

# An Evidence Map of the Women Veterans' Health Research Literature (2008–2015)

Elisheva R. Danan, MD, MPH<sup>1,2</sup>, Erin E. Krebs, MD, MPH<sup>1,2</sup>, Kristine Ensrud, MD, MPH<sup>1,2</sup>, Eva Koeller, BA<sup>1</sup>, Roderick MacDonald, MS<sup>1</sup>, Tina Velasquez, MS<sup>1</sup>, Nancy Greer, PhD<sup>1</sup>, and Timothy J. Wilt, MD, MPH<sup>1,2</sup>

<sup>1</sup>VA HSR&D Center for Chronic Disease Outcomes Research, Minneapolis VA Healthcare System, Minneapolis, MN, USA; <sup>2</sup>Department of Medicine, University of Minnesota Medical School, Minneapolis, MN, USA.

**BACKGROUND:** Women comprise a growing proportion of Veterans seeking care at Veterans Affairs (VA) healthcare facilities. VA initiatives have accelerated changes in services for female Veterans, yet the corresponding literature has not been systematically reviewed since 2008. In 2015, VA Women's Health Services and the VA Women's Health Research Network requested an updated literature review to facilitate policy and research planning.

**METHODS:** The Minneapolis VA Evidence-based Synthesis Program performed a systematic search of research related to female Veterans' health published from 2008 through 2015. We extracted study characteristics including healthcare topic, design, sample size and proportion female, research setting, and funding source. We created an evidence map by organizing and presenting results within and across healthcare topics, and describing patterns, strengths, and gaps.

**RESULTS:** We identified 2276 abstracts and assessed each for relevance. We excluded 1092 abstracts and reviewed 1184 full-text articles; 750 were excluded. Of 440 included articles, 208 (47%) were related to mental health, particularly post-traumatic stress disorder (71 articles), military sexual trauma (37 articles), and substance abuse (20 articles). The number of articles addressing VA priority topic areas increased over time, including reproductive health, healthcare organization and delivery, access and utilization, and post-deployment health. Three or fewer articles addressed each of the common chronic diseases: diabetes, hypertension, depression, or anxiety. Nearly 400 articles (90%) used an observational design. Eight articles (2%) described randomized trials.

**CONCLUSIONS:** Our evidence map summarizes patterns, progress, and growth in the female Veterans' health and healthcare literature. Observational studies in mental health make up the majority of research. A focus on primary care delivery over clinical topics in primary care and a lack of sex-specific results for studies that include men and women have contributed to research gaps in addressing common chronic diseases. Interventional research using randomized trials is needed.

J Gen Intern Med 32(12):1359–76

DOI: 10.1007/s11606-017-4152-5

© 2017. This article is an open access publication

---

Received February 4, 2017

Revised June 8, 2017

Accepted July 27, 2017

Published online September 14, 2017

## INTRODUCTION

Despite serving in or alongside the US military since the Revolutionary War, women have experienced unequal access to Veterans Affairs (VA) benefits, and few women used the VA healthcare system prior to the early 1980s.<sup>1</sup> In the subsequent 30 years, clinical, research, and policy initiatives have sought to improve the quality and accessibility of evidence-based healthcare for female Veterans.<sup>2</sup> Today, women are the fastest-growing population of US Veterans receiving VA healthcare.<sup>3</sup>

When the literature related to female Veterans' health and healthcare was last reviewed in 2008,<sup>4–6</sup> the authors encountered a rapidly emerging field of research. They described growth in research related to access, utilization, and organizational quality, but identified gaps in research related to chronic physical and mental health conditions, complex combinations of disease, pregnancy and aging, traumatic brain injury, co-managed mental and physical preventive care, and post-deployment transitional health. Subsequently, the VA women's health landscape has changed substantially. In 2008, the national Women's Health Services (WHS) program was established to oversee clinical initiatives, such as the provision of comprehensive women's healthcare (including general and gender-specific care) at a single site from a single provider.<sup>3</sup> The VA Women's Health Research Network (WHRN) was created in 2010 to fill knowledge gaps in the evidence base related to female Veterans' health and healthcare.<sup>7</sup> Based in part on the results of the previous review,<sup>5</sup> the WHRN prioritized research on six key topic areas: (1) mental health, (2) primary care and prevention, (3) reproductive health, (4) complex chronic conditions/aging and long-term care, (5) access to care and rural health, and (6) post-deployment health.<sup>8</sup>

In this paper, we present an evidence map of the existing literature related to female Veterans' health and healthcare published from 2008 through 2015, based on a VA Evidence-based Synthesis Program (ESP) report available at <http://vaww.hsrp.research.va.gov/publications/esp/womens-health2.cfm>. This review was requested jointly by VA WHS and the VA WHRN.

## METHODS

Evidence maps identify and organize the existing literature within a broad subject area to facilitate future research and

policy planning. Given the interval growth and expansive scope of the literature related to female Veterans' health and healthcare, we elected to create an evidence map rather than perform a traditional systematic review. A systematic review typically addresses a specific research question within a narrowly defined population. Our operational partners in the clinical and research offices of women's health at the VA asked us to instead describe all facets of the female Veterans' health literature. Key features of an evidence map include early involvement of stakeholders, a systematic search strategy, and a visual representation that presents the identified literature.<sup>9</sup> Evidence maps do not involve assessing study quality or risk of bias, or extracting, evaluating, or synthesizing study findings.<sup>10</sup> We describe multiple characteristics of the literature but provide a limited assessment of research quality.

### Data Sources and Searches

We searched MEDLINE (Ovid), the Cumulative Index to Nursing and Allied Health Literature (CINAHL), and the VA Health Services Research and Development database for articles published between January 2008 and December 2015. The previous review period ended in September 2008, allowing a short overlap period to capture pending or unindexed publications. The search included the Medical Subject Headings (MeSH) terms Women; Women's Health; Women's Health Services; Veterans; Veterans Health; and Hospitals, Veterans.

### Study Selection

We excluded studies that were not relevant to health/healthcare, did not include female US Veterans, or only included active duty military. Studies with fewer than 100 participants were excluded if less than 10% of participants were women, and studies with 100 to 1000 participants were excluded if less than 5% were women. Studies with more than 1000 participants were eligible if they included any women. For studies with a female or Veteran proportion < 75% of the total study population, we excluded studies that did not stratify results by sex or Veteran status, respectively. We also excluded case reports, letters, meeting abstracts, dissertations, editorials, reviews, conceptual frameworks, and protocols.

Abstracts were independently reviewed by a trained investigator (ED and NG) or research associate (EK, TV, and RM). A random selection of 18% (404 abstracts) were dual-reviewed; for these, agreement on inclusion was 87% ( $\kappa = 0.747$ ), which is considered by convention to be substantial or moderate agreement.<sup>11</sup> The full texts of eligible studies were then independently reviewed for inclusion by an investigator or research associate. A second reviewer independently reviewed a 10% random sample of full-text articles, as well as any additional articles that the original reviewer requested. If the two reviewers disagreed, a group arbitration system was used.

### Data Abstraction

For each included study, 15 study characteristics were extracted onto evidence tables by one investigator or research associate. We selected and defined these study characteristics after discussion with key stakeholders in the clinical and research offices of women's health at the VA and an expert panel composed of VA women's healthcare providers and researchers, and then refined the categories within each study characteristic through multiple small subsample extractions. The characteristics extracted were healthcare topic, study design, sample size and proportion female, reporting of age and race, focus on special populations (e.g., lesbian, gay, bisexual, and transgender (LGBT), racial and ethnic minorities, or homeless Veterans), follow-up/duration, research setting, use of electronic health record, period of service, Veteran engagement (i.e., participation of patients in the design or conduct of the study), population studied, type of outcomes reported, publication year, and funding source. Each included study was designated one of 39 healthcare topics based on the primary focus of the article, and we grouped these under four subheadings (Table 1). Articles that reported on physical or mental health topics but primarily addressed issues of prevention and screening, healthcare organization and delivery, access and utilization, homelessness, or post-deployment health were placed in the latter groupings. We then performed an iterative, cross-tabular review of the abstracted data. A randomly selected 10% sample of studies were individually dual-reviewed across each column of study characteristics. Inter-rater discrepancies were noted within particular columns that relied on subjective interpretation. We addressed discrepancies by either reducing category granularity (e.g., we collapsed all observational studies except prospective cohort studies into a single grouping) or assigning two researchers to dual review all the studies grouped within a particular category, in order to ensure consistent assignment within each column. The principal investigator verified categorizations and addressed inconsistencies while summarizing the findings by study characteristics.

### Data Synthesis and Analysis

We sorted and compared studies by healthcare topic, study design, sample size and proportion female, publication year, and funding source.

## RESULTS OF LITERATURE SEARCH

We reviewed 2276 abstracts, excluded 1092, and reviewed the full text of 1184 references (Fig. 1). During full-text review we excluded 750 articles, leaving 434 eligible for inclusion. An additional six studies not found by our literature search were identified by searching references of 11 systematic reviews or during peer review of the draft report, bringing the total number of included references to 440 (Appendix A).

**Table 1 Healthcare Topics**

Healthcare Topics	Number of Studies		
Mental Health <i>Total: 208 articles</i>	PTSD and trauma	71	
	Military sexual trauma	37	
	Mental health comorbid with non-mental health	23	
	Substance abuse	20	
	Multiple mental health diagnoses	16	
	Suicide	13	
	Intimate partner violence	9	
	Disordered eating	5	
	Depression and anxiety	4	
	Reproductive mental health	4	
	Serious mental illness	3	
	Personality disorders	0	
	Other mental health topics	3	
	Physical Health <i>Total: 133 articles</i>	Reproductive health	24
		Prevention/Screening	18
Long-term care/aging		13	
Cardiovascular disease		11	
Obesity		9	
Chronic pain		7	
Comorbid medical conditions		7	
Cancer		6	
Tobacco		6	
Traumatic brain injury		5	
HIV/AIDS		5	
Multiple sclerosis		4	
Diabetes		3	
Spinal cord injury		1	
Traumatic amputations		1	
Hypertension		0	
Other medical conditions		13	
Healthcare Organization and Delivery <i>Total: 31 articles</i>	Comprehensive and primary care delivery	16	
	Mental healthcare delivery	9	
	Emergency care delivery	3	
	Virtual or telehealthcare delivery	3	
Access, Utilization & Post-Deployment Health <i>Total: 57 articles</i>	Post-deployment health	18	
	Barriers and facilitators of care	13	
	Homelessness	12	
	Healthcare utilization	11	
Rural healthcare	3		
Other	11		
TOTAL NUMBER OF INCLUDED STUDIES	440		

## SUMMARY OF RESULTS

An overall visual representation of the included studies by healthcare topic subheading, sample size and proportion female, and study design is presented in Figure 2.

*Healthcare topic:* Most studies were related to mental health (208/440, 47%) or physical health conditions (133/440, 30%; Table 1).

### Mental Health Conditions

Mental health articles were dominated by conditions often associated with military service, primarily post-traumatic stress disorder (PTSD) (71/208, 34%), military sexual trauma (MST) (37/208, 18%), and substance abuse (20/208, 10%). Four observational studies primarily addressed depression (3)

and anxiety (1), and eight others addressed depression comorbid with other mental or physical health conditions. Four articles described reproductive mental health issues (e.g., postpartum depression). Twelve articles presented the primary findings (4 studies) or secondary analyses (8 studies) of randomized trials related to PTSD, MST, or multiple mental health diagnoses.

### Physical Health Conditions

No specific clinical condition dominated the physical health articles, and few articles were found regarding common chronic conditions such as obesity (9), chronic pain (7), diabetes (3), and hypertension (0). The four most common topics were prevention and screening, reproductive health, long-term care and aging, and cardiovascular disease; together, they made up half (66/133, 50%) of the physical health articles. Though most studies were observational, there was one randomized controlled trial (RCT) on mammography screening promotion among women Veterans published in 2008,<sup>12</sup> three subsequent secondary analyses of that study, and one small, single-site 6-month RCT of aerobic exercise for mild cognitive impairment.<sup>13</sup>

### Healthcare Organization and Delivery

Thirty-one studies evaluated healthcare organization and delivery, 45% of which were published in 2015. These studies described the challenges, methods, and outcomes related to healthcare delivery for female Veterans. Half focused on comprehensive primary care for female Veterans, including a single VA-funded RCT of VA healthcare providers that tested the effects of a 30-min computerized educational program on gender awareness.<sup>14</sup> We identified nine studies related to mental healthcare delivery for female Veterans, and three studies each related to emergency care delivery and virtual or telehealthcare delivery methods.

### Access, Utilization, and Post-Deployment Health

We identified 57 articles related to access and utilization (24), rural healthcare (3), homelessness (12), or post-deployment health (18). The access and utilization studies assessed barriers to care related to homelessness, mental healthcare, financial concerns, and factors that explain delayed care and attrition, and described VA and non-VA healthcare utilization. Over a third of these specifically addressed Veterans of Iraq and Afghanistan conflicts (9/24, 38%). Nearly half of the 18 studies related to post-deployment health (44%) were published in 2015. One large VA-funded RCT studied the impact of online expressive writing on readjustment difficulties among Veterans of Iraq and Afghanistan conflicts.<sup>15</sup>

*Participants.* Most studies had over 1000 participants (249/440, 57%). Of the 249 large studies, 71% utilized the VA



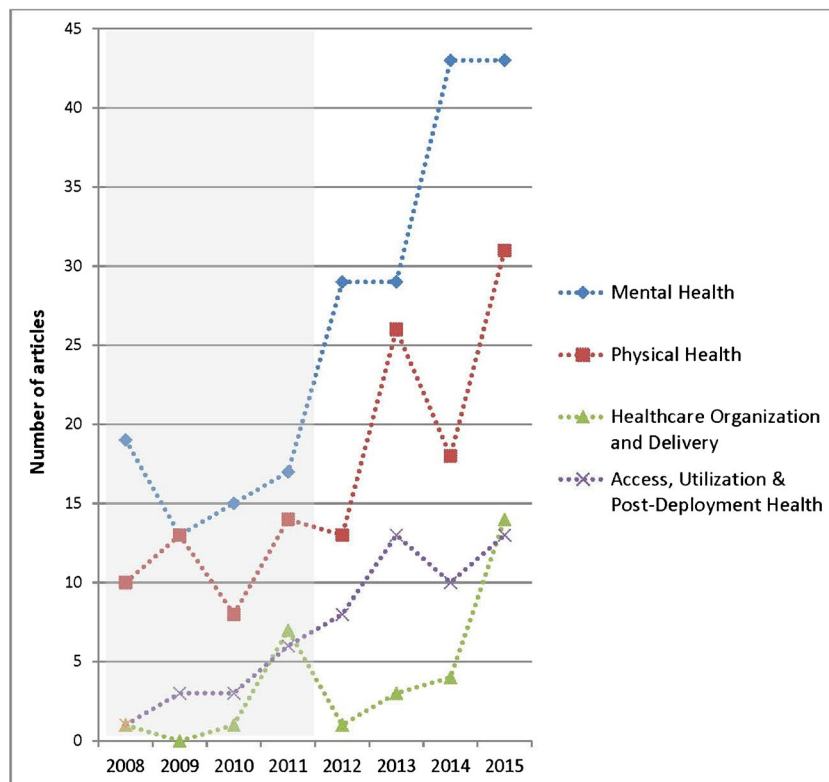
**Study Design.** Most studies (398/440, 90%) utilized an observational research design such as a cohort, cross-sectional, or case-control design. Eight studies described the primary findings of RCTs, five of which were published since 2013. The two trials published in 2008<sup>12, 14</sup> were also identified in the previous review.<sup>5</sup> Five percent (22/440) of articles were qualitative studies involving in-depth interviews or focus groups, nearly half of which were published in 2015. None of the included articles described significant patient or Veteran engagement in the study design or implementation.

**Publication Year.** The number of articles published per year grew over the 8-year review period (Fig. 3). From 2008 to 2011, 135 articles were published, whereas from 2012 to 2015 more than double that number (305 articles) were published. More articles were published in 2015 (101), than in 2008, 2009, and 2010 combined. Several infrequently studied healthcare topics prioritized by the WHRN in 2011<sup>8</sup> grew rapidly thereafter, including reproductive health, healthcare organization and delivery, access and utilization, and post-deployment health. Two healthcare topics did not follow the pattern of increasing publications after prioritization by the WHRN: long-term care and aging, and prevention and screening. Long-term care and aging showed no change over time. Prevention and screening was the only topic with a drop in

research over time, from 11 articles published during the first half of the review period to seven during the second half.

**Funding Source.** Overall, 69% of articles (302/440) reported VA funding. Less than 7% had Department of Defense (DOD) funding (29/440). Fifteen percent (65/440) reported funding from other governmental sources, such as the National Institutes of Health (NIH). A small number of studies reported foundation (24/440, 5%) or university (18/440, 4%) funding. Less than 2% (7/440) of studies explicitly stated that they were unfunded (all observational), and only four studies (4/440, <1%) reported industry (all pharmaceutical) funding. Some studies reported more than one funding source, but 20% did not specify any funding.

Funding sources varied somewhat by healthcare topic. Whereas around 80% of reproductive health (20/24), healthcare organization and delivery (25/31), and access and utilization (19/24) articles were VA-funded, only about half of prevention and screening (10/18), post-deployment health (9/18), and homelessness articles (6/12) were VA-funded. Two-thirds of articles (19/29, 66%) with DOD funding addressed mental health issues, while just under half of articles (29/64, 45%) with other governmental funding addressed physical health issues. Articles about post-deployment health (7/18, 39%) and homelessness (5/12, 42%) were most likely to not specify a funding source.



**Fig. 3** Number of Articles Published by Year and Healthcare Topic. \* The VA Women’s Health Research Network was established in 2010 and published a priority research agenda in 2011.

## DISCUSSION

Our evidence map describes the broad field of research related to female Veterans' health and healthcare published between 2008 and 2015. The majority of identified studies were observational VA-funded studies, and nearly half were related to mental health conditions. We observed increased research in some priority topic areas, such as reproductive health, healthcare organization and delivery, access and utilization, and post-deployment health. However, we found few studies related to common chronic conditions seen in primary care and limited progress from observational to interventional research.

### Advances in Research Priorities

In 2011, the VA WHRN set forth an ambitious research agenda with six key topic areas: (1) mental health, (2) primary care and prevention (including primary care delivery), (3) reproductive health, (4) complex chronic conditions/aging and long-term care, (5) access to care and rural health, and (6) post-deployment health.<sup>8</sup> We found evidence that four of these areas advanced considerably in subsequent years, as did the subsection of primary care related to healthcare delivery. Complex chronic conditions/aging and long-term care, and the remainder of primary care and prevention, did not show substantial growth and are addressed separately below.

Mental health articles continue to dominate the VA women's health literature (47% of studies), consistent with the previous review (85/195, 44%).<sup>5</sup> PTSD studies remain prominent but now represent only one-third of mental health research, compared with nearly half in the previous review.<sup>5</sup> In contrast, sexual trauma and substance abuse have grown considerably as a proportion of mental health research.<sup>5</sup> Research related to the delivery of comprehensive primary care for female Veterans shows evidence of coordinated growth, involving varied viewpoints (providers, Veterans, vulnerable subpopulations) and multiple methodologies (observational studies, qualitative studies, and an RCT). Several other topic areas (reproductive health, access to care, rural health, and post-deployment health) with little research at the outset of our study period have grown dramatically in number of publications since being named research priorities, with publication counts rising as much as seven-fold.

The VA WHRN has also emphasized research related to particular subpopulations of female Veterans. Returning Veterans of Iraq and Afghanistan conflicts make up one-third of living female US Veterans.<sup>16</sup> Over one-fifth of included articles targeted Veterans of those conflicts, and three-quarters of those have been published since 2012. The majority of studies addressing LGBT Veterans, racial and ethnic minorities, and homeless Veterans have also been published since 2012.

The overall increase in publications in recent years can be at least partially attributed to VA-funded journal supplements in

2011,<sup>7</sup> 2013,<sup>17</sup> and 2015.<sup>18</sup> The proportion of female Veterans' health research that is VA-funded has also grown from 45% (studies from 1978 to 2004)<sup>4</sup> to 60% (2004–2008)<sup>5</sup> to 69% of studies in this review (2008–2015).

### Gaps in the Literature

We identified five primary gaps: research on common chronic disease topics, sex-specific results reporting, interventional study design, funding reporting, and Veteran engagement. First, several topics had surprisingly little research relative to their clinical prevalence—specifically, physical health topics in primary care and chronic disease, prevention and screening, and long-term care and aging. For example, we found no studies with a primary focus on hypertension though hypertension affects nearly 40% of middle-aged female Veterans in the VA and over 60% of those over 65.<sup>3</sup> Controlling hypertension and other cardiovascular disease risk factors is critical for women, one in four of whom will die of heart disease.<sup>19</sup> In addition, mental health topics most often encountered in primary care, including depression, anxiety, and postpartum depression, were largely absent from the literature. Depression is the most common mental health diagnosis among female Veterans at VA,<sup>3</sup> including those returning from Iraq and Afghanistan.<sup>20</sup> Evidence maps are primarily descriptive and our results do not directly address the causes or consequences of literature gaps. However, the stark disparity between the prevalence and significance of common chronic health conditions and the quantity of published research addressing those topics merits review.

We suggest that the apparent inattention to common chronic health conditions is primarily attributable to (1) the stage of existing evidence for most common conditions in primary care and (2) a lack of sex-specific results reporting for clinical research that includes female Veterans. For conditions such as hypertension and depression, decades of federally funded clinical research has defined best practices for healthcare. As a result, focusing ongoing research on health services delivery may be the most appropriate way to optimize the quality of care for female Veterans with these conditions. A 2008 VA Under Secretary for Health workgroup report on the provision of primary care to female Veterans highlighted the complexity of treating female Veterans with multiple comorbid chronic mental and physical health conditions, and identified fragmentation of care for general and gender-specific health concerns.<sup>21</sup> Since 2008, most research related to common chronic conditions among female Veterans has addressed healthcare organization and delivery. For example, though very few articles in our sample primarily addressed depression, we found additional studies evaluating depression comorbid with physical health conditions and exploring integrated mental health and primary care delivery.

At least some research on common chronic conditions is being conducted with female Veterans, but the study results are not consistently reported by sex. We excluded over 350

articles that did not report sex-specific results. Though we did not extract study characteristics for excluded articles, a title search found 24 articles with the words “diabetes” or “depression” in the title (though only three had “hypertension” or “blood pressure,” and none had “anxiety”). The need for sex-specific reporting of scientific research results has been recognized by both the NIH<sup>22</sup> and the Institute of Medicine,<sup>23, 24</sup> though multiple challenges related to study design, statistical analysis, and results reporting exist.<sup>24</sup> VA has long required the inclusion of women in research,<sup>8</sup> and encouraging sex-specific results reporting could expand the field of female Veterans health research and allow for future meta-analyses by sex.

Conducting interventional research among female Veterans has been challenging due to the small number of women at any one clinical site.<sup>25</sup> We identified only eight published RCTs over the past 8 years. A simple search of excluded studies with the words “randomized trial” in the title revealed at least seven additional RCTs that included female Veterans but did not provide sex-specific results, and four more that included too few women to meet our criteria. Increasing the recruitment of women into existing VA trials and encouraging sex-specific results reporting could augment the field of experimental research related to female Veterans' health.

Reporting the source and role of funding is a quality standard for both experimental<sup>26</sup> and observational<sup>27</sup> research. Though 78% of studies identified at least one source of funding (a relatively high rate of funding compared to other medical fields),<sup>28–30</sup> 20% of included articles did not report a funding source, which likely represents unfunded research.<sup>31</sup> Explicitly describing research as unfunded will help stakeholders allocate resources.

Finally, although several studies incorporated Veterans' perspectives, they all adhered to a traditional model of women as study subjects rather than as research stakeholders or partners. Researchers are increasingly seeking to engage patients and community members in the development of study questions, selection of outcome measures, and interpretation of findings. Incorporating female Veterans' voices in the production of future research will strengthen the relevance and credibility of that work.

### LIMITATIONS OF THIS EVIDENCE MAP

Due to resource limitations, we did not complete a dual review of all 2276 abstracts or 1184 full-text articles. As described in the methods section, we used a multifaceted approach to screen eligible articles and achieve consistent categorization.

An inherent methodological limitation of evidence maps is that they present a broad but relatively superficial description of the literature within a field. Beyond documenting the topics or methodologies we did not encounter, we cannot conclude

which research questions have been sufficiently addressed versus which deserve additional attention. Advancing specific fields of research will require in-depth reviews of study quality and bias, as well as a synthesis of outcomes, all of which were outside the scope of this review.

### CONCLUSIONS

This large and varied body of research represents a growing evidence base that can be leveraged to improve the health of female Veterans. The VA is currently a leader in the field addressing military-related mental health conditions in women, such as PTSD. Recent research to improve the quality of primary care for female Veterans has been focused on the organization and delivery of care. As a nationally integrated healthcare system with a growing population of female Veterans and life span coverage, the VA is poised to be a leader in women's health research. VA research and clinical stakeholders can use this evidence map to help direct the future of female Veterans' health research.

---

**Corresponding Author:** Elisheva R. Danan, MD, MPH; VA HSR&D Center for Chronic Disease Outcomes Research/Minneapolis VA Healthcare System, 1 Veterans Drive (152), Minneapolis, MN 55417, USA (e-mail: Elizabeth.Danan@va.gov).

#### Compliance with Ethical Standards:

**Contributors:** None.

**Funders:** VA ESP Project #09-009. This report is based on research conducted by the Evidence-based Synthesis Program (ESP) site located at the Minneapolis VA Healthcare System, Minneapolis, MN, funded by the Department of Veterans Affairs, Veterans Health Administration, Office of Research and Development, Quality Enhancement Research Initiative. The findings and conclusions in this document are those of the author(s), who are responsible for its content; the findings and conclusions 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.

**Prior Presentations:** A synopsis of this research was presented as an oral presentation at the 2017 SGIM Annual Meeting on April 20, 2017.

**Conflict of Interest:** The authors declare that they do not have a conflict of interest.

**Open Access** This article is distributed under the terms of the Creative Commons Attribution 4.0 International License (<http://creativecommons.org/licenses/by/4.0/>), which permits unrestricted use, distribution, and reproduction in any medium, provided you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons license, and indicate if changes were made.

### REFERENCES

1. **Willenz JA.** Women Veterans: America's Forgotten Heroines. New York: Continuum; 1983:163-196.
2. **Hayes PM.** Leading the nation in women's health: the important role of research. *Womens Health Issues.* 2011;21(4 Suppl):S70-S72
3. **Frayne, SM, Phibbs CS, Saechao F, Maisel NC, Friedman SA, Finlay A, et al.** Sourcebook: Women Veterans in the Veterans Health

- Administration. Volume 3. Sociodemographics, Utilization, Costs of Care, and Health Profile. Women's Health Evaluation Initiative, Women's Health Services, Veterans Health Administration, Department of Veterans Affairs, Washington DC. 2014.
4. **Goldzweig CL, Balekian TM, Rolon C, Yano EM, Shekelle PG.** The state of women veterans' health research. Results of a systematic literature review. *J. Gen. Intern. Med.*. 2006;21 Suppl 3:S82-92.
  5. **Bean-Mayberry B, Batuman F, Huang C, et al.** Systematic review of women Veterans health research 2004-2008. VA-ESP Project #05-226; 2010.
  6. **Bean-Mayberry B, Yano EM, Washington DL, et al.** Systematic review of women veterans' health: update on successes and gaps. *Womens Health Issues*, 2011. 21(4):S84-S97.
  7. **Yano EM, Frayne SM** (eds). Health and health care of women veterans and women in the military: Research informing evidence-based practice and policy. *Women's Health Issues*. 2011;21(4, Suppl).
  8. **Yano EM, Bastian LA, Bean-Mayberry B, et al.** Using research to transform care for women veterans: Advancing the research agenda and enhancing research-clinical partnerships. *Womens Health Issues*. 2011;21-4S:S73-S83.
  9. **Miake-Lye I, Hempel S, Shanman R, Shekelle PG.** What is an evidence map? A systematic review of published evidence maps and their definitions, methods, and products. *Syst Rev* 2016;5:28.
  10. **Katz DL, Williams AL, Girard C, Goodman J, Comerford B, Berhman A, et al.** The evidence base for complementary and alternative medicine: methods of evidence mapping with application to CAM. *Altern. Ther. Health Med.* 2003;9(4):22-30
  11. **McHugh, ML.** Interrater reliability: the kappa statistic. *Biochem Med (Zagreb)*. 2012;22(3):276-282.
  12. **Vernon SW, del Junco DJ, Tiro JA, et al.** Promoting regular mammography screening II. Results from a randomized controlled trial in US women veterans. *J. Natl. Cancer Inst.* 2008a;100(5):347-358.
  13. **Baker LD, Frank LL, Foster-Schubert K, et al.** Effects of aerobic exercise on mild cognitive impairment: A controlled trial. *Arch. Neurol.* 2010a;67(1):71-79.
  14. **Vogt DS, Barry AA, King LA.** Toward gender-aware health care: Evaluation of an intervention to enhance care for female patients in the VA setting. *J. Health Psychol.* 2008a;13(5):624-638.
  15. **Sayer NA, Nooraloochi S, Frazier PA, et al.** Randomized controlled trial of online expressive writing to address readjustment difficulties among U.S. Afghanistan and Iraq War veterans. *J. Trauma. Stress.* 2015a;28(5):381-390.
  16. Profile of Women Veterans: 2015. National Center for Veterans Analysis and Statistics. United States Department of Veterans Affairs. December 2016. Accessed from: [http://www.va.gov/vetdata/docs/SpecialReports/Women\\_Veterans\\_Profile\\_12\\_22\\_2016.pdf](http://www.va.gov/vetdata/docs/SpecialReports/Women_Veterans_Profile_12_22_2016.pdf)
  17. **Bastian LA, Bosworth HB, Washington DL, Yano EM** (eds). Women veterans' health and health care. *J Gen Intern Med.* 2013;28(Suppl 2).
  18. **Bastian LA, Mattocks KM, Bean-Mayberry B, et al.** (eds). Women veterans' health and health care. *Med Care.* 2015a;53(Suppl 1).
  19. **Xu JQ, Murphy S., Kochanek, KD, Bastian, BA.** Deaths: Final data for 2013. *National Vital Statistics Report*, 2016. 64(2).
  20. **Maguen S, Ren L, Bosch JO, Marmar CR, Seal KH.** Gender differences in mental health diagnoses among Iraq and Afghanistan veterans enrolled in Veterans Affairs health care. *Am. J. Public Health* 2010;100(12):2450-2456.
  21. US Dept of Vet Affairs. Provision of Primary Care to Women Veterans, in Report of the Under Secretary for Health Workgroup. 2008, Department of Veterans Affairs.
  22. US Department of Health and Human Services, National Institutes of Health, Office of Research on Women's Health. Moving into the future with new dimensions and strategies: A vision for 2020 for women's health research. Strategic plan. (NIH Publication No. 10-7606) Bethesda: National Institutes of Health, 2010.
  23. Institute of Medicine. Women's health research: Progress, pitfalls, and promise. Washington, DC: National Academies Press, 2010.
  24. Institute of Medicine. Sex-specific reporting of scientific research: A workshop summary. Washington, DC: National Academies Press, 2012.
  25. **Rohrer LD, Gierisch JM, Fish LJ, Blakeney JK, Bastian LA.** A five-step guide for moving from observational studies to interventional research for women veterans. *Womens Health Issues* 2011;21(4 Suppl):S98-102.
  26. **Schulz KF, Altman DG, Moher D.** CONSORT 2010 statement: Updated guidelines for reporting parallel group randomized trials. *Ann. Intern. Med.* 2010;152(11):726-32.
  27. **von Elm E, Altman DG, Egger M, Pocock SJ, Gøtzsche PC, Vandenbroucke JP; STROBE Initiative.** The Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) statement: guidelines for reporting observational studies. *J Clin Epidemiol.* 2008;61(4):344-9.
  28. **Rose SL, Krzyzanowska MK, Joffe S.** Relationships between authorship contributions and authors' industry financial ties among oncology clinical trials. *J. Clin. Oncol.* 2010;28:1316-1321.
  29. **Birkhan RH, Van Deusen SK, Okpara OI, Datillo PA, Briggs WM, Gaeta TJ.** Funding and publishing trends of original research by Emergency Medicine investigators over the past decade. *Acad. Emerg. Med.* 2006 Jan;13(1):95-101.
  30. **Hui D, Reddy A, Parsons HA, Bruera E.** Reporting of funding sources and conflict of interest in the supportive and palliative oncology literature. *J. Pain Symptom Manag.* 2012;44(3):421-430
  31. **Stein MD, Rubenstein L, Wachtel TJ.** Who pays for published research? *JAMA* 1993;269:781e782.
  32. **Castillo DT, J C de Baca, Qualls C, Bornovalova MA.** Group exposure therapy treatment for post-traumatic stress disorder in female veterans. *Mil. Med.* 2012;177(12):1486-1491.
  33. **Castillo DT, Joseph JS, Tharp AT, et al.** Externalizing and internalizing subtypes of posttraumatic psychopathology and anger expression. *J. Trauma. Stress.* 2014a;27(1):108-111.
  34. **Castillo DT, Lacefield K, C de Baca J, Blankenship A, Qualls C.** Effectiveness of group-delivered cognitive therapy and treatment length in women veterans with PTSD. *Behav. Sci.* 2014b;4(1):31-41.
  35. **Erbes CR, Meis LA, Polusny MA, Compton JS.** Couple adjustment and posttraumatic stress disorder symptoms in national guard veterans of the Iraq war. *J. Fam. Psychol.* 2011;25(4):479-487.
  36. **Fontana A, Rosenheck R, Desai R.** Female veterans of Iraq and Afghanistan seeking care from VA specialized PTSD programs: Comparison with male veterans and female war zone veterans of previous eras. *J. Women's Health* 2010;19(4):751-757.
  37. **Gallegos AM, Wolff KB, Streltsov NA, et al.** Gender differences in service utilization among OEF/OIF veterans with posttraumatic stress disorder after a brief cognitive-behavioral intervention to increase treatment engagement: A mixed methods study. *Womens Health Issues* 2015;25(5):542-547.
  38. **Hall BJ, Elhai JD, Grubaugh A, Tuerk P, Magruder K.** Examining the factor structure of PTSD between male and female veterans in primary care. *J Anxiety Disord* 2012;26(3):409-415.
  39. **Lang AJ, Aarons GA, Gearity J, et al.** Direct and indirect links between childhood maltreatment, posttraumatic stress disorder, and women's health. *Behav. Med.* 2008;33(4):125-135.
  40. **Lund BC, Bernardy NC, Vaughan-Sarrazin M, Alexander B, Friedman MJ.** Patient and facility characteristics associated with benzodiazepine prescribing for veterans with PTSD. *Psychiatr. Serv.* 2013;64(2):149-155.
  41. **Lunney CA, Schnurr PP, Cook JM.** Comparison of clinician- and self-assessments of posttraumatic stress symptoms in older versus younger veterans. *J. Trauma. Stress.* 2014;27(2):144-151.
  42. **Marmar CR, Schlenger W, Henn-Haase C, et al.** Course of posttraumatic stress disorder 40 years after the Vietnam War: Findings from the National Vietnam Veterans Longitudinal Study. *JAMA Psychiatry* 2015;72(9):875-881.
  43. **Park CL, Wachen JS, Kaiser AP, Mager Stellman J.** Cumulative trauma and midlife well-being in American women who served in Vietnam: Effects of combat exposure and postdeployment social support. *Anxiety Stress Coping* 2015;28(2):144-161.
  44. **Rosen C, Adler E, Tiet G.** Presenting concerns of veterans entering treatment for posttraumatic stress disorder. *J. Trauma. Stress.* Oct 2013;26(5):640-643.
  45. **Vogt DS, Samper RE, King DW, King LA, Martin JA.** Deployment stressors and posttraumatic stress symptomatology: Comparing active duty and National Guard/Reserve personnel from Gulf War I. *J. Trauma. Stress.* 2008b;21(1):66-74.
  46. **Berz JB, Taft CT, Watkins LE, Monson CM.** Associations between PTSD symptoms and parenting satisfaction in a female veteran sample. *J Psychol Trauma* 2008;7(1):37-45.
  47. **Blosnich JR, Dichter ME, Cerulli C, Batten SV, Bossarte RM.** Disparities in adverse childhood experiences among individuals with a history of military service. *JAMA Psychiatry* 2014;71(9):1041-1048.
  48. **C'De Baca J, Castillo D, Qualls C.** Ethnic differences in symptoms among female veterans diagnosed with PTSD. *J. Trauma. Stress.* 2012;25(3):353-357.
  49. **Cobb Scott J, Pietrzak RH, Southwick SM, et al.** Military sexual trauma interacts with combat exposure to increase risk for posttraumatic stress symptomatology in female Iraq and Afghanistan veterans. *J Clin Psychiatry* 2014;75(6):637-643.



50. **Dutra L, Grubbs K, Greene C, et al.** Women at war: Implications for mental health. *J Trauma Dissoc* 2011;12(1):25-37.
51. **Fischer EP, Sherman MD, McSweeney JC, Pyne JM, Owen RR, Dixon LB.** Perspectives of family and veterans on family programs to support reintegration of returning veterans with posttraumatic stress disorder. *Psychol. Serv.* 2015;12(3):187-198.
52. **Freedly JR, Magruder KM, Mainous AG, Frueh BC, Geesey ME, Carmemolla M.** Gender differences in traumatic event exposure and mental health among veteran primary care patients. *Mil. Med.* 2010;175(10):750-758.
53. **Hawkins EJ, Malte CA, Grossbard JR, Saxon AJ.** Prevalence and trends of concurrent opioid analgesic and benzodiazepine use among Veterans Affairs patients with post-traumatic stress disorder, 2003-2011. *Pain Med.* 2015;16(10):1943-1954.
54. **Hawkins EJ, Malte CA, Imel ZE, Saxon AJ, Kivlahan DR.** Prevalence and trends of benzodiazepine use among Veterans Affairs patients with posttraumatic stress disorder, 2003-2010. *Drug Alcohol Depend.* 2012;124(1-2):154-161.
55. **Hebenstreit CL, Madden E, Koo KH, Maguen S.** Minimally adequate mental healthcare and latent classes of PTSD symptoms in female Iraq and Afghanistan veterans. *Psychiatry Res.* 2015;230(1):90-95.
56. **Holowka DW, Marx BP, Gates MA, et al.** PTSD diagnostic validity in Veterans Affairs electronic records of Iraq and Afghanistan veterans. *J. Consult. Clin. Psychol.* 2014;82(4):569-579.
57. **Hughes J, Jouldjian S, Washington DL, Alessi CA, Martin JL.** Insomnia and symptoms of post-traumatic stress disorder among women veterans. *Behav. Sleep Med.* 2013;11(4):258-274.
58. **James LM, Belitskaya-Levy I, Lu Y, et al.** Development and application of a diagnostic algorithm for posttraumatic stress disorder. *Psychiatry Res.* 2015;231(1):1-7.
59. **Katz L, Douglas S, Zaleski K, Williams J, Huffman C, Cojucar G.** Comparing holographic reprocessing and prolonged exposure for women veterans with sexual trauma: A pilot randomized trial. *J. Contemp. Psychother.* 2014a;44(1):9-19.
60. **Katz LS, Snetter MR, Robinson AH, Hewitt P, Cojucar G.** Holographic reprocessing: Empirical evidence to reduce posttraumatic cognitions in women veterans with PTSD from sexual trauma and abuse. *Psychotherapy* 2008;45(2):186-198.
61. **Koo KH, Hebenstreit CL, Madden E, Maguen S.** PTSD detection and symptom presentation: Racial/ethnic differences by gender among veterans with PTSD returning from Iraq and Afghanistan. *J. Affect. Disord.* 2016;189:10-16.
62. **Lee EA, Theus SA.** Lower heart rate variability associated with military sexual trauma rape and posttraumatic stress disorder. *Biol Res Nurs* 2012;14(4):412-418.
63. **Lehavot K, Der-Martirosian C, Simpson TL, Shipherd JC, Washington DL.** The role of military social support in understanding the relationship between PTSD, physical health, and healthcare utilization in women veterans. *J. Trauma. Stress.* 2013a;26(6):772-775.
64. **Lehavot K, O'Hara R, Washington DL, Yano EM, Simpson TL.** Posttraumatic stress disorder symptom severity and socioeconomic factors associated with Veterans Health Administration use among women veterans. *Women's Health Issues* 2015;25(5):535-541.
65. **Metzger LJ, Carson MA, Lasko NB, et al.** Basal and suppressed salivary cortisol in female Vietnam nurse veterans with and without PTSD. *Psychiatry Res.* 2008;161(3):330-335.
66. **Morland LA, Mackintosh MA, Rosen CS, et al.** Telemedicine versus in-person delivery of cognitive processing therapy for women with post-traumatic stress disorder: A randomized noninferiority trial. *Depress Anxiety* 2015;32(11):811-820.
67. **Renshaw KD, Campbell SB, Meis L, Erbes C.** Gender differences in the associations of PTSD symptom clusters with relationship distress in U.S. Vietnam veterans and their partners. *J. Trauma. Stress.* 2014;27(3):283-290.
68. **Seal KH, Maguen S, Cohen B, et al.** VA mental health services utilization in Iraq and Afghanistan veterans in the first year of receiving new mental health diagnoses. *J. Trauma. Stress.* 2010;23(1):5-16.
69. **Shin HJ, Rosen CS, Greenbaum MA, Jain S.** Longitudinal correlates of aggressive behavior in help-seeking U.S. Veterans with PTSD. *J. Trauma. Stress.* 2012;25(6):649-656.
70. **Tsai J, Rosenheck RA, Decker SE, Desai RA, Harpaz-Rotem I.** Trauma experience among homeless female veterans: Correlates and impact on housing, clinical, and psychosocial outcomes. *J. Trauma. Stress.* 2012a;25(6):624-632.
71. **Walter KH, Varkovitzky RL, Owens GP, Lewis J, Chard KM.** Cognitive processing therapy for veterans with posttraumatic stress disorder: A comparison between outpatient and residential treatment. *J. Consult. Clin. Psychol.* Aug 2014a;82(4):551-561.
72. **Weitlauf JC, Finney JW, Ruzek JI, et al.** Distress and pain during pelvic examinations: Effect of sexual violence. *Obstet. Gynecol.* 2008;112(6):1343-1350.
73. **Weitlauf JC, Frayne SM, Finney JW, et al.** Sexual violence, posttraumatic stress disorder, and the pelvic examination: How do beliefs about the safety, necessity, and utility of the examination influence patient experiences? *J. Women's Health* 2010;19(7):1271-1280.
74. **Wolf EJ, Lunney CA, Miller MW, Resick PA, Friedman MJ, Schnurr PP.** The dissociative subtype of PTSD: A replication and extension. *Depress Anxiety* 2012;29(8):679-688.
75. **Wolf EJ, Miller MW, Orasem RJ, et al.** The MMPI-2 restructured clinical scales in the assessment of posttraumatic stress disorder and comorbid disorders. *Psychol. Assess.* 2008;20(4):327-340.
76. **Wolf EJ, Mitchell KS, Logue MW, et al.** Corticotropin releasing hormone receptor 2 (CRHR-2) gene is associated with decreased risk and severity of posttraumatic stress disorder in women. *Depress Anxiety* 2013;30(12):1161-1169.
77. **Bernardy NC, Lund BC, Alexander B, Friedman MJ.** Increased polysedative use in veterans with posttraumatic stress disorder. *Pain Med.* 2014;15(7):1083-1090.
78. **Bernardy NC, Lund BC, Alexander B, Jenkyn AB, Schnurr PP, Friedman MJ.** Gender differences in prescribing among veterans diagnosed with posttraumatic stress disorder. *J. Gen. Intern. Med.* 2013;28 Suppl 2:S542-548.
79. **Campbell R, Greeson MR, Bybee D, Raja S.** The co-occurrence of childhood sexual abuse, adult sexual assault, intimate partner violence, and sexual harassment: A mediational model of posttraumatic stress disorder and physical health outcomes. *J. Consult. Clin. Psychol.* 2008;76(2):194-207.
80. **Frayne SM, Chiu VY, Iqbal S, et al.** Medical care needs of returning veterans with PTSD: Their other burden. *J. Gen. Intern. Med.* 2011;26(1):33-39.
81. **Kimerling R, Serpi T, Weathers F, et al.** Diagnostic accuracy of the composite international diagnostic interview (CIDI 3.0) PTSD module among female Vietnam-era veterans. *J. Trauma. Stress.* 2014;27(2):160-167.
82. **King MW, Street AE, Gradus JL, Vogt DS, Resick PA.** Gender differences in posttraumatic stress symptoms among OEF/OIF veterans: An item response theory analysis. *J. Trauma. Stress.* 2013;26(2):175-183.
83. **Koola MM, Guals C, Kelly DL, et al.** Prevalence of childhood physical and sexual abuse in veterans with psychiatric diagnoses. *J. Nerv. Ment. Dis.* 2013;201(4):348-352.
84. **Magruder K, Serpi T, Kimerling R, et al.** Prevalence of posttraumatic stress disorder in Vietnam-era women veterans: The health of Vietnam-era women's study (healthviews). *JAMA Psychiatry* 2015;72(11):1127-1134.
85. **Maguen S, Cohen B, Cohen G, Madden E, Bertenthal D, Seal K.** Gender differences in health service utilization among Iraq and Afghanistan veterans with posttraumatic stress disorder. *J. Women's Health* 2012a;21(6):666-673.
86. **Maguen S, Cohen B, Ren L, Bosch J, Kimerling R, Seal K.** Gender differences in military sexual trauma and mental health diagnoses among Iraq and Afghanistan veterans with posttraumatic stress disorder. *Women's Health Issues* 2012b;22(1):e61-66.
87. **Maguen S, Madden E, Neylan TC, Cohen BE, Bertenthal D, Seal KH.** Timing of mental health treatment and PTSD symptom improvement among Iraq and Afghanistan veterans. *Psychiatr. Serv.* 2014a;65(12):1414-1419.
88. **McCaughey HL, Blossnich JR, Dichter ME.** Adverse childhood experiences and adult health outcomes among veteran and non-veteran women. *J. Women's Health* 2015;24(9):723-729.
89. **Mercado RC, Wiltsey-Stirman S, Iverson KM.** Impact of childhood abuse on physical and mental health status and healthcare utilization among female veterans. *Mil. Med.* 2015a;180(10):1065-1074.
90. **Myers CE, Vanmeenen KM, Servatius RJ.** Behavioral inhibition and PTSD symptoms in veterans. *Psychiatry Res.* 2012;196(2-3):271-276.
91. **Nilani YI, Gradus JL, Gutner CA, Luciano MT, Shipherd JC, Street AE.** Deployment stressors and physical health among OEF/OIF veterans: The role of PTSD. *Health Psychol.* 2014;33(11):1281-1287.
92. **Polusny MA, Dickinson KA, Murdoch M, Thuras P.** The role of cumulative sexual trauma and difficulties identifying feelings in understanding female veterans' physical health outcomes. *Gen. Hosp. Psychiatry* 2008;30(2):162-170.
93. **Sayer NA, Hagel EM, Noorbaloochi S, et al.** Gender differences in VA disability status for PTSD over time. *Psychiatr. Serv.* 2014;65(5):663-669.
94. **Schnurr PP, Lunney CA.** Exploration of gender differences in how quality of life relates to posttraumatic stress disorder in male and female veterans. *J. Rehabil. Res. Dev.* 2008;45(3):383-393.

95. **Schnurr PP, Lunney CA.** Work-related quality of life and posttraumatic stress disorder symptoms among female veterans. *Womens Health Issues* 2011;21(4 Suppl):S169-175.
96. **Schnurr PP, Lunney CA.** Work-related outcomes among female veterans and service members after treatment of posttraumatic stress disorder. *Psychiatr. Serv.* 2012;63(11):1072-1079.
97. **Schnurr PP, Lunney CA.** Differential effects of prolonged exposure on posttraumatic stress disorder symptoms in female veterans. *J. Consult. Clin. Psychol.* 2015;83(6):1154-1160.
98. **Schnurr PP, Lunney CA, Forshay E, et al.** Sexual function outcomes in women treated for posttraumatic stress disorder. *J. Women's Health* 2009;18(10):1549-1557.
99. **Stricker NH, Keller JE, Castillo DT, Haaland KY.** The neurocognitive performance of female veterans with posttraumatic stress disorder. *J. Trauma. Stress.* 2015;28(2):102-109.
100. **Washington DL, Davis TD, Der-Martirosian C, Yano EM.** PTSD risk and mental healthcare engagement in a multi-war era community sample of women veterans. *J. Gen. Intern. Med.* 2013a;28(7):894-900.
101. **Fang SC, Schnurr PP, Kulish AL, et al.** Psychosocial functioning and health-related quality of life associated with posttraumatic stress disorder in male and female Iraq and Afghanistan War veterans: The VALOR registry. *J. Women's Health* 2015;24(12):1038-1046.
102. **Schlenger WE, Corry NH, Williams CS, et al.** A prospective study of mortality and trauma-related risk factors among a nationally representative sample of Vietnam veterans. *Am. J. Epidemiol.* 2015;182(12):980-990.
103. **Barth S, Kimerling R, Pavao J, et al.** Military sexual trauma among recent veterans: Correlates of sexual assault and sexual harassment. *Am. J. Prev. Med.* 2016;50(1):77-86.
104. **Bell ME, Street AE, Stafford J.** Victims' psychosocial well-being after reporting sexual harassment in the military. *J Trauma Dissoc* 2014;15(2):133-152.
105. **Booth BM, Davis TD, Cheney AM, Mengeling MA, Torner JC, Sadler AG.** Physical health status of female veterans: Contributions of sex partnership and in-military rape. *Psychosom. Med.* 2012;74(9):916-924.
106. **Gradus JL, Street AE, Kelly K, Stafford J.** Sexual harassment experiences and harmful alcohol use in a military sample: Differences in gender and the mediating role of depression. *J Stud Alcohol Drugs* 2008;69(3):348-351.
107. **Hyun JK, Kimerling R, Cronkite RC, McCutcheon S, Frayne SM.** Organizational factors associated with screening for military sexual trauma. *Womens Health Issues* 2012;22(2):e209-215.
108. **Katz L, Cojucar G, Douglas S, Huffman C.** Renew: An integrative psychotherapy program for women veterans with sexual trauma. *J. Contemp. Psychother.* 2014b;44(3):163-171.
109. **Katz LS, Cojucar G, Hoff RA, Lindl C, Huffman C, Drew T.** Longitudinal outcomes of women veterans enrolled in the renew sexual trauma treatment program. *J. Contemp. Psychother.* 2015;45(3):143-150.
110. **Klingensmith K, Tsai J, Mota N, Southwick SM, Pietrzak RH.** Military sexual trauma in US veterans: Results from the National Health and Resilience in Veterans study. *J Clin Psychiatry* 2014;75(10):e1133-1139.
111. **Lee EA, Bissett JK, Carter MA, et al.** Preliminary findings of the relationship of lower heart rate variability with military sexual trauma and presumed posttraumatic stress disorder. *J. Trauma. Stress.* 2013;26(2):249-256.
112. **Luterek JA, Bittinger JN, Simpson TL.** Posttraumatic sequelae associated with military sexual trauma in female veterans enrolled in VA outpatient mental health clinics. *J Trauma Dissoc* 2011;12(3):261-274.
113. **Mattocks KM, Haskell SG, Krebs EE, Justice AC, Yano EM, Brandt C.** Women at war: Understanding how women veterans cope with combat and military sexual trauma. *Soc Sci Med* 2012;74(4):537-545.
114. **McCall-Hosenfeld JS, Liebschutz JM, Spiro A, Seaver MR.** Sexual assault in the military and its impact on sexual satisfaction in women veterans: A proposed model. *J. Women's Health* 2009;18(6):901-909.
115. **O'Brien C, Gaher RM, Pope C, Smiley P.** Difficulty identifying feelings predicts the persistence of trauma symptoms in a sample of veterans who experienced military sexual trauma. *J. Nerv. Ment. Dis.* 2008;196(3):252-255.
116. **Rowe EL, Gradus JL, Pineles SL, Batten SV, Davison EH.** Military sexual trauma in treatment-seeking women veterans. *Mil. Psychol.* 2009;21(3):387-395.
117. **Smith BN, Shepherd JC, Schuster JL, Vogt DS, King LA, King DW.** Posttraumatic stress symptomatology as a mediator of the association between military sexual trauma and post-deployment physical health in women. *J Trauma Dissoc* 2011;12(3):275-289.
118. **Strauss JL, Marx CE, Weitlauf JC, et al.** Is military sexual trauma associated with trading sex among women veterans seeking outpatient mental healthcare? *J Trauma Dissoc* 2011;12(3):290-304.
119. **Street AE, Stafford J, Mahan CM, Hendricks A.** Sexual harassment and assault experienced by reservists during military service: Prevalence and health correlates. *J. Rehabil. Res. Dev.* 2008;45(3):409-419.
120. **Suris A, Link-Malcolm J, Chard K, Ahn C, North C.** A randomized clinical trial of cognitive processing therapy for veterans with PTSD related to military sexual trauma. *J. Trauma. Stress.* 2013;26(1):28-37.
121. **Turchik JA, Pavao J, Hyun J, Mark H, Kimerling R.** Utilization and intensity of outpatient care related to military sexual trauma for veterans from Afghanistan and Iraq. *J. Behav. Health Serv. Res.* 2012a;39(3):220-233.
122. **Turchik JA, Pavao J, Nazarian D, Iqbal S, McLean C, Kimerling R.** Sexually transmitted infections and sexual dysfunctions among newly returned veterans with and without military sexual trauma. *Int J Sex Health* 2012b;24(1):45-59.
123. **Valdez C, Kimerling R, Hyun JK, Mark HF, Saweikis M, Pavao J.** Veterans Health Administration mental health treatment settings of veterans who report military sexual trauma. *J Trauma Dissoc* 2011;12(3):232-243.
124. **Voelkel E, Pukay-Martin ND, Walter KH, Chard KM.** Effectiveness of cognitive processing therapy for male and female U.S. Veterans with and without military sexual trauma. *J. Trauma. Stress.* 2015;28(3):174-182.
125. **Walter KH, Buckley A, Simpson JM, Chard KM.** Residential PTSD treatment for female veterans with military sexual trauma: Does a history of childhood sexual abuse influence outcome? *J Interpers Violence* 2014b;29(6):971-986.
126. **Decker SE, Rosenheck RA, Tsai J, Hoff R, Harpaz-Rotem I.** Military sexual assault and homeless women veterans: Clinical correlates and treatment preferences. *Womens Health Issues* 2013;23(6):e373-380.
127. **Holliday R, Williams R, Bird J, Mullen K, Suris A.** The role of cognitive processing therapy in improving psychosocial functioning, health, and quality of life in veterans with military sexual trauma-related posttraumatic stress disorder. *Psychol. Serv.* 2015;12(4):428-434.
128. **Kelly MM, Vogt DS, Scheiderer EM, Ouimette P, Daley J, Wolfe J.** Effects of military trauma exposure on women veterans' use and perceptions of Veterans Health Administration care. *J. Gen. Intern. Med.* 2008;23(6):741-747.
129. **Kelly UA, Skelton K, Patel M, Bradley B.** More than military sexual trauma: Interpersonal violence, PTSD, and mental health in women veterans. *Res. Nurs. Health* 2011;34(6):457-467.
130. **Kimerling R, Pavao J, Valdez C, Mark H, Hyun JK, Saweikis M.** Military sexual trauma and patient perceptions of Veteran Health Administration healthcare quality. *Womens Health Issues* 2011;21(4 Suppl):S145-151.
131. **Kimerling R, Street AE, Gima K, Smith MW.** Evaluation of universal screening for military-related sexual trauma. *Psychiatr. Serv.* 2008;59(6):635-640.
132. **Kimerling R, Street AE, Pavao J, et al.** Military-related sexual trauma among Veterans Health Administration patients returning from Afghanistan and Iraq. *Am. J. Public Health* 2010;100(8):1409-1412.
133. **Kintzle S, Schuyler AC, Ray-Letourneau D, et al.** Sexual trauma in the military: Exploring PTSD and mental healthcare utilization in female veterans. *Psychol. Serv.* 2015;12(4):394-401.
134. **Mercado R, Ming Foynes M, Carpenter SL, Iverson KM.** Sexual intimate partner violence as a form of MST: An initial investigation. *Psychol. Serv.* 2015b;12(4):348-356.
135. **Murdoch M, Pryor JB, Polusny MA, Wall MM, Ripley DC, Gackstetter GD.** The association between military sexual stress and psychiatric symptoms after controlling for other stressors. *J. Psychiatr. Res.* 2010;44(16):1129-1136.
136. **Pavao J, Turchik JA, Hyun JK, et al.** Military sexual trauma among homeless veterans. *J. Gen. Intern. Med.* 2013;28 Suppl 2:S536-541.
137. **Pence PG, Katz LS, Huffman C, Cojucar G.** Delivering integrative restoration-Yoga Nidra meditation (iRest) to women with sexual trauma at a Veteran's Medical Center: A pilot study. *Int J Yoga Therap* 2014;24:53-62.
138. **Tiet GG, Leyva YE, Blau K, Turchik JA, Rosen CS.** Military sexual assault, gender, and PTSD treatment outcomes of U.S. Veterans. *J. Trauma. Stress.* 2015;28(2):92-101.
139. **Zaleski KL, Katz LS.** Alice in Wonderland: Exploring the Experiences of Female Service Members With a Pregnancy Resulting From Rape. *Soc. Work. Ment. Health* 2014; 12(5-6): 391-410.
140. **Abdullah KN, Janardhan R, Hwang M, et al.** Adjuvant radiation therapy for breast cancer in patients with schizophrenia. *Am. J. Surg.* 2015;209(2):378-384.
141. **Bradley CS, Nygaard IE, Mengeling MA, et al.** Urinary incontinence, depression and posttraumatic stress disorder in women veterans. *Am J Obstet Gynecol.* 2012a;206(6):502.e501-508.

142. **Bradley CS, Nygaard IE, Torner JC, Hillis SL, Johnson S, Sadler AG.** Overactive bladder and mental health symptoms in recently deployed female veterans. *J. Urol.* 2014;191(5):1327-1332.
143. **Bradley KA, Rubinsky AD, Sun H, et al.** Prevalence of alcohol misuse among men and women undergoing major noncardiac surgery in the Veterans Affairs Healthcare System. *Surgery* 2012b;152(1):69-81.
144. **Breland JY, Greenbaum MA, Zulman DM, Rosen CS.** The effect of medical comorbidities on male and female veterans' use of psychotherapy for PTSD. *Med. Care* 2015;53(4 Suppl 1):S120-127.
145. **Callegari LS, Zhao X, Nelson KM, Borrero S.** Contraceptive adherence among women veterans with mental illness and substance use disorder. *Contraception* 2015a;91(5):386-392.
146. **Callegari LS, Zhao X, Nelson KM, Lehavot K, Bradley KA, Borrero S.** Associations of mental illness and substance use disorders with prescription contraception use among women veterans. *Contraception* 2014;90(1):97-103.
147. **Cheney AM, Booth BM, Davis TD, Mengeling MA, Torner JC, Sadler AG.** The role of borderline personality disorder and depression in the relationship between sexual assault and body mass index among women veterans. *Violence Vict.* 2014;29(5):742-756.
148. **Duffy AR, Beckie TM, Brenner LA, et al.** Relationship between toxoplasma gondii and mood disturbance in women veterans. *Mil. Med.* 2015;180(6):621-625.
149. **Haskell SG, Papas RK, Heapy A, Reid MC, Kerns RD.** The association of sexual trauma with persistent pain in a sample of women veterans receiving primary care. *Pain Med.* 2008a;9(6):710-717.
150. **Klausner AP, Ibanez D, King AB, et al.** The influence of psychiatric comorbidities and sexual trauma on lower urinary tract symptoms in female veterans. *J. Urol.* 2009;182(6):2785-2790.
151. **Maguen S, Madden E, Cohen B, Bertenthal D, Seal K.** Association of mental health problems with gastrointestinal disorders in Iraq and Afghanistan veterans. *Depress Anxiety* 2014b;31(2):160-165.
152. **Runnals JJ, Van Voorhees E, Robbins AT, et al.** Self-reported pain complaints among Afghanistan/Iraq era men and women veterans with comorbid posttraumatic stress disorder and major depressive disorder. *Pain Med.* 2013;14(10):1529-1533.
153. **Sambamoorthi U, Shen C, Findley P, Frayne S, Banerjea R.** Depression treatment patterns among women veterans with cardiovascular conditions or diabetes. *World Psychiatry* 2010a;9(3):177-182.
154. **Savas LS, White DL, Wieman M, et al.** Irritable bowel syndrome and dyspepsia among women veterans: Prevalence and association with psychological distress. *Aliment. Pharmacol. Ther.* 2009a;29(1):115-125.
155. **Seng EK, Driscoll MA, Brandt CA, et al.** Prescription headache medication in OEF/OIF veterans: Results from the women veterans cohort study. *Headache* 2013;53(8):1312-1322.
156. **Shen C, Findley P, Banerjea R, Sambamoorthi U.** Depressive disorders among cohorts of women veterans with diabetes, heart disease, and hypertension. *J. Women's Health* 2010;19(8):1475-1486.
157. **Viverito K, Owen R, Mittal D, Li C, Williams JS.** Management of new hyperglycemia in patients prescribed antipsychotics. *Psychiatr. Serv.* 2014;65(12):1502-1505.
158. **Wachen JS, Shipherd JC, Suvak M, Vogt D, King LA, King DW.** Posttraumatic stress symptomatology as a mediator of the relationship between warzone exposure and physical health symptoms in men and women. *J. Trauma. Stress.* 2013;26(3):319-328.
159. **Weitlauf JC, Jones S, Xu X, et al.** Receipt of cervical cancer screening in female veterans: Impact of posttraumatic stress disorder and depression. *Womens Health Issues* 2013;23(3):e153-159.
160. **White DL, Savas LS, Daci K, et al.** Trauma history and risk of the irritable bowel syndrome in women veterans. *Aliment. Pharmacol. Ther.* 2010;32(4):551-561.
161. **White JR, Chang CC, So-Armah KA, et al.** Depression and human immunodeficiency virus infection are risk factors for incident heart failure among veterans: Veterans aging cohort study. *Circulation* 2015;132(17):1630-1638.
162. **Banerjea R, Pogach LM, Smelson D, Sambamoorthi U.** Mental illness and substance use disorders among women veterans with diabetes. *Womens Health Issues* 2009;19(6):446-456.
163. **Chavez LJ, Williams EC, Lapham G, Bradley KA.** Association between alcohol screening scores and alcohol-related risks among female Veterans Affairs patients. *J Stud Alcohol Drugs* 2012;73(3):391-400.
164. **Creech SK, Borsari B.** Alcohol use, military sexual trauma, expectancies, and coping skills in women veterans presenting to primary care. *Addict. Behav.* 2014;39(2):379-385.
165. **Denneson LM, Lasarev MR, Dickinson KC, Dobscha SK.** Alcohol consumption and health status in very old veterans. *J. Geriatr. Psychiatry Neurol.* 2011;24(1):39-43.
166. **Hawkins EJ, Lapham GT, Kivlahan DR, Bradley KA.** Recognition and management of alcohol misuse in OEF/OIF and other veterans in the VA: A cross-sectional study. *Drug Alcohol Depend.* 2010;109(1-3):147-153.
167. **Heslin KC, Gable A, Dobalian A.** Special services for women in substance use disorders treatment: How does the Department of Veterans Affairs compare with other providers? *Womens Health Issues* 2015;25(6):666-672.
168. **Hoggatt KJ, Williams EC, Der-Martirosian C, Yano EM, Washington DL.** National prevalence and correlates of alcohol misuse in women veterans. *J. Subst. Abus. Treat.* 2015;52:10-16.
169. **Kelley ML, Brancu M, Robbins AT, et al.** Drug use and childhood-, military- and post-military trauma exposure among women and men veterans. *Drug Alcohol Depend.* 2015;152:201-208.
170. **Kelley ML, Runnals J, Pearson MR, et al.** Alcohol use and trauma exposure among male and female veterans before, during, and after military service. *Drug Alcohol Depend.* 2013;133(2):615-624.
171. **Lapham GT, Rubinsky AD, Heagerty PJ, et al.** Probability and predictors of patients converting from negative to positive screens for alcohol misuse. *Alcohol. Clin. Exp. Res.* 2014a;38(2):564-571.
172. **Lapham GT, Rubinsky AD, Heagerty PJ, et al.** Annual rescreening for alcohol misuse: Diminishing returns for some patient subgroups. *Med. Care* 2013;51(10):914-921.
173. **Lapham GT, Rubinsky AD, Williams EC, et al.** Decreasing sensitivity of clinical alcohol screening with the audit-c after repeated negative screens in VA clinics. *Drug Alcohol Depend.* 2014b;142:209-215.
174. **Lehavot K, Browne KC, Simpson TL.** Examining sexual orientation disparities in alcohol misuse among women veterans. *Am. J. Prev. Med.* 2014a;47(5):554-562.
175. **Miles SR, Graham DP, Teng EJ.** Examining the influence of mild traumatic brain injury and posttraumatic stress disorder on alcohol use disorder in OEF/OIF veterans. *Mil. Med.* 2015;180(1):45-52.
176. **Oliva EM, Gregor A, Rogers J, Dalton A, Harris AHS, Trafton JA.** Correlates of specialty substance use disorder treatment among female patients in the Veterans Health Administration. *J. Soc. Work. Pract. Addict.* 2012a;12(3):282-301.
177. **Oliva EM, Harris AH, Trafton JA, Gordon AJ.** Receipt of opioid agonist treatment in the Veterans Health Administration: Facility and patient factors. *Drug Alcohol Depend.* 2012b;122(3):241-246.
178. **Scott JC, Pietrzak RH, Mattocks K, Southwick SM, Brandt C, Haskell S.** Gender differences in the correlates of hazardous drinking among Iraq and Afghanistan veterans. *Drug Alcohol Depend.* 2013;127(1-3):15-22.
179. **Seal KH, Cohen G, Waldrop A, Cohen BE, Maguen S, Ren L.** Substance use disorders in Iraq and Afghanistan veterans in VA healthcare, 2001-2010; implications for screening, diagnosis, and treatment. *Drug Alcohol Depend.* 2011a;116:93-101.
180. **Wallace AE, Sheehan EP, Young-Xu Y.** Women, alcohol, and the military: Cultural changes and reductions in later alcohol problems among female veterans. *J. Women's Health* 2009;18(9):1347-1353.
181. **Westermeier J, Canive J, Thuras P, Thompson J, Crosby RD, Garrard J.** A comparison of substance use disorder severity and course in American Indian male and female veterans. *Am. J. Addict.* 2009;18(1):87-92.
182. **Williams EC, Rubinsky AD, Lapham GT, et al.** Prevalence of clinically recognized alcohol and other substance use disorders among VA outpatients with unhealthy alcohol use identified by routine alcohol screening. *Drug Alcohol Depend.* Feb 1 2014;135:95-103.
183. **Booth BM, Mengeling M, Torner J, Sadler AG.** Rape, sex partnership, and substance use consequences in women veterans. *J. Trauma. Stress.* 2011;24(3):287-294.
184. **C'De Baca J, Castillo DT, Mackaronis JE, Qualls C.** Ethnic differences in personality disorder patterns among women veterans diagnosed with PTSD. *Behav. Sci.* 2014;4(1):72-86.
185. **Chatterjee S, Rath ME, Spiro A, 3rd, Eisen S, Sloan KL, Rosen AK.** Gender differences in Veterans Health Administration mental health service use: Effects of age and psychiatric diagnosis. *Womens Health Issues* 2009;19(3):176-184.
186. **Cochran BN, Balsam K, Flentje A, Malte CA, Simpson T.** Mental health characteristics of sexual minority veterans. *J. Homosex.* 2013;60(2-3):419-435.
187. **Correa R, Parry B.** Women's mental health clinic: A naturalistic description of the population attended in the San Diego VA Healthcare System during a one year period. *J. Affect. Disord.* 2012;142(1-3):31-35.

188. **Desai RA, Harpaz-Rotem I, Najavits LM, Rosenheck RA.** Impact of the Seeking Safety program on clinical outcomes among homeless female veterans with psychiatric disorders. *Psychiatr. Serv.* 2008;59(9):996–1003.
189. **Finlay AK, Binswanger IA, Smelson D, et al.** Sex differences in mental health and substance use disorders and treatment entry among justice-involved veterans in the Veterans Health Administration. *Med. Care* 2015;53(4 Suppl 1):S105–111.
190. **Koo KH, Hebenstreit CL, Madden E, Seal KH, Maguen S.** Race/ethnicity and gender differences in mental health diagnoses among Iraq and Afghanistan veterans. *Psychiatry Res.* 2015a;229(3):724–731.
191. **Lehavot K, Simpson TL.** Trauma, posttraumatic stress disorder, and depression among sexual minority and heterosexual women veterans. *J. Couns. Psychol.* 2014;61(3):392–403.
192. **Maguen S, Cohen B, Cohen G, Madden E, Bertenthal D, Seal K.** Eating disorders and psychiatric comorbidity among Iraq and Afghanistan veterans. *Womens Health Issues* 2012c;22(4):e403–406.
193. **Mattocks KM, Sadler A, Yano EM, et al.** Sexual victimization, health status, and VA healthcare utilization among lesbian and bisexual OEF/OIF veterans. *J. Gen. Intern. Med.* 2013;28 Suppl 2:S604–608.
194. **Nunnink SE, Goldwaser G, Heppner PS, Pittman JO, Nievergelt CM, Baker DG.** Female veterans of the OEF/OIF conflict: Concordance of PTSD symptoms and substance misuse. *Addict. Behav.* 2010;35(7):655–659.
195. **Reddy S, Dick AM, Gerber MR, Mitchell K.** The effect of a yoga intervention on alcohol and drug abuse risk in veteran and civilian women with posttraumatic stress disorder. *J. Altern. Complement. Med.* 2014;20(10):750–756.
196. **Ryan ET, McGrath AC, Creech SK, Borsari B.** Predicting utilization of healthcare services in the Veterans Health Administration by returning women veterans: The role of trauma exposure and symptoms of posttraumatic stress. *Psychol. Serv.* 2015;12(4):412–419.
197. **Zinzow HM, Grubaugh AL, Frueh BC, Magruder KM.** Sexual assault, mental health, and service use among male and female veterans seen in Veterans Affairs primary care clinics: A multi-site study. *Psychiatry Res.* 2008;159(1–2):226–236.
198. **Blow FC, Bohnert AS, Ilgen MA, et al.** Suicide mortality among patients treated by the Veterans Health Administration from 2000 to 2007. *Am. J. Public Health Mar* 2012;102 Suppl 1:S98–104.
199. **Hoffmire CA, Bossarte RM.** A reconsideration of the correlation between veteran status and firearm suicide in the general population. *Inj Prev* 2014;20(5):317–321.
200. **Ilgen MA, Bohnert AS, Ignacio RV, et al.** Psychiatric diagnoses and risk of suicide in veterans. *Arch. Gen. Psychiatry* 2010;67(11):1152–1158.
201. **Kaplan MS, McFarland BH, Huguet N.** Firearm suicide among veterans in the general population: Findings from the national violent death reporting system. *J. Trauma* 2009;67(3):503–507.
202. **Kaplan MS, McFarland BH, Huguet N, et al.** Acute alcohol intoxication and suicide: A gender-stratified analysis of the national violent death reporting system. *Inj Prev* 2013;19(1):38–43.
203. **Lemaire CM, Graham DP.** Factors associated with suicidal ideation in OEF/OIF veterans. *J. Affect. Disord.* 2011;130(1–2):231–238.
204. **McCarthy JF, Blow FC, Ignacio RV, Ilgen MA, Austin KL, Valenstein M.** Suicide among patients in the Veterans Affairs Health System: Rural-urban differences in rates, risks, and methods. *Am. J. Public Health Mar* 2012;102 Suppl 1:S111–117.
205. **McCarthy JF, Szymanski BR, Karlin BE, Katz IR.** Suicide mortality following nursing home discharge in the Department of Veterans Affairs Health System. *Am. J. Public Health Dec* 2013;103(12):2261–2266.
206. **McCarthy JF, Valenstein M, Kim HM, Ilgen M, Zivin K, Blow FC.** Suicide mortality among patients receiving care in the Veterans Health Administration health system. *Am. J. Epidemiol.* 2009a;169(8):1033–1038.
207. **Gutierrez PM, Brenner LA, Rings JA, et al.** A qualitative description of female veterans' deployment-related experiences and potential suicide risk factors. *J. Clin. Psychol.* 2013;69(9):923–935.
208. **Huguet N, Kaplan MS, McFarland BH.** The effects of misclassification biases on veteran suicide rate estimates. *Am. J. Public Health* 2014;104(1):151–155.
209. **Weiner J, Richmond TS, Conigliaro J, Wiebe DJ.** Military veteran mortality following a survived suicide attempt. *BMC Public Health* 2011;11:374.
210. **Wisco BE, Marx BP, Holowka DW, et al.** Traumatic brain injury, PTSD, and current suicidal ideation among Iraq and Afghanistan U.S. Veterans. *J. Trauma, Stress.* 2014;27(2):244–248.
211. **Dichter ME, Cerulli C, Bossarte RM.** Intimate partner violence victimization among women veterans and associated heart health risks. *Womens Health Issues* 2011;21(4 Suppl):S190–194.
212. **Dichter ME, Marcus SC, Wagner C, Bonomi AE.** Associations between psychological, physical, and sexual intimate partner violence and health outcomes among women veteran VA patients. *Soc. Work. Ment. Health* 2014;12(5/6):411–428.
213. **Dichter ME, Wagner C, Goldberg EB, Iverson KM.** Intimate partner violence detection and care in the Veterans Health Administration: Patient and provider perspectives. *Womens Health Issues* 2015a;25(5):555–560.
214. **Dichter ME, Wagner C, True G.** Timing of intimate partner violence in relationship to military service among women veterans. *Mil. Med.* 2015b;180(11):1124–1127.
215. **Iverson KM, Huang K, Wells SY, Wright JD, Gerber MR, Wiltsey-Stirman S.** Women veterans' preferences for intimate partner violence screening and response procedures within the Veterans Health Administration. *Res. Nurs. Health* 2014;37(4):302–311.
216. **Iverson KM, King MW, Gerber MR, et al.** Accuracy of an intimate partner violence screening tool for female VHA patients: A replication and extension. *J. Trauma, Stress.* 2015a;28(1):79–82.
217. **Iverson KM, King MW, Resick PA, Gerber MR, Kimerling R, Vogt D.** Clinical utility of an intimate partner violence screening tool for female VHA patients. *J. Gen. Intern. Med.* 2013a;28(10):1288–1293.
218. **Iverson KM, Mercado R, Carpenter SL, Street AE.** Intimate partner violence among women veterans: Previous interpersonal violence as a risk factor. *J. Trauma, Stress.* 2013b;26(6):767–771.
219. **Iverson KM, Vogt D, Dichter ME, et al.** Intimate partner violence and current mental health needs among female veterans. *J Am Board Fam Med* 2015b;28(6):772–776.
220. **Forman-Hoffman VL, Mengeling M, Booth BM, Torner J, Sadler AG.** Eating disorders, post-traumatic stress, and sexual trauma in women veterans. *Mil. Med.* 2012;177(10):1161–1168.
221. **Higgins DM, Dorflinger L, MacGregor KL, Heapy AA, Goulet JL, Ruser C.** Binge eating behavior among a national sample of overweight and obese veterans. *Obesity* 2013;21(5):900–903.
222. **Litwack SD, Mitchell KS, Sloan DM, Reardon AF, Miller MW.** Eating disorder symptoms and comorbid psychopathology among male and female veterans. *Gen. Hosp. Psychiatry* 2014;36(4):406–410.
223. **Mitchell KS, Rasmussen A, Bartlett B, Gerber MR.** Eating disorders and associated mental health comorbidities in female veterans. *Psychiatry Res.* 2014a;219(3):589–591.
224. **Mitchell KS, Wolf EJ, Reardon AF, Miller MW.** Association of eating disorder symptoms with internalizing and externalizing dimensions of psychopathology among men and women. *Int J Eat Disord* 2014b;47(8):860–869.
225. **Burnett-Zeigler I, Zivin K, Ilgen M, Szymanski B, Blow FC, Kales HC.** Depression treatment in older adult veterans. *Am. J. Geriatr. Psychiatry* 2012;20(3):228–238.
226. **Davis TD, Deen TL, Fortney JC, Sullivan G, Hudson TJ.** Utilization of VA mental health and primary care services among Iraq and Afghanistan veterans with depression: The influence of gender and ethnicity status. *Mil. Med.* 2014;179(5):515–520.
227. **Li Z, Pfeiffer PN, Hoggatt KJ, et al.** Emergent anxiety after antidepressant initiation: A retrospective cohort study of Veterans Affairs Health System patients with depression. *Clin. Ther.* 2011;33(12):1985–1992.e1981.
228. **Mohamed S, Leslie DL, Rosenheck RA.** Use of antipsychotics in the treatment of major depressive disorder in the U.S. Department of Veterans Affairs. *J Clin Psychiatry Jun* 2009;70(6):906–912.
229. **Cohen BE, Maguen S, Bertenthal D, Shi Y, Jacoby V, Seal KH.** Reproductive and other health outcomes in Iraq and Afghanistan women veterans using VA healthcare: Association with mental health diagnoses. *Womens Health Issues* 2012;22(5):e461–471.
230. **Mattocks KM, Skanderson M, Goulet JL, et al.** Pregnancy and mental health among women veterans returning from Iraq and Afghanistan. *J. Women's Health* 2010;19(12):2159–2166.
231. **Shaw JG, Asch SM, Kimerling R, Frayne SM, Shaw KA, Phibbs CS.** Posttraumatic stress disorder and risk of spontaneous preterm birth. *Obstet. Gynecol.* 2014;124(6):1111–1119.
232. **Miller LJ, Ghadiali NY.** Gender-specific mental healthcare needs of women veterans treated for psychiatric disorders in a veterans administration women's health clinic. *Med. Care* 2015;53(4 Suppl 1):S93–96.
233. **Teh CF, Kilbourne AM, McCarthy JF, Welsh D, Blow FC.** Gender differences in health-related quality of life for veterans with serious mental illness. *Psychiatr. Serv.* 2008;59(6):663–669.
234. **Charlotte M, Schwartz E, Slade E, et al.** Gender differences in mood stabilizer medications prescribed to veterans with serious mental illness. *J. Affect. Disord.* 2015;188:112–117.

235. **Schwartz E, Charlotte M, Slade E, et al.** Gender differences in antipsychotics prescribed to veterans with serious mental illness. *Gen. Hosp. Psychiatry* 2015;37(4):347–351.
236. **McDuffie E, Brown GR.** 70 U.S. Veterans with gender identity disturbances: A descriptive study. *Int J Transgend* 2010;12(1):21–30.
237. **Taft CT, Monson CM, Hebenstreit CL, King DW, King LA.** Examining the correlates of aggression among male and female Vietnam veterans. *Violence Vict.* 2009;24(5):639–652.
238. **Westermeyer J, Canive J, Thuras P, Oakes M, Spring M.** Pathological and problem gambling among veterans in clinical care: Prevalence, demography, and clinical correlates. *Am. J. Addict.* 2013;22(3):218–225.
239. **Borrero S, Mor MK, Zhao X, McNeil M, Ibrahim S, Hayes P.** Contraceptive care in the VA healthcare system. *Contraception* 2012;85(6):580–588.
240. **Borrero S, Zhao X, Mor MK, Schwarz EB, Good CB, Gellad WF.** Adherence to hormonal contraception among women veterans: Differences by race/ethnicity and contraceptive supply. *Am. J. Obstet. Gynecol.* 2013;209(2):103.e101–111.
241. **Bukowski AT, DeSciocolo C, Conlin AM, Ma KR, Sevick CJ, Smith TC.** Birth defects in infants born in 1998–2004 to men and women serving in the U.S. Military during the 1990–1991 Gulf War era. *Birth Defects Res A Clin Mol Teratol* 2012;94(9):721–728.
242. **Callegari LS, Borrero S, Reiber GE, et al.** Reproductive life planning in primary care: A qualitative study of women veterans' perceptions. *Womens Health Issues* 2015b;25(5):548–554.
243. **Goyal V, Mattocks K, Bimla Schwarz E, et al.** Contraceptive provision in the VA healthcare system to women who report military sexual trauma. *J. Women's Health* 2014;23(9):740–745.
244. **Gray KE, Katon JG, Callegari LS, Cordasco KM, Zephyrin LC.** Gynecologists in the VA: Do they enhance availability of sex-specific services and policies in the emergency department? *Med. Care* 2015;53(4 Suppl 1):S76–80.
245. **Katon J, Cypel Y, Raza M, et al.** Self-reported infertility among male and female veterans serving during Operation Enduring Freedom/Operation Iraqi Freedom. *J. Women's Health* 2014a;23(2):175–183.
246. **Katon J, Mattocks K, Zephyrin L, et al.** Gestational diabetes and hypertensive disorders of pregnancy among women veterans deployed in service of operations in Afghanistan and Iraq. *J. Women's Health* 2014b;23(10):792–800.
247. **Katon J, Reiber G, Rose D, et al.** VA location and structural factors associated with on-site availability of reproductive health services. *J. Gen. Intern. Med.* 2013;28 Suppl 2:S591–597.
248. **Katon JG, Hoggatt KJ, Balasubramanian V, et al.** Reproductive health diagnoses of women veterans using Department of Veterans Affairs healthcare. *Med. Care* 2015a;53(4 Suppl 1):S63–67.
249. **Katon JG, Washington DL, Cordasco KM, Reiber GE, Yano EM, Zephyrin LC.** Prenatal care for women veterans who use Department of Veterans Affairs healthcare. *Womens Health Issues* 2015b;25(4):377–381.
250. **Kazerooni R, Blake A, Thai J.** Predictors of pregnancy in female veterans receiving a hormonal contraceptive pill, patch, or ring. *Ann. Pharmacother.* 2015;49(12):1284–1290.
251. **Kazerooni R, Takizawa A, Vu K.** Predictors of adherence to hormonal contraceptives in a female veteran population. *Contraception* 2014a;89(4):292–298.
252. **Kazerooni R, Vu K, Takizawa A, Broadhead C, Morreale AP.** Association of copayment and socioeconomic status with hormonal contraceptive adherence in a female veteran population. *Womens Health Issues* 2014b;24(2):e237–241.
253. **Lehavot K, Katon JG, Williams EC, et al.** Sexual behaviors and sexually transmitted infections in a nationally representative sample of women veterans and nonveterans. *J. Women's Health* 2014b;23(3):246–252.
254. **Mattocks K, Kroll-Desrosiers A, Zephyrin L, et al.** Infertility care among OEF/OIF/OND women veterans in the Department of Veterans Affairs. *Med. Care* 2015;53(4 Suppl 1):S68–75.
255. **Mattocks KM, Frayne S, Pihlbus CS, et al.** Five-year trends in women veterans' use of VA maternity benefits, 2008–2012. *Womens Health Issues* 2014;24(1):e37–42.
256. **Mattocks KM, Nikolajski C, Haskell S, et al.** Women veterans' reproductive health preferences and experiences: A focus group analysis. *Womens Health Issues* 2011;21(2):124–129.
257. **Ryan GL, Mengeling MA, Booth BM, Torner JC, Syrop CH, Sadler AG.** Voluntary and involuntary childlessness in female veterans: Associations with sexual assault. *Fertil. Steril.* 2014;102(2):539–547.
258. **Sadler AG, Mengeling MA, Fraley SS, Torner JC, Booth BM.** Correlates of sexual functioning in women veterans: Mental health, gynecologic health, health status, and sexual assault history. *Int J Sex Health* 2012;24(1):60–77.
259. **Sadler AG, Mengeling MA, Syrop CH, Torner JC, Booth BM.** Lifetime sexual assault and cervical cytologic abnormalities among military women. *J. Women's Health* 2011;20(11):1693–1701.
260. **Schwarz EB, Longo LS, Zhao X, Stone RA, Cunningham F, Good CB.** Provision of potentially teratogenic medications to female veterans of childbearing age. *Med. Care* 2010;48(9):834–842.
261. **Schwarz EB, Mattocks K, Brandt C, et al.** Counseling of female veterans about risks of medication-induced birth defects. *J. Gen. Intern. Med.* 2013;28 Suppl 2:S598–603.
262. **Womack JA, Scotch M, Leung SN, et al.** Use of structured and unstructured data to identify contraceptive use in women veterans. *Perspect Health Inf Manag.* 2013 2013:1–15.
263. **Bean-Mayberry B, Yano EM, Mor MK, Bayliss NK, Xu X, Fine MJ.** Does sex influence immunization status for influenza and pneumonia in older veterans? *J. Am. Geriatr. Soc.* 2009;57(8):1427–1432.
264. **Bryan TJ, Estrada CA, Castiglioni A, Snyder ED.** Impact of an educational intervention on provider knowledge, attitudes, and comfort level regarding counseling women ages 40–49 about breast cancer screening. *J. Multidiscip. Healthc.* 2015;8:209–216.
265. **Chou AF, Rose DE, Farmer M, Canelo I, Yano EM.** Organizational factors affecting the likelihood of cancer screening among VA patients. *Med. Care* 2015;53(12):1040–1049.
266. **del Junco DJ, Vernon SW, Coan SP, et al.** Promoting regular mammography screening I. A systematic assessment of validity in a randomized trial. *J. Natl. Cancer Inst.* 2008;100(5):333–346.
267. **Forbus L, Kelly UA.** Screening for obstructive sleep apnea in veterans seeking treatment of posttraumatic stress disorder. *ANS Adv Nurs Sci* 2015;38(4):298–305.
268. **Gellad ZF, Stechuchak KM, Fisher DA, et al.** Longitudinal adherence to fecal occult blood testing impacts colorectal cancer screening quality. *Am. J. Gastroenterol.* 2011;106(6):1125–1134.
269. **Griffin JM, Burgess D, Vernon SW, et al.** Are gender differences in colorectal cancer screening rates due to differences in self-reporting? *Prev. Med.* 2009;49(5):436–441.
270. **Haskell SG, Gordon KS, Mattocks K, et al.** Gender differences in rates of depression, PTSD, pain, obesity, and military sexual trauma among Connecticut war veterans of Iraq and Afghanistan. *J. Women's Health* 2010;19(2):267–271.
271. **Lairson DR, Chan W, Chang YC, del Junco DJ, Vernon SW.** Cost-effectiveness of targeted versus tailored interventions to promote mammography screening among women military veterans in the United States. *Eval Program Plann* 2011;34(2):97–104.
272. **Littman AJ, Koepsell TD, Forsberg CW, Haselkorn JK, Boyko EJ.** Preventive services in veterans in relation to disability. *J. Rehabil. Res. Dev.* 2012b;49(3):339–350.
273. **Rivera CM, Copeland LA, McNeal CJ, Mortensen EM, Pugh MJ, MacCarthy DJ.** Use of healthcare system-supplied aspirin by veterans with postoperative heart attack or unstable angina. *Am J Med Sci* 2015b;350(4):263–267.
274. **Ross JS, Keyhani S, Keenan PS, et al.** Dual use of Veterans Affairs services and use of recommended ambulatory care. *Med. Care* 2008;46(3):309–316.
275. **Yancy WS, Jr., McDuffie JR, Stechuchak KM, et al.** Obesity and receipt of clinical preventive services in veterans. *Obesity* 2010;18(9):1827–1835.
276. **Yee EF, White R, Lee SJ, et al.** Mental illness: Is there an association with cancer screening among women veterans? *Womens Health Issues* 2011;21(4 Suppl):S195–202.
277. **Federman DG, Kravetz JD, Ma F, Kirsner RS.** Patient gender affects skin cancer screening practices and attitudes among veterans. *South. Med. J.* 2008;101(5):513–518.
278. **Murphy CC, Vernon SW, Diamond PM, Tiro JA.** Competitive testing of health behavior theories: How do benefits, barriers, subjective norm, and intention influence mammography behavior? *Ann. Behav. Med.* 2014a;47(1):120–129.
279. **Backus LI, Belperio PS, Loomis TP, Mole LA.** Impact of Race/Ethnicity and Gender on HCV Screening and Prevalence Among US Veterans in Department of Veterans Affairs Care. *Am J Ppublic Health* 2014; S555–S561.
280. **Davisson L, Warden M, Manivannan S, et al.** Osteoporosis screening: Factors associated with bone mineral density testing of older women. *J. Women's Health* 2009;18(7):989–994.

281. **Der-Martirosian C, Cordasco KM, Washington DL.** Health-related quality of life and comorbidity among older women veterans in the United States. *Qual. Life Res.* 2013;22(10):2749–2756.
282. **Friedlander AH, El-Saden SM, Aghazadehsanai N, Chang TI, Harada ND, Garrett NR.** Association of calcified carotid atheromas visualized on panoramic images and aortic arch calcifications seen on chest radiographs of postmenopausal women. *J Am Dent Assoc* 2014;145(4):345–351.
283. **Gerber MR, King MW, Pineles SL, et al.** Hormone therapy use in women veterans accessing Veterans Health Administration care: A national cross-sectional study. *J. Gen. Intern. Med.* 2015;30(2):169–175.
284. **Haskell SG, Bean-Mayberry B, Gordon K.** Discontinuing postmenopausal hormone therapy: An observational study of tapering versus quitting cold turkey: Is there a difference in recurrence of menopausal symptoms? *Menopause* 2009a;16(3):494–499.
285. **Haskell SG, Bean-Mayberry B, Goulet JL, Skanderson M, Good CB, Justice AC.** Determinants of hormone therapy discontinuation among female veterans nationally. *Mil. Med.* 2008b;173(1):91–96.
286. **LaFleur J, DuVall SL, Willson T, et al.** Analysis of osteoporosis treatment patterns with bisphosphonates and outcomes among postmenopausal veterans. *Bone* 2015;78:174–185.
287. **Lavelle SL, Etingen B, Louise-Bender Pape T.** Caregiving experiences and health conditions of women veteran and non-veteran caregivers. *Womens Health Issues* 2013;23(4):e225–232.
288. **Rimland D, Moanna A.** Increasing incidence of herpes zoster among veterans. *Clin. Infect. Dis.* 2010;50(7):1000–1005.
289. **Rouen PA, Krein SL, Reame NE.** Postmenopausal symptoms in female veterans with type 2 diabetes: Glucose control and symptom severity. *J. Women's Health* 2015;24(6):496–505.
290. **Shibli-Rahhal A, Vaughan-Sarrazin MS, Richardson K, Cram P.** Testing and treatment for osteoporosis following hip fracture in an integrated U.S. Healthcare delivery system. *Osteoporos. Int.* 2011;22(12):2973–2980.
291. **Weitlauf JC, LaCroix AZ, Bird CE, et al.** Prospective analysis of health and mortality risk in veteran and non-veteran participants in the women's health initiative. *Womens Health Issues* 2015;25(6):649–657.
292. **Bush RL, Kallen MA, Liles DR, Bates JT, Petersen LA.** Knowledge and awareness of peripheral vascular disease are poor among women at risk for cardiovascular disease. *J. Surg. Res.* 2008;145(2):313–319.
293. **Canter DL, Atkins MD, McNeal CJ, Bush RL.** Risk factor treatment in veteran women at risk for cardiovascular disease. *J. Surg. Res.* 2009;157(2):175–180.
294. **Davis MB, Maddox TM, Langner P, Plomondon ME, Rumsfeld JS, Duvernoy CS.** Characteristics and outcomes of women veterans undergoing cardiac catheterization in the Veterans Affairs Healthcare System: Insights from the VA cart program. *Circ Cardiovasc Qual Outcomes* 2015;8(2 Suppl 1):S39–47.
295. **Goldstein KM, Melnyk SD, Zullig LL, et al.** Heart matters: Gender and racial differences cardiovascular disease risk factor control among veterans. *Womens Health Issues* 2014;24(5):477–483.
296. **Johnson RG, Wittgen CM, Hutter MM, Henderson WG, Mosca C, Khuri SF.** Comparison of risk-adjusted 30-day postoperative mortality and morbidity in Department of Veterans Affairs hospitals and selected university medical centers: Vascular surgical operations in women. *J. Am. Coll. Surg.* Jun 2007;204(6):1137–1146.
297. **Rose DE, Farmer MM, Yano EM, Washington DL.** Racial/ethnic differences in cardiovascular risk factors among women veterans. *J. Gen. Intern. Med.* 2013;28 Suppl 2:S524–528.
298. **Sambamoorthi U, Mitra S, Findley PA, Pogach LM.** Decomposing gender differences in low-density lipoprotein cholesterol among veterans with or at risk for cardiovascular illness. *Womens Health Issues* 2012;22(2):e201–208.
299. **Vimalananda VG, Miller DR, Christiansen CL, Wang W, Tremblay P, Fincke BG.** Cardiovascular disease risk factors among women veterans at VA medical facilities. *J. Gen. Intern. Med.* 2013a;28 Suppl 2:S517–523.
300. **Virani SS, Woodard LD, Chitwood SS, et al.** Frequency and correlates of treatment intensification for elevated cholesterol levels in patients with cardiovascular disease. *Am. Heart J.* 2011;162(4):725–732.e721.
301. **Virani SS, Woodard LD, Ramsey DJ, et al.** Gender disparities in evidence-based statin therapy in patients with cardiovascular disease. *Am. J. Cardiol.* 2015;115(1):21–26.
302. **Wheeler S, Bowen JD, Maynard C, et al.** Women veterans and outcomes after acute myocardial infarction. *J. Women's Health* 2009;18(5):613–618.
303. **Arterburn D, Livingston EH, Olsen MK, et al.** Predictors of initial weight loss after gastric bypass surgery in twelve Veterans Affairs Medical Centers. *Obes Res Clin Pract* 2013;7(5):e367–376.
304. **Arterburn DE, Olsen MK, Smith VA, et al.** Association between bariatric surgery and long-term survival. *JAMA* 2015;313(1):62–70.
305. **Del Re AC, Frayne SM, Harris AH.** Antiobesity medication use across the Veterans Health Administration: Patient-level predictors of receipt. *Obesity* 2014;22(9):1968–1972.
306. **Littman AJ, Boyko EJ, McDonell MB, Fihn SD.** Evaluation of a weight management program for veterans. *Prev. Chronic Dis.* 2012a;9:E99.
307. **Littman AJ, Jacobson IG, Boyko EJ, Powell TM, Smith TC.** Millennium Cohort Study Team. Weight change following US military service. *Int. J. Obes.* 2013;37(2):244–253.
308. **Maguen S, Madden E, Cohen B, et al.** The relationship between body mass index and mental health among Iraq and Afghanistan veterans. *J. Gen. Intern. Med.* 2013;28 Suppl 2:S563–570.
309. **Rosenberger PH, Ning Y, Brandt C, Allore H, Haskell S.** Bmi trajectory groups in veterans of the Iraq and Afghanistan Wars. *Prev. Med.* 2011;53(3):149–154.
310. **Maciejewski ML, Livingston EH, Kahwati LC, Henderson WG, Kavee AL, Arterburn DE.** Discontinuation of diabetes and lipid-lowering medications after bariatric surgery at Veterans Affairs Medical Centers. *Surg. Obes. Relat. Dis.* 2010;6(6):601–607.
311. **Maciejewski ML, Livingston EH, Smith VA, et al.** Survival among high-risk patients after bariatric surgery. *JAMA* 2011;305(23):2419–2426.
312. **Bair MJ, Matthias MS, Nyland KA, et al.** Barriers and facilitators to chronic pain self-management: A qualitative study of primary care patients with comorbid musculoskeletal pain and depression. *Pain Med.* 2009;10(7):1280–1290.
313. **Denke L, Barnes DM.** An ethnography of chronic pain in veteran enlisted women. *Pain Manag Nurs* 2013;14(4):e189–195.
314. **Driscoll MA, Higgins DM, Seng EK, et al.** Trauma, social support, family conflict, and chronic pain in recent service veterans: Does gender matter? *Pain Med.* 2015;16(6):1101–1111.
315. **Grossl EJ, Weingart KR, Johnson N, Baxi S.** The benefits of yoga for women veterans with chronic low back pain. *J. Altern. Complement. Med.* 2012;18(9):832–838.
316. **Haskell SG, Brandt CA, Krebs EE, Skanderson M, Kerns RD, Goulet JL.** Pain among veterans of Operations Enduring Freedom and Iraqi Freedom: Do women and men differ? *Pain Med.* 2009b;10(7):1167–1173.
317. **Oliva EM, Midboe AM, Lewis ET, et al.** Sex differences in chronic pain management practices for patients receiving opioids from the Veterans Health Administration. *Pain Med.* 2015;16(1):112–118.
318. **Weimer MB, Macey TA, Nicolaidis C, Dobscha SK, Duckart JP, Morasco BJ.** Sex differences in the medical care of VA patients with chronic non-cancer pain. *Pain Med.* 2013;14(12):1839–1847.
319. **Lopez MR, Cheng JY, Kanner AM, Carvalho DZ, Diamond JA, Wallace DM.** Insomnia symptoms in south florida military veterans with epilepsy. *Epilepsy Behav.* 2013;27(1):159–164.
320. **Mohanty AF, Muthukutty A, Carter ME, et al.** Chronic multisymptom illness among female veterans deployed to Iraq and Afghanistan. *Med. Care* 2015;53(4 Suppl 1):S143–148.
321. **Nazarian D, Kimerling R, Frayne SM.** Posttraumatic stress disorder, substance use disorders, and medical comorbidity among returning U.S. Veterans. *J. Trauma. Stress.* 2012;25(2):220–225.
322. **Steinman MA, Lee SJ, John Boscardin W, et al.** Patterns of multimorbidity in elderly veterans. *J. Am. Geriatr. Soc.* 2012;60(10):1872–1880.
323. **Tyson GL, Kramer JR, Duan Z, Davila JA, Richardson PA, El-Serag HB.** Prevalence and predictors of hepatitis B virus coinfection in a United States cohort of hepatitis C virus-infected patients. *Hepatology* 2013;58(2):538–545.
324. **Volkman JE, DeRycke EC, Driscoll MA, et al.** Smoking status and pain intensity among OEF/OIF/OND veterans. *Pain Med.* 2015;16(9):1690–1696.
325. **Womack JA, Chang CC, So-Armah KA, et al.** HIV infection and cardiovascular disease in women. *J. Am. Heart Assoc.* 2014;3(5):e001035.
326. **Brown GR, Jones KT.** Incidence of breast cancer in a cohort of 5135 transgender veterans. *Breast Cancer Res. Treat.* 2015;149(1):191–198.
327. **Colonna S, Halwani A, Ying J, Buys S, Sweeney C.** Women with breast cancer in the Veterans Health Administration: Demographics, breast cancer characteristics, and trends. *Med. Care* 2015;53(4 Suppl 1):S149–155.
328. **Kvasnovsky CL, Kesmodel SB, Gragasian JL, et al.** Expansion of screening mammography in the Veterans Health Administration: Implications for breast cancer treatment. *JAMA Surgery* 2013;148(11):999–1004.
329. **Leong M, Chike-Obi CJ, Basu CB, Lee EI, Albo D, Netscher DT.** Effective breast reconstruction in female veterans. *Am. J. Surg.* 2009;198(5):658–663.

330. **Luther SL, Neumayer L, Henderson WG, et al.** The use of breast-conserving surgery for women treated for breast cancer in the Department of Veterans Affairs. *Am. J. Surg.* 2013;206(1):72-79.
331. **McQueen A, Swank PR, Bastian LA, Vernon SW.** Predictors of perceived susceptibility of breast cancer and changes over time: A mixed modeling approach. *Health Psychol.* 2008;27(1):68-77.
332. **Iverson KM, Hendricks AM, Kimerling R, et al.** Psychiatric diagnoses and neurobehavioral symptom severity among OEF/OIF VA patients with deployment-related traumatic brain injury: A gender comparison. *Womens Health Issues* 2011;21(4 Suppl):S210-217.
333. **Iverson KM, Pogoda TK.** Traumatic brain injury among women veterans: An invisible wound of intimate partner violence. *Med. Care* 2015;53(4 Suppl 1):S112-119.
334. **Iverson KM, Pogoda TK, Gradus JL, Street AE.** Deployment-related traumatic brain injury among Operation Enduring Freedom/Operation Iraqi Freedom veterans: Associations with mental and physical health by gender. *J. Women's Health* 2013;22(3):267-275.
335. **Pogoda TK, Hendricks AM, Iverson KM, et al.** Multisensory impairment reported by veterans with and without mild traumatic brain injury history. *J. Rehabil. Res. Dev.* 2012;49(7):971-984.
336. **Rogers TJ, Smith BM, Weaver FM, et al.** Healthcare utilization following mild traumatic brain injury in female veterans. *Brain Inj.* 2014;28(11):1406-1412.
337. **Backus L, Czarnogorski M, Yip G, et al.** HIV care continuum applied to the US Department of Veterans Affairs: HIV virologic outcomes in an integrated healthcare system. *J. Acquir. Immune Defic. Syndr.* 2015;69(4):474-480.
338. **Bedimo RJ, McGinnis KA, Dunlap M, Rodriguez-Barradas MC, Justice AC.** Incidence of non-aids-defining malignancies in HIV-infected versus noninfected patients in the HAART era: Impact of immunosuppression. *J. Acquir. Immune Defic. Syndr.* 2009;52(2):203-208.
339. **Blackstock OJ, Tate JP, Akgun KM, et al.** Sex disparities in overall burden of disease among HIV-infected individuals in the Veterans Affairs Healthcare System. *J. Gen. Intern. Med.* 2013;28 Suppl 2:S577-582.
340. **Czarnogorski M, Halloran Cns J, Pedati C, et al.** Expanded HIV testing in the US Department of Veterans Affairs, 2009-2011. *Am. J. Public Health* 2013;103(12):e40-45.
341. **Nayak SU, Welch ML, Kan VL.** Greater HIV testing after Veterans Health Administration policy change: The experience from a VA Medical Center in a high HIV prevalence area. *J. Acquir. Immune Defic. Syndr.* 2012;60(2):165-168.
342. **Brown DW.** Smoking prevalence among US veterans. *J. Gen. Intern. Med.* 2010;25(2):147-149.
343. **Katzburg JR, Farmer MM, Poza IV, Sherman SE.** Listen to the consumer: Designing a tailored smoking-cessation program for women. *Subst. Use Misuse* 2008;43(8-9):1240-1259.
344. **Katzburg JR, Yano EM, Washington DL, et al.** Combining women's preferences and expert advice to design a tailored smoking cessation program. *Subst. Use Misuse* 2009;44(14):2114-2137.
345. **Barnett PG, Hamlett-Berry K, Sung HY, Max W.** Healthcare expenditures attributable to smoking in military veterans. *Nicotine Tob. Res.* 2015;17(5):586-591.
346. **Farmer MM, Rose DE, Riopelle D, Lanto AB, Yano EM.** Gender differences in smoking and smoking cessation treatment: An examination of the organizational features related to care. *Womens Health Issues* 2011;21(4 Suppl):S182-189.
347. **Bastian L, Fish LJ, Gierisch JM, Stechuchak KM, Grambow SC, Keefe FJ.** Impact of smoking cessation on subsequent pain intensity among chronically ill veterans enrolled in a smoking cessation trial. *J Pain Symptom Manage* 2015b;50(6):822-829.
348. **Cameron MH, Poel AJ, Haselkorn JK, Linke A, Bourdette D.** Falls requiring medical attention among veterans with multiple sclerosis: A cohort study. *J. Rehabil. Res. Dev.* 2011;48(1):13-20.
349. **Khurana SR, Bamer AM, Turner AP, et al.** The prevalence of overweight and obesity in veterans with multiple sclerosis. *Am J Phys Med Rehabil* 2009;88(2):83-91.
350. **Wallin MT, Culpepper WJ, Coffman P, et al.** The Gulf War era multiple sclerosis cohort: Age and incidence rates by race, sex and service. *Brain* 2012;135(Pt 6):1778-1785.
351. **Wallin MT, Kurtzke JF, Culpepper WJ, et al.** Multiple sclerosis in Gulf War era veterans. 2. Military deployment and risk of multiple sclerosis in the first Gulf War. *Neuroepidemiology* 2014;42(4):226-234.
352. **Vimalananda VG, Miller DR, Palnati M, Christiansen CL, Fincke BG.** Gender disparities in lipid-lowering therapy among veterans with diabetes. *Womens Health Issues* 2011;21(4 Suppl):S176-181.
353. **Wheeler S, Moore K, Forsberg CW, et al.** Mortality among veterans with type 2 diabetes initiating metformin, sulfonylurea or rosiglitazone monotherapy. *Diabetologia* 2013;56(9):1934-1943.
354. **Vimalananda VG, Miller DR, Hofer TP, Holleman RG, Klamerus ML, Kerr EA.** Accounting for clinical action reduces estimates of gender disparities in lipid management for diabetic veterans. *J. Gen. Intern. Med.* 2013b;28 Suppl 2:S529-535.
355. **Curtin CM, Suarez PA, Di Ponio LA, Frayne SM.** Who are the women and men in Veterans Health Administration's current spinal cord injury population? *J. Rehabil. Res. Dev.* 2012;49(3):351-360.
356. **Rivera JC, Krueger CA, Johnson AE.** Female combat amputees have higher rates of posttraumatic stress disorder disability. *US Army Med Dep J.* 2015a;74-79.
357. **Al Mohajer M, Musher DM, Minard CG, Darouiche RO.** Clinical significance of *Staphylococcus aureus* bacteriuria at a tertiary care hospital. *Scand. J. Infect. Dis.* 2013;45(9):688-695.
358. **Alazeh A, Cooper MM, Bailey B, Youssef DA, Manning T, Peiris AN.** Vitamin D status and monitoring in female veterans. *Women Health* 2015;55(4):367-377.
359. **Anger JT, Saigal CS, Wang M, Yano EM.** Urologic Diseases in America P. Urologic disease burden in the United States: Veteran users of Department of Veterans Affairs healthcare. *Urology* 2008;72(1):37-41.
360. **Baughman KR, Bourguet CC, Ober SK.** Gender differences in the association between antidepressant use and restless legs syndrome. *Mov. Disord.* 2009;24(7):1054-1059.
361. **Carlson KF, Taylor BC, Hagel EM, Cutting A, Kerns R, Sayer NA.** Headache diagnoses among Iraq and Afghanistan War veterans enrolled in VA: A gender comparison. *Headache* 2013;53(10):1573-1582.
362. **Dodge HS, Ekhtor NN, Jefferson-Wilson L, et al.** Cigarette smokers have reduced risk for post-dural puncture headache. *Pain Phys* 2013;16(1):E25-30.
363. **Graham DP, Savas L, White D, et al.** Irritable bowel syndrome symptoms and health related quality of life in female veterans. *Aliment. Pharmacol. Ther.* 2010;31(2):261-273.
364. **Khan N, Abbas AM, Almukhtar RM, Cole EB, Khan AN.** Adherence and efficacy of screening for low bone mineral density among ulcerative colitis patients treated with corticosteroids. *Am. J. Gastroenterol.* 2014;109(4):572-578.
365. **Murphy LB, Helmick CG, Allen KD, et al.** Arthritis among veterans - United States, 2011-2013. *MMWR Morb. Mortal. Wkly Rep.* 2014b;63(44):999-1003.
366. **Rohde NN, Baca CB, Van Cott AC, Parko KL, Amuan ME, Pugh MJ.** Antiepileptic drug prescribing patterns in Iraq and Afghanistan War veterans with epilepsy. *Epilepsy Behav.* 2015;46:133-139.
367. **Shibuya N, Jupiter DC, Ciliberti LJ, Jr., VanBuren V, La Fontaine J.** Prevalence of podiatric medical problems in veterans versus nonveterans. *J. Am. Podiatr. Med. Assoc.* 2011;101(4):323-330.
368. **Smylie AL, Broderick G, Fernandes H, et al.** A comparison of sex-specific immune signatures in Gulf War illness and chronic fatigue syndrome. *BMC Immunol.* 2013;14:29.
369. **Weisskopf MG, Cudkovicz ME, Johnson N.** Military service and amyotrophic lateral sclerosis in a population-based cohort. *Epidemiology* 2015;26(6):831-838.
370. **Bastian LA, Trentalange M, Murphy TE, et al.** Association between women veterans' experiences with VA outpatient healthcare and designation as a women's health provider in primary care clinics. *Womens Health Issues* 2014;24(6):605-612.
371. **Bean-Mayberry B, Bastian L, Trentalange M, et al.** Associations between provider designation and female-specific cancer screening in women veterans. *Med. Care* 2015;53(4 Suppl 1):S47-54.
372. **Bergman AA, Frankel RM, Hamilton AB, Yano EM.** Challenges with delivering gender-specific and comprehensive primary care to women veterans. *Womens Health Issues* 2015;25(1):28-34.
373. **deKleijn M, Lagro-Janssen AL, Canelo I, Yano EM.** Creating a roadmap for delivering gender-sensitive comprehensive care for women veterans: Results of a national expert panel. *Med. Care* 2015;53(4 Suppl 1):S156-164.
374. **Kilbourne AM, Pirraglia PA, Lai Z, et al.** Quality of general medical care among patients with serious mental illness: Does colocation of services matter? *Psychiatr. Serv.* 2011;62(8):922-928.
375. **Mengeling MA, Sadler AG, Torner J, Booth BM.** Evolving comprehensive VA women's healthcare: Patient characteristics, needs, and preferences. *Womens Health Issues* 2011;21(4 Suppl):S120-129.
376. **O'Toole TP, Pirraglia PA, Dosa D, et al.** Building care systems to improve access for high-risk and vulnerable veteran populations. *J. Gen. Intern. Med.* 2011;26 Suppl 2:683-688.

377. **Sherman MD, Kauth MR, Shipherd JC, Street RL, Jr.** Communication between VA providers and sexual and gender minority veterans: A pilot study. *Psychol. Serv.* 2014;11(2):235-242.
378. **Wagner C, Dichter ME, Mattocks K.** Women veterans' pathways to and perspectives on Veterans Affairs healthcare. *Womens Health Issues* 2015;25(6):658-665.
379. **Washington DL, Bean-Mayberry B, Hamilton AB, Cordasco KM, Yano EM.** Women veterans' healthcare delivery preferences and use by military service era: Findings from the national survey of women veterans. *J. Gen. Intern. Med.* 2013b;28 Suppl 2:S571-576.
380. **Washington DL, Bean-Mayberry B, Mitchell MN, Riopelle D, Yano EM.** Tailoring VA primary care to women veterans: Association with patient-rated quality and satisfaction. *Womens Health Issues* 2011a;21(4 Suppl):S112-119.
381. **Washington DL, Farmer MM, Mor SS, Canning M, Yano EM.** Assessment of the healthcare needs and barriers to VA use experienced by women veterans: Findings from the national survey of women veterans. *Med. Care* 2015;53(4 Suppl 1):S23-31.
382. **Whitehead AM, Czarnogorski M, Wright SM, Hayes PM, Haskell SG.** Improving trends in gender disparities in the Department of Veterans Affairs: 2008-2013. *Am. J. Public Health* 2014;104 Suppl 4:S529-531.
383. **Hausmann LR, Gao S, Mor MK, Schaefer JH, Jr., Fine MJ.** Patterns of sex and racial/ethnic differences in patient healthcare experiences in US Veterans Affairs hospitals. *Med. Care* 2014;52(4):328-335.
384. **Seal KH, Cohen G, Bertenthal D, Cohen BE, Maguen S, Daley A.** Reducing barriers to mental health and social services for Iraq and Afghanistan veterans: Outcomes of an integrated primary care clinic. *J. Gen. Intern. Med.* 2011b;26(10):1160-1167.
385. **Johnson-Lawrence VD, Szymanski BR, Zivin K, McCarthy JF, Valenstein M, Pfeiffer PN.** Primary care-mental health integration programs in the Veterans Affairs health system serve a different patient population than specialty mental health clinics. *Prim Care Companion CNS Disord.* 2012;14(3).
386. **Kimerling R, Bastian LA, Bean-Mayberry BA, et al.** Patient-centered mental healthcare for female veterans. *Psychiatr. Serv.* 2015a;66(2):155-162.
387. **MacGregor C, Hamilton AB, Oishi SM, Yano EM.** Description, development, and philosophies of mental health service delivery for female veterans in the VA: A qualitative study. *Womens Health Issues* 2011;21(4 Suppl):S138-144.
388. **Oishi SM, Rose DE, Washington DL, MacGregor C, Bean-Mayberry B, Yano EM.** National variations in VA mental healthcare for women veterans. *Womens Health Issues* 2011;21(4 Suppl):S130-137.
389. **Tsai J, David DH, Edens EL, Crutchfield A.** Considering child care and parenting needs in Veterans Affairs mental health services. *Eval Program Plann* 2013a;39:19-22.
390. **Tsai J, Mota NP, Pietrzak RH.** U.S. Female veterans who do and do not rely on VA healthcare: Needs and barriers to mental health treatment. *Psychiatr. Serv.* 2015a;66(11):1200-1206.
391. **Kimerling R, Pavao J, Greene L, et al.** Access to mental healthcare among women veterans: Is VA meeting women's needs? *Med. Care* 2015b;53(4 Suppl 1):S97-S104.
392. **Martinez ME, Kearney DJ, Simpson T, Felleman BI, Bernardi N, Sayre G.** Challenges to enrollment and participation in mindfulness-based stress reduction among veterans: A qualitative study. *J. Altern. Complement. Med.* 2015;21(7):409-421.
393. **Sambamoorthi U, Bean-Mayberry B, Findley PA, Yano EM, Banerjee R.** Organization of care and diagnosed depression among women veterans. *Am. J. Manag. Care* 2010b;16(9):657-665.
394. **Cordasco KM, Zephyrin LC, Kessler CS, et al.** An inventory of VHA emergency departments' resources and processes for caring for women. *J. Gen. Intern. Med.* 2013;28 Suppl 2:S583-590.
395. **Vigil JM, Alcock J, Coulombe P, et al.** Ethnic disparities in emergency severity index scores among U.S. Veteran's affairs emergency department patients. *PLoS One.* 2015;10(5):e0126792.
396. **Cordasco KM, Huynh AK, Zephyrin L, et al.** Building capacity in VA to provide emergency gynecology services for women. *Med. Care* 2015a;53(4 Suppl 1):S81-87.
397. **Cordasco KM, Zuchowski JL, Hamilton AB, et al.** Early lessons learned in implementing a women's health educational and virtual consultation program in VA. *Med. Care* 2015b;53(4 Suppl 1):S88-92.
398. **Kauth MR, Shipherd JC, Lindsay JA, Kirsh S, Knapp H, Matza L.** Teleconsultation and training of VHA providers on transgender care: Implementation of a multisite hub system. *Telemed. J. E Health* 2015;21(12):1012-1018.
399. **Moin T, Ertl K, Schneider J, et al.** Women veterans' experience with a web-based diabetes prevention program: A qualitative study to inform future practice. *J. Med. Internet Res.* 2015;17(5):e127.
400. **Afari N, Pittman J, Floto E, et al.** Differential impact of combat on postdeployment symptoms in female and male veterans of Iraq and Afghanistan. *Mil. Med.* 2015;180(3):296-303.
401. **Burkhart L, Hogan N.** Being a female veteran: A grounded theory of coping with transitions. *Soc. Work. Ment. Health* 2015;13(2):108-127.
402. **Eisen SV, Schultz MR, Vogt D, et al.** Mental and physical health status and alcohol and drug use following return from deployment to Iraq or Afghanistan. *Am. J. Public Health* 2012;102 Suppl 1:S66-73.
403. **Haskell SG, Mattocks K, Goulet JL, et al.** The burden of illness in the first year home: Do male and female VA users differ in health conditions and healthcare utilization. *Womens Health Issues* 2011;21(1):92-97.
404. **Haskell SG, Ning Y, Krebs E, et al.** Prevalence of painful musculoskeletal conditions in female and male veterans in 7 years after return from deployment in Operation Enduring Freedom/Operation Iraqi Freedom. *Clin. J. Pain* 2012;28(2):163-167.
405. **Hoglund MW, Schwartz RM.** Mental health in deployed and non-deployed veteran men and women in comparison with their civilian counterparts. *Mil. Med.* 2014;179(1):19-25.
406. **Kachadourian LK, Smith BN, Taft CT, Vogt D.** The impact of infidelity on combat-exposed service members. *J. Trauma. Stress.* 2015;28(5):418-425.
407. **Kang HK, Cypel Y, Kilbourne AM, et al.** Healthviews: Mortality study of female US Vietnam era veterans, 1965-2010. *Am. J. Epidemiol.* 2014;179(6):721-730.
408. **Katz LS, Cojucar G, Davenport CT, Pedram C, Lindl C.** Post-deployment readjustment inventory: Reliability, validity, and gender differences. *Mil. Psychol.* 2010;22(1):41-56.
409. **Koenig CJ, Maguen S, Monroy JD, Mayott L, Seal KH.** Facilitating culture-centered communication between healthcare providers and veterans transitioning from military deployment to civilian life. *Patient Educ. Couns.* 2014;95(3):414-420.
410. **Leslie DL, Goulet J, Skanderson M, Mattocks K, Haskell S, Brandt C.** VA healthcare utilization and costs among male and female veterans in the year after service in Afghanistan and Iraq. *Mil. Med.* 2011;176(3):265-269.
411. **Mankowski M, Haskell SG, Brandt C, Mattocks KM.** Social support throughout the deployment cycle for women veterans returning from Iraq and Afghanistan. *Soc Work Healthcare* 2015;54(4):287-306.
412. **Rivera JC, Hylden CM, Johnson AE.** Disability after deployment injury: Are women and men service members different? *Clin. Orthop. Relat. Res.* 2015c;473(8):2448-2454.
413. **Sayer NA, Nooraloochi S, Frazier PA, et al.** Randomized controlled trial of online expressive writing to address readjustment difficulties among U.S. Afghanistan and Iraq War veterans. *J. Trauma. Stress.* 2015b;28(5):381-390.
414. **Street AE, Gradus JL, Giasson HL, Vogt D, Resick PA.** Gender differences among veterans deployed in support of the wars in Afghanistan and Iraq. *J. Gen. Intern. Med.* 2013;28 Suppl 2:S556-562.
415. **Villagran M, Ledford CJ, Canzona MR.** Women's health identities in the transition from military member to service veteran. *J. Health Commun.* 2015;20(10):1125-1132.
416. **Wang JM, Lee LO, Spiro A, 3rd.** Gender differences in the impact of warfare exposure on self-rated health. *Womens Health Issues* 2015;25(1):35-41.
417. **Maguen S, Madden E, Cohen BE, Bertenthal D, Seal KH.** Time to treatment among veterans of conflicts in Iraq and Afghanistan with psychiatric diagnoses. *Psychiatr. Serv.* 2012d;63(12):1206-1212.
418. **Delcher C, Wang Y, Maldonado-Molina M.** Trends in financial barriers to medical care for women veterans, 2003-2004 and 2009-2010. *Prev. Chronic Dis.* 2013;10:E171.
419. **Fox AB, Meyer EC, Vogt D.** Attitudes about the VA health-care setting, mental illness, and mental health treatment and their relationship with VA mental health service use among female and male OEF/OIF veterans. *Psychol. Serv.* 2015;12(1):49-58.
420. **Friedman SA, Frayne SM, Berg E, et al.** Travel time and attrition from VHA care among women veterans: How far is too far? *Med. Care* 2015;53(4 Suppl 1):S15-22.
421. **Grossbard JR, Lehavot K, Hoerster KD, Jakupcak M, Seal KH, Simpson TL.** Relationships among veteran status, gender, and key health indicators in a national young adult sample. *Psychiatr. Serv.* 2013;64(6):547-553.



422. **Hamilton AB, Frayne SM, Cordasco KM, Washington DL.** Factors related to attrition from VA healthcare use: Findings from the national survey of women veterans. *J. Gen. Intern. Med.* 2013;28 Suppl 2:S510-516.
423. **Hamilton AB, Poza I, Hines V, Washington DL.** Barriers to psychosocial services among homeless women veterans. *J. Soc. Work Pract. Addict.* 2012;12(1):52-68.
424. **Lehavot K, Der-Martirosian C, Simpson TL, Sadler AG, Washington DL.** Barriers to care for women veterans with posttraumatic stress disorder and depressive symptoms. *Psychol. Serv.* 2013b;10(2):203-212.
425. **Owens GP, Herrera CJ, Whitesell AA.** A preliminary investigation of mental health needs and barriers to mental healthcare for female veterans of Iraq and Afghanistan. *Traumatology* 2009;15(2):31-37.
426. **Shen C, Sambamoorthi U.** Associations between health-related quality of life and financial barriers to care among women veterans and women non-veterans. *Women Health* 2012;52(1):1-17.
427. **Shen Y, Hendricks A, Wang F, Gardner J, Kazis LE.** The impact of private insurance coverage on veterans' use of VA care: Insurance and selection effects. *Health Serv. Res.* Feb 2008;43(1 Pt 1):267-286.
428. **Washington DL, Bean-Mayberry B, Riopelle D, Yano EM.** Access to care for women veterans: Delayed healthcare and unmet need. *J. Gen. Intern. Med.* 2011b;26 Suppl 2:655-661.
429. **Di Leone BA, Vogt D, Gradus JL, Street AE, Giasson HL, Resick PA.** Predictors of mental healthcare use among male and female veterans deployed in support of the wars in Afghanistan and Iraq. *Psychol. Serv.* 2013;10(2):145-151.
430. **Hundt NE, Barrera TL, Mott JM, et al.** Predisposing, enabling, and need factors as predictors of low and high psychotherapy utilization in veterans. *Psychol. Serv.* 2014;11(3):281-289.
431. **Blackstock OJ, Haskell SG, Brandt CA, Desai RA.** Gender and the use of Veterans Health Administration homeless services programs among Iraq/Afghanistan veterans. *Med. Care* 2012;50(4):347-352.
432. **Hamilton AB, Poza I, Washington DL.** "Homelessness and trauma go hand-in-hand": Pathways to homelessness among women veterans. *Womens Health Issues* 2011;21(4):S203-209.
433. **Harpaz-Rotem I, Rosenheck RA, Desai R.** Residential treatment for homeless female veterans with psychiatric and substance use disorders: Effect on 1-year clinical outcomes. *J. Rehabil. Res. Dev.* 2011;48(8):891-899.
434. **Metraux S, Clegg LX, Daigh JD, Culhane DP, Kane V.** Risk factors for becoming homeless among a cohort of veterans who served in the era of the Iraq and Afghanistan conflicts. *Am. J. Public Health* Dec 2013;103 Suppl 2:S255-261.
435. **Montgomery AE, Byrne TH.** Services utilization among recently homeless veterans: A gender-based comparison. *Mil. Med.* 2014;179(3):236-239.
436. **Tsai J, KasproW WJ, Kane V, Rosenheck RA.** National comparison of literally homeless male and female VA service users: Entry characteristics, clinical needs, and service patterns. *Womens Health Issues* 2014a;24(1):e29-35.
437. **Tsai J, Pietrzak RH, Rosenheck RA.** Homeless veterans who served in Iraq and Afghanistan: Gender differences, combat exposure, and comparisons with previous cohorts of homeless veterans. *Admin. Pol. Ment. Health* Sep 2013b;40(5):400-405.
438. **Tsai J, Rosenheck RA, Kane V.** Homeless female U.S. Veterans in a national supported housing program: Comparison of individual characteristics and outcomes with male veterans. *Psychol. Serv.* 2014b;11(3):309-316.
439. **Tsai J, Rosenheck RA, KasproW WJ, Kane V.** Characteristics and use of services among literally homeless and unstably housed U.S. Veterans with custody of minor children. *Psychiatr. Serv.* 2015b;66(10):1083-1090.
440. **Tsai J, Rosenheck RA, McGuire JF.** Comparison of outcomes of homeless female and male veterans in transitional housing. *Community Ment. Health J.* 2012b;48(6):705-710.
441. **Washington DL, Yano EM, McGuire J, Hines V, Lee M, Gelberg L.** Risk factors for homelessness among women veterans. *J Healthcare Poor Underserved* 2010;21(1):82-91.
442. **Montgomery AE, Dichter ME, Thomasson AM, Fu X, Roberts CB.** Demographic characteristics associated with homelessness and risk among female and male veterans accessing VHA outpatient care. *Womens Health Issues* 2015;25(1):42-48.
443. **Duggal M, Goulet JL, Womack J, et al.** Comparison of outpatient healthcare utilization among returning women and men veterans from Afghanistan and Iraq. *BMC Health Serv. Res.* 2010;10:175.
444. **Friedman SA, Phibbs CS, Schmitt SK, Hayes PM, Herrera L, Frayne SM.** New women veterans in the VHA: A longitudinal profile. *Womens Health Issues* 2011;21(4 Suppl):S103-111.
445. **Kauth MR, Shipherd JC, Lindsay J, Blossnich JR, Brown GR, Jones KT.** Access to care for transgender veterans in the Veterans Health Administration: 2006-2013. *Am. J. Public Health* 2014;104 Suppl 4:S532-534.
446. **McCarthy JF, Valenstein M, Dixon L, Visnic S, Blow FC, Slade E.** Initiation of assertive community treatment among veterans with serious mental illness: Client and program factors. *Psychiatr. Serv.* 2009b;60(2):196-201.
447. **Shipherd JC, Mizock L, Maguen S, Green KE.** Male-to-female transgender veterans and VA healthcare utilization. *Int J Sex Health* 2012;24(1):78-87.
448. **Simpson TL, Balsam KF, Cochran BN, Lehavot K, Gold SD.** Veterans administration healthcare utilization among sexual minority veterans. *Psychol. Serv.* 2013;10(2):223-232.
449. **Elbogen EB, Wagner HR, Johnson SC, et al.** Are Iraq and Afghanistan veterans using mental health services? New data from a national random-sample survey. *Psychiatr. Serv.* 2013;64(2):134-141.
450. **Koo KH, Madden E, Maguen S.** Race-ethnicity and gender differences in VA healthcare service utilization among U.S. Veterans of recent conflicts. *Psychiatr. Serv.* 2015b;66(5):507-513.
451. **Kramer BJ, Jouldjian S, Washington DL, Harker JO, Saliba D, Yano EM.** Healthcare for American Indian and Alaska Native women. *Womens Health Issues* 2009;19(2):135-143.
452. **Reinhard MJ, Nassif TH, Bloeser K, et al.** CAM utilization among OEF/OIF veterans: Findings from the national health study for a new generation of US veterans. *Med. Care* 2014;52(12 Suppl 5):S45-49.
453. **West AN, Lee PW.** Associations between childbirth and women veterans' VA and non-VA hospitalizations for major diagnostic categories. *Mil. Med.* 2013;178(11):1250-1255.
454. **Brooks E, Dailey N, Bair B, Shore J.** Rural women veterans demographic report: Defining VA users' health and healthcare access in rural areas. *J. Rural. Health* 2014;30(2):146-152.
455. **Ohl M, Lund B, Belperio PS, et al.** Rural residence and adoption of a novel HIV therapy in a national, equal-access healthcare system. *AIDS Behav.* 2013;17(1):250-259.
456. **Tan G, Teo I, Srivastava D, et al.** Improving access to care for women veterans suffering from chronic pain and depression associated with trauma. *Pain Med.* 2013;14(7):1010-1020.
457. **Allore HG, Ning Y, Brandt CA, Goulet JL.** Accounting for the hierarchical structure in Veterans Health Administration data: Differences in healthcare utilization between men and women veterans. *Int J Stat Med Res* 2013;2(2):94-103.
458. **Blossnich J, Foyne MM, Shipherd JC.** Health disparities among sexual minority women veterans. *J. Women's Health* 2013;22(7):631-636.
459. **Cypel Y, Kang H.** Mortality patterns among women Vietnam-era veterans: Results of a retrospective cohort study. *Ann. Epidemiol.* 2008;18(3):244-252.
460. **Hamilton AB, Williams L, Washington DL.** Military and mental health correlates of unemployment in a national sample of women veterans. *Med. Care* 2015;53(4 Suppl 1):S32-38.
461. **Heslin KC, Gin JL, Afbale MK, Ricci K, Dobalian A.** Personal medication preparedness among veteran and nonveteran men and women in the California population. *Prehosp Disaster Med* 2013;28(4):359-366.
462. **Lehavot K, Hoerster KD, Nelson KM, Jakupcak M, Simpson TL.** Health indicators for military, veteran, and civilian women. *Am. J. Prev. Med.* 2012;42(5):473-480.
463. **Linsky A, Simon SR, Bokhour B.** Patient perceptions of proactive medication discontinuation. *Patient Educ. Couns.* 2015;98(2):220-225.
464. **Savas LS, del Junco DJ, Bastian LA, Vernon SW.** Mortality ascertainment of women veterans: A comparison of sources of vital status information, 1979-2002. *Med. Care* 2009b;47(1):125-128.
465. **Yoon J, Scott JY, Phibbs CS, Frayne SM.** Trends in rates and attributable costs of conditions among female VA patients, 2000 and 2008. *Womens Health Issues* 2012;22(3):e337-344.
466. **Frayne SM, Yano EM, Nguyen VQ, et al.** Gender disparities in Veterans Health Administration care: Importance of accounting for veteran status. *Med. Care* 2008;46(5):549-553.
467. **Wilmoth JM, London AS, Parker WM.** Sex Differences in the Relationship between Military Service Status and Functional Limitations and Disabilities. *Popul. Res. Policy Rev.* 2011; 30(3): 333-354.

## APPENDIX A

Table 2 Included References by Healthcare Topic

Healthcare Topics		Number of Studies	Reference
Mental Health <i>Total: 208 articles</i>	PTSD and trauma	71	32–102
	Military sexual trauma	37	103–139
	Mental health comorbid with non-mental health	23	140–162
	Substance abuse	20	163–182
	Multiple mental health diagnoses	16	20, 183–197
	Suicide	13	198–210
	Intimate partner violence	9	211–219
	Disordered eating	5	220–224
	Depression and anxiety	4	225–228
	Reproductive mental health	4	229–232
	Serious mental illness	3	233–235
	Personality disorders	0	
	Other mental health topics	3	236–238
	Physical Health <i>Total: 133 articles</i>	Reproductive health	24
Prevention/Screening		18	12, 263–279
Long-term care/aging		13	13, 280–291
Cardiovascular disease		11	292–302
Obesity		9	303–311
Chronic pain		7	312–318
Comorbid medical conditions		7	319–325
Cancer		6	326–331
Tobacco		6	332–336
Traumatic brain injury		5	337–341
HIV/AIDS		5	342–347
Multiple sclerosis		4	348–351
Diabetes		3	352–354
Spinal cord injury		1	355
Traumatic amputations		1	356
Hypertension		0	
Other medical conditions		13	357–369
Healthcare Organization and Delivery <i>Total: 31 articles</i>	Comprehensive and primary care delivery	16	14, 370–384
	Mental healthcare delivery	9	385–393
	Emergency care delivery	3	394–396
	Virtual or telehealthcare delivery	3	397–399
Access, Utilization & Post-Deployment Health <i>Total: 57 articles</i>	Post-deployment health	18	400–417
	Barriers and facilitators of care	13	418–430
	Homelessness	12	431–442
	Healthcare utilization	11	443–453
	Rural healthcare	3	454–456
Other		11	457–467
TOTAL NUMBER OF INCLUDED STUDIES		440	