

Key Transitions: Supporting the Behavioral Health of Women Veterans

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Webinar
May 7, 2019



SAMHSA
Substance Abuse and Mental Health
Services Administration

SAMHSA Welcome



Cicely K. Burrows-McElwain, L.C.S.W.-C.

Military and Veteran Liaison
National Policy Liaison Branch,
Division of Regional and National Policy/Office of Policy, Planning, and
Innovation, SAMHSA

Disclaimer

The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Substance Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services (HHS).

SAMHSA Background



Since 2008, SAMHSA has partnered with states and territories to strengthen behavioral health systems serving **service members, veterans, and their families** (SMVF) providing Technical Assistance (TA) through its SMVF TA Center.

SAMHSA leads efforts to ensure substance use and mental health issues among all Americans, including SMVF, are well understood.

SAMHSA's SMVF TA Center



SAMHSA ★ SMVF TA CENTER

Service Members, Veterans, and their
Families Technical Assistance Center

- Strengthening ongoing collaboration among military and civilian stakeholders
- Providing a centralized mechanism for cities, states, and territories to learn, connect, and share
- Increasing awareness of and access to resources and programs that strengthen behavioral health care systems for service members, veterans, and their families (SMVF)
- Supporting coordinated responses to the behavioral health needs of SMVF
- Encouraging cities, states, and territories to implement promising, best, and evidence-based practices

Technical Assistance Methods

The SMVF TA Center provides training and technical assistance through activities such as:

- Policy Academies
- Implementation Academies
- Webinars
- Learning communities
- Onsite and virtual expert consultation
- Resource dissemination

Webinar Overview



Angela Wright, J.D.

Assistant Director

SAMHSA's Service Members, Veterans, and their
Families Technical Assistance (SMVF TA) Center
Policy Research Associates, Inc.

Webinar Objectives

- Define the unique risk factors for women veterans' behavioral health issues, including post-traumatic stress disorder and the psychological effects of war, military sexual trauma, intimate partner violence, substance abuse, and suicide
- Identify gaps in data, programs, and services for women veterans
- Describe how we can build the behavioral health workforce's capacity to provide women veterans with care that is sensitive to military culture, trauma, and gender at every stage of life
- Illustrate opportunities for increased collaboration and coordination to improve access and quality of care
- Discover simple, yet effective, strategies to improve your programs and services for women veterans

Why this Webinar is Important

- Understanding the unique challenges women face as they transition from military service to civilian life and throughout each stage of their lives
- Providing community support that is sensitive to military culture, trauma, and gender

Our Presenters Today



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Women Veterans: Battling to be Seen

Meaghan C. Mobbs, M.A.
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Topics of Discussion

- Brief intro to women Veteran demographic and socioeconomic characteristics
- Being a women Veteran
- Veteran identity
- Transition stress
- Critical issues
- Obstacles & barriers
- Increasing opportunities for success

Women Veterans: Demographic Characteristics

- Women are 9.4% of the total Veteran population
- Increase at a rate of ~18,000 women/yr for the next 10 years
- Median age of women Veterans is 50 (64 for men)
- 19% of women Veterans are African American, compared with 12% of non-Vet women



Profile of Women
Veterans: 2014
Prepared by the
National Center for
Veterans Analysis and
Statistics
March 2016

Women Veterans: Demographic Characteristics

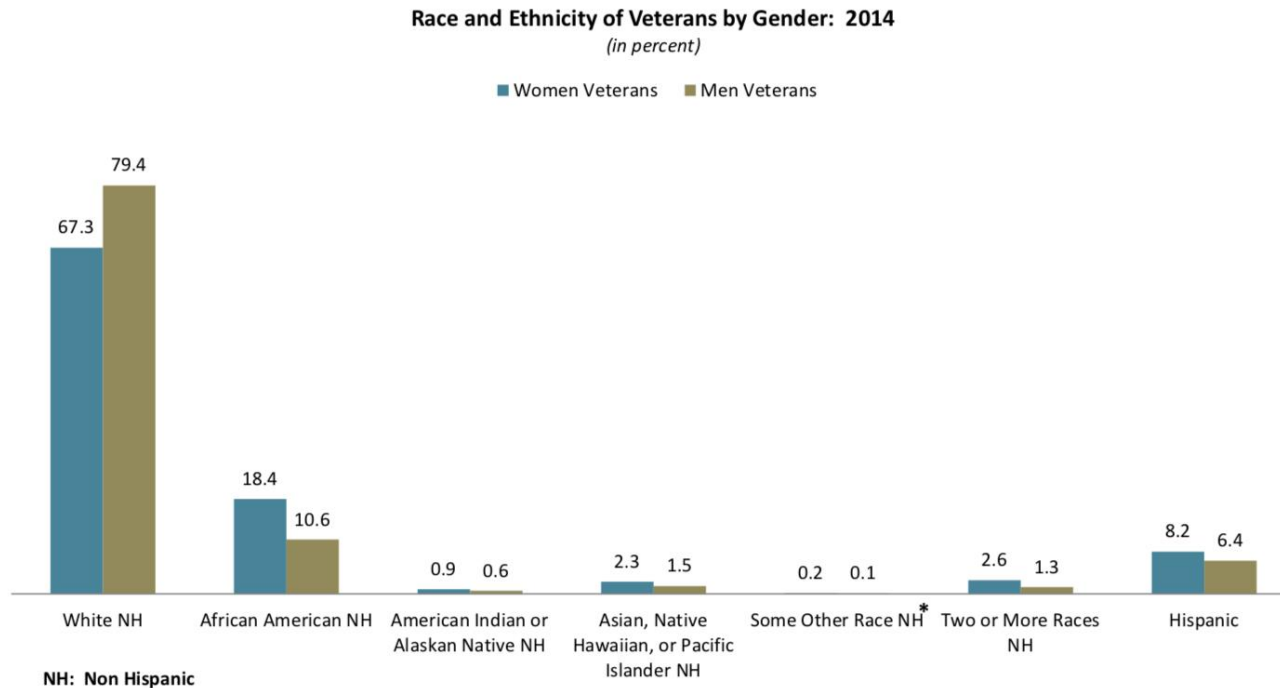
- Hispanic women Veterans are almost half that of non-Veterans (9% v. 16%)
- Asian women Veterans are less than half that of non-Veterans (2% v. 5.5%)
- 84% of women Veterans are currently married, divorced, widowed, or separated compared with 72% of non-Veteran women
- 23.4% of all women Veterans are currently divorced compared with 12.6% of non-Veteran women



Profile of Women
Veterans: 2014
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March 2016

Women Veterans: Compared to Male Veterans

A higher percent of women Veterans are racially and ethnically diverse than men Veterans.



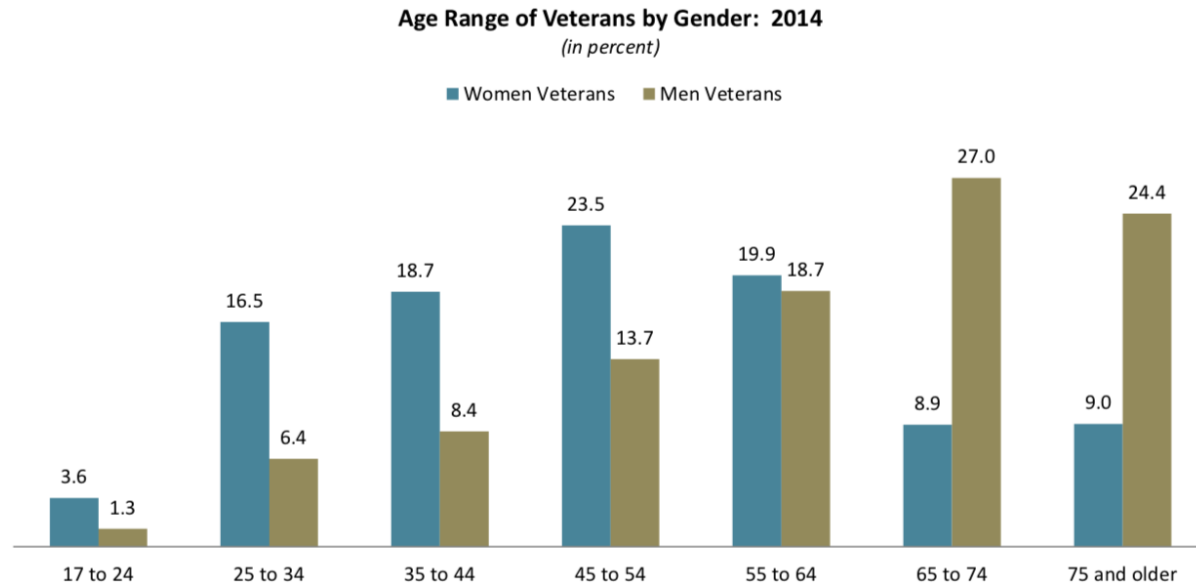
*Difference between women Veterans and men Veterans is not statistically significant at the 90% confidence level.

Source: U.S. Census Bureau, American Community Survey, 2014
Prepared by the National Center for Veterans Analysis and Statistics

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Women Veterans: Compared to Male Veterans

Women Veterans are younger than men Veterans.



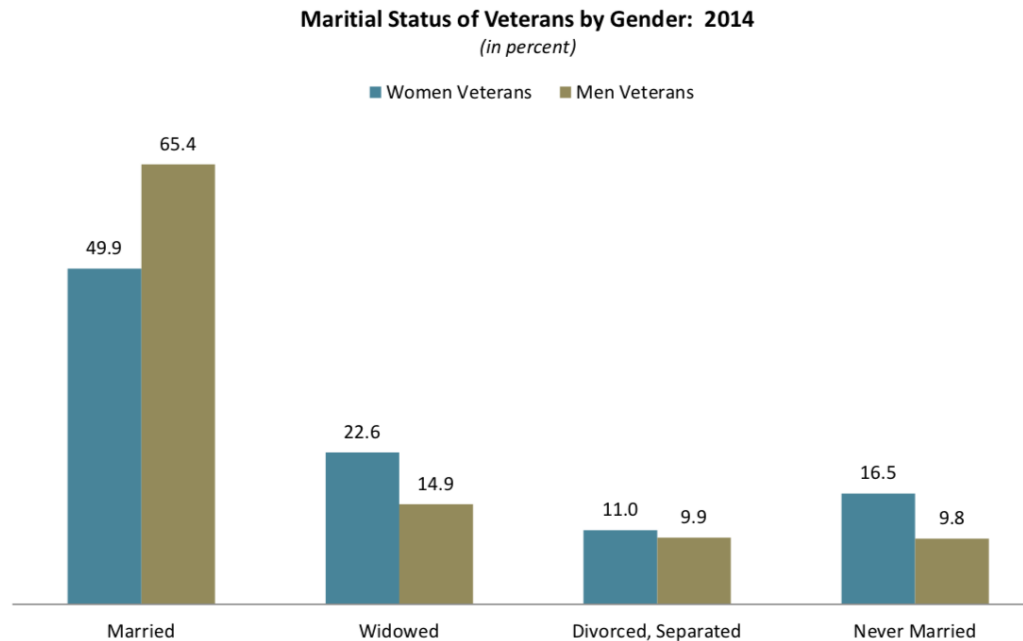
Median Age by Gender: 2014

Women Veterans	Men Veterans
49.2	64.4

Source: U.S. Census Bureau, American Community Survey, 2014
Prepared by the National Center for Veterans Analysis and Statistics

Women Veterans: Compared to Male Veterans

A lower percent of women Veterans are married compared to men Veterans. A higher percent of women Veterans are widowed or never married compared to men Veterans.



Source: U.S. Census Bureau, American Community Survey, 2014
Prepared by the National Center for Veterans Analysis and Statistics

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Women Veterans: Socioeconomic Characteristics

- More have some college as their highest level of education compared with non-Veteran women (44% compared with 32%)
- A higher percentage of all women Veterans (34.5%) than non-Veterans (28.1%) have completed a Bachelor's or advanced degree



Profile of Women Veterans:
2014
Prepared by the National
Center for Veterans Analysis
and Statistics
March 2016

Women Veterans: Socioeconomic Characteristics



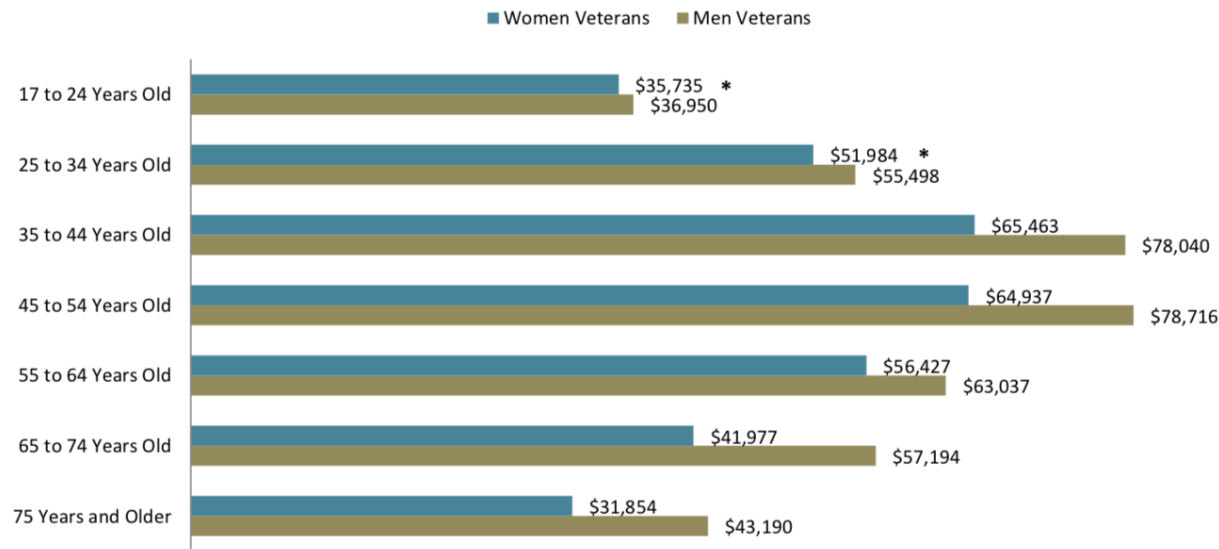
Profile of Women Veterans:
2014
Prepared by the National
Center for Veterans Analysis
and Statistics
March 2016

- Working-age women Veterans (17 to 64 years old) have a higher labor force participation rate (71.5%) than non-Veteran women (70.1%)
- Overall, women Veterans are less likely than non-Veteran women to be living in poverty (10% compared to 15% below the poverty threshold)

Women Veterans: Compared to Male Veterans

Women Veterans age 35 and older have a lower median household income than men Veterans.

Median Household Income of Veterans by Gender: 2014



	Women Veterans	Men Veterans
Median Household Income	\$54,993	\$56,995
Households Using SNAP/Food Stamps	11.7%	6.3%

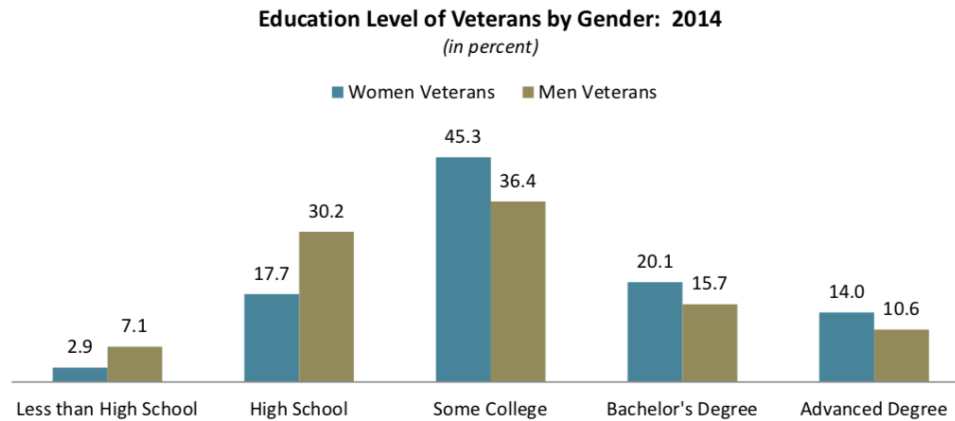
*Difference between women Veterans and men Veterans is not statistically significant at the 90% confidence level.

Source: U.S. Census Bureau, American Community Survey, 2014
Prepared by the National Center for Veterans Analysis and Statistics

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Women Veterans: Compared to Male Veterans

A higher percent of women Veterans have higher education attainment and are enrolled in higher education compared to men Veterans.



Veterans Enrolled in Higher Education by Gender: 2014
(in percent)

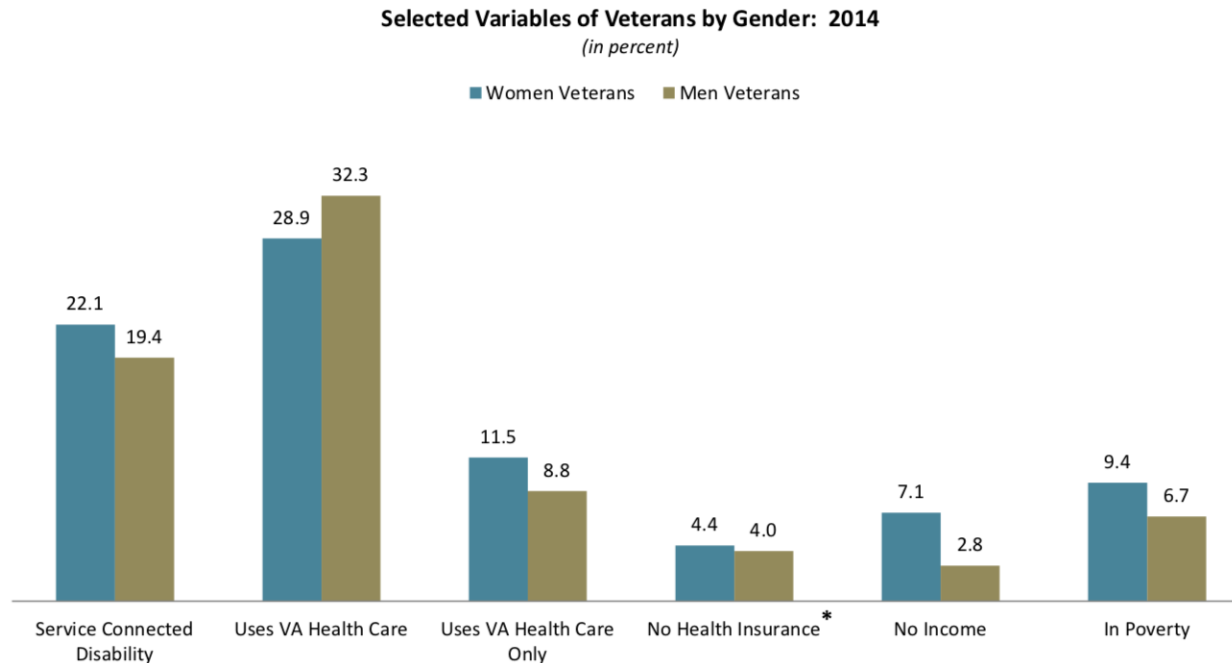
	Women Veterans	Men Veterans
All Ages	13.3	4.0
17 to 24 Years Old	35.1	28.1
25 to 34 Years Old	32.0	24.4
35 to 44 Years Old	18.6	10.7

Source: U.S. Census Bureau, American Community Survey, 2014
Prepared by the National Center for Veterans Analysis and Statistics

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Women Veterans: Compared to Male Veterans

A higher percent of women Veterans have a service connected disability, have no income, and are in poverty than men Veterans. A lower percent of women Veterans use VA health care, but a higher percent only use VA health care than men Veterans.



*Difference between women Veterans and men Veterans is not statistically significant at the 90% confidence level.

Source: U.S. Census Bureau, American Community Survey, 2014
Prepared by the National Center for Veterans Analysis and Statistics

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Being a “Women Veteran”

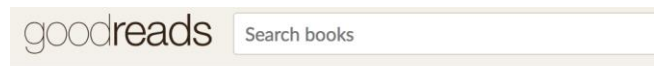
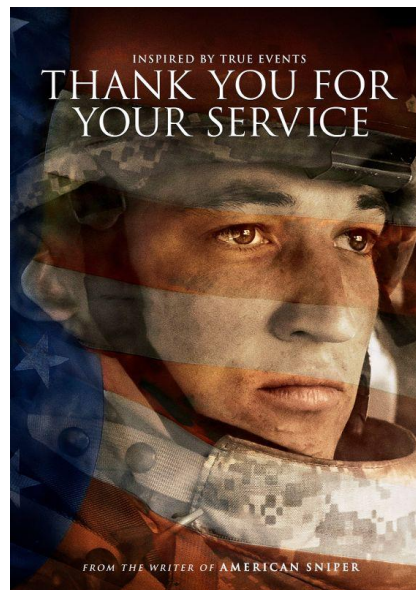
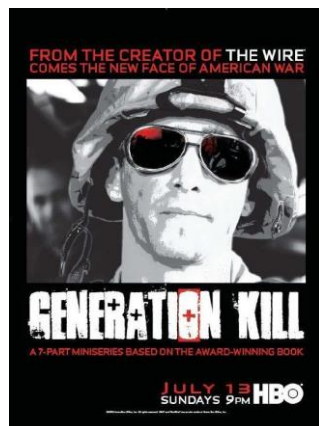
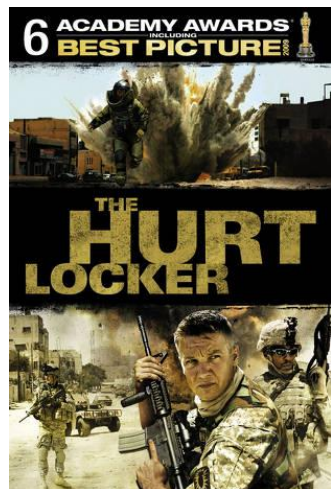
- Dichotomy of not wanting to be different and wanting to be seen
- Dislike gender specificity but understand necessity
- When is a veteran just a veteran?



From the Most Visible Service Members to the Most Invisible Veterans



The Cultural Milieu: From Pop Cultural to VSO



Shelves > Gwot >

Popular Gwot Books

Showing 1-50 of 469



Not A Good Day To Die: The Untold Story of Operation Anaconda (Paperback)
by Sean Naylor (Goodreads Author) (shelved 10 times as gwot)
avg rating 4.13 — 3,110 ratings — published 2005



Horse Soldiers: The Extraordinary Story of a Band of US Soldiers Who Rode to Victory in Afghanistan (Hardcover)
by Doug Stanton (shelved 8 times as gwot)
avg rating 4.12 — 6,512 ratings — published 2009



No Easy Day: The Firsthand Account of the Mission That Killed Osama Bin Laden (Hardcover)
by Mark Owen (shelved 7 times as gwot)
avg rating 3.97 — 42,382 ratings — published 2012



Lone Survivor: The Eyewitness Account of Operation Redwing and the Lost Heroes of SEAL Team 10 (Hardcover)



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Unique Needs of Women Veterans

- Not the same but equally considered
- Exposure to similar hazards (i.e. combat, military sexual trauma) at different rates
- Uniqueness of being a woman



Veteran Identity and Identification

Veteran identity defined as “veteran’s self-concept as derived from their veteran status”

Veteran identity centrality vs. positive regard for Veteran identity



A woman’s veteran ‘veteran status’ is more or less central to her self-concept depending on her experiences while in uniform.

Di Leone, B. A., Wang, J. M., Kressin, N., & Vogt, D. (2016). Women’s veteran identity and utilization of VA health services. *Psychological services*, 13(1), 60.

Transition Stress

- Recent population survey studies suggest **44 percent to 72 percent of Veterans experience high levels of stress during the transition to civilian life with difficulties**
 - Securing employment
 - Interpersonal difficulties during employment
 - Conflicted relations with family, friends, and broader interpersonal relations
 - Adapting to the schedule of civilian life
 - Legal difficulties (Morin, 2011)

Mobbs, M. C., & Bonanno, G. A. (2018). Beyond war and PTSD: The crucial role of transition stress in the lives of military veterans. *Clinical psychology review*, 59, 137-144.



Transition Stress

- Struggle with the transition is reported at higher, more difficult levels for GWOT vets than those who served in any other previous conflict (i.e. Vietnam, Korea, World War II) or in the periods in between (Pew Research Center, 2011)
- Crucially, ***transition stress has been found to predict both treatment seeking and the later development of mental and physical health problems, including suicidal ideation*** (Interian et al., 2012; Kline et al., 2011)
- The majority of first suicide attempts by veterans typically occur after military separation (Villatte et al., 2015)



Mobbs, M. C., & Bonanno, G. A. (2018). Beyond war and PTSD: The crucial role of transition stress in the lives of military veterans. *Clinical psychology review*, 59, 137-144.

Critical Issues: Primary Service-Connected Conditions

*PTSD
Major Depressive Disorder
Migraines
Lower Back Pain*

Accounted for 29.9 percent of all service-connected disabilities for women Veterans in 2015



Women Veterans Report: The Past, Present, and Future of Women Veterans
Department of Veterans Affairs
National Center for Veterans Analysis and Statistics
February 2017

Critical Issues: Military Sexual Trauma (MST)

1 in 4 women
1 in 100 men



- 13.9% report MST (1.9% men, 23.6% women) when the measure assesses only assault
- 31.2% report MST (8.9% men, 52.5% women) when the measure assesses only harassment
- Regardless of the type of victimization incident (i.e., harassment or assault), women evidenced significantly larger prevalence rates compared to men

Wilson, L. C. (2018). The prevalence of military sexual trauma: A meta-analysis. *Trauma, Violence, & Abuse*, 19(5), 584-597.

Critical Issues: Body Dysmorphic Disorder (BDD)

- Constant focus on body ability and appearance
- BDD 13.0% in males & 21.7% in females
- Muscle Dysmorphia (MD) was 12.7% in males and 4.2% in females
- Strong correlation between having BDD and using supplements to get thinner and MD to get more muscular



Campagna, J. D., & Bowsher, B. (2016). Prevalence of body dysmorphic disorder and muscle dysmorphia among entry-level military personnel. *Military medicine*, 181(5), 494-501.

Obstacles and Barriers to Treatment

- Parenthood/Childcare
- Lack of gender specific care programs
- Lack of option to have women doctors
- Don't feel apart of the community
- Alienation from institutions

VA Struggles to Curb Harassment of Female Veterans at Medical Centers



POLITICS

The Inconvenience of Being a Woman Veteran

When leaving the service, women are often faced with a slew of challenges as they try to assimilate into civilian life.

SARAH MAPLES NOV 22, 2017



With more women in the armed services, some female vets don't feel like vets

Posted: 3:15 PM, Nov 12, 2018 Updated: 11:06 AM, Dec 12, 2018



By: Craig McKee



Insider

SAMHSA

Substance Abuse and Mental Health
Services Administration



MARCH 08, 2018

Image credit: U.S. Army/Nikayla Shc

Women are the Most Visible Servicemembers, and the Most Invisible Veterans

By Andrea N. Goldstein



Increasing Opportunities for Success

**Identify
Conduct Meaningful Outreach
Establish Connectivity**

- Host recognition events
- Leverage social media (to include Instagram)
- Utilize multiple avenues of approach to conduct outreach
- Make peer-to-peer encouragement a part of the engagement model
- Know the landscape! From VSOs to VHA, know your resources and partners. **Trust takes time**



By the Numbers...

1. Engage women veteran for peer-support activities to support treatment and recovery.
2. Include screening & assessment questions that address military experience and recognize a woman's military contributions and unique experience.
3. Insure organization is trauma-informed and welcoming to women veterans.
4. Offer, or provide referrals to, trauma-specific/trauma-informed interventions and services.
5. Ensure all touch points are aware of and understand the unique culture and experiences of women veterans.

More Recommendations!

1. Provide safe childcare during treatment or programming.
2. Provide treatment/recovery services that address individual and family needs.
3. Develop integrated care coordination models.
4. Conduct outreach and recognition events to help women veterans understand and access their full benefits.
5. Leverage social media at all levels (to include Instagram).
6. Think and engage holistically.

Tang, Z., Claus, R. E., Orwin, R. G., Kissin, W. B., & Arieira, C. (2012). Measurement of gender-sensitive treatment for women in mixed-gender substance abuse treatment programs. *Drug and Alcohol Dependence*, 123(1–3), 160–166.

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“The Debrief: Tackling modern day veterans’ challenges
on Psychology Today”

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Women Veterans and Aging

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Disclosures

**No conflict of
interest to
declare**

**No intent to discuss non-FDA-approved
medication or device use; will disclose if this
comes up in discussion**

What We Will Cover

- Key health and mental health challenges faced by older women Veterans
- The influence of trauma on aging
- Lifestyle factors which can improve health and mental health as women age
- Why self-identification as a Veteran matters for older women
- VA resources for women

Age Distribution of Veterans

Exhibit 1.D. Age Distribution of Women Veteran VHA Patients, FY00-FY15

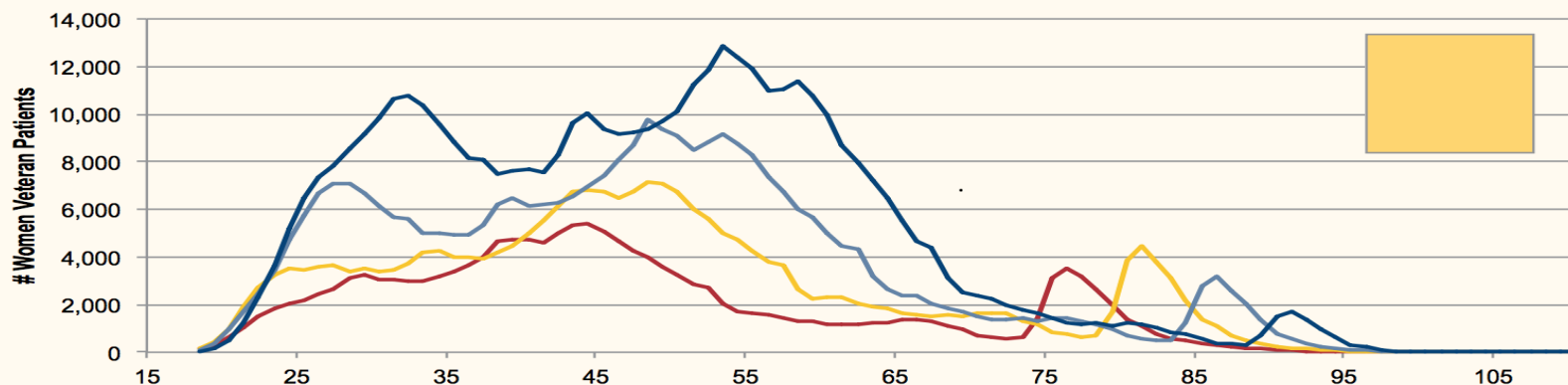
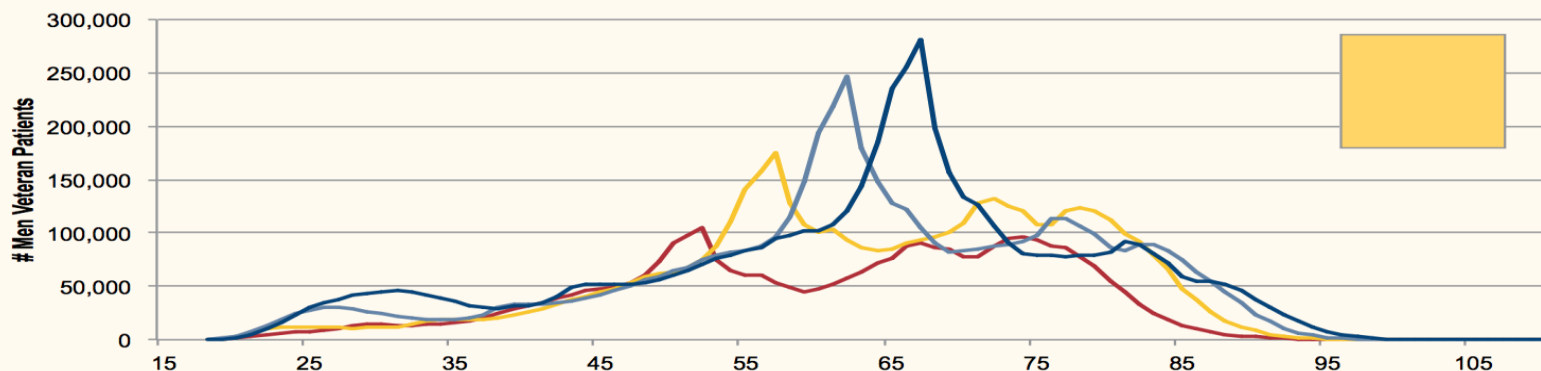


Exhibit 1.E. Age Distribution of Men Veteran VHA Patients, FY00-FY15



Key: FY - Fiscal Year; VHA - Veterans Health Administration

Notes: Findings portray Veteran VHA patients, not the entire Veteran population. See Technical Appendix.

Cohort: Men Veteran VHA patients with non-missing ages 18-110 years (inclusive). FY00: N=3,226,162; FY05: N=4,569,901; FY10: N=5,034,379; FY15: N=5,450,014.

Source: WHEI Master Database, FY00-FY15

Women Veterans and Aging

As of 2015, 12 percent of women Veterans were 65+ years old

From 2000 to 2015, the 55 – 64 year old subgroup of women Veterans grew more than 7-fold, suggesting that the number of aging women Veterans will dramatically increase in the coming decade

Women Veterans, Aging, and Mental Health

From 2000 to 2015, the number of women Veterans receiving VA mental health care increased nearly 5-fold, while for men the increase was 2-fold

Among women Veterans age 65+, the proportion with mental health conditions increased from 19 percent to 31 percent

Sex and Gender Influence on Health and Aging

- On average, women live longer than men
- Older women spend more years disabled, unpartnered, financially strained
- Mental health
 - Functional limitations contribute more to depression in men than in women
 - Being retired from paid work is associated with more psychological distress in men than in women
 - Psychological health after retiring or developing functional limitations is aided by involvement in social, community, religious, leisure, and caring activities; women engage in more of these than men

Military Service Influences on Health and Aging in Women

- Women Veterans are more likely to die before age 80 than women civilians
- Among women age 80+, Veterans have:
 - More impaired physical functioning
 - Less social support
 - Lower satisfaction with life, quality of life, and sense of purpose
- One key influence on health and aging is women Veterans are more likely than women civilians to smoke and consume alcohol

Another Key Influence is Trauma...



1 in 5 women enrolled at VA
screen positive for MST

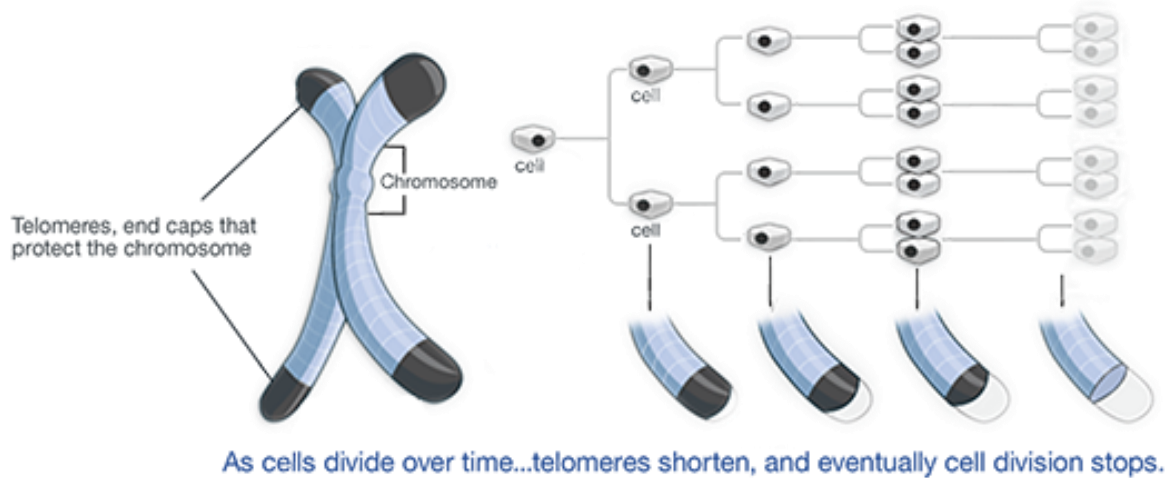
MST = Military Sexual Trauma

Trauma and Aging in Women Veterans



- Compared to civilian women, women Veterans experience considerably more trauma
- Compared to civilian women and to men Veterans, women Veterans experience more sexual trauma
- Among types of trauma, sexual trauma confers the highest conditional risk for post-traumatic stress disorder (PTSD)
- PTSD accelerates aging

Effects of PTSD on Telomeres (Biomarker of Aging)



- Telomere length is influenced by genetics and by sex (women have longer telomeres than men)
- PTSD shortens telomeres (more shortening with more severe symptoms)

Effect of PTSD on Health as Women Veterans Age

Among older adults, PTSD is associated with elevated risk of...

High blood
pressure

Heart
disease

Gastritis

Arthritis

Dementia

Stomach
ulcer

Effect of Aging on Expression of PTSD

Aging may reduce availability of methods women previously used to cope with trauma

Coping Strategy	Changes with Aging
Keeping busy	Retirement, empty nest
Staying physically active	Pain, mobility limitations
Engaging with friends and relatives	Losses, inability to drive
Scanning the environment	Reduced visual and/or auditory acuity (hearing deficits more common in deployed military personnel)
Reframing anxious thoughts	Reduced cognitive abilities

Resilience



Emma Pogue
WWII Veteran

Many aging Veterans have low levels of psychological distress despite having experienced high levels of trauma. This resilience is correlated with:

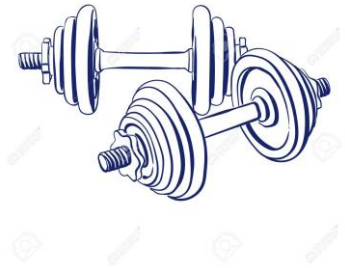
- Social connectedness
- Community integration (involvement in broader social networks)
- A sense of purpose in life
- Positive perceptions of the effects of military service on one's life

Health Maintenance for Older Women Veterans



Exercise and Aging

- Benefits of resistance & endurance exercise for older women
 - Improved physical functioning
 - Reduce muscle and bone loss
 - Reduce risk of health disease, diabetes, falls
 - Improve mood and quality of life
 - Reduce cognitive decline
- What actually happens
 - At least 150 minute per week of moderate-to-vigorous exercise are recommended – Less that 5 percent of older adults meet this!
 - Older adults may spend 85 percent of their waking time sedentary
 - Bouts of further muscle disuse (e.g., hospitalization, inclement weather) accelerate health risks of physical inactivity



Exercise: Practical Tips for Older Women Veterans

- Compared with older non-Veteran women, older women Veterans have higher physical activity levels – however...
 - Some older women Veterans give up on exercise due to negative comparisons with their past selves
 - Some women Veterans experience triggering of traumatic memories in a gym environment
- Solutions
 - Brief psychotherapy to grieve losses, adjust expectations, and reframe “all-or-nothing” thinking
 - Physiatrist guidance to adapt exercise to physical limitations and needs
 - Gradual exposure therapy to gym environment
 - Home exercise programs (available regardless of weather, driving)
 - Low-intensity walking (may not confer all the health benefits of more vigorous exercise, but improves muscle synthesis, bone strength, blood sugar control, and mood)

Nutrition and Aging in Women

- Energy requirements often decrease, resulting in weight gain unless dietary intake is reduced
- Protein requirements may increase, especially when healing wounds, fighting infections, repairing fractures, and restoring muscle mass
- Women with anti-inflammatory diets have a 15-20 percent lower risk of depression
- Common micronutrient deficiencies which affect mental health
 - Vitamin B-12 (bioavailability decreases with age)
 - Vitamin D (precursor in skin decreases with age)

Barriers and Solutions to Healthy Nutrition



Barriers which increase with age	Solutions
Difficulty chewing and/or swallowing	Diagnose and treat; mechanical soft diet
Difficulty digesting and/or absorbing nutrients	Supplements
Dietary restrictions due to illnesses	Nutrition consult to prioritize
Limited access to healthy food	Case management; food pantries; online delivery services
Reduced motivation to “cook for one”	Motivational interviewing; meal sharing

Sleep and Aging

- Sleep quality tends to decline with age
- Factors which improve sleep quality in older women:
 - Positive relationships
 - Sense of purpose in life
 - Self-acceptance
 - Exercise
 - Weight reduction
 - Diagnosis and treatment of:
 - Sleep disorders: obstructive sleep apnea, restless leg syndrome
 - Psychiatric disorders
 - Nocturia (frequent nighttime urination)

Sexuality and Aging

- Gender differences in frequency of sexual activity, satisfaction, and desire increase with age
- However, 75 percent of older women report sex is the same as or better than when they were younger
- Sexual satisfaction influences self-regard, depression, and loneliness
- Marriage is a strong predictor of sexual activity and satisfaction in women, not men
- Barriers for older women
 - Difficulty with vaginal lubrication
 - Pain during intercourse
 - Pelvic floor disorders (incontinence, prolapse)
- VA has multidisciplinary teams (gynecologists, psychotherapists, psychiatrists) to address sexual dysfunction

Forgiveness, Aging, and Mental Health

- Forgiveness (defined as decreasing avoidance and wishes for revenge) is associated with reduced depression as people age
- Gender effects
 - As compared to men, women forgive others more readily but themselves less readily
 - Self-forgiveness protects mental health in older men and women
- Veterans with moral injury (PTSD-like symptoms from doing one's military job in a way that violates one's conscience) may have particular difficulty with self-forgiveness

Does it Matter if a Woman Self-identifies as a Veteran?



I'm One.
I am a Proud Veteran.

WOMEN VETERANS HEALTH CARE
Learn more at www.womenshealth.va.gov



VA HEALTH CARE Defining **EXCELLENCE** in the 21st Century

Identification as a Veteran

- Until conscription ended in 1973, women in the military had restricted roles (primarily nurses and clerks)
- Some older women do not self-identify as Veterans because:
 - They did not participate directly in combat
 - They were not deployed to a “hot” zone
 - They want to avoid trauma reminders
 - Others in society do not view them as Veterans
- Self-identifying as a Veteran improves knowledge of and access to:
 - Health care, including geriatric specialty care, home-based care, trauma-informed care, and travel benefits
 - Skilled nursing facilities, adult day care, home helpers, respite care, caregiver support, home adaptations
 - Social networks

Honor
Loyalty
Trail Blazer
Role Model
Patriot
Military Experience



**VA knows
women Veterans**
what's invisible to most
is visible to VA

WOMEN VETERANS HEALTH CARE



05/2012
Poster 10-479

VA Women's Mental Health Resources

- Clinician training in women's mental health
 - “Mini-residencies” (intensive, in-person training with a life-cycle approach)
 - Monthly national teleconferences
 - National SharePoint with tools, resources
 - National discussion board
- Women's Mental Health Champions at every VA
- Skills Training for Affective and Interpersonal Regulation (STAIR) – psychotherapy for women who have experience interpersonal trauma
- Eating disorders multidisciplinary teams

VA Women's Mental Health Resources Cont'd

- Consultation services
 - Military Sexual Trauma (MST)
 - Reproductive mental health (e.g., perimenopause)
- End Sex-based Harassment initiative
 - Social messaging (posters)
 - Training for staff, police, Veterans
 - Sister Assister programs

Summary: Helping Women Veterans Maintain Mental Health as they Age



- Talk to older women Veterans about:
 - Mental health
 - Social connection
 - Trauma
 - Available VA resources
- Identify and address barriers to:
 - Exercise and physical activity
 - Health eating
 - Sleep quality
 - Sexuality
 - Forgiveness

References

- Chernoff R: Micronutrient requirements in older women. *Am J Clin Nutr* 81(suppl):S1240-5, 2005
- Cook JM, Simiola V: Trauma and aging. *Curr Psychiatry Rep* 20(93):1-9, 2018
- Ermer AE, Proulx CM: Unforgiveness, depression, and health in later life: the protective factor of forgiveness. *Aging Ment Health* 20(10):1021-34, 2016
- Frayne SM, Phibbs CS, Saechao F et al: Sourcebook: Women Veterans in the Veterans Health Administration. Volume 4: Longitudinal Trends in Sociodemographics, Utilization, Health Profile, and Geographic Distribution. Women's Health Evaluation Initiative, Women's Health Services, Veterans Health Administration, Department of Veterans Affairs, Washington DC. February 2018
- Forlani C, Morri M, Ferrari B et al: Prevalence and gender differences in late-life depression: a population-based study. *Am J Geriatr Psychiatry* 22(4):370-80, 2014
- Gauche R, Lima RM, Myers J et al: Blood pressure reactivity to mental stress is attenuated following resistance exercise in older hypertensive women. *Clin Interventions Aging* 12:793-803, 2017
- Gerber MR, King MW, Iverson KM et al: Association between mental health burden and coronary artery disease in U.S. women veterans over 45: a national cross-sectional study. *J Womens Health* 27(3):238-44, 2018
- Gibson CJ, Lisha NE, Walter LC et al: Interpersonal trauma and aging-related genitourinary dysfunction in a national sample of older women. *Am J Obstet Gynecol* 94:e1-7, 2019
- Ladwig K-H, Brockhaus AC, Baumert J et al: Posttraumatic stress disorder and not depression is associated with shorter leukocyte telomere length: findings from 3,000 participants in the population-based KORA F-4 study. *PLOS One* 8(7):1-7, 2013
- LaCroix AZ, Rillamas-Sun E, Woods NF et al: Aging well among women veterans compared with non-veterans in the Women's Health Initiative. *Gerontologist* 56(S1):S14-26, 2016

References (cont'd)

- Lawrence Journal-World, 11/11/12, <https://www2.ljworld.com/news/2012/nov/11/daughter-answered-nations-call-duty/>
- Liu X Yan Y, Li F et al: Fruit and vegetable consumption and the risk of depression: a meta-analysis. *Nutrition* 32(3):296-302, 2016
- Padula CB, Weitlauf JC, Rosen AC et al: Longitudinal cognitive trajectories of women veterans from the Women's Health Initiative Memory Study. *Gerontologist* 56(1):115-25, 2016
- Phelan CH, Love GD, Ryff CD et al: Psychosocial predictors of changing sleep patterns in aging women: a multiple pathway approach. *Psychol Aging* 25(4):858-66, 2010
- Rashedi V, Asadi-Lari M, Foroughan M et al: Mental health and pain in older adults: findings from Urban HEART-2. *Community Ment Health J* 53:719-24, 2017
- Ratner ES, Erekson EA, Minkin MJ et al: Sexual satisfaction in the elderly female population: a special focus on women with gynecologic pathology. *Maturitas* 70:210-5, 2011
- Reiber GE, LaCroix AZ: Older women veterans in the Women's Health Initiative. *Gerontologist* 56(S1):S1-5, 2016
- Shad BJ, Wallis G, van Loon LJC et al: Exercise prescription for the older population: the interactions between physical activity, sedentary time, and adequate nutrition in maintaining musculoskeletal health. *Maturitas* 93:78-82, 2016
- Shivappa N, Hébert JR, Veronese N et al: The relationship between the dietary inflammatory index (DII) and incident depressive symptoms: a longitudinal cohort study. *J Affect Disord* 235:39-44, 2018
- Silverstein NM & Moorhead JL: Responding to social service and health care needs of aging women veterans. *J Women Aging* 13(2):39-55, 2001

References (cont'd)

- T.A. Sciences: <https://www.tasciences.com/what-is-a-telomere.html>, accessed 4/9/19
- Vo K, Forder PM, Tavener M et al: Retirement age, gender and mental health: findings from the 45 and Up Study. *Aging Ment Health* 19(7):647-57, 2015
- Wang V, Depp CA, Ceglowski J et al: Sexual health and function in later life: a population-based study of 606 older adults with a partner. *Am J Geriatr Psychiatry* 23(3):227-33, 2015
- Zinzow HM, Grubaugh AL, Monnier J et al: Trauma among female veterans: a critical review. *Trauma Violence Abuse* 8(4):384-400, 2007

Questions?

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