSP-funded Women’s Enhanced Recruitment Process (WERP) which may contribute to improved inclusion of WVs in VA trials? Seems like a missed opportunity. Recognize this map is coming out of Dr. Goldstein’s group who is a WERP MPI, but I think this is worth noting and do not see that as a conflict of interest.</p>	<p>We altered language in the second paragraph in the future research section to reflect the population of WVs that are currently or will soon be middle age. We added language to highlight the importance of the MH contribution to chronic care management.</p> <p>We added in further details about other suggested VA programs such as WRIISC WOMAN and WERP where suggested.</p> <p>Updated the paragraph on line 39 (<i>ie</i>, fourth paragraph of the future research section) to reflect the need for all researchers to consider how they are reporting sex and gender.</p>
54	4	<p>Overall the team has done a tremendous job with this evidence map. For those of us who have been in the field for a while it is truly wonderful to</p>	<p>We agree that an analysis of first and senior authors would be interesting in</p>

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		see the immense growth in the literature, not just in terms of the number of articles, but also the variety of topics. I just have a few suggestions: 1) I thought that many of the figures were great, but the two that showed trends in topics overtime weren't that useful. The time period is relatively short and w COVID in the middle it is difficult to really draw any conclusions from these. I would be much more interested in an analysis like this that examined characteristics of first and sr authors in various topics overtime. Conversely, I found figures 5 and 6 very interesting. My only suggestion for these is that the topic categories go on the other side of the thick black line (e.g. left side for primary topic) so that they can be read more easily.	this growing field of literature though is outside the scope for this report. We are happy to provide the data collected on first and senior authors.
55	4	2) For several topics it was mentioned that a large portion of the papers came from one or more specific studies (e.g. WVCS, COMFORT, ECUUN). This is something I am encountering in a systematic review I am doing. In my mind this is both a strength and weakness of the literature (hampers replication of findings, can limit perspectives and innovation in study design, demonstrates really good use of existing data, potentially also demonstrates effective mentorship of early career folks by giving them access to data resources, may reflect a need for more funding for larger survey or cohort studies). Regardless I think it is worth commenting on.	This is a good observation and we have pointed to this in the future research section of the discussion.
56	4	3) Discussion section, page 55, line 49-50 I found the sentence that began "Yet, the proportion..." confusing. I understand the importance of reporting by sex and gender if you have a mixed sex or gender study and the team explicates that clearly in the remainder of the paragraph. Recommend deleting this sentence as I think the key support for their point is the subsequent sentence noting the 500 articles that were excluded as they did not report outcomes by sex or gender.	We have removed this sentence as suggested.
57	4	4) Discussion section page 55, lines 42-45. I am not sure that the reference to intersectionality here is appropriate. Most of the literature focuses on describing disparities by race/ethnicity, but the majority is not necessarily informed by the theory of intersectionality as posited by Dr. Crenshaw or by Black Feminism or Critical Race Theory. This concept is complex and involves much more than stratification by race and gender/sex. Therefore, I think invoking intersectionality based on fact that there is growing literature based on comparisons by race and sex/gender	We appreciate this point and have removed the reference to "interactional identities".

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		does this long lineage of intellectual thought and scholarship a disservice. I would either not use the term at all as I don't think its use is critical for the primary message of the paragraph. If you do opt to keep it, then add an appropriate set of citations (e.g. Dr. Crenshaw's article, Combahee River Collective, Patricia Hill Collins).	
58	4	5) I understand why the choice was made to use essentially the same categorizations as the initial evidence map, and this is particularly useful for VA researchers or ORD staff. However, to be more relevant to the conversation regarding women's health it would be really useful to also map the articles by topic/condition to the framework used by the recent NIH Perspectives on Advancing NIH Research to Inform and Improve the Health of Women report. This report categorizes conditions as: female specific, more common in women or morbidity is greater in women, potentially understudied in women, high morbidity for women. Such an approach would put this literature and the portfolio of women's health research in VA into perspective with what is going on more broadly in women's health research. This is particularly important given that VA was included in the recent WH Executive Order on Women's Health Research and would help to raise the profile of VA as a place where potentially innovative, unique, and high quality women's health research is happening. I realize that this may be too much additional work for this initial report, but I think it is worth doing either for this report or as a separate product.	This is an excellent idea and agree that this would be a valuable contribution to the literature though is outside of the scope of this specific report. We will explore opportunities to conduct such an analysis in the future.
59	5	- Report needs a table of contents and orientation to the tables at the end	The new standard ESP process is for the table of contents to be generated by the Coordinating Center once the report is finalized.
60	5	- Executive summary page viii - you note that reproductive health is both an area of growth and a gap - might clarify why both (related to peripartum period or not?)	The reproductive mental health section overall increased 3.7-fold compared to prior reports. Additionally, there are few papers in this section unrelated to the peripartum period.
61	5	- Executive summary page viii - isn't lack of implementation studies also a gap?	Implementation studies was added as a gap.

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62	5	- Executive summary page viii could benefit from some references in the background section	According to ESP style standards, references are not included in the executive summary.
63	5	- Executive summary page ix - clarify a bit when you had 1 vs 2 reviewers	This section of the executive summary methods has been clarified.
64	5	- Executive summary page ix and subsequent - I struggled with the category of "other mental health" esp given its prominence in the report. Why not separate out categories - esp given this includes PTSD. Since this is the first main result in the exec summ, at minimum I think you need to explain a bit more what went into this category	Please see above noted changes to the name of this section. In addition, we have expanded on this category in the results as suggested. We have also worked to reframe and define the, now named, general mental health focus area.
65	5	- It would be very helpful for ORD to have some analysis/summary by funding source (exec sum and expand on page 18)	We have added further information about funding sources to the executive summary and the results under the funding sources and engagement section.
66	5	- Might want to note the rationale for grouping violence with mental health	Note that we have regrouped trauma and violence as its own category and is no longer under mental health.
67	5	- Page xi - not clear why under substance use you state that there were few articles on OUD but on page xii you describe 30 studies on chronic pain/opioids. Assume difference in primary code?	The chronic pain/opioids section includes articles addressing pain management including the clinical use of opioids for pain management while the substance use focus area includes articles about opioids used as a part of a substance use disorder. This has been clarified in the report.
68	5	- page 5- please double check the 11% figure as I didn't think it was quite that high yet - but may have new data available	Double checked figure, changed to 10% with updated reference.
69	5	- page 5 - double check # PBRNs, I thought this was now 76	This was addressed above.
70		- Page 5, there have been more than 7 years since 2015	Changed to 8 years and added language for clarification.
71	5	- I have a hard time reading the figures - e.g, figure 4, 5 and others. Consider thicker lines or another way to make easier to interpret? These	The referenced figures have been adjusted - see response to above comment.

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		are important figures and recognize the challenge to visualize them - but not sure if there are alternatives	
72	5	- p 15, Table 2 - heading doesn't match with narrative	This table has been removed in the final report.
73	5	- page 33, reference to increase in studies on amputation - I bet the rehab groups would be interested to dig deeper to see if this is about prosthetics given congressional interest - might not be able to do anything here but just noting.	We have added some additional information about the number of amputation studies that also focused on prostheses.
74	5	- It would be Extremely helpful to have these findings in a searchable / tagged database! This would help us better answer Congressional inquires and much much more within ORD	Our team will work with OWH to provide the data for future use.
75	5	- Page 55, postpartum mood and pregnancy care aren't examples of increase in reproductive age in WV	This was edited for clarity in the final report.
76	5	- p 57, if going to call out the COURAGE, need to explain why this is relevant here etc p 57, was very surprised that so few studies discussed Veteran engagement but maybe they don't include this in the articles	Edited to clarify the relevance of COURAGE and other WH focused research groups. We were also surprised by the lack of discussion of Veteran engagement in the identified articles. We suspect this is underreporting and have noted the importance of this in the future research section.
77		This review is excellent. I have only fairly minor comments and suggestions, with the exception of one larger question about the categorization of research topics. Larger Issues: • My main set of comments focuses on how research topics were categorized. My comments and reactions are offered as “food for thought,” as I realize that a great deal of consideration went into how this research was categorized and I know that the authors are trying to keep categories as similar to prior categorization strategies (for the last evidence-map) as possible. o A major strength of this review as compared to the prior review (or evidence map) is that there is a more refined examination of the literature on mental health topics.	See above regarding categorization and labeling of MH topics.

Comment #	Reviewer #	Comment	Author Response
		o That said, it strikes this reader as strange to label the category with the most research in it as an “other” category (within the broader mental health category). I would consider relabeling this to be “mental health symptoms/conditions,” as the other subcategories in this category aren’t conditions per se.	
78	6	o In addition, some of the research that is categorized within the mental health domain focuses on exposures/stressors/traumas that are often examined as predictors of mental health outcomes (such as MST and IPV), but that can have consequences for many different aspects of Veterans’ lives, including their physical health. Likewise, it seems somewhat inconsistent to have MST in the mental health category and “harassment and discrimination” in another category when both can include persistent harassment experiences. These two issues combined with the placement of toxic exposures (another tricky one to categorize) made this reviewer wonder if there should be a separate (non-mental health specific) category for “stress/trauma/exposure that could include all of these topics. Again, I understand that a great deal of thought went into the current categorization and there are likely good reasons for why it was done the way it was so this is just offered for consideration.	We appreciate this suggestion and have created a new category of trauma, violence, and stressful experiences. We did not include toxic exposures in this new category given the distinct focus on this topic since the 2022 PACT Act.
79	6	• Key Findings – the comparison referenced in the fourth bullet is somewhat awkward and not very intuitive (why compare research on transgender Veterans to the three topics listed here)?	This bullet has been rewritten for clarity. This refers to populations targeted for inclusion which is why they were grouped together.
80	6	• Please rephrase the following sentence in the Methods Section of the Executive Summary as it is awkward -> “Publications with health care team members who provide care to WVs....”	This sentence has been rewritten for clarity.
81	6	• In same section – how are “Investigators” different from “Reviewers”?	Thank you, this has been updated to ‘reviewers’ throughout.
82	6	• The fact that relatively few studies have focused on depression/generalized anxiety is important given how commonly these conditions are experienced by women and the fact that they could potentially be experienced differently for women Veterans compared to non-women Veterans. For example, depression could be more strongly linked to suicide risk among women Veterans due to their greater access to firearms. This might be worth discussing as an area in need of further examination.	Added a sentence to the first paragraph of the discussion addressing gaps that persisted between the 2008-2015 map and the current map – which included depression/anxiety

Comment #	Reviewer #	Comment	Author Response
83		<ul style="list-style-type: none"> One of the recommendations from the prior review was for more research on women's experiences of combat and their consequences. I know that this is not a specific category in the current review and that the deployment stress category has been collapsed to be a broader OEF/OIF/OND category, but it does seem like part of the focus of the current review should be on evaluating whether the recommended research has been done. Is there any way to address this? Also, given the large number of studies focused on post-deployment health (now classified into the broader category of OEF/OIF/OND), it is somewhat surprising that there isn't more discussion of the findings of this research (with regard to post-deployment health issues). Or is this already sufficiently covered in the discussion of general health outcomes? 	We appreciate this point and seek to clarify that the OEF/OIF/OND category reflects those articles that specifically sought to include this era of Veterans based on our assessment of eligibility criteria. These 156 articles may or may not include a focus on deployment stress. This is a potential limitation based on the change from the last map and we have added this to the limitations section and mention that there were fewer than 10 articles specifically about combat exposure.
84		<ul style="list-style-type: none"> The authors introduce the concepts of systematic reviews and evidence maps but do not explain how they are different from one another. 	This sentence was rewritten for clarity as noted above.
85		<ul style="list-style-type: none"> Figure 1 indicates that no additional articles were identified from gray literature searches or expert recommendations which was surprising. Was it that there was no attempt to seek out expert recommendations? This might be fine but if so I would not list this category. 	ESP standard reporting is to use the PRISMA literature flow as is without changing the potential article sources.
86	6	<ul style="list-style-type: none"> For the excluded category in Figure 1 I would suggest identifying the articles as "other" types rather than as "wrong," which sounds kind of awkward. 	We changed this language to our usual term "ineligible".
87	6	<ul style="list-style-type: none"> For Figures 3 and 4, I wondered if it might be useful to examine change over longer periods of time than a year as there is always some natural (likely not very meaningful) fluctuation year to year. For example, perhaps the years could be grouped into two or three year periods? 	This would be an interesting visual representation of the data. However, given the relatively short window between 2016 and 2023, we have elected to show the data yearly rather than in two-year groups.
88	6	<ul style="list-style-type: none"> Table 2- shouldn't there be a number for harassment and discrimination studies? 	We are removing Table 2 in the final report.
89	6	<ul style="list-style-type: none"> Is toxic exposures really an access and utilization issue? 	We are removing Table 2 in the final report.
90	6	<ul style="list-style-type: none"> Figure 6 – this figure was somewhat hard to understand and it wasn't clear that it provided very useful info. 	We have added some additional description to orient the reader to the alluvial figure of prioritized populations and corresponding focus areas.

Comment #	Reviewer #	Comment	Author Response
91	6	• Page 20 – second full paragraph – the comparator for the first and last sentence should be specified.	We were unable to identify the relevant location for this comment. However, we have done some additional editing for the final report and may have addressed this comment.
92	6	• Reference to TVMI study on combat – was there really one only article on women’s exposure to combat during this timeframe?	There were 7 other papers reporting on women’s exposure to combat. These papers were categorized across other focus areas including general mental health ($k = 3$), chronic medical conditions ($k = 1$), chronic pain ($k = 1$), interpersonal violence ($k = 1$), and harassment/discrimination ($k = 1$).
93	6	• Last sentence of first paragraph on p. 57 – did you mean to say Table 10?	We updated the table numbering for the final report.
94	6	• Other design and reporting considerations in Table 10 – I would use the same sentence structure for each bullet in this section.	Thank you, this has been updated accordingly.
95	7	1. Page iv line 56-67: Deputy Director	This has been updated accordingly.
96	7	2. Page ix line 49: consider adding “on average” before “per year” (e.g., 117 on average per year)	Thank you, as recommended ‘per year’ has been added to this sentence for clarity.
97	7	3. Unsure if “reproductive mental health” (under mental health) is mutually exclusive from “reproductive health” (under medical conditions), or were those parsed out? I imagine there was maternal mental health work, for example. Perhaps warrants including a reminder note to make that clear as a footnote wherever that comes up even though you already do an excellent job of making things clear generally.	Articles were assigned to either reproductive mental health OR reproductive health depending on the stated objectives of the article or the framing. We acknowledge that there is some subjective nature to such decisions. We have clarified this throughout.
98	7	4. Page xi - 136 or 137 “chronic med conditions” papers? Discrepancy on page xi and page 10.	This discrepancy has been addressed ($k = 137$).
99	7	5. Page 5 lines 32-33: “...expansion of the WH-PBRN to 76 VA medical centers...”	Number updated and new reference provided

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100	7	6. Page 57 lines 2-57: consider adding a line about leveraging existing WV engagement resources like WHRN (e.g., WIN from Aim 3) for infusing WV engagement in research.	Examples of VA resources for engagement were added.
101	7	7. Page 58, lines -7: a possible strategy to improve the inclusion of women Veterans in trials might be to invest in a VA registry of women Veteran studies seeking recruitment.	Examples of strategies to increase inclusion of women Veterans were added.
102	7	8. Review for typos. Examples a. Page 169 line 19: "sytematic" b. "" line 43: "determin"	Thank you, the document has been checked and updated accordingly.
103	8	<p>This is excellent, clearly organized, well-written report describing the scope of women Veterans health research literature. The figures (particularly figures 3-6) and discussion section (for both the executive summary and full report) do an exceptional job of summarizing the key findings and gaps. The organization of results by topic in the main report is clear, thorough, and consistent.</p> <p>Minor questions/concerns: Results: (exec summary and full report page 11) - the review repeatedly compares the number of articles identified in the present and previous review to demonstrate growth in the literature. Authors should note the ways in which inclusion/exclusion criteria differed between the two reviews, as a more inclusive approach may also be responsible for the increase in publications identified (for example - the present review included systematic reviews and protocol papers, while the prior review excluded them).</p>	We agree with this reviewer's comment on the non-parallel comparison between the prior and current map. This is articulated in the limitations section but has also been emphasized in the executive summary as well.
104	8	I would appreciate an explanation for the decision to group PTSD, depression, and anxiety together in "other mental health" - along with very different conditions such as sleep and disordered eating. These seem quite distinct, and in the case of PTSD, particularly significant for women Veterans' research.	Please see above responses addressing this important issue.
105	8	Limitations: Please acknowledge the lack of dual review for all articles at full text and data abstraction as limitation and describe the potential consequences -- though this seems practically necessary given the sheer volume of included articles, single review may result in errors, omissions, or misclassifications. Noting the qualifications of individual reviewers or results of the 20% dual review (ie, proportion with discrepancies or disagreement) may offer some reassurance to the reader.	We have added this to the limitations section.

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106	8	Grammatical/copy-edit: Executive Summary Methods Page ix, line 35-37 mentions data "abstraction" and then "extraction" in the subsequent sentence - are these distinct concepts? How do they differ?	The document has been updated to use 'extraction' rather than 'abstraction'.
107	8	"Men Veterans" is a grammatically uncomfortable phrase, because men is not an adjective (women is also not an adjective, but is much more commonly used this way). Would prefer to see "women Veterans" and "male Veterans."	The document has been updated to use the term 'Veteran men' throughout, for consistency with 'women Veterans', rather than conflating terms for sex and gender across the two populations.
108	8	There is an extra space lines 26-27 page 57 of Discussion	Thank you, this extra space has been removed and the rest of the document check for similar instances.