

MATES4MATES

Here for those
impacted by service.

2023

Australian Women Veterans: Social Needs Assessment.

**Dr Carolyn Deans,
Consultant Psychologist.**

Author.

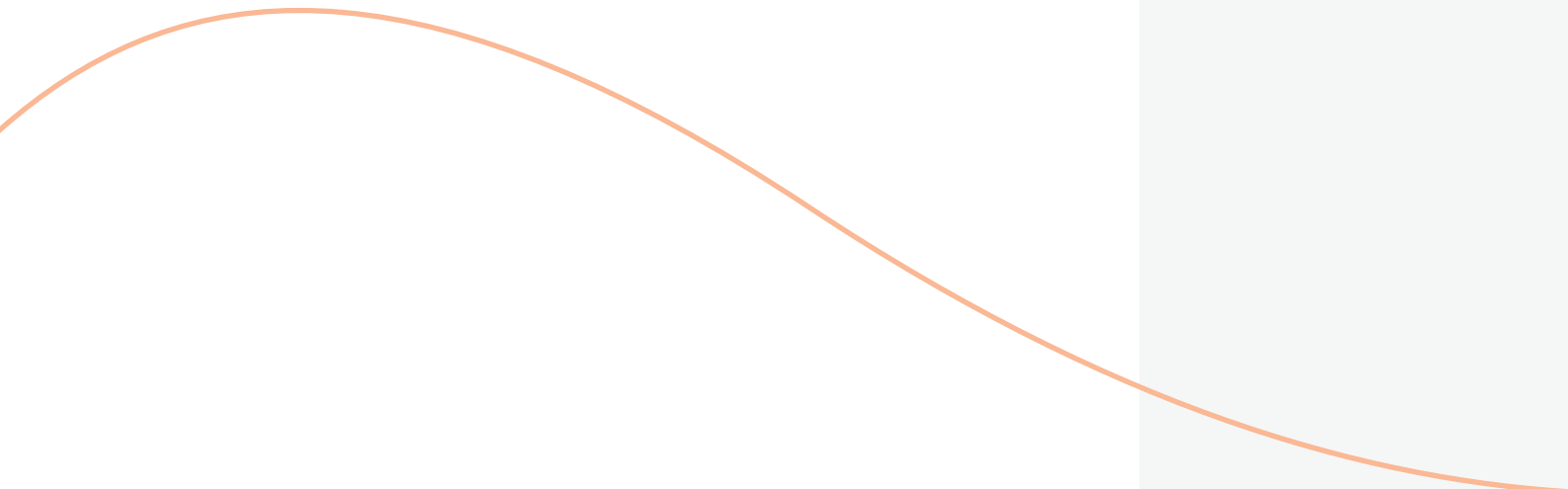
Dr Carolyn Deans,
Consultant Psychologist,
carolyndeans@zoho.com

Suggested reference.

Deans, C.L. (2023). Australian Women Veterans: Social Needs Assessment.
Melbourne: Author.

Table of Contents.

Introduction	4
Methodology	5
Lived Experience	8
Research	16
Expertise	29
Priority Needs	32
Conclusions	36
Bibliography	38
Appendices	48



Introduction.

About Mates4Mates.

To guide the development of their social connection stream of programs, Mates4Mates has commissioned a Needs Assessment of Australian Women Veterans with a focus on social needs. Social needs are defined here as non-clinical, non-occupational needs. This supports an evidence-informed approach to service delivery, and allows for development of program logics which are veteran-focussed. That is, they prioritise meeting veterans' and families needs.

A theory of change related to the Social Connection arm of Mates4Mates services, embedded within a theory of change for an RSL Queensland/ Mates4Mates-led veteran support system, is currently being drafted. One of the pillars of that system is that veteran-specific programs fill gaps in service delivery.

The Needs Assessment focussed on identifying needs which fit within the RSL Queensland/ Mates4Mates veteran support system, for the specific target client groups of women veterans.

A number of government and non-government research programs review the psychological factors associated with entering service, discharging from service, and living as a civilian. However, there were no reports identified which investigated the needs of women veterans, especially ex-serving veterans, in Australian society, that were not related to clinical or occupational needs.

Needs assessment determines what the outcomes of programs should be. It can help:

- **Document a known community need**
- **Understand the context in which needs occur**
- **Inform realistic program design**
- **Involve the target group in problem solving**

Methodology.

Approach.

The Needs Assessment took an evidence-informed approach. An evidence-informed approach to practice can be defined as *the integration of research evidence alongside practitioner expertise and the people experiencing the practice*, triangulating information from three sources:



1

Lived experience of the target population.

2

Research evidence from published and grey literature.

3

Practitioner expertise of those who work with veterans.

The research questions were:

1. What are the known characteristics of Australian women veterans?
2. What are the social needs of this group?
3. What patterns of unmet needs exist?

Lived experience.

To gather the lived experience of the target population, a survey of women veterans gathered feedback on women veterans' needs, especially those in the peri-transition period. This was an anonymous, continuous improvement survey with limited free text fields and no discussion of physical or mental health issues.

The survey was distributed via Mates4Mates email list of social connection participants as well as on Mates4Mates social media channels. It was published on 29 September 2023, and closed on 13 October 2023. A total of 226 women responded to the survey. 210 responded to the entire survey; an additional 13 responded to the first half; and five respondents were not veterans. Responses for questions are provided only for valid responses (n=221).

Mates4Mates collected the raw data and provided data summaries, ensuring no accidental provision of client details. Data was analysed using Microsoft Excel pivot tables.

Literature synthesis.

A synthesis of literature from four sources was conducted to ensure a comprehensive scan of grey and published information within a short timeframe:

Sources

Primary database search

A rapid literature review is a form of knowledge synthesis that accelerates the process of conducting a traditional systematic review by reducing search terms or timeframes. A systematic search was conducted via the ProQuest standard database. A search was conducted using the terms veteran AND (female* OR women). Articles included in the review met the following inclusion criteria: (1) published in a peer-reviewed journal; (2) military veteran participants; and (3) published within the timeframe September 2018 – September 2023. Exclusion criteria included: (1) study unavailable in English; (2) focussed solely on needs whilst in military service rather than including ex-serving needs; and (4) grey literature.

Secondary database search

A review of the PubMed MEDLINE database was made using the search terms “Veteran” AND (Women or Female) during the time period 2018 – 2023. This returned 122 results with titles reviewed for any that were additional to the comprehensive search.

Online scouring

A Google Scholar search for the terms (female OR women) and veteran and Australia within the timeframe 2018 – 2023 was used as an online scouring mechanism.

Government documents

A browser search function was utilised for the domain .gov.au to include any Government documents (.pdf) with the search term veteran and (women OR female) within the timeframe 2013 – 2023. This returned 2,640 results. Titles were scanned and relevant documents reviewed.

Client nominated

The client was able to nominate and provide up to 10 research documents to be included in the evidence review. This allowed for inclusion of internal documents which had been commissioned previously on related topics.

ABS Census

Analysis of data from the Australian Bureau of Statistics (ABS) 2021 Census of Australian households was conducted using the TableBuilder Pro application. Only descriptive statistics were used.

Practitioner expertise.

Practice evidence is important because it uses practitioner expertise (skills and knowledge) and practical experience in the delivery of solutions. To gather the insights of practitioners who work with women veterans, interviews were conducted with a range of Mates4Mates staff.

In the social connections stream:

- Two regional managers who have oversight of budgets and programs and manage staff.
- A liaison officer and senior liaison officer who design and facilitate activities.
- An online liaison officer of social connection programs across Australia.

In the clinical stream:

- A social worker and a counsellor (joint interview).
- An exercise physiologist.
- A general practitioner with an external agency who delivers services at a Mates4Mates centre.

Practitioners covered multiple locations in Queensland and the Northern Territory, with some practitioners conducting outreach in locations within their states as well as Tasmania.

A semi-structured interview was used focussing on the practitioner's experience working with women veterans (and in some cases, their own personal experience as women veterans) and the research questions. Written notes of interviews were taken contemporaneously and analysed after all interviews were conducted.

A thematic analysis approach grouped interview comments around themes and mapped those themes on to the research questions.

Workshop.

There is no scientific definition of needs, especially in the social sphere. Thus a Needs Assessment is a subjective and value-driven process. Acknowledging and clearly communicating those values adds to the usefulness of the Needs Assessment.

After identifying a range of needs attributed to women veterans, with varying degrees of evidence to support those needs, a workshop was completed with the Mates4Mates Executive team and two Clinical Managers on 10 November 2023 to prioritise the needs identified.

This resulted in a final list of high priority needs based on:

- Link to evidence of poor wellbeing outcomes if those needs are not met.
- Mates4Mates capacity to provide programs that meet those needs.



Lived Experience.

A survey of **221** women veterans.

The survey results reflected a good sampling of the population of women veterans in Australia. Although residential location was not sampled, the other demographics were consistent with the ABS Census 2021 profile of the Australian women veteran population, and thus this can be considered a reasonably representative sample when considering the needs raised.

Both serving and ex-serving populations with reserve and full-time service were represented across a good spread of age groups, and 23 respondents indicated they were part of the LGBTI+ community. Just under half had transitioned out of Australian Defence Force (ADF) service and 20% were reserve members (both former full-time and those with only reserve service). One third of the sample had a discharge date within the past decade and 8% were serving full-time.

Women were equally likely to be partnered or unpartnered – and those in a relationship were equally likely to have children or not. There were a mix of working women, those on full-time childcare duties, and those who were volunteering. Over one fifth of the population indicated they need help with a health condition, disability, or ageing – even within the current-serving population. All of these breakdowns are roughly consistent with the ABS Census 2021 data.

One third of respondents had never attended a Mates4Mates activity, and two thirds had attended at least one.

Descriptive statistics: summary of respondents to survey.

Category		Serving full-time	Serving part-time	Reservist former f/t	Former serving	Total	Did not answer
Discharge status	Medically discharged				48	48	33
	Not medically discharged				42	42	24
	Still serving	16	9	33	1	59	0
	Did not answer				1	1	14
Need for disability or ageing support	Do not need support	14	8	26	66	114	34
	Needs support	2	1	7	25	35	23
	Did not answer				1	1	14
Gender, LGBTI+ status	Non-binary				1	1	0
	Not LGBTI+	15	9	29	80	133	48
	LGBTI+	1		4	9	14	9
	Did not answer				2	2	14
Age	< 25 years	3				3	2
	25-34 years	1		4	3	8	3
	35-44 years	7	3	10	28	48	7
	45-54 years	3	4	11	20	38	17
	55-64 years	2	1	6	30	39	21
	65-74 years		1	2	10	13	5
	75+ years					0	2
	Did not answer				1	1	14
Year of Discharge	Not yet discharged	16	8	10	10	44	7
	1966-1989				7	7	5
	1990-1999			2	13	15	14
	2000-2009			6	24	30	12
	2010-2019			8	22	30	14
	2020-2022		1	7	15	23	6
	Did not answer					0	14
Work Status	Full-time childcare duties				5	5	0
	Looking for work or more work	1	1	1	3	6	2
	Not looking for work (other)	1		5	17	23	11
	Not looking for work (retired)			9	32	41	27
	Studying		1	3	5	9	5
	Working full-time	13	5	10	20	48	6
	Working part-time	1	2	4	10	17	7
	Did not answer			1		1	13
	[Currently Volunteering]	[2]	[5]	[12]	[35]	[54]	[20]
Relationship Status	Partnered not living together	1			8	9	1
	Partnered living together	9	7	22	55	93	30
	Single	6	2	11	27	46	23
	Widow				2	2	4
	Did not answer					0	13
Children living at home:	One	6	1	6	15	28	4
	Two	2	2	8	16	28	9
	Three	1			6	7	2
	Four				1	1	0
	No children	7	6	19	54	86	43
	Did not answer					0	13

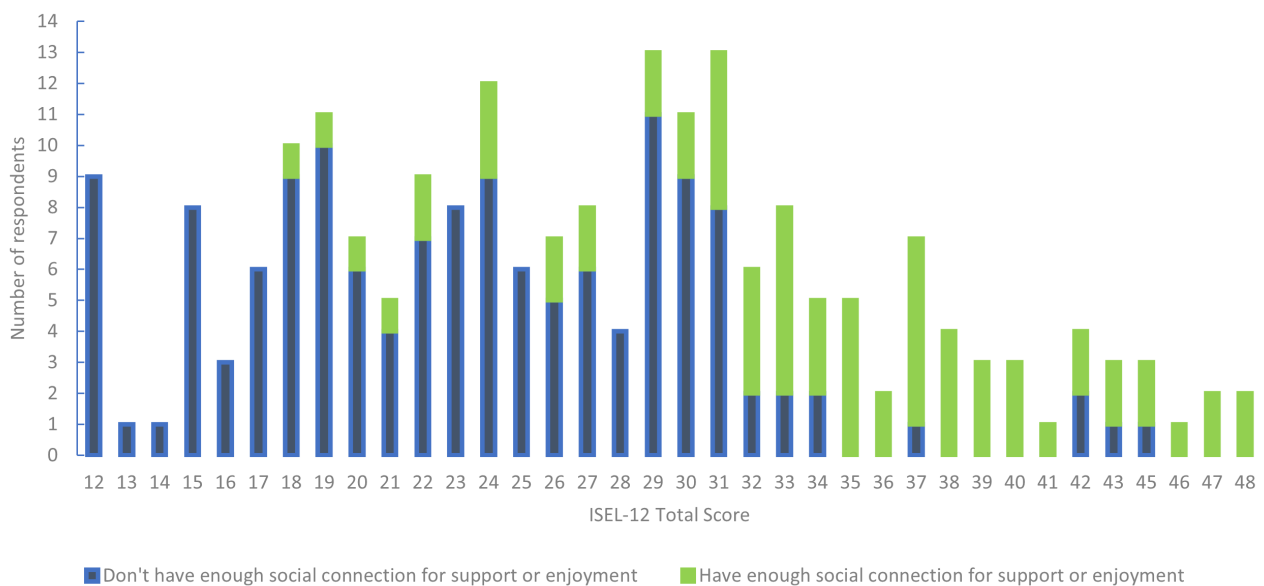
Perceived social support.

Social support was measured by the 12-item Interpersonal Support Evaluation List-12 (ISEL-12), which is the short-form version of the 40-item Interpersonal Support Evaluation List (Cohen et al, 1985). This questionnaire has three different subscales designed to measure appraisal (information, validation), belonging (companionship), and tangible (material aid) support. Each dimension is measured on a 4-point scale from “definitely true” to “definitely false”.

The ISEL has been subjected to extensive reliability and validity testing and has been shown to be internally consistent and valid with the general population. There are no norms for the ISEL-12 as it is designed to measure change in support, but some comparative sample means have been reported and are used here.

Scores covered the entire range of the ISEL-12 (12-48) and skewness (0.307) and kurtosis (-0.494) values indicate a normal distribution of scores. Cronbach's alpha for the scale is 0.90, indicating strong internal consistency of the scale.

**Women Veterans Survey: ISEL-12 Total Score Distribution
by 'social connection' question**



Authors	Mean ISEL-12 (SD)	Sample group	Sample	t-test for difference in means
Devilley & Varker (2013)	38.71 (3.63) Appraisal 12.14 (1.51) Belonging 11.89 (1.34) Tangible 14.66 (1.34)	Victoria Police academy students	n= 281	Significant difference from women veteran sample, $t(490)=20.40$, $p<.01$
Delistamata et al (2015)	35.06 (8.80)	Greek university students	n=145	Significant difference from women veteran sample, $t(354)= 8.54$, $p<.01$
Merz et al (2014)	25.86 (6.65) Appraisal 8.92 (2.63) Belonging 8.47 (2.61) Tangible 8.44 (2.61)	Ethnically diverse adult Americans	n= 5,000+	Significant difference from women veteran sample, $t(5209)=2.53$, $p<.05$
This sample of women veterans	27.06 (8.61) Appraisal 9.75 (3.36) Belonging 8.12 (3.32) Tangible 9.18 (3.11)	Women veterans	n=211	

Reference: Cohen S., Mermelstein R., Kamarck T., & Hoberman, H.M. (1985). *Measuring the functional components of social support*. In Sarason, I.G. & Sarason, B.R. (Eds), *Social support: theory, research, and applications*. The Hague, Netherlands: Martinus Nijhoff.

The mean ISEL-12 score for this sample of women veterans was lower than the young academy recruits or university students, but may be consistent with a general population sample. A third of responses were less than 25 indicating a significant perceived need for social support within this population. Notably, the single item question 'Do you feel like you currently have enough social connection for support and/or enjoyment?' stratified the sample on the ISEL-12, indicating it could screen for those with poor perceived social support.

	Mean ISEL-12	Appraisal	Belonging	Tangible
LGBTI+?				
No	26.84	9.70	8.03	9.10
Yes	28.09	10.00	8.57	9.52
Age				
< 25 years	21.20	7.00	6.60	7.60
25 - 34 years old	28.64	10.64	8.27	9.73
35 - 44 years old	26.98	9.87	8.16	8.95
45 - 54 years old	26.45	10.07	7.80	8.58
55 - 64 years old	27.22	9.63	8.02	9.57
65+ years	28.00	8.90	9.00	10.10
Relationship to service				
Serving full-time	29.25	10.19	9.44	9.63
Serving part-time	31.33	10.22	10.67	10.44
Serving reserves (former-full time)	30.30	10.85	8.97	10.48
Transitioned from service	27.02	9.68	8.09	9.25
Transition Date				
1966 - 1989	24.67	8.08	7.58	9.00
1990 - 1999	28.48	10.48	8.31	9.68
2000 - 2009	23.79	8.79	6.86	8.14
2010 - 2019	27.59	9.98	8.14	9.48
2020 - 2022	26.66	10.34	7.97	8.34
Transition type				
Medically discharged	24.85	9.28	7.20	8.37
Not medically discharged	26.89	9.65	8.05	9.20
Relationship status				
Partnered but not living together	26.80	10.80	7.50	8.50
Partnered living together	29.39	10.50	8.93	9.97
Single	22.99	8.42	6.67	7.90

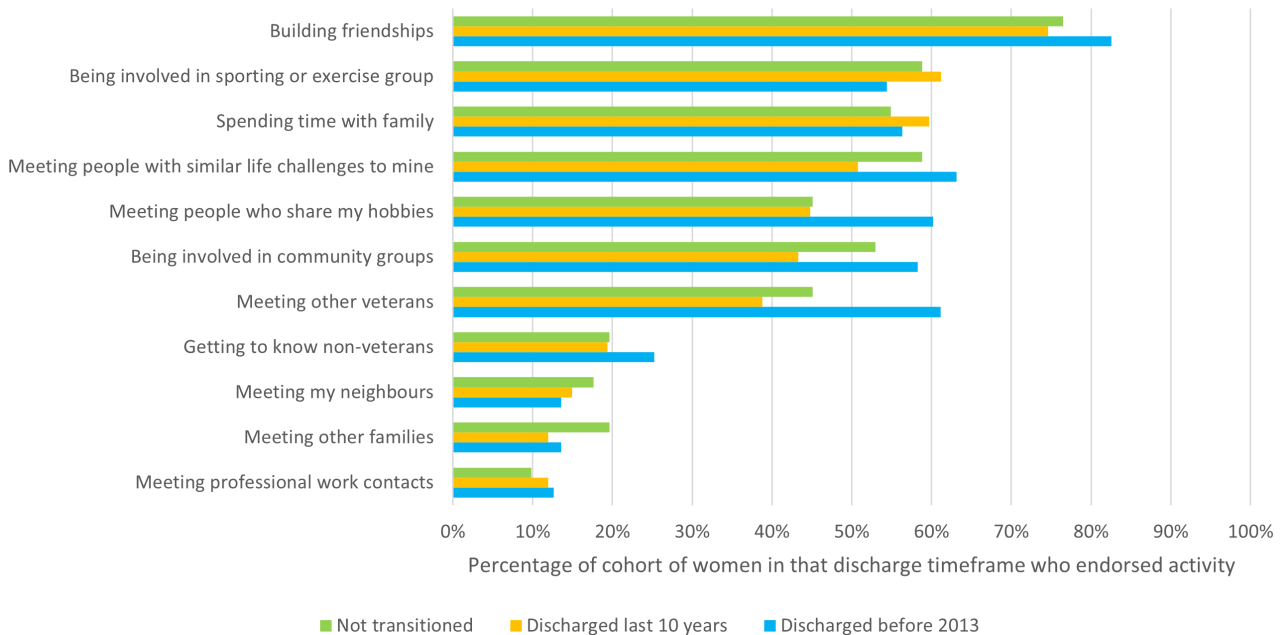
ISEL-12	Mean	SD	n	Appraisal	Belonging	Tangible
Has ever attended Mates4Mates	27.34	8.78	126	9.94	8.10	9.30
Has never attended Mates4Mates	26.34	8.30	77	9.42	8.03	8.90

These means are not statistically different $t(201)=0.804$, $p>.1$

Needs and challenges.

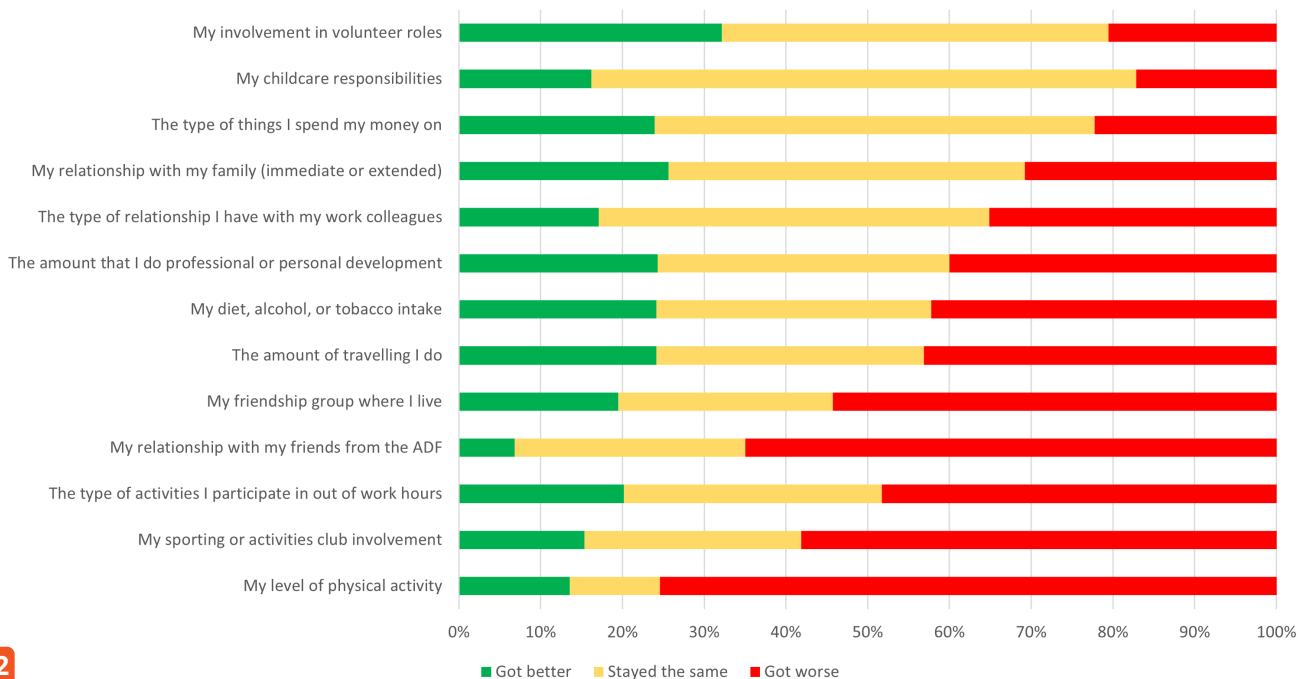
When asked what was important for them at this point of their life, building friendships (with veterans and non-veterans), physical activity opportunities, community integration, and family time were endorsed by over half of the sample.

Important Activities for Women Veterans (M4M Women Veterans Survey)



Of the women who indicated they had discharged from the ADF (n=118), three quarters indicated that their level of physical activity, sporting or activities involvement, and relationship with their ADF-related friends had deteriorated post-discharge. Professional or personal development, diet, and travel opportunities also decreased. While the change post-transition is not the same for all women (respondents reported both positive and negative change on all these scales), overall this survey shows a significant negative impact of transition on a range of social and lifestyle factors for women.

Changes to Social & Lifestyle Factors: Transitioned ADF Women

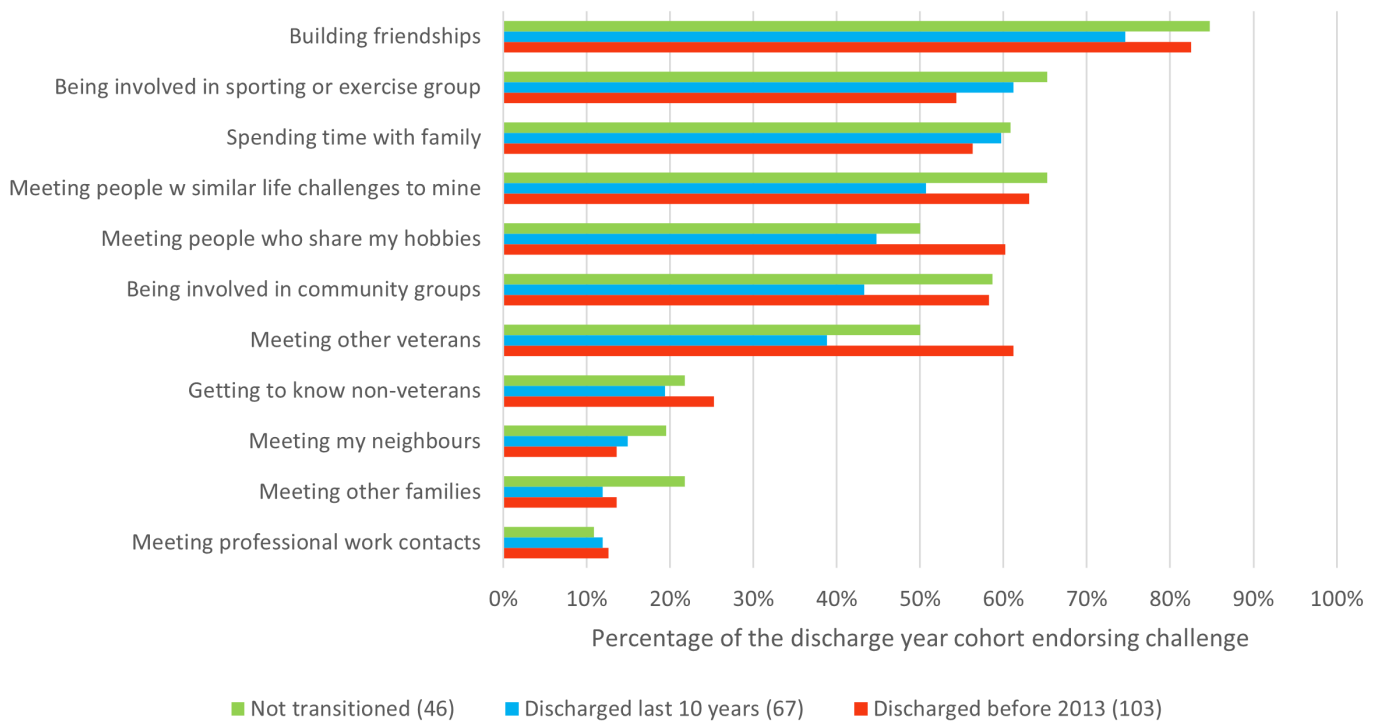


Areas rated as important for women veterans also proved challenging for some respondents. It should be noted that not all challenges were equally endorsed by participants, and over a half of all participants did not report any of the provided list, or any other factor, as being a challenge in meeting their needs.

Half of participants reported that making friends who live close enough that 'I can see them in person' was challenging, including veteran and non-veteran friends. Half of the sample also reported that participating in physical activity was challenging.

Other challenges reported by about one quarter of the sample were finding sporting or activity or networking groups, and managing financial and time demands to achieve social connection.

Challenges for women veterans (M4M Women Veterans Survey)



Reflections on categories in the survey.

Managing your time as a parent

I have young children so have to balance a full-time job, husband works shift work and have very little time for myself to do social activities. My time is taken up with my family.

My biggest challenge is maintaining social connections around my child care responsibilities. I am a single mum ... so I am only able to attend activities while my kids are at school or if they can come too.

The nature of full-time employment with the RAAF means that once I have sorted family admin outside of work hours, I have very little time left to socialise.

I still work 3-4 days a week and also have two teenagers with busy lives. My husband does shiftwork, so I do most of the work at home and with the kids.

I live rural, 4 hours from any veteran community organisations. Mainly feeling exhausted ... after taking care of family home responsibilities. Less exhausting to stay home with the family and get some rest.

Feeling like I can't spend time on myself because I spent time away with the Navy and now civvie work.

Physical activity

The military incorporated time for physical fitness into the workday and that was a huge adjustment transitioning to civilian life.

Professionally, they don't make your fitness a priority. I really miss that about the Navy. Injuries sustained during army service have significantly impacted my ability to play sport. I am now unemployed with disabilities and have moved interstate. This has made integration to civilian life very difficult.

Positive experiences

No problem in social connections.

I'm happy with the friends I have had over my lifetime.

I was fortunate to have already lived in my own home prior to discharging and had established good local connections which have since strengthened.

Financial barriers

Financial restrictions due to loss of income and physical limitations from service injuries have been the biggest impediment to me. The ways I used to socialise, through sports and sports clubs etc. has been ruined by me not being able to play anymore.

Being in a position to need to work limits the amount of time you can spend on doing a social activity and not having the money to try or do a social activity because you need it to live (rent, food, fuel, medical expenses), means you do not do anything else.

Identifying as a woman veteran

I stayed away from veteran things when I got out of the Army - I went to join two RSLs and because I was female I was not made welcome.

Most other females at Mates4Mates are spouses, older and really just don't understand me and my situation.

Making and maintaining veteran friends has felt more challenging since I've realised I'm gender non-conforming and feel anxious about attending events hosted for veterans.

I feel like I don't fit in as a veteran in RSLs etc. but at the same time it is hard to find common ground with civilians.

There aren't many female-only veteran social events in my area (or any I know well about).

Being a "younger" (under 50) veteran adds further barriers to accessing services.

Other women non-Defence don't understand your history ... lots of people think I'm a war widow when I tell them I'm a veteran. I'm 62.

I don't like going to some of the veteran activities as there aren't many women or my age.

I'm too old for the mother groups and too young for the retirees - by 20 years with both groups.

Additional challenges raised by women in the survey.

Culture shock on return to civilian networks

I feel like the military gives you a false sense of friendships. Everyone has the military in common, you spend a lot of time together, in barracks, on exercise or deployment, socially and sporting events. It's hard to relate to civilians and find places where you can meet people and gain friendships.

Upon leaving Defence 7 months ago, I am struggling to find my place in the world and how I fit.

Military also provides a community that civilian work does not. People remotely located from family bonding together with common values, goals, expectations and lifestyle. I felt very isolated leaving Defence.

I find it hard to connect with people since being medically discharged from Defence. A lot of the people I was friends with prior to my injury did not speak with me anymore. I have found it hard navigating, connecting, being myself and finding friendships after this and think it is due to a fear of rejection.

In Defence, when you post into a new location there are always people to meet and make friends with. Also, there is a duty of care from Defence that doesn't exist in civilian world ... if I'm in hospital, someone has to check on me. Now, I am out of Defence, I have found it very hard to make friends. People have already formed their friendship groups.

I can't pinpoint it exactly. Maybe it's me, I've become a lot more of a hermit since leaving. Civvies can be hard to get along with as they don't understand yourselves or humour and attitude towards things at times. It's hard to find non-sensitive civilian friends. It also requires a lot of work, you were basically issued them in the military ... I'm disappointed I was very slowly "dumped" by my ADF friends, I really didn't think that would happen.

Loss of confidence since feeling like I lost my identity when leaving Defence. People outside of Defence are different and connecting with them is hard. My Defence friends are now either posted or away so there is a really big loss of social support and connect.

Mental ill-health

Limited concentration and lack of interest and motivation due to mental and physical ill health.

I make plans and then cancel them due to my fluctuating mental health.

My ongoing mental health issues mean I socially isolate myself more than I should.

The only new friends I've made since I separated from Army are my neighbours and other patients at the mental health facility where I'm a patient.

The disruption of military postings and exercises + regional isolation after discharge

My role ... means I am deployed a lot and work very irregular hours at times. Making and maintaining friends outside of Defence as well as managing time to do social things is near impossible as I always find myself drained during my time off and almost want to recluse. Finding sporting or activity clubs is also difficult as I feel I can't fully commit, due to going away so often.

Living in new areas is hard to build support network so no trustworthy babysitters. Previous serving mates are scattered across the country. Hoping as kids get older we can make time to foster and maintain new friendships.

We moved interstate and find ourselves alone with all of our friends and family living interstate. Leaving the grandkids has been extremely difficult.

Everyone is so busy with their things, particularly family commitments that there's no more room or time for their single friend.

Moved to where I don't know anyone. Don't hear from old work friends now I'm out of Defence.

I'm still serving, which brings with it the challenges of moving, and the pressures of continuing to work in a busy role while MWD(U).

My partner still serves, so we continually move. I find it difficult to make new friends.

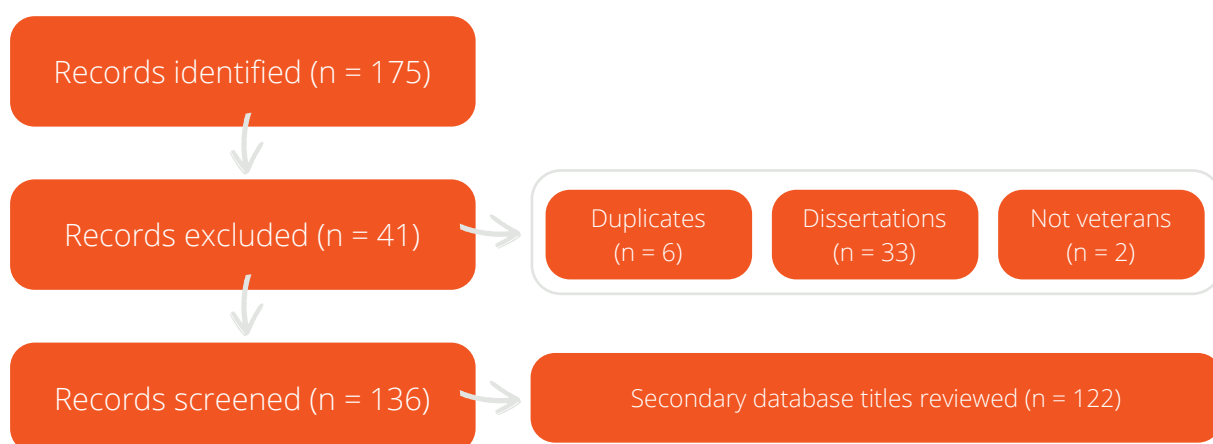
My friends don't live close by, it's difficult to manage our commitments to line up times to see each other.

Postings to different areas doesn't allow you to form bonded friendships outside of the military so when you do discharge you have to start all over again.

I didn't get to develop many friendships during my service and since I was working shiftwork I didn't get to develop many friendships during service with non-veterans.

Research.

Rapid literature review - article selection (PRISMA chart).



Rapid literature review - article categorisation.

Mental Health	Physical Health	Discrimination	Transition
Trauma (12 articles)	Transgender Issues (6 articles)	U.S. VA treatment of women (7 articles)	Education and Work (2 articles)
Military Sexual Trauma (19 articles)	Sleep Dysfunction (10 articles)	U.K. women veterans' healthcare (1 article)	Social Factors (3 articles)
Eating Disorders (8 articles)	Nicotine / Cannabis Use (4 articles)		
Alcohol Use (6 articles)	Intimate Partner Violence (13 articles)		
Suicidality (7 articles)	Other conditions (15 articles)		
Prevalence studies (12 articles)			

List of documents identified by Mates4Mates.

1. Social Outcomes (Dec 2022). Pathway to Greater Impact: A Report for RSL Queensland.
2. Social Outcomes (undated). Theory of Change for Mates4Mates Social Connections.
3. Social Outcomes (Sep 2023). Mates4Mates Physical Recovery Services: Developing Evidence-Based Theories of Change for RSL Queensland / Mates4Mates Programs.
4. Mates4Mates Family Connect Program Concept (Aug 2023)
5. Mates4Mates Personas (undated). [Document of potential client journey].
6. Mates4Mates Community Connection Evaluation (undated). [Review of 2022 Programs].
7. Mates4Mates Skills for Recovery Mid-Year Review (2023).
8. Mates4Mates Review of Social Connection Project (undated). [Senior Liaison Officer Findings].
9. Mates4Mates Review of Social Connection Project (undated). [Regional Manager Findings].

List of Australian Government documents.

1. Department of Defence and Department of Veterans' Affairs. Transition and Wellbeing Research Programme. A series of 8 reports and 2 papers. A summary of these is provided in:

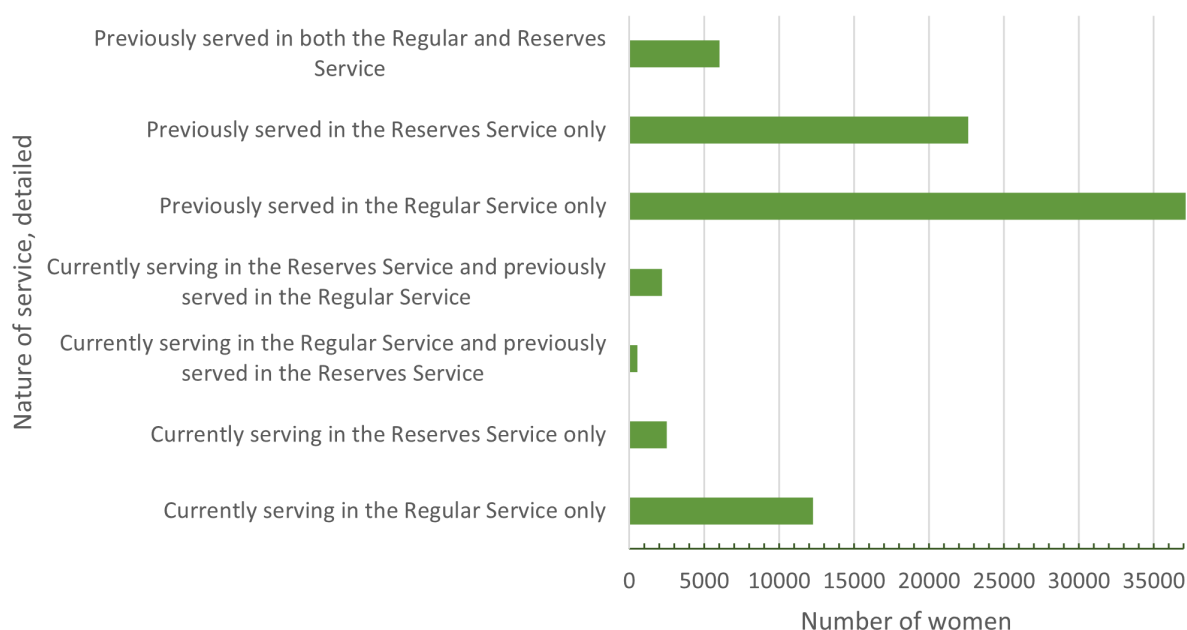
Van Hooff, M., Lawrence-Wood, E., Sadler, N., Hodson, S., Benassi, H., ... McFarlane, A. (2019). Transition and Wellbeing Research Programme Key Findings Report. Canberra: Department of Defence and Department of Veterans' Affairs.
2. Australian Institute of Health and Welfare. (2022). Serving and ex-serving Australian Defence Force members who have served since 1985: suicide monitoring 1997 to 2020. AIHW: Canberra.
3. Department of Veterans' Affairs. Female Veterans and Veterans' Families Policy Forum. Report of the 2022 Forum. Canberra: Department of Veterans Affairs.
4. Department of Veterans' Affairs. Social Health Strategy 2015–2023 for the Veteran and Ex-service Community. Canberra, 2015: Department of Veterans Affairs.
5. Department of Veterans' Affairs. Veteran Mental Health and Wellbeing Strategy and National Action Plan 2020-2023. Canberra: Department of Veterans Affairs.
6. Department of Health. National Women's Health Strategy 2020-2030. Canberra: Australian Government.
7. Australian Institute of Health and Welfare. The health of Australia's females [Internet]. Canberra: Australian Institute of Health and Welfare, 2023 [cited 2023 Sep. 16].
8. Dunt, D., Day, S., Dell, L., O'Donnell, M., Forbes, D., & Phelps, A. (2019). Australian Veterans' Wellbeing Index: Final Report. Melbourne: Phoenix Australia Centre for Posttraumatic Mental Health.
9. Becker, K., & Smidt, M. (2022). A Systematic Review of the Veteran Employment Research. Brisbane, Australia: University of the Sunshine Coast.

There are **84,113** living Australian women who have served in the ADF.

38,009 of them previously served full-time and have now discharged.

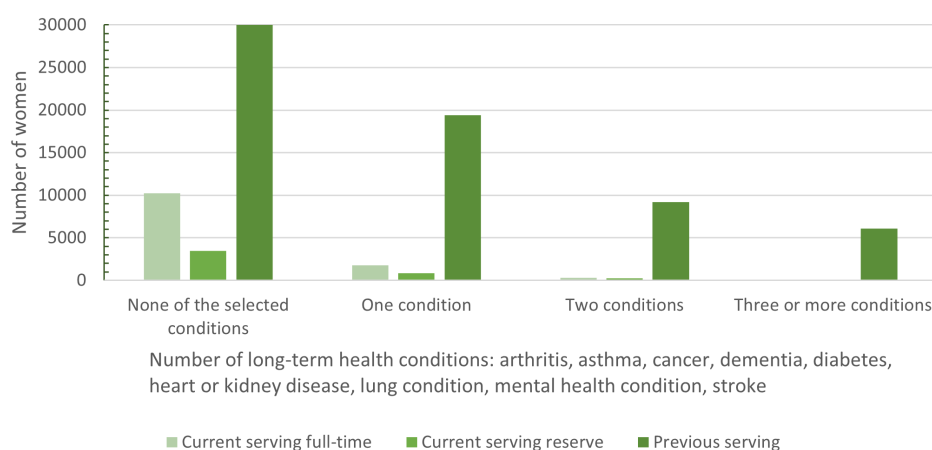
- The Australian women veteran profile is younger than for men, peaking in the 50-59 year age group (ABS Census 2021).
- Approximately 20,000 women with current or former ADF service are a parent to a child who lives with them.
- Current and ex-serving women are equally likely to be partnered or unpartnered. This is a slightly lower partnered rate than the general population (55%), and the ex-serving male rate (66%). The most populous category for full-time, reserve, and former serving women is unmarried/no children.
- There are over 2,000 current or ex-serving Aboriginal or Torres Strait Islander women.
- International research finds that military women are more likely than civilian women to identify as lesbian, gay or bisexual (Campbell et al, 2012).

Census 2021: Women with ADF Service, detailed

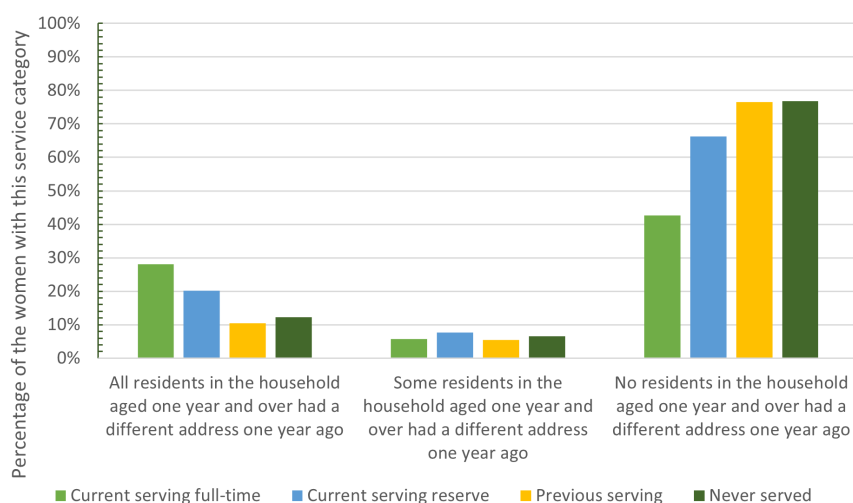


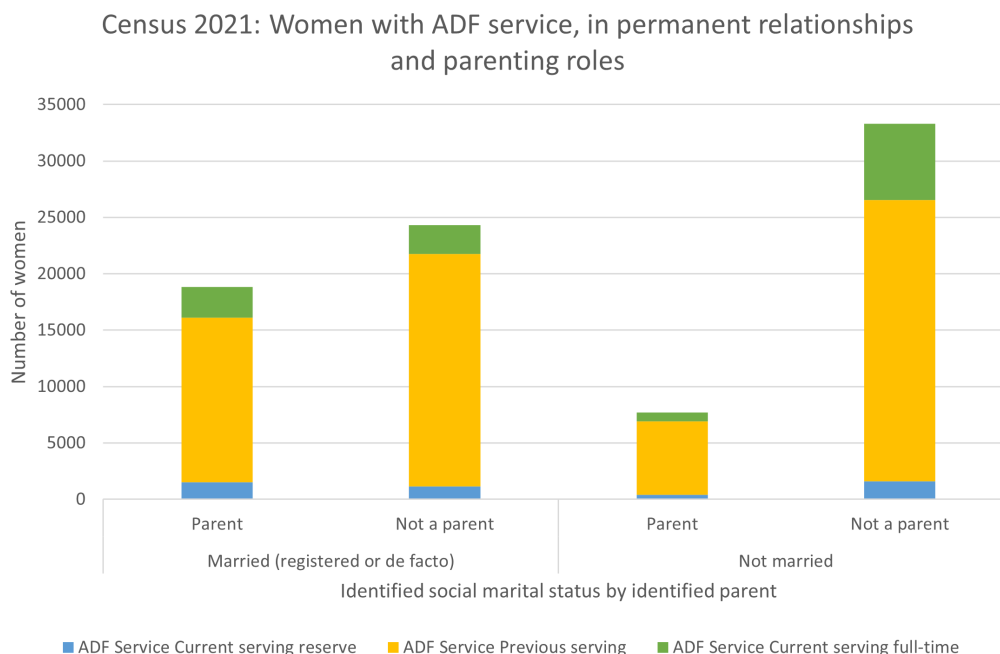
- Approximately 29,000 ex-serving women live with a long-term physical or mental health condition.
- Household instability is a fact for all service people. However, the ex-serving population has similar instability to the general Australian population.
- This is not just a problem for full-time women: housing disruption for female reserve members is higher than the general population.
- Women veterans aged 50-69 years have a diverse work and volunteer profile; many work full or part time, many report unpaid childcare duties, and of the 15,000 women veterans in volunteer work, 80% are in the 50-69 year age group.
- A U.K. study of ~700 women veterans found that of the ~400 mothers, only 15% had their first child whilst still serving (Williamson et al, 2023).

Census 2021: Women with ADF service by long-term health conditions



Census 2021: Household mobility for Women, by ADF service





Transition affects the mental and physical health of service members.

International studies show combat veterans report difficulty readjusting to aspects of civilian life, including trouble re-establishing friendships, making new friends, and maintaining military friendships (Sayer et al, 2010; Demers, 2011). Australian studies find adjustment more difficult for those medically discharged, and that employment, voluntary work, and community interaction are associated with easier transition (Carra et al, 2022; Romaniuk et al, 2018).

The largest study of the mental health and wellbeing of current serving and transitioned veterans in Australia is the Defence-commissioned Transition and Wellbeing Research Programme (TWRP). It used 2010 current-serving and 2015 ex-serving cohorts to compare the wellbeing of current serving, reserve serving, and ex-serving cohorts up to five years post-discharge. It is a snapshot of a 'contemporary' veteran profile. While most veterans in Australia are older than the 'contemporary' profile, the report is an important profile of the generation of veterans who veteran service organisations (VSO) seek to support in the future. It is also the most evidence-informed approach to looking at the impact of transition out of the ADF.

The proportion of transitioned ADF who rate their physical health as fair or poor is higher than the Australian community (TWRP Physical Health Status Report). The proportion of transitioned ADF who meet the 12-month criteria for a mental health disorder is also higher (TWRP Mental Health Prevalence Report). Almost three times more ex-serving veterans report high to very high psychological distress compared to the Australian community. The rates of suicidal ideation and attempts in transitioned ADF are higher than the general Australian community.

There are few differences between the health of contemporary male and female veterans. The pattern of poorer self-perceived health is similar across gender by age group (TWRP Physical Health Status Report). The mental health prevalence and smoking rates between males and females are not statistically different across any age band (TWRP Mental Health Prevalence Report). Current-serving women may be more likely than men to know where to seek help (McFarlane et al., 2011).

In civilian, military and veteran studies, women are more likely to report suicidal ideation than men (Thompson et al., 2011). The suicide rate for permanent, reserve serving, and voluntarily discharged personnel are equal to or lower than the Australian population. Suicidality in women veterans is often reported as alarmingly high. The statistic that women veterans are 107% more likely to suicide than the Australian population is based on the 128 documented suicides between 1997 – 2020. The different age profiles of the ex-serving and Australian communities make comparison difficult, as does the skew for discharge type (medical vs voluntary).

Ex-serving women have a significantly higher rate of drinking daily, weekly, and monthly, compared to their Australian community women counterparts. There is no difference in the rates of substance use disorder. For men, particularly in younger men, there are no differences between ex-serving and Australian community rates.

Health needs: men and women veterans.

Physical &
Mental Health
Needs During
Discharge

Physical
Health Needs in
Ex-Serving

Mental
Health Needs in
Ex-Serving

Suicide
Prevention
Needs in Ex-
Serving

The Australian Government's National Women's Health Strategy 2020 – 2030 recognises women veterans as an “emerging potential priority group” and commits to research into their physical and mental health needs.

Health needs: veteran and non-women veterans.

LGB Women

Hazardous
Drinking

Younger

Education,
Employment,
Housing
Strengths

Women in the Australian community are also impacted by life transitions.

It is worth noting the documented needs of Australian women during other significant life transitions. Women veterans are a part of the Australian community and are impacted by psychosocial factors that affect the wider community.

The Australian Institute of Health and Welfare (AIHW) 2023 report into the health of Australia's women and men identifies psychosocial factors which disproportionately affect women. While women can expect to live slightly longer than men in Australia, they can expect to have a slightly higher ill-health burden, skewed towards mental ill-health, back problems, and chronic obstructive pulmonary disease. A third of ill-health among females 'could have been potentially prevented by reducing exposure to risk factors'.

Leading risk factors include smoking, obesity, dietary risk factors, and high blood pressure. 60% of Australian women are living with either overweight or obesity. Only 9% meet recommended Australian dietary guidelines on fruit/vegetable intake. Around 8% of women smoke daily. Smoking rates in transitioned ADF women are equal to those of the Australian community (TWRP Health Prevalence Report).

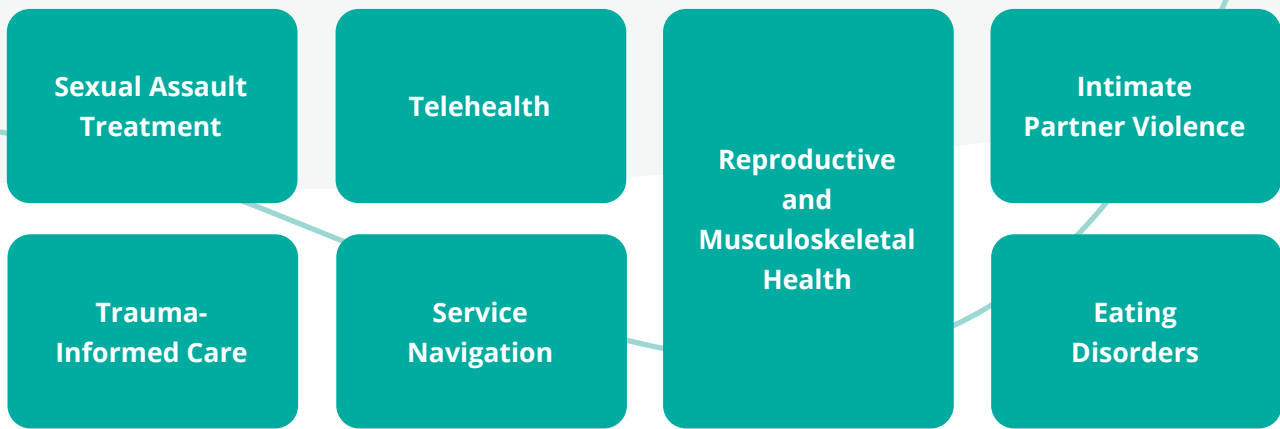
Only 59% of Australian women are sufficiently physically active (complete 2.5 hrs moderate and 1.25 hrs vigorous intensity activity p/week) and only 25% do enough strength/toning activities (2 days p/week). Transition from the ADF often co-occurs with the transition to parenthood (Williamson et al, 2023), which has a disproportionate impact on women. A study of women's physical activity following parenthood noted many barriers that prevent new mothers participating in physical activity (Versele et al, 2022). These include physical body changes, time and practical constraints and financial limitations associated with exercise and childcare.

There is no shortage of health vulnerabilities which can link to military service, and reviews of conditions with gender-based breakdowns of data exist. None of the health articles reviewed focussed on strengths related to women's military experiences. All of the health-related gender differences exist in the Australian community as well as in the military.

Given the incidence of psychological conditions (eating disorders) and physical comorbidities (heart disease, hypertension, osteoarthritis, diabetes, chronic pain, lung disease) are greater in the military than the general population, one review suggested dietary behaviour programs could reduce risk (Mellor et al, 2022).

A review of psychosocial aspects of physical activity participation for military personnel with illness and injury found a gap in the literature regarding the impact of participation of women in these programs (Shirazapour et al, 2019).

Women veterans and health.



Social capital refers to networks of relationships and social resources that can be used for resilience-building.

- Lin et al 2001

Women veterans and social capital.



Health needs for women in the transition from service are a focus.

A review of the 2010 – 2015 international literature on reintegration for post-1990 women veterans found most articles were quantitative studies on mental and physical health outcomes and health service use. Some research focussed on socio-economic themes related to homelessness, employment, and education. It found significant gaps in the literature in relation to military-to-civilian transition (Eichler & Smith-Evans, 2018).

Five years later, despite the increase in publication rate the literature appears to be in much the same state. The 2018 – 2023 review found most articles focussed on the mental and physical health of women veterans, with only three articles focussed on women's needs in military-to-civilian transition (Boros & Erolin, 2021; Campbell et al, 2021; Fleming et al, 2021). The RAND 2023 review of the U.S. research had the same findings (Schultz et al, 2023).

Health foci in veteran research are consistent across gender, such as trauma, sleep dysfunction, and substance use, but some gender-sensitised research is emerging, including a significant body of literature on military sexual trauma (MST). Programs targeting women veterans must acknowledge that MST is common and trauma-informed approaches are required. Social connection has a significant role to play in veterans' recovery from trauma and a direct focus on social reintegration and engagement is recommended for this group (Gettings et al, 2022). Trauma symptoms can be exacerbated for women who experience workplace conflict post-deployment (Nayback-Beebe et al, 2011). There may be a need for social support even for current-serving women if they are in a position of vulnerability.

A review of the psychosocial factors associated with distress and impairment among transitioned ADF found the odds of being highly distressed or functionally impaired increase with insomnia, physical health symptoms, alcohol risk, pain, financial issues, or social strain (Hansen et al, 2020).

Two other issues are commonly associated with women: intimate partner violence, and the contribution of military environments to eating disorders. None of the mental health articles found in this review focussed on benefits or strengths related to military experiences, although a U.S. study of clinical stakeholders saw women veterans as benefitting from the advent of telehealth due to care responsibilities falling disproportionately to them (Moreau et al., 2018). This is consistent with Australian data that women veterans are more likely than men to use the internet to seek help or information on mental health issues (TRWP Technology Use Report).

The DVA Female Veterans & Veterans' Families Policy Forum report for the 2022 Forum lists feedback from women veterans that was primary health focussed: the need for female-specific physical and mental health supports; support for gynaecology and peri-menopausal care; and changes to entitlements for women's health services. Women called for targeted research on the relationship between ADF service and outcomes in menopause, bone density, joints, incontinence, fertility, pregnancy, miscarriage, and the musculoskeletal system. A qualitative study found ADF women who were about to transition reported confusion over public health support services (Feldman & Hanlon, 2021).

Qualitative research identifies social capital as important.

Data capture on the social status of Australian veterans appears limited as well. A review of data capture means for the AIHW veteran-centric wellbeing model found that social support measures are limited to numbers of those who are: in relationships; living alone; carers; ex-service organisation (ESO) connected; or one study on support from family during deployment. The ABS General Social Survey captured contact with family/friends for DVA payment recipients only (Dunt et al, 2019).

The 2022 DVA Female Veterans & Veterans' Families Policy Forum identified a need for gender-matched mentoring and tailoring of the transition experience. The DVA Social Health Strategy 2015-2023 does not mention women veterans. Apart from reference to higher female veteran suicide rates, the DVA Veteran Wellbeing Strategy 2020 – 2023 does not mention women veterans. The NSW Veterans Strategy 2021 – 2024 does recognise unique challenges for women veterans and commits to working with volunteer organisations to connect veterans to volunteer roles.

Social support emerges as a predictor of successful transition for women veterans in particular, due to its link to mental and physical health. Social support is considered an antidote to feelings of isolation and loneliness (Patel et al 2016). Injured or ill veterans may be less likely to seek support due to stigma, financial limitations, and lack of learning about services (Matarazzo et al 2016). International research shows an inverse correlation for female veterans between social support and depression/anxiety symptoms, poor health, and suicide attempts (Lehavot & Simpson, 2013; Nayback-Beebe, 2010; Thomas et al., 2015). A large-scale analysis of U.S. data found that women veterans are more likely to be single and to live alone than men, influencing structural and functional support (Campbell et al, 2021). Women veterans (but not male veterans) reported smaller social network size than civilians, and lower belonging social support, the availability of others who show acceptance and concern.

Common in veteran studies research is the use of a peer model, which was not originally aimed at social support or social capital development, but at lowering barriers to formal care. Six of the seven wellbeing domains for veterans can be shown to benefit from the use of peer support activities (Mercier et al, 2023). However, a review of literature on peer support activities for veterans found none involved solely women veterans.

The introductory research from which many programs are generated seems not to highlight difficulties with formal care access but a reduced sense of social capital in women veterans. Social capital has some evidence for improving health, life satisfaction, and safety in communities (Putnam, 1995). In focus groups with ADF women, including several who were about to transition, women reported concerns over community indifference or hostility and professional irrelevance in the civilian workforce. Women who had discharged unexpectedly described feelings of disconnectedness and trouble establishing effective civilian networks (Feldman & Hanlon, 2021). International research on veteran employment shows that women face greater challenges finding work than men. One study explored peer-led 'coffee groups' for veterans exiting medical care and claims arranged social events disrupted social isolation and facilitated access to community volunteering (Gorman, 2018).

Women, health, and life transitions.

Preventable Health
Conditions

Physical
Activity

Nutrition
Diet

Transition is a life change. Reintegration is both a process and outcome of resuming roles in family, community, and workplace which may be influenced at different levels of an ecological system.

- Elnitsky et al 2017

Women, life transitions, and social needs.

Transition to
Parenting

Psychosocial Aspects of
Physical Activity

Disruptions to Social
Networks

'Intangible' meaning and connection has not been explored enough.

Frequent postings can reduce the likelihood that veterans will identify with a particular town, city, or geographical area (Patulny, Siminski, & Mendolia, 2015). These effects persist long after discharge and may be greater for women as they are a smaller demographic with less public identity. Military service produces strong social support, but if these relationships do not persist after service, it can reinforce veteran–civilian differences.

Burkhart & Hogan (2015) conducted interviews with U.S. women regarding their experiences post-serving. Participants describe an experience of culture shock on leaving which includes gender-related issues. Some women had difficulties relating to civilian woman, feeling they had a different way of communicating because they were less likely to conform to gender norms. Boros & Erolin (2021) interviewed four women veterans to explore their experience of transition out of the military. Their findings mirror issues for veterans of any gender: loss of identity and sense of meaning. Gender themes seem to exacerbate these, such as a significant culture shock on entry and exit due to societal vs military expectations about 'what women do'. Hawkins & Crowe (2018) interviewed U.S. women veterans who felt society had misguided negative perceptions of women in the military, reinforcing isolating. Bell (2021) found this reinforcement of veteran-civilian differences in veteran students entering Australian university studies, showing that the adjustment of norms is a process for both civilians and veterans to make.

Hendricks Thomas et al (2017) focussed on women's perceptions of veteran service organisations in the U.S. A service women's organisation survey of approximately 800 women found that around a third of all respondents were members of a VSO. The main VSOs that participants joined were not female-specific, and service branch or service era were not predictors of who would join. A quarter of respondents said they did not feel welcome in existing VSOs, and a third of respondents listed this as the main reason for their not being a member. Their recommendations for increasing participation include targeted programming, single-sex offerings, available child care at some events, tailored messaging with outreach initiatives, and peer support efforts. Additional suggestions include trauma-informed offerings in a single-sex environment.

Fleming et al (2021) note women are the fastest growing group within the U.S. military population, yet they under-utilise VA services and VSOs compared to men. They recommend the development of women-specific programs to better address barriers to participation, but caution that programs with all genders facilitate a stronger relationship between diverse veterans.

Bessaha et al (2019) published a review of interventions addressing loneliness in non-elderly adults. They found four studies (all U.S. based) on current or former serving military members. Both ex-serving studies looked at the impact of volunteering on loneliness and found that service members who participated had lower levels of loneliness post-intervention.



Expertise.

The interviews captured the views of a small but diverse selection of roles and experience within Mates4Mates social and clinical streams. A number of the staff interviewed were women veterans themselves and demonstrated drawing upon their own lived experience to anticipate client needs, and also to increase engagement with the client group. Practitioners showed dedication to helping the 'Mates', and an understanding of the ethos of Mates4Mates to serve the entirety of the veteran community. At times they reported that this was at odds with the opinion of some of their client groups but were able to navigate this with respect for all.

Practitioners reported limited theoretical education across their working lives, and limited direction from the organisation, on the needs of their client groups. Their approach to service was characterised by client-centred individual assessment of need supported by practitioner experience. This should lead to high quality outcomes for individuals, but is labour- and time-intensive, and reduces the ability to achieve population-level outcomes or design effective group programs.

Practitioners were able to raise difficulties their clients encountered at an individual level and provide some insight into patterns. Overlaps with the literature were apparent in areas of clinical need, military-stressors related to limiting of or disruption to social networks and physical activity, and the challenge of asking for support from a veteran-based organisation when a woman veteran.

There were differences between practitioners who design programs about whether programs should centralise the achievement of self-awareness and meaningful activity, recovery and healing, social development, or community integration. All of these appear to be aspects of genuine need that have been discovered in the Mates4Mates client population.

Themes arising from interviews with practitioners - needs of women veterans.

It is harder to identify as a veteran because societal expectation is that women 'are not veterans' or 'had it easier' in the military (easier job role).



Prevents:

Asking for support related to transition because of anticipated stigma (stereotype of ESOs being older/male contributes to this).

Many sports and community groups are in-service groups when serving, which are lost on discharge.



Prevents:

Development of community links and support, as well as an active lifestyle at the point of transition.

Having to make friends mid-life is hard and uncommon, and military culture may mean you don't 'bond' immediately with non-service people.



Prevents:

Replacing friendship groups who are still serving and are no longer in your location.

Replacing social networks is harder if you are at home caring for children or an unwell spouse (many women veterans are married to veterans).



Prevents:

Developing friendship groups who can show informational and practical support for a high needs time.

Transition often coincides with early parenting, juggling career and children means women are under time pressure and many demands.



Prevents:

Focussing on your own self-care and wellbeing.

Discharging from service gives people more time to engage in activities, but they aren't in the habit of doing this due to life disruptions.



Prevents:

People from re-establishing hobbies or pastimes that give a sense of meaning or stimulation.

At discharge, there is a large drop in levels of physical activity due both to mandated activities and social cues.



Prevents:

People from developing friendship groups based around sporting or physical activities.

Themes arising from interviews with practitioners - benefits of Mates4Mates programs.

Types of activities and how they are chosen:

- Craft, skills-based and informal social activities
- No structured design of programs: 'what we've always done', 'what works', 'random ideas'
- Unsure how people find out about their programs
- Centres cater better to those who don't work, have work flexibility, or are older/retired. They tend to cater for women without children.

Graduated and facilitated social networking for those with social anxiety.

Facilitated friendship making for those with depressive themes or anger.

Sense of recognition of their service.

Ability to engage in self-care that is directed by someone else.

Engagement in creative pursuits which may have been reduced in service.

Access to a group of people open to making new friendships.

Social networking skills and confidence.

Alleviate financial barriers to social capital building.

Children making friends allows parents to make friends.

Have a safe place for leisure hours that is not a Defence establishment.

Develop skills, interest that increase access to future social groups.

Develop therapeutic skills (mindfulness) in a recreational environment.



Priority Needs.

Following synthesis of the information from the three sources, a workshop was held to reflect on the relevance and impact of the needs identified, and align them with the strengths and mission of Mates4Mates. Attendees represented executive-level staff within the clinical and social connections streams. In prioritising needs, factors considered included:

- The relevance of that need to Australian women veterans in particular;
- The link to evidence of poor wellbeing outcomes for women if those needs are not met; and
- Mates4Mates vision, strategy, and capacity to develop programs which meet those needs.

Across the literature, practitioner interviews, and survey, military-related stressors and transitions did not operate independently to create needs. Instead, they appear to interact with life stressors and transitions which exist for the general population, and especially with those that disproportionately affect women. This can occur in two ways:

- ADF service can provide and build resilience mechanisms (individual, social, and community) to reduce the impact of some of those challenges; however, this resilience is disrupted across the transition process.
- ADF service disruptions can exacerbate existing and contemporary vulnerabilities or stressors (via the same mechanisms as non-military life disruptions).

These disruptions may have differing effects depending on the length of service.

Recognising both the strengths developed in military service for addressing life challenges, as well as the impact of military-related disruptions on determinants of wellbeing, will allow for a framework to meet the needs of women veterans.

This type of strengths-based approach to navigation of role transitions would make use of strengths developed and the benefits of service, to assist in reducing the impact of challenges during transition and beyond.

During and after the workshop, five needs were identified that are a product of gender-specific and military-related challenges. To maintain a strengths-based approach, needs were worded not in relation to the challenge faced (negatively) but in relation to the outcomes desired (positively).

For women veterans,
military-related disruption
impacts resilience
processes.

OUTCOMES

Posting & Discharge
disrupts resilience
processes

Service life contains
resilience supports

Women-specific life
challenges

Military-related
disruptions exacerbate
vulnerabilities

General population
challenges

Individual and family
demographics

WOMEN VETERANS

1. Healthy lifestyle.

Injury and transition can reduce physical activity from a healthy level towards that of the general population, which is below the Australian physical activity and exercise guidelines. Veterans may have strong health literacy around physical activity levels, causing distress when activity is lower than ideal. Barriers include physical (adapting to limitations due to injury or age), social (having to develop a new social fitness group), cultural (difficulty finding groups of women who share the same interests), and family-related (childcare or carer responsibilities). A range of health behaviours such as reduction of alcohol consumption to recommended levels can also be impacted by injury, stress, and life changes.

2. Social capital.

Social capital development can be disrupted by service factors. Women veterans may need to develop social connection at a developmentally incongruent time. Single women veterans report lower social support and more social isolation than partnered women veterans. Social capital needs also exist outside of the veteran support sphere, in community supports, and are ideally developed pre-transition and over time.

3. Cultural navigation.

To develop social capital pre- and post-transition, women veterans may need to navigate new social connections in a culture where gender norms are different to the ADF environment. Adaptation involves making use of the positive aspects of each culture.

4. Perinatal adjustment.

For some women, transition from the military aligns with the process of new parenthood. The age range for first time parenthood corresponds with the age range of many who reach an end of their military career, and some women make a decision not to juggle the demands of service life with the demands of parenthood. Overlapping disruptions can include to social networks, occupation, sleep cycle management, and a potential physical impact of both military injury and pregnancy/childbirth/breastfeeding. Multiple lifestyle changes require more significant psychological and social adjustments.

5. Recognition.

Anticipated stigma may mean women veterans self-select out of involvement in a service that does not overtly reach out to them. A lack of promotion of gender-specific health or social issues reduces women's awareness that veteran services can assist them in these areas.

Women veterans: Priority social needs.



Healthy lifestyle.

Social environment that supports the maintenance of recommended physical activity and health behaviours across the transition period.



Social capital.

Stable networks to assist in navigating life needs and challenges that affect women disproportionately and are disrupted by transition from service.



Cultural navigation.

Literacy and skills to notice gender norms which differ between service and civilian life and navigate them in a way that is consistent with values.



Perinatal adjustment.

Women who enter the perinatal period close to military discharge have multiple life disruption that require psychological and social adjustment.



Recognition.

Recognition of women as veterans, and female-specific veteran issues, to enable greater help seeking and early intervention.



Conclusions.

There are roughly 80,000 women veterans in Australia, a significant sized group about which few reports have identified specific needs, and fewer still have focussed on needs related to social connection, integration, or transition from the military for women. Yet successful navigation of community roles, especially in the post-serving period, is an enabler of wellbeing and productivity within this group.

The literature defines transition from military services as the successful resumption of occupational, social, community and family roles.

While women veterans cover the adult age span, a majority of them are in their 40s to their 70s, and although much literature focussed on women as spouses and parents, women veterans are equally likely to be unpartnered or without children, thus cannot be thought of in relation to other gender-specific roles. Women veterans have varied lengths and experiences of service, which affect the rate at which military-related disruptions impact their wellbeing.

Service in the Australian Defence Force is capable of building social mechanisms which increase wellbeing. These take time and their effect is more observable over length of service. Women veterans who have discharged appear to maintain higher levels of physical health, housing stability, and occupational success in comparison to the general community. Despite much focus on the mental health of veterans in Australia, the mental health of women veterans is reasonably on par with the general community. So too is their rate of exposure to sexual harassment, assault, and other forms of discrimination which are prevalent for women in Australia. Military service does, however, involve risk of early-life injury, illness or death.

Many women face disruption to the development of social capital to meet their occupational, social, community and family needs. Women veterans face military and non-military related disruptions. Military-related disruptions have been found to impact social capital and heighten work-family conflict during a service career and potentially after discharge. In addition, some military-related resilience mechanisms do not appear to survive the transition to civilian life. There is a need for an early intervention approach to maintaining wellbeing in women veterans, with an understanding of the interplay between military-specific and gender-specific factors.

This report identifies barriers for women veterans to the resumption of occupational, social, community and family roles. The five areas identified should be seen as the most vulnerable factors in the interaction between military-specific and gender-specific wellbeing mechanisms, and exist in addition to and the needs of all veterans, and women in Australia more broadly.

Strengths and limitations of this project.

This project forms the first known attempt to identify the needs of Australian women veterans in the social sphere. It applies an evidence-informed approach conforming to protocols for literature reviews, survey development, and thematic analysis of interviews. It engages the grey and published literature, the lived experiences of 227 women veterans, and the experience of practitioners who work directly with women veterans.

Limitations of the study include:

- The survey did not use stratified sampling to achieve a representative population, and although the overall spread of responses was roughly representative, 100% of responses were used and these were gathered only through Mates4Mates advertisement and subsequent word-of-mouth recruitment. Any discussion of the applicability of the findings based on the survey results alone would be limited. The survey was not approved by a Human Research Ethics Committee and is therefore only for internal use, not publication. It was not reviewed for its scientific integrity, and results were analysed only by the author. Survey results were retained by Mates4Mates and are available for subsequent analytic review.
- Interviews also limited themselves to internal Mates4Mates staff. It is noted that a number of staff had lived experience as well as being practitioners and the influence of their own experience on their reporting should be considered.
- The literature on the social needs of women veterans is extremely limited and in many cases based on qualitative research with small, discrete groups. Many of the inferences made do not have significant evidence to support them. In addition, few research studies have shown the ability to address any social needs identified. This is compounded by the poor definition of needs such as social support and transition as to reduce the ability to measure outcomes.
- This was a rapid research project conducted within a timeframe of three months. More longitudinal or at least periodic review of needs would assist to support the stability of the concepts.

Next steps.

Identification of needs forms the first step in a Program Logic. It provides the 'problem statement' from which design can begin. Program Logic is best undertaken to meet a defined set of outcomes that address the problem statement, before design of input and output requirements.



Bibliography.

Rapid literature review.

Berg, K. M., Gruber, S. J., & Jorenby, D. E. (2020). Helping women veterans quit smoking: a qualitative analysis of successful and unsuccessful attempts. *BMC Women's Health*, 20, 1-7. doi.org/10.1186/s12905-020-00918-6

Adams, R. E., Hu, Y., Figley, C. R., Urosevich, T. G., Hoffman, S. N., Kirchner, H. L., . . . Boscarino, J. A. (2021). Risk and protective factors associated with mental health among female military veterans: results from the veterans' health study. *BMC Women's Health*, 21, 1-10. doi.org/10.1186/s12905-021-01181-z

Albright, D. L. P. M. S. W., Hendricks Thomas, K. P., McDaniel, J. P., Fletcher, K. L. P. L., Godfrey, K. L., Bertram, J. M. S. W., & Angel, C. P. R. N. R. W. B. (2019). When women veterans return: The role of postsecondary education in transition in their civilian lives. *Journal of American College Health*, 67(5), 479-485. doi.org/10.1080/07448481.2018.1494599

Arditte Hall, K. A., Davison, E. H., Galovski, T. E., Vasterling, J. J., & Pineles, S. L. (2019). Associations Between Trauma-Related Rumination and Symptoms of Posttraumatic Stress and Depression in Treatment-Seeking Female Veterans. *Journal of Traumatic Stress*, 32(2), 260-268. doi.org/10.1002/jts.22385

Bachrach, R. L., & Quinn, D. A. (2023). The role of gender and veteran status in healthcare access among a national sample of U.S. adults with unhealthy alcohol use. *Substance Use & Misuse*, 58(4), 491-499. doi.org/10.1080/10826084.2023.2170182

Bahorik, A., Bobrow, K., Hoang, T., & Yaffe, K. (2021). Increased risk of dementia in older female US veterans with alcohol use disorder: (Alcoholism and Drug Addiction). *Addiction*, 116(8), 2049-2055. doi.org/10.1111/add.15416

Bauer, A., Amspoker, A. B., Fletcher, T. L., Jackson, C., Jacobs, A., Hogan, J., . . . Cloitre, M. (2021). A Resource Building Virtual Care Programme: improving symptoms and social functioning among female and male rural veterans. *European Journal of Psychotraumatology*, 12(1). doi.org/10.1080/20008198.2020.1860357

Beckman, K. L., Williams, E. C., Hebert, P., Hawkins, E. J., Littman, A. J., & Lehavot, K. (2022). The impact of military sexual trauma and gender on receipt of evidence-based medication treatment among veterans with opioid use disorder. *Journal of Substance Abuse Treatment*, 139, 1. doi.org/10.1016/j.jsat.2022.108775

Berke, D. S., Ruben, M. A., Liautaud, M. M., Meterko, M., Kauth, M. R., & Shipherd, J. C. (2022). Discrimination Exposure Based on Race, Gender, and Sexual Orientation of Veterans Affairs Health Administration Patients. *Journal of Health Care for the Poor and Underserved*, 33(2), 714-725. doi.org/10.1353/hpu.2022.0058

Blais, R. K. (2020a). Higher anhedonia and dysphoric arousal relate to lower relationship satisfaction among trauma-exposed female service members/veterans. *Journal of Clinical Psychology*, 76(7), 1327-1338. doi.org/10.1002/jclp.22937

Blais, R. K. (2020b). Lower intimate relationship satisfaction among partnered female service members/veterans is associated with the presence of suicidal ideation. *Journal of Clinical Psychology*, 76(7), 1353-1361. doi.org/10.1002/jclp.22939

Blais, R. K. (2020c). Lower Sexual Satisfaction and Function Mediate the Association of Assault Military Sexual Trauma and Relationship Satisfaction in Partnered Female Service Members/Veterans. *Family Process*, 59(2), 586-596. doi.org/10.1111/famp.12449

Blais, R. K., & Livingston, W. S. (2021). The association of assault military sexual trauma and sexual function among partnered female service members and veterans: the mediating roles of depression and sexual self-schemas. *European Journal of Psychotraumatology*, 12(1). doi.org/10.1080/20008198.2021.1872964

- Blais, R. K., Monson, C. M., Livingston, W. S., & Maguen, S. (2019). The Association of Disordered Eating and Sexual Health With Relationship Satisfaction in Female Service Members/Veterans: JFP. *Journal of Family Psychology*, 33(2), 176. doi.org/10.1037/fam0000493
- Blosnich, J. R. (2023). Costs of (In)visibility: Issues of Disclosure and Data for Health Equity Research with Sexual and Gender Minority Veterans. *Health Equity*, 7(1), 338-341. doi.org/10.1089/heq.2023.0005
- Boros, P., & Erolin, K. S. (2021). Women Veterans after Transition to Civilian Life: An Interpretative Phenomenological Analysis. *Journal of Feminist Family Therapy*, 33(4), 330-353. doi.org/10.1080/08952833.2021.1887639
- Boyer, T. L., Essien, U. R., Litam, T. M. A., Hausmann, L. R. M., & Suda, K. J. (2023). Analysis by Gender and Race and Ethnicity of Reviewers and Awardees for Intramural Research Funding in the Veterans Health Administration. *JAMA Network Open*, 6(1). doi.org/10.1001/jamanetworkopen.2022.51353
- Braun, T. D., Uebelacker, L. A., Ward, M., Cathryn Glanton, H., McCallister, K., & Abrantes, A. (2021). 'We really need this': Trauma-informed yoga for Veteran women with a history of military sexual trauma. *Complementary Therapies in Medicine*, 59. doi.org/10.1016/j.ctim.2021.102729
- Brayden, K. (2020). Gender Dysphoria in United States Veterans and Military Personnel: Historical Context and Current Policies. *Journal of Psychosocial Nursing & Mental Health Services*, 58(8), 5-8. doi.org/10.3928/02793695-20200403-01
- Breland, J. Y., Joyce, V. R., Frayne, S. M., & Phibbs, C. (2020). Differences in body mass index based on self-reported versus measured data from women veterans. *Obesity Science & Practice*, 6(4), 434-438. doi.org/10.1002/osp4.421
- Brownstone, L. M., Holliman Brooke, D., Gerber, H. R., & Monteith, L. L. (2018). The Phenomenology of Military Sexual Trauma Among Women Veterans. *Psychology of Women Quarterly*, 42(4), 399-413. doi.org/10.1177/0361684318791154
- Campbell, S. B., Gray, K. E., Hoerster, K. D., Fortney, J. C., & Simpson, T. L. (2021). Differences in functional and structural social support among female and male veterans and civilians. *Social Psychiatry and Psychiatric Epidemiology*, 56(3), 375-386. doi.org/10.1007/s00127-020-01862-4
- Carlson, G. C., Kelly, M. R., Grinberg, A. M., Mitchell, M., McGowan, S. K., Culver, N. C., . . . Martin, J. L. (2021). Insomnia Precipitating Events among Women Veterans: The Impact of Traumatic and Nontraumatic Events on Sleep and Mental Health Symptoms. *Behavioral Sleep Medicine*, 19(5), 672-688. doi.org/10.1080/15402002.2020.1846537
- Carlson, G. C., Kelly, M. R., Josephson, K., Mitchell, M., Fiorentino, L., McGowan, S., . . . Martin, J. L. (2020). 0467 Benefits of CBT-I for Women Veterans with and without PTSD. *Sleep*, suppl. 1, 43. doi.org/10.1093/sleep/zsaa056.464
- Chen, J. A., Glass, J. E., Bensley, K. M. K., Goldberg, S. B., Lehavot, K., & Williams, E. C. (2020). Racial/ethnic and gender differences in receipt of brief intervention among patients with unhealthy alcohol use in the U.S. Veterans Health Administration. *Journal of Substance Abuse Treatment*, 119, 1. doi.org/10.1016/j.jsat.2020.108078
- Cichowski, S. B., Rogers, R. G., Komesu, Y., Murata, E., Qualls, C., Murata, A., & Murata, G. (2018). A 10-yr Analysis of Chronic Pelvic Pain and Chronic Opioid Therapy in the Women Veteran Population. *Military Medicine*, 183(11-12), e635-e640. doi.org/10.1093/milmed/usy114
- Cramer, R. J., Kaniuka, A. a. R., Lange, T. M., Brooks, B. D., Feinstein, B. A., & Hilgeman, M. M. (2022). A pilot evaluation of sexual and gender minority identity measures in a treatment-engaged military veteran sample. *American Journal of Orthopsychiatry*, 92(4), 442. doi.org/10.1037/ort0000627
- Creech, S. K., Aimee, K. D., Benzer, J. K., Pulverman, C. S., & Mattocks, K. (2022). The impact of military sexual trauma on parent-infant bonding in a sample of perinatal women veterans. *Depression and Anxiety*, 39(3), 201-210. doi.org/10.1002/da.23218
- Creech, S. K., Benzer, J. K., Meyer, E. C., DeBeer, B. B., Kimbrel, N. A., & Morissette, S. B. (2019). Longitudinal associations in the direction and prediction of PTSD symptoms and romantic relationship impairment over one year in post 9/11 veterans: A comparison of theories and exploration of potential gender differences. *Journal of Abnormal Psychology*, 128(3), 245. doi.org/10.1037/abn0000420
- Creech, S. K., Pulverman, C. S., Crawford, J. N., Holliday, R., Monteith, L. L., Lehavot, K., . . . Kelly, U. A. (2021). Clinical Complexity in Women Veterans: A Systematic Review of the Recent Evidence on Mental Health and Physical Health Comorbidities. *Behavioral Medicine*, 47(1), 69-87. doi.org/10.1080/08964289.2019.1644283
- Creech, S. K., Pulverman, C. S., Shin, M. E., Roe, K. T., Tzilos Wernette, G., Orchowski Lindsay, M., . . . Zlotnick, C. (2021). An Open Trial to Test Participant Satisfaction With and Feasibility of a Computerized Intervention for Women Veterans With Sexual Trauma Histories Seeking Primary Care Treatment. *Violence Against Women*, 27(3-4), 597-614. doi.org/10.1177/1077801219895102

- Dyer, K. E., Moreau, J.L., M. P. H., Erin Finley PhD, M. P. H., Bevanne Bean-Mayberry Md, M. H. S., Farmer, M. M. P., Dorothy Bernet Ms, R. D. N., . . . Tannaz Moin Md, M. M. (2020). Tailoring an evidence-based lifestyle intervention to meet the needs of women Veterans with prediabetes. *Women & Health*, 60(7), 748-762. doi.org/10.1080/03630242.2019.1710892
- Dzierzewski, J. M., Zhu, R., Donovan, E. K., Perez, E., Song, Y., Kelly, M. R., . . . Martin, J. L. (2020). 0537 Cognitive Functioning Before and After Insomnia Treatment in Women Veterans. *Sleep*, suppl. 1, 43, A205-A206. doi.org/10.1093/sleep/zsaa056.534
- Edmonds, A. T. P. H. D., Rhew, I. C. P. H. D., Jones-Smith, J. P. H. D., Chan, K. C. G. P. H. D., De Castro, A. B. P., Rubinsky, A. D. P. H. D., . . . Williams, E. C. P. H. D. (2022). Neighborhood Disadvantage, Patterns of Unhealthy Alcohol Use, and Differential Associations by Gender, Race/Ethnicity, and Rurality: A Study of Veterans Health Administration Patients. *Journal of Studies on Alcohol and Drugs*, 83(6), 867. doi.org/10.15288/jsad.21-00110
- Elaine K Brown M Ph, M. A., Guthrie, K. M. P., Stange, M., & Creech, S. (2021). 'A Woman in A Man's World': A Pilot Qualitative Study of Challenges Faced by Women Veterans During and After Deployment. *Journal of Trauma & Dissociation*, 22(2), 202-219. doi.org/10.1080/15299732.2020.1869068
- Ennis, C. R., Raines, A. M., Ebert, K. R., & Franklin, C. L. (2021). Anxiety sensitivity and posttraumatic stress symptoms: Associations among female Veterans with a history of military sexual trauma. *Military Psychology*, 33(6), 403-408. doi.org/10.1080/08995605.2021.1962188
- Esopenko, C., de Souza, N., Wilde, E. A., Dams-O'Connor, K., Teng, E., & Meneffee, D. S. (2023). Characterizing the Influence of Exposure to Military Sexual Trauma and Intimate Partner Violence on Mental Health Outcomes among Female Veterans. *Journal of Interpersonal Violence*, 38(13-14), 8476-8499. doi.org/10.1177/08862605231156193
- Fleming, L., Johnson, A., Wells, H., Hawkins, B. L., Townsend, J., & Crowe, B. M. (2021). An Exploration into the Experiences of Female Veterans Who Attended Higher Ground Military Programming. *Therapeutic Recreation Journal*, 55(2), 168-184. doi.org/10.18666/TRJ-2021-V55-I2-10600
- Friedman, A., Janulewicz Lloyd, P. A., Carlson, J., Quinn, E., Keating, D., Toomey, R., . . . Sullivan, K. (2022). Preliminary Findings from the Gulf War Women's Cohort: Reproductive and Children's Health Outcomes among Women Veterans. *International Journal of Environmental Research and Public Health*, 19(14), 8483. doi.org/10.3390/ijerph19148483
- Gaffey, A. E., Redeker, N. S., Haskell, S. G., Brandt, C. A., & Burg, M. M. (2019). 0341 Men and Women Veterans' Military Experiences and Associated Risk of Insomnia. *Sleep*, suppl. 1, 42, A139-A140. doi.org/10.1093/sleep/zsz067.340
- Gaffey, A. E., Rosman, L., Lampert, R., Yaggi, H. K., Haskell, S., Brandt, C., . . . Burg, M. M. (2023). Insomnia and early incident atrial fibrillation: A 16-year cohort study of younger men and women Veterans. In: Cold Spring Harbor: Cold Spring Harbor Laboratory Press.
- Godier-McBard, L. Gillin, N., & Fossey, M. J. (2022). 'Treat everyone like they're a man': Stakeholder perspectives on the provision of health and social care support for female veterans in the UK. *Health & Social Care in the Community*, 30(6), e3966-e3976. doi.org/10.1111/hsc.13790
- Goodsmith, N., Cohen, A. N., Pedersen, E. R., Evans, E., Young, A. S., & Hamilton, A. B. (2023). Predictors of Functioning and Recovery Among Men and Women Veterans with Schizophrenia. *Community Mental Health Journal*, 59(1), 110-121. doi.org/10.1007/s10597-022-00979-x
- Hadlandsmayth, K., Bernardy, N. C., & Lund, B. C. (2022). Gender differences in medication prescribing patterns for veterans with posttraumatic stress disorder: A 10-year follow-up study. *Journal of Traumatic Stress*, 35(6), 1586-1597. doi.org/10.1002/jts.22861
- Hamilton, A. B., Shannon, W.-S., Finley, E. P., Klap, R., Mittman, B. S., Yano, E. M., & Oishi, S. (2020). Usual Care Among Providers Treating Women Veterans: Managing Complexity and Multimorbidity in the Era of Evidence-Based Practice. *Administration and Policy in Mental Health and Mental Health Services Research*, 47(2), 244-253. doi.org/10.1007/s10488-019-00961-y
- Hamrick, H. C., Ehlke, S. J., Davies, R. L., Higgins, J. M., Naylor, J., & Kelley, M. L. (2022). Moral Injury as a Mediator of the Associations Between Sexual Harassment and Mental Health Symptoms and Substance Use Among Women Veterans. *Journal of Interpersonal Violence*, 37(11-12), NP10007-NP10035. doi.org/10.1177/0886260520985485
- Hannan, S. M., Thomas, K. B., & Allard, C. B. (2021). Posttraumatic Stress Symptom Severity Mediates the Relationship Between Military Sexual Trauma and Tension Reduction Behaviors in Male and Female Veterans. *Journal of Interpersonal Violence*, 36(17-18), NP10035-NP10054. doi.org/10.1177/0886260519864355
- Hirudayaraj, M., & Chanty, C. (2019). Experiences of women veterans within the private sector: Examining the intersection of gender and veteran status. *Human Resource Development Quarterly*, 30(4), 473-494. doi.org/10.1002/hrdq.21367

- Holliday, R., Schneider, A. L., Miller, C., Forster, J. E., & Monteith, L. L. (2022). Factor Structure of the Suicide Cognitions Scale in a National Sample of Female Veterans. *Archives of Suicide Research*, 26(3), 1349-1361. doi.org/10.1080/13811118.2021.1892003
- Holzhauer, C. G., Epstein, E. E., Smelson, D. A., & Mattocks, K. (2021). Targeting women veteran's stress-induced drinking with cognitive reappraisal: Mechanisms and moderators of change. *Journal of Substance Abuse Treatment*, 130, 1. doi.org/10.1016/j.jsat.2021.108408
- Iovine-Wong, P. E., Nichols-Hadeed, C., Jennifer Thompson, S., Gamble, S., Cross, W., Cerulli, C., & Levandowski, B. A. (2019). Intimate Partner Violence, Suicide, and Their Overlapping Risk in Women Veterans: A Review of the Literature. *Mil Medicine*, 184(5-6), e201-e210. doi.org/10.1093/milmed/usy355
- Iverson, K. M., Dichter, M. E., Stolzmann, K., Adjognon, O. L., Lew, R. A., Bruce, L. E., . . . Miller, C. J. (2020). Assessing the Veterans Health Administration's response to intimate partner violence among women: protocol for a randomized hybrid type 2 implementation-effectiveness trial. *Implementation Science*, 15, 1-10. doi.org/10.1186/s13012-020-0969-0
- Iverson, K. M., Sayer, N. A., Meterko, M., Stolzmann, K., Suri, P., Gormley, K., . . . Pogoda, T. K. (2020). Intimate Partner Violence Among Female OEF/OIF/OND Veterans Who Were Evaluated for Traumatic Brain Injury in the Veterans Health Administration: A Preliminary Investigation. *J Int Violence*, 35(13-14), 2422-2445. doi.org/10.1177/0886260517702491
- Jackson, C., Weiss, B. J., & Cloitre, M. (2019). STAIR Group Treatment for Veterans with PTSD: Efficacy and Impact of Gender on Outcome. *Military Medicine*, 184(1/2), E143-E147. doi.org/10.1093/milmed/usy164
- James, L. M., Leuthold, A. F., & Georgopoulos, A. P. (2022a). Classification of posttraumatic stress disorder and related outcomes in women veterans using magnetoencephalography. *Experimental Brain Research*, 240(4), 1117-1125. https://doi.org/https://doi.org/10.1007/s00221-022-06320-y
- James, L. M., Leuthold, A. F., & Georgopoulos, A. P. (2022b). MEG neural signature of sexual trauma in women veterans with PTSD. *Experimental Brain Research*, 240(7-8), 2135-2142. doi.org/10.1007/s00221-022-06405-8
- Jeon-Slaughter, H., Chen, X., Ramanan, B., & Tsai, S. (2021). Assessing Performance of the Veterans Affairs Women Cardiovascular Risk Model in Predicting a Short-Term Risk of Cardiovascular Disease Incidence Using United States Veterans Affairs COVID-19 Shared Data. *International Journal of Environmental Research and Public Health*, 18(19), 10005. https://doi.org/https://doi.org/10.3390/ijerph181910005
- Katz, L. S., & Jensen, G. (2022). Outcomes of a Five-Day Warrior Renew Retreat to Reduce Symptoms Related to Military Sexual Trauma for Women Veterans. *Journal of Contemporary Psychotherapy*, 52(4), 311-318. https://doi.org/https://doi.org/10.1007/s10879-022-09545-8
- Kelly, M., Moghtaderi, I., McGowan, S. K., Carlson, G., Josephson, K., Mitchell, M., . . . Martin, J. (2021). Utility of the STOP Questionnaire in Predicting Sleep Disordered Breathing in Older Women Veterans. *Sleep*, suppl. 2, 44. doi.org/10.1093/sleep/zsab072.399
- Kim, S., Currao, A., Fonda, J. R., Iverson, K. M., Kenna, A., Pierce, M. E., . . . Fortier, C. B. (2023). Experience of Intimate Partner Violence and Associated Psychiatric, Neurobehavioral, and Functional Burden in Male and Female Veterans: Implications for Treatment. *Journal of Aggression, Maltreatment & Trauma*, 32(7-8), 1022-1040. https://doi.org/https://doi.org/10.1080/10926771.2022.2038756
- Kim, S., Mirabito, L., Kirkman, M., & Shaw, B. (2021). Dialectical behaviour therapy skills group including stigma management: a pilot with sexual and gender minority veterans. *The Cognitive Behaviour Therapist*, 14. https://doi.org/https://doi.org/10.1017/S1754470X21000295
- King, P. R., Buchholz, L. J., Tauriello, S., & Wray, L. O. (2023). Qualitative exploration of factors influencing women veterans' disordered eating symptoms and treatment preferences in VHA primary care. *Families, Systems & Health*, 41(2), 214. https://doi.org/https://doi.org/10.1037/fsh0000740
- Klote, M. M., Deen, J. E., Churby, L. L., Bateman, P., & Davey, V. J. (2023). Best Practices in Recruitment and Outreach to Women and Diverse Veterans for Coronavirus Research at the U.S. Department of Veterans Affairs. *Health Equity*, 7(1), 351-355. doi.org/10.1089/heq.2023.0013
- Knopp, K., Wrape, E. R., McInnis, R., Khalifian, C. E., Rashkovsky, K., Glynn, S. M., & Morland, L. A. (2022). Posttraumatic stress disorder and relationship functioning: Examining gender differences in treatment-seeking veteran couples. *Journal of Traumatic Stress*, 35(2), 484-495. doi.org/10.1002/jts.22761
- Kotzias, V., Engel, C. C., Ramchand, R., Ayer, L., Predmore, Z., Ebener, P., . . . Karras, E. (2019). Mental Health Service Preferences and Utilization Among Women Veterans in Crisis: Perspectives of Veterans Crisis Line Responders. *The Journal of Behavioral Health Services & Research*, 46(1), 29. doi.org/10.1007/s11414-018-9635-6

- Kreyenbuhl, J., Lucksted, A., Despeaux, K., & Sykes, V. M. (2019). Understanding women veterans' experiences with and management of weight gain from medications for serious mental illness: A qualitative study. *Psychiatric Rehabilitation Journal*, 42(3), 238. <https://doi.org/https://doi.org/10.1037/prj0000348>
- Krupp, M. B., King, P. R., Jr., Wade, M., & Buchholz, L. J. (2023). Health service utilization among women veterans who report eating disorder symptoms. *International Journal of Eating Disorders*, 56(8), 1593-1602. <https://doi.org/https://doi.org/10.1002/eat.23984>
- Larsson, G., Lundell, E., Svensson, S., & Nilsson, S. (2021). Interrelationship of emotional stability, hassles, uplifts, coping and stress-related symptoms in Swedish female and male military veterans. *Scandinavian Journal of Psychology*, 62(2), 217-226. doi.org/10.1111/sjop.12701
- Lawrence, K. A., Vogt, D., Dugan, A. J., Nigam, S., Slade, E., & Smith, B. N. (2021). Mental Health and Psychosocial Functioning in Recently Separated U.S. Women Veterans: Trajectories and Bi-Directional Relationships. *International Journal of Environmental Research and Public Health*, 18(3), 935. <https://doi.org/https://doi.org/10.3390/ijerph18030935>
- Lawrence, K. A., Vogt, D., Nigam, S., Dugan, A. J., Slade, E., & Smith, B. N. (2021). Temporal Sequencing of Mental Health Symptom Severity and Suicidal Ideation in Post-9/11 Men and Women Veterans Who Recently Separated from the Military. *Chronic Stress*, 5. <https://doi.org/https://doi.org/10.1177/24705470211061347>
- Lehavot, K., Millard, S. P., Thomas, R. M., Yantsides, K., Upham, M., Beckman, K., . . . Simpson, T. (2021). A randomized trial of an online, coach-assisted self-management PTSD intervention tailored for women veterans. *Journal of Consulting and Clinical Psychology*, 89(2), 134. doi.org/10.1037/ccp0000556
- Leung, L. B., Rubenstein, L. V., Post, E. P., Trivedi, R. B., Hamilton, A. B., Yoon, J., . . . Yano, E. M. (2020). Association of Veterans Affairs Primary Care Mental Health Integration with Care Access Among Men and Women Veterans. *JAMA Network Open*, 3(10). doi.org/10.1001/jamanetworkopen.2020.20955
- Li, Y., Brewer, J. V. V., Deen, J., Murphy, S. A., Lord, E., Yan, J., . . . Muralidhar, S. (2023). Overview of Efforts to Increase Women Enrollment in the Veterans Affairs Million Veteran Program. *Health Equity*, 7(1), 324-332. doi.org/10.1089/heap.2023.0006
- Livingston, W. S., Fargo, J. D., & Blais, R. K. (2022). Depression symptoms as a potential mediator of the association between disordered eating symptoms and sexual function in women service members and veterans. *Military Psychology*, 34(6), 687-696. doi.org/10.1080/08995605.2022.2052661
- Lopez, C. M., Gilmore, A. K., Brown, W. J., Hahn, C. K., Muzzy, W., Grubaugh, A., & Acierno, R. (2022). Effects of Emotion Dysregulation on Post-treatment Post-traumatic Stress Disorder and Depressive Symptoms Among Women Veterans With Military Sexual Trauma. *Journal of Interpersonal Violence*, 37(15-16), NP13143-NP13161. doi.org/10.1177/08862605211005134
- Lucas, C. L., Cederbaum, J. A., Kintzle, S., & Castro, C. A. (2021). An Examination of Stalking Experiences During Military Service Among Female and Male Veterans and Associations With PTSD and Depression. *Journal of Interpersonal Violence*, 36(21-22), NP11894-NP11915. doi.org/10.1177/0886260519889944
- Lucy, F. F., Sinnott, S. M., Lee, S. Y., Carney, L. M., Park, C. L., Mazure, C. M., & Hoff, R. (2021). Meaningful military engagement among male and female post-9/11 veterans: An examination of correlates and implications for resilience. *Journal of Clinical Psychology*, 77(10), 2167-2186. doi.org/10.1002/jclp.23150
- Lwi, S. J. P., Barnes, D. E. P. M. P. H., Xia, F. M. P. H., Peltz, C. P., Hoang, T. M., & Yaffe, K. M. D. (2019). Ten-Year Prevalence of Cognitive Impairment Diagnoses and Associated Medical and Psychiatric Conditions in a National Cohort of Older Female Veterans. *The American Journal of Geriatric Psychiatry*, 27(4), 417. doi.org/10.1016/j.jagp.2018.12.015
- Masheb, R. M., Ramsey, C. M., Marsh, A. G., Decker, S. E., Maguen, S., Brandt, C. A., & Haskell, S. G. (2021). DSM-5 eating disorder prevalence, gender differences, and mental health associations in United States military veterans. *International Journal of Eating Disorders*, 54(7), 1171-1180. doi.org/10.1002/eat.23501
- Mayfield, B. L., Shaw, R. M., Holland, A., McGuinness, T. M., McCrear, M. D., Patterson, S. G., & Richardson, J. W. (2021). A Call to Action for Women Veterans' Mental Health. *Journal of Psychosocial Nursing & Mental Health Services*, 59(2), 2-4. doi.org/10.3928/02793695-20210114-01
- McBain, S. A., Garneau-Fournier, J., & Turchik, J. A. (2022). The Relationship Between Provider Gender Preferences and Perceptions of Providers Among Veterans Who Experienced Military Sexual Trauma. *Journal of Interpersonal Violence*, 37(5-6), NP2868-NP2890. doi.org/10.1177/0886260520944536
- Miller, C. J., Stolzmann, K., Dichter, M. E., Adjognon, O. L., Brady, J. E., Portnoy, G. A., . . . Iverson, K. M. (2023). Intimate Partner Violence Screening for Women in the Veterans Health Administration: Temporal Trends from the Early Years of Implementation 2014-2020. *Journal of Aggression, Maltreatment & Trauma*, 32(7-8), 960-978. doi.org/10.1080/10926771.2021.2019160

- Minnier, J., Zhao, H., & Gao, L. (2023). Predicting Breast Cancer Risk for Women Veterans of African Ancestry in the Million Veteran Program. *Health Equity*, 7(1), 303-306. doi.org/10.1089/heq.2023.0011
- Mitchell, K. S., Masheb, R., Smith, B. N., Kehle-Forbes, S., Hardin, S., & Vogt, D. (2021). Eating disorder measures in a sample of military veterans: A focus on gender, age, and race/ethnicity. *Psychological Assessment*, 33(12), 1226. doi.org/10.1037/pas0001050
- Mitchell, K. S., Sienkiewicz, M., Smith, B. N., Vogt, D., Kehle-Forbes, S., & Cooper, Z. (2022). Associations between probable eating disorders and healthcare use among post-9/11 veteran men and women. *Journal of Psychosomatic Research*, 157, 1. doi.org/10.1016/j.jpsychores.2022.110811
- Moghtaderi, I., Kelly, M., Carlson, G., Swistun, D., Fung, C., Zeidler, M., . . . Martin, J. (2021). 471 Identifying gaps in evaluation, treatment, and treatment adherence in women Veterans with sleep disordered breathing risk factors. *Sleep*, suppl. 2, 44, A185-A186. doi.org/10.1093/sleep/zsab072.470
- Monteith, L. L., Holliday, R., Dichter, M. E., & Hoffmire, C. A. (2022). Preventing Suicide Among Women Veterans: Gender-Sensitive, Trauma-Informed Conceptualization. *Current Treatment Options in Psych*, 9(3), 186-201. doi.org/10.1007/s40501-022-00266-2
- Monteith, L. L., Holliday, R., Dorsey Holliman, B. A., Brenner, L. A., & Simonetti, J. A. (2020). Understanding female veterans' experiences and perspectives of firearms. *Journal of Clinical Psychology*, 76(9), 1736-1753. doi.org/10.1002/jclp.22952
- Monteith, L. L., Kittel, J. A., Schneider, A. L., Miller, C. N., Holliday, R., Katon, J. G., . . . Hoffmire, C. A. (2023). Military Sexual Trauma Among Women Veterans Using Veterans Health Administration Reproductive Health Care: Screening Challenges and Associations with Post-Military Suicidal Ideation and Suicide Attempts. *Journal of Interpersonal Violence*, 38(11-12), 7578-7601. doi.org/10.1177/08862605221145725
- Monteith, L. L., Miller, C. N., Polzer, E., Holliday, R., Hoffmire, C. A., Christe, D. I., . . . Simonetti, J. A. (2023). 'Feel the need to prepare for Armageddon even though I do not believe it will happen': Women Veterans' Firearm Beliefs and Behaviors during the COVID-19 Pandemic, Associations with Military Sexual Assault and Posttraumatic Stress Disorder Symptoms. *PLoS One*, 18(2). doi.org/10.1371/journal.pone.0280431
- Monteith, L. L., Schneider, A. L., Holliday, R., & Bahraini, N. H. (2021). Assessing Institutional Betrayal Among Female Veterans Who Experienced Military Sexual Trauma: A Rasch Analysis of the Institutional Betrayal Questionnaire. *Journal of Interpersonal Violence*, 36(23-24), 10861-10883. doi.org/10.1177/0886260520983959
- Murdoch, M., Spont, M. R., Sayer, N. A., Kehle-Forbes, S. M., & Noorbaloochi, S. (2021). Reversals in initially denied Department of Veterans Affairs' PTSD disability claims after 17 years: a cohort study of gender differences. *BMC Women's Health*, 21, 1-8. doi.org/10.1186/s12905-021-01214-7
- Nicosia, F. M., Gibson, C. J., Purcell, N., Zamora, K., Tighe, J., & Seal, K. H. (2021). Women Veterans' Experiences with Integrated, Biopsychosocial Pain Care: A Qualitative Study. *Pain Medicine*, 22(9), 1954-1961. doi.org/10.1093/pm/pnaa481
- Nik-Ahd, F. M. D., De Hoedt, A. M. S., Butler, C. M. D., Anger, J. T. M. D., Carroll, P. R. M. D. M. P. H., Cooperberg, M. R. M. D. M. P. H., & Freedland, S. J. M. D. (2023). Prostate Cancer in Transgender Women in the Veterans Affairs Health System, 2000-2022: The Journal of the American Medical Association. *JAMA*, 329(21), 1877. doi.org/10.1001/jama.2023.6028
- Nilni, Y. I., Shayani, D. R., Finley, E., Copeland, L. A., Perkins, D. F., & Vogt, D. S. (2020). The Impact of Posttraumatic Stress Disorder and Moral Injury on Women Veterans' Perinatal Outcomes Following Separation From Military Service. *Journal of Traumatic Stress*, 33(3), 248-256. doi.org/10.1002/jts.22509
- Pierce, M. E., Fortier, C., Fonda, J. R., Milberg, W., & McGlinchey, R. (2022). Intimate Partner Violence Predicts Posttraumatic Stress Disorder Severity Independent of Early Life and Deployment-Related Trauma in Deployed Men and Women Veterans. *Journal of Interpersonal Violence*, 37(5-6), 2659-2680. doi.org/10.1177/0886260520938514
- Polzer, E. R., Rohs, C. M., Thomas, S. M., Holliday, R., Miller, C. N., Simonetti, J. A., . . . Monteith, L. L. (2023). Women Veterans' experiences discussing household firearms with their intimate partners: collaborative, devalued, and deferential relational types. *Injury Epidemiology*, 10(1), 39. doi.org/10.1186/s40621-023-00452-7
- Portnoy, G. A., Relyea, M. R., Decker, S., Andrea, S. G., Driscoll, M., Brandt, C. A., & Haskell, S. G. (2018). Understanding Gender Differences in Resilience Among Veterans: Trauma History and Social Ecology. *Journal of Traumatic Stress*, 31(6), 845-855. doi.org/10.1002/jts.22341
- Portnoy, G. A., Relyea, M. R., Street, A. E., Haskell, S. G., & Iverson, K. M. (2020). A Longitudinal Analysis of Women Veterans' Partner Violence Perpetration: the Roles of Interpersonal Trauma and Posttraumatic Stress Symptoms. *J Fam Viol*, 35(4), 361-372. doi.org/10.1007/s10896-019-00061-3
- Pugatch, M., Chang, G., Garnick, D., Brolin, M., Brief, D., Miller, C., . . . Hodgkin, D. (2021). Rates and predictors of brief intervention for women veterans returning from recent wars: Examining gaps in service delivery for unhealthy alcohol use. *Journal of Substance Abuse Treatment*, 123, 1. doi.org/10.1016/j.jsat.2020.108257

- Rohs, C. M., Albright, K. R., Monteith, L. L., Lane, A. D., & Fehling, K. B. (2023). Perspectives of VA healthcare from rural women veterans not enrolled in or using VA healthcare. *PLoS One*, 18(8). doi.org/10.1371/journal.pone.0289885
- Rosen, R. C., Cikesh, B., Fang, S., Trachtenberg, F. L., Seal, K. H., Magnavita, A. M., . . . Keane, T. M. (2019). Posttraumatic Stress Disorder Severity and Insomnia-Related Sleep Disturbances: Longitudinal Associations in a Large, Gender-Balanced Cohort of Combat-Exposed Veterans. *Journal of Traumatic Stress*, 32(6), 936-945. https://doi.org/https://doi.org/10.1002/jts.22462
- Rossi, F. S., Javier, S. J., & Kimerling, R. (2021). An Examination of the Association Between Patient Experience and Quality of Mental Health Care Among Women Veterans. *Administration and Policy in Mental Health and Mental Health Services Research*, 48(1), 61-69. https://doi.org/https://doi.org/10.1007/s10488-020-01046-x
- Sanders, A. M., Golden, R. E., Kolehmainen, C., Brenton, J. K., & Frayne, S. M. (2022). Implementation experience and initial assessment of a rural women's health training program in support of the U.S. Department of Veterans Affairs as a learning health system. *Learning Health Systems*, 6(4). https://doi.org/https://doi.org/10.1002/lrh2.10334
- Santhiveeran, J. (2019). The influence of obesity and sociodemographic factors on the health hardships among women veterans. *Social Work in Health Care*, 58(5), 459-470. https://doi.org/https://doi.org/10.1080/00981389.2019.1587659
- Saranya, P., Westanmo, A. D., Jane Yuet Ching, H., Westanmo, K., Gravely, A. A., Tuttle, T. M., & LaRocca, C. J. (2023). Breast Cancer and Women Veterans: What Is the Impact of Mental Health on Screening Rates? *Medicine*, 10(1), 1. https://doi.org/https://doi.org/10.3390/medicines10010001
- Schnurr, P. P., & Lunney, C. A. (2019). Residual symptoms following prolonged exposure and present-centered therapy for PTSD in female veterans and soldiers. *Depression and Anxiety*, 36(2), 162-169. doi.org/10.1002/da.22871
- Schultz, D., Hunter, K. M., Skrabala, L., & Haynie, J. G. (2023). Improving Support for Veteran Women: Veterans' Issues in Focus. *RAND Health Quarterly*, 10(2), 10.
- Scoglio Arielle, A. J., Shirk, S. D., Hoff, R. A., Potenza, M. N., Mazure, C. M., Park, C. L., . . . Kraus, S. W. (2021). Gender-Specific Risk Factors for Psychopathology and Reduced Functioning in a Post-9/11 Veteran Sample. *Journal of Interpersonal Violence*, 36(3-4), NP1359-1374NP. doi.org/10.1177/0886260517746182
- Serier, K. N., Zerkowicz, R. L., Smith, B. N., Vogt, D., & Mitchell, K. S. (2023). The Posttraumatic Cognitions Inventory (PTCI): Psychometric evaluation in veteran men and women with trauma exposure. *Psychological Assessment*, 35(2), 140. doi.org/10.1037/pas0001190
- Sienkiewicz, M. E., Amalathas, A., Iverson, K. M., Smith, B. N., & Mitchell, K. S. (2020). Examining the Association between Trauma Exposure and Work-Related Outcomes in Women Veterans. *International Journal of Environmental Research and Public Health*, 17(12), 4585. doi.org/10.3390/ijerph17124585
- Silver, J. (2018). Women Veterans and Risk for Dementia. *NEJM Journal Watch. Psychiatry*.
- Silvestrini, M., Nicosia, F., Spar, M. J., Gibson, C. J., & Brown, R. T. (2020). "We Have a Long Way to Go:" A Case Study Examination of Older Women Veterans' Experiences in VA Primary Care: The Journal of Health Care Organization, Provision, and Financing. *Inquiry*, 57. https://doi.org/https://doi.org/10.1177/0046958020931311
- Smith, B. N. P., Spiro, A. P., Frayne, S. M. M. D. M. P. H., Kimerling, R. P., Cypel, Y. P., Reinhard, M. J. P., . . . Magruder, K. M. P. M. P. H. (2020). Impact of Wartime Stress Exposures and Mental Health on Later-Life Functioning and Disability in Vietnam-Era Women Veterans: Findings from the Health of Vietnam-Era Women's Study. *Psychosomatic Medicine*, 82(2), 147. doi.org/10.1097/PSY.0000000000000762
- Smith, N. A., Brady, J. M., Hammer, L. B., Carlson, K. F., & Mohr, C. D. (2020). Military sexual trauma among women Veterans: The buffering effect of coworker support. *Military Psychology*, 32(6), 441-449. doi.org/10.1080/08995605.2020.1806635
- Smolenski, D. J., McDonald, K. L., Hoffmire, C. A., Britton, P. C., Carlson, K. F., . . . Denneson, L. M. (2023). Informing measurement of gender differences in suicide risk and resilience: A national study of United States military veterans. *J Clin Psych*, 79(5), 1371-1385. doi: 10.1002/jclp.23485
- Sneed, M. L., Davis, S. R., Fetterling, T. J., Prince, M. A., Eakman, A. M., & Conner, B. T. (2022). Assessing invariance of cannabis use motives by veteran status and binary gender identity among college students. *Military Psychology*, 34(6), 754-761. doi.org/10.1080/08995605.2022.2041996
- Song, Y., Carlson, G. C., McGowan, S. K., Fung, C. H., Josephson, K. R., Mitchell, M. N., . . . Martin, J. L. (2021). Sleep Disruption Due to Stress in Women Veterans: A Comparison between Caregivers and Noncaregivers. *Behavioral Sleep Medicine*, 19(2), 243-254. doi.org/10.1080/15402002.2020.1732981

- Spinola, S., Hoff, R. A., & Tsai, J. (2021). A psychosocial mediational model of homelessness among U.S. male and female veterans who served in Iraq and Afghanistan. *Hlth & Soc Care in Comm*, 29(2), 453-463. doi.org/10.1111/hsc.13106
- Stefanovics, E. A., & Rosenheck, R. A. (2019). Comparing Outcomes of Women-Only and Mixed-Gender Intensive Posttraumatic Stress Disorder Treatment for Female Veterans. *J Tra Stress*, 32(4), 606-615. doi:10.1002/jts.22417
- Stefanovics, E. A., Rhee, T. G., & Rosenheck, R. A. (2022). Long-term impact of the U.S. Armed forces Zero-Tolerance drug policy on female veterans. *Journal of Addictive Diseases*, 40(1), 26-34. doi.org/10.1080/10550887.2021.1922049
- Szpunar, M. J., Crawford, J. N., Baca, S. A., & Lang, A. J. (2020). Suicidal Ideation in Pregnant and Postpartum Women Veterans: An Initial Clinical Needs Assessment. *Military Medicine*, 185(1-2), e105-e111. doi.org/10.1093/milmed/usz171
- Taylor, E., Timko, C., Harris, A. H. S., Yu, M., & Finlay, A. K. (2019). Receipt of pharmacotherapy for alcohol use disorder by justice-involved women in the Veterans Health Administration. *Add Sci & Clin Prac*, 14, 1-7. doi:10.1186/s13722-018-0129-x
- Tsai, S., Nguyen, H., Ebrahimi, R., Barbosa, M. R., Ramanan, B., Heitjan, D. F., . . . Jeon-Slaughter, H. (2021). COVID-19 associated mortality and cardiovascular disease outcomes among US women veterans. *Scientific Reports*, 11(1). doi.org/10.1038/s41598-021-88111-z
- Tucker, R. P., Testa, R. J., Reger, M. A., Simpson, T. L., Shipherd, J. C., & Lehavot, K. (2019). Current and Military-Specific Gender Minority Stress Factors and Their Relationship with Suicide Ideation in Transgender Veterans. *Suicide & Life-Threatening Behavior*, 49(1), 155-166. doi.org/10.1111/sltb.12432
- Tucker, R. P., Testa, R. J., Simpson, T. L., Shipherd, J. C., Blosnich, J. R., & Lehavot, K. (2018). Hormone therapy, gender affirmation surgery, and their association with recent suicidal ideation and depression symptoms in transgender veterans. *Psychological Medicine*, 48(14), 2329-2336. https://doi.org/https://doi.org/10.1017/S0033291717003853
- Varilek, B. M., & Isaacson Capt, M. J. (2021). Female Veteran Use of Palliative and Hospice Care: A Scoping Review. *Military Medicine*, 186(11-12), 1100-1105. https://doi.org/https://doi.org/10.1093/milmed/usab005
- Watkins, L. E., & Laws, H. B. (2021). A Dyadic Analysis of PTSD and Psychological Partner Aggression Among U.S. Iraq and Afghanistan Veterans: The Impact of Gender and Dual-Veteran Couple Status. *Journal of Interpersonal Violence*, 36(5-6), 2393-2408. doi.org/10.1177/0886260518760016
- Webermann, A. R., Dardis, C. M., & Iverson, K. M. (2022). The role of general self-efficacy in intimate partner violence and symptoms of posttraumatic stress disorder among women veterans. *Journal of Traumatic Stress*, 35(3), 868-878. doi.org/10.1002/jts.22794
- Webermann, A., Dardis, C., Shipherd, J., & Iverson, K. (2023). A Two-Year Examination of Intimate Partner Violence and Associated Mental and Physical Health among Sexual Minority and Heterosexual Women Veterans. *Journal of Aggression, Maltreatment & Trauma*, 32(7-8), 1124-1141. https://doi.org/https://doi.org/10.1080/10926771.2022.2053260
- Williams, L., Pavlish, C., Maliski, S., & Washington, D. (2018). Clearing Away Past Wreckage: A Constructivist Grounded Theory of Identity and Mental Health Access by Female Veterans: *Advances in Nursing Science*. *ANS*, 41(4), 327.
- Williston, S. K. P., Bramande, E. A. B. A., Vogt, D. S. P., Iverson, K. M. P., & Fox, A. B. P. (2020). An Examination of the Roles of Mental Health Literacy, Treatment-Seeking Stigma, and Perceived Need for Care in Female Veterans' Service Use. *Psychiatric Services*, 71(2), 144. doi.org/https://doi.org/10.1176/appi.ps.201800405
- Wilson, S. M., Medenblik, A. M., Neal, J. M., Strauss, J. L., Murray, M. J., Christian, W. E., . . . Calhoun, P. S. (2019). Lifetime Smoking Patterns and Preferences for Smoking Cessation Among Women Veterans Receiving Veterans Health Administration Care. *Qualitative Health Research*, 29(14), 2096-2107. doi.org/10.1177/1049732319857536
- Yu, B., Montgomery, A. E., True, G., Cusack, M., Sorrentino, A., Chhabra, M., & Dichter, M. E. (2020). The intersection of interpersonal violence and housing instability: Perspectives from women veterans. *American Journal of Orthopsychiatry*, 90(1), 63. doi.org/10.1037/ort0000379
- Zaccari, B., Sherman, A. D. F., Febres-Cordero, S., Higgins, M., & Kelly, U. (2022). Findings from a pilot study of Trauma Center Trauma-Sensitive Yoga versus cognitive processing therapy for PTSD related to military sexual trauma among women Veterans. *Complementary Therapies in Medicine*, 70. doi.org/10.1016/j.ctim.2022.102850
- Zhu, R., Carlson, G., Kelly, M., Song, Y., Fung, C. H., Mitchell, M. N., . . . Martin, J. L. (2020). 0581 Characteristics of US Women Veterans with Sleep Apnea: Results of a National Survey of VA Healthcare Users. *Sleep*, suppl. 1, 43, A222-A223. doi.org/10.1093/sleep/zsaa056.578

Additional sourced articles.

Bell, P. A. (2021). Development of a Novel Military Veteran Academic Pathway Program in an Australian University: Transition and Identity Making in Higher Education for Student Veterans. *Int J of Soc Sci & Ed Studies*, 8(2).

Bessaha, M. L., Sabbath, E. L., Morris, Z., Malik, S., Scheinfeld, L., & Saragossi, J. (2020). A Systematic Review of Loneliness Interventions Among Non-elderly Adults. *Clinical Social Work Journal*, 48(1), 110-125. doi.org/10.1007/s10615-019-00724-0

Burkhart, L., & Hogan, N. (2015). Being a Female Veteran: A Grounded Theory of Coping With Transitions. *Social Work in Mental Health*, 13(2), 108-127. doi:10.1080/15332985.2013.870102

Carra, K., Curtin, M., Fortune, T., & Gordon, B. (2023). Service and demographic factors, health, trauma exposure, and participation are associated with adjustment for former Australian Defense Force members. *Mil Psychol*, 35(5), 480-492. doi.org/10.1080/08995605.2022.2120312

Demers, A. (2011). When Veterans Return: The Role of Community in Reintegration. *Journal of Loss and Trauma*, 16(2), 160-179. doi.org/10.1080/15325024.2010.519281

Eichler, M., & Smith-Evans, K. (2018). Gender in Veteran reintegration and transition: a scoping review. *Journal of Military, Veteran and Family Health*, 4(1), 5-19. doi.org/10.3138/jmvfh.2017-0004

Elnitsky, C. A., Fisher, M. P., & Blevins, C. L. (2017). Military Service Member and Veteran Reintegration: A Conceptual Analysis, Unified Definition, and Key Domains. *Front Psychol*, 8, 369. doi.org/10.3389/fpsyg.2017.00369

Feldman, S., & Hanlon, C. (2012). Count Us In: The Experiences of Female War, Peacemaking, and Peacekeeping Veterans. *Armed Forces & Society*, 38(2), 205-224.

Gettings, R. D., Kirtley, J., Wilson-Menzfeld, G., Oxburgh, G. E., Farrell, D., & Kiernan, M. D. (2022). Exploring the Role of Social Connection in Interventions With Military Veterans Diagnosed With PTSD: Systematic Narrative Review. *Front Psychol*, 13, 873885. doi.org/10.3389/fpsyg.2022.873885

Gorman, J. A., Chamberlin, E. S., Stevenson, B. J., Calixte, R., Crossman, D. M., Ahern, M. E., . . . Federman, E. J. (2022). Using Veterans Socials to Build a Community: Feasibility of the VOICES Intervention. *Community Ment Health J*, 58(8), 1544-1553. doi.org/10.1007/s10597-022-00969-z

Gorman, J. A., Scoglio, A. A. J., Smolinsky, J., Russo, A., & Drebing, C. E. (2018). Veteran Coffee Socials: A Community-Building Strategy for Enhancing Community Reintegration of Veterans. *Community Ment Health J*, 54(8), 1189-1197. doi.org/10.1007/s10597-018-0288-y

Hansen, C., McFarlane, A., Iannos, M., Sadler, N., Benassi, H., Lawrence-Wood, E., . . . Van Hooff, M. (2020). Psychosocial factors associated with psychological distress and functional difficulties in recently transitioned and current serving regular Australian Defence Force members. *Psychiatry Res*, 286, 112860. doi:10.1016/j.psychres.2020.112860

Hawkins, B. L., & Crowe, B. M. (2018). Injured female Veterans' experiences with community reintegration: a qualitative study. *J Mil, Vet & Fam Hlth*, 4(2), 18-27. doi.org/10.3138/jmvfh.2017-0020

Hooks, C., Morgan, L., Fossey, M., Buxton, E., & Godier-McBard, L. 2023. 'Where are all the women?' Recognition and representation – UK female veterans' experiences of support in civilian life. Avail: www.centreformilitarywomensresearch.com/projects/female-veteransexperience-of-government-and-charities/

Mellor, R., Saunders-Dow, E., & Mayr, H. L. (2022). Scope of Use and Effectiveness of Dietary Interventions for Improving Health-Related Outcomes in Veterans: A Systematic Review. *Nutrients*, 14(10). <https://doi.org/10.3390/nu14102094>

Mercier, J. M., Hosseiny, F., Rodrigues, S., Friio, A., Brémault-Phillips, S., Shields, D. M., & Dupuis, G. (2023). Peer Support Activities for Veterans, Serving Members, and Their Families: Results of a Scoping Review. *Int J Environ Res Public Health*, 20(4). doi.org/10.3390/ijerph20043628

Nayback-Beebe, A. M., & Yoder, L. H. (2011). Social Conflict Versus Social Support: What is More Influential in Mental Health Symptom Severity for Female Service Members? *Arch Psychiatric Nursing*, 25(6), 469-478. doi.org/10.1016/j.apnu.2011.02.005

Oliveira, J.S., Gilbert, S., Pinheiro, M.B., Tiedemann, A., Macedo, L.B., ... Sherrington, C.. (2023). Effect of sport on health in people aged 60 years and older: a systematic review with meta-analysis. *Br J Sports Med*, 57(4), 230. doi.org/10.1136/bjsports-2022-105820

Patelia, S., Mazhar, A., & Baker, J. (2023). What Do We Know About the Value of Sport for Older Adults? A Scoping Review. *J Aging Phys Act*, 31(4), 705-720. doi.org/10.1123/japa.2022-0146

Patulny, R., Siminski, P., & Mendolia, S.(2015). The front line of social capital creation-A natural experiment in symbolic interaction. *Soc Sci & Med*, 125, 8-18. doi.org/10.1016/j.socscimed.2014.04.026

Romaniuk, M., & Kidd, C. (2018). The Psychological Adjustment Experience of Reintegration Following Discharge from Military Service: A Systemic Review. *Journal of Military and Veterans Health*(APr 2018), 13.

Shirazipour, C., Tennant, E., Aiken, A., & Latimer-Cheung, A. (2019). Psychosocial Aspects of Physical Activity Participation for Military Personnel with Illness and Injury: A Scoping Review. *Mil Beh Health*, 7(4), 459-476. doi.org/10.1080/21635781.2019.1611508

Smith, E., Dean, G., & Holmes, L. (2021). Supporting the Mental Health and Well-Being of First Responders from Career to Retirement: A Scoping Review. *Prehosp Disaster Med*, 36(4), 475-480. doi.org/10.1017/S1049023X21000431

Thomas, K. H., Haring, E. L., McDaniel, J., Fletcher, K. L., & Albright, D. L. (2017). Belonging and Support: Women Veterans' Perceptions of Veteran Service Organizations. *J Vet Studies* doi.org/10.21061/jvs.v2i2.12

Williamson C, Baumann J, Murphy D. (2023). Military families: the impacts of having a first child during service on military mothers

BMJ Mil Health, 169:403-407. doi.org/10.1136/bmjmilitary-2021-001928

Appendices.

Practitioner interview schedule.

- Tell me about your role at Mates4Mates and your experience working with women veterans.
- What sort of programs does your Centre run? Who attends them and what programs do women veterans attend?
- Are there general things that women veterans experiences disproportionately that are exacerbated by transition?
- Are there sub-groups of women veterans who have different needs?
- What components of your programs are helping women veterans? [Do your programs build social capital amongst participants?]
- What other things in their lives are helping them?
- Below are some challenges that the literature has suggested. Do you notice any of them in your clients?

Mental Health

Physical Health

Alcohol Use

Education/
Employment

Preventable Health
Conditions

Physical Activity

Nutrition
& Diet

Parenting

Social Support

Social Capital

Service
Navigation

Connection to
Veterans

Gender Norms

Meeting 'Civilians'

Volunteering

Trauma Informed
Support

- Is there anything else you would like to share?

Women veterans' social connection needs survey

At Mates4Mates, it's important to us that we support all members of the veteran community through the services that we provide.

To help Mates4Mates better understand the needs of women veterans, especially in the area of social support and community connection, we are conducting a short survey and inviting women veterans* to complete this.

The feedback provided in this survey will help Mates4Mates identify any gaps in the wellbeing-needs of women veterans and improve our future services accordingly.

This survey is anonymous, and personal, identifiable details will not be collected.

This survey will close on Sunday, 15 October 2023.

If you complete the survey, we will be collecting your personal information in order to evaluate our Mates4Mates services. Your personal information will be handled in accordance with the privacy collection notice here (<https://www.RSL QueenslandId.org/vfwc/new-client>) and the Mates4Mates Privacy Policy (<https://mates4mates.org/privacy-policy>). Your information will also be provided to the Department of Veterans' Affairs from time to time in a de-identified and aggregated manner.

If you have any questions or wish to speak to somebody at Mates4Mates about this survey, please email enquiry@mates4mates.org. Thank you for taking the time to provide your feedback and help Mates4Mates improve our services for the veteran community.

This survey is not related to your mental or physical health needs. If you need support, please call Open Arms on 1800 011 046 or Lifeline Australia on 13 11 14. In case of an emergency, please call 000.

**This is a survey of Australian women who are veterans and have served at least one day of full-time ADF service.*

Social Connection

1. Do you feel like you currently have enough social connection for support and / or enjoyment? (Y/N)
2. What types of social connection activities would you say are important in your life at the moment? (tick all that apply):
 - building friendships,
 - spending time with family
 - meeting other veterans
 - meeting professional work contacts
 - being involved in community groups
 - being involved in sporting or exercise groups
 - meeting other families
 - getting to know non-veterans
 - meeting my neighbours
 - meeting people who share my hobbies
 - meeting people with similar life challenges to mine (free text detail),
 - other (free text)

3. Please tell us a few things about any changes to, or things that have stayed the same about, your social networks since discharging from the military (if you have not yet discharged, please write 'not discharged' here)? (tick all that apply)
- My relationship with my friends from the ADF has changed
 - My friendship group where I live has changed
 - My sporting or activities club or association or involvement has changed
 - My level of physical activity (or amount of sedentary time when I'm not moving) has changed
 - My relationship with my family (immediate or extended) has changed
 - My childcare responsibilities have changed
 - My diet, alcohol or tobacco intake has altered
 - The type of relationship I have with my work colleagues has changed
 - My involvement in volunteer roles has changed
 - The type of activities I participate in out of work hours has changed
 - The type of things I spend my money on has changed
 - The amount of travelling I do has changed
 - The amount that I do professional or personal development (workshops, training etc) has changed
 - Other (free text)
4. Please tell us about your biggest challenges in maintaining social connections these days? (tick all that apply)
- Making and maintaining veteran friends
 - Making and maintaining non-veteran friends
 - Making and maintaining friends with work colleagues
 - Making friends who live close to me (close enough I can see them in-person regularly)
 - Finding sporting or activities clubs or associations
 - Finding volunteer activities
 - Finding networking events or groups
 - Participating in physical activity
 - Maintaining my family relationships (immediate or extended)
 - Managing childcare demands to allow me to do social things
 - Managing financial demands to allow me to do social things
 - Managing time demands to allow me to do social things
5. Please tell us about any Mates4Mates services or other veteran support organisations that you have found helpful for you socially?

6. This scale is made up of a list of statements, each of which may or may not be true about you. Please indicate how each sentence relates to you this week.

	definitely false	probably false	probably true	definitely true
If I wanted to go on a trip for a day (e.g., to the country or beach), I would have a hard time finding someone to go with me.				
I feel that there is no one I can share my most private worries and fears with.				
If I were sick, I could easily find someone to help me with my daily chores.				
There is someone I can turn to for advice about handling problems with my family.				
If I decide one afternoon that I would like to go to a movie that evening, I could easily find someone to go with me.				
When I need suggestions on how to deal with a personal problem, I know someone I can turn to.				
I don't often get invited to do things with others.				
If I had to go out of town for a few weeks, it would be difficult to find someone who would look after my house or apartment.				
If I wanted to have lunch with someone, I could easily find someone to join me.				
If I was stranded 10 kilometres from home, there is someone I could call who could come and get me.				
If a family crisis arose, it would be difficult to find someone who could give me good advice about how to handle it.				
If I needed some help in moving to a new house or apartment, I would have a hard time finding someone to help me.				

7. Please feel free to share any suggestions you have for how Mates4Mates could better support women veterans, especially in social connections: (free text)

Please tell us a little about yourself to help us understand the responses above.

1. What is your age? Please select one of the options.

- Under 25 years old.
- 25-34 years old.
- 35-44 years old.
- 45-54 years old.
- 55-64 years old.
- 65-74 years old.
- Over 75 years old.

2. What is your gender? Please select one of the options.
 - Male.
 - Female.
 - Non-binary
 - Prefer not to say.
3. Have you attended a Mates4Mates service or activity?
 - Yes
 - No
 - Unsure
4. Are you still serving in the military?
 - Yes (full-time)
 - Yes (part-time)
 - No Reservist (Yes)
5. When was your last year of ADF service (please select 2023 if still serving): (year)
6. What's your current employment status:
 - Working full-time
 - Working part-time
 - Full-time childcare duties
 - Not looking for work (other)
 - Not looking for work (retired)
 - Looking for work or more work
 - Studying (Full time)
 - Studying (part time)
7. Do you currently spend any hours during the week doing a volunteer role?
 - Yes (RSL)
 - Yes (other – please name)
 - No.

8. Relationship Status:

- Single
- Partnered but not living together
- Partnered living together
- Widow

9. Do you have children under 18 years living at home with you?

- Yes (how many);
- No

10. Were you medically discharged from the ADF?

- Yes
- No

11. Do you consider yourself part of the LGBTQIA+ community?

- Yes
- No

12. Are you currently in need of disability support (any service) or support for ageing (any service)?

- Yes
- No

Acknowledgements.

This report was commissioned and funded by Mates4Mates. Many thanks to Emma Whitehead, Georgia Ash, Adam 'Buzz' Lawson, Tahni Roberts, and the practitioners within the social connections program at Mates4Mates for their enthusiastic involvement in this project.

MATES4MATES

Here for those
impacted by service.

With mates behind
you, there's power
to move forward.

For information and support

 **1300 4 MATES**

 **mates4mates.org**

If you're looking for information
and support offered in your area,
call us on 1300 4 62837, or visit
your local centre.

ABN: 54 160 646 999

