



VA research on

WOMEN'S HEALTH

In the last decade, VA has established an extensive, continually expanding evidence base on women Veteran health and health needs.

ABOUT WOMEN'S HEALTH

- There are currently 1.9 million living women Veterans, who make up 9.4% of the total Veteran population.
- At each VA medical center nationwide, a women Veterans program manager is designated to advise and advocate for women Veterans. They help coordinate services for eligible women for both primary and specialized care.
- Sex-specific primary care programs include cervical cancer and breast cancer screening, birth control, prescription counseling, human papillomavirus vaccine, and menopausal support.
- Mental health programs geared specifically for women include evaluation and assistance for issues such as depression, mood, and anxiety disorders; intimate partner violence; parenting and anger management; and marital, caregiver, or family-related stress.
- Special services are available to women who have experienced military sexual trauma (MST). VA provides free, confidential counseling and treatment for mental and physical health conditions related to MST.
- Reproductive health care includes maternity care, infertility evaluation and

limited treatment, sexual problems, tubal ligation, and urinary incontinence.

- VA also offers special programs providing services for homeless women Veterans and those who have undergone domestic violence.

VA RESEARCH ON WOMEN'S HEALTH: OVERVIEW

- VA researchers are looking at a broad range of health issues related to women Veterans, including gender differences in health status and medical care; mental and behavioral health; sexual trauma; gynecological and reproductive care; access to care; improving the quality and delivery of care; and women Veterans' experiences of and preferences for care.
- Recent research is also addressing issues related to intimate partner violence and homelessness, as well as special needs of specific populations of women (e.g., rural dwellers, minorities, and LGBT Veterans).
- Deployment and post-deployment health research is now a major portion of the VA women's health research portfolio.
- The goal of VA's [Women's Healthcare CREATE](#) is to use research to accelerate the implementation of comprehensive care for women Veterans, and to focus on fundamental issues in how VA delivers

care to women Veterans in the context of national VHA policy.

SELECTED MILESTONES AND MAJOR EVENTS

- 1992** – Formally [targeted](#) women Veterans' health issues as a research priority and conducted a series of studies on their health care needs
- 1993** – Established the [Women's Health Sciences Division](#) within the National Center for Posttraumatic Stress Disorder
- 1998** – Released the a [study](#) showing that women Vietnam Veterans had a higher prevalence of children with birth defects than women Veterans who had not served in Vietnam
- 2006** – Published results from a large [study](#) showing that women patients in VA had as heavy a burden of physical and mental illness as men in VA
- 2010** – Created the [Women's Health Practice Based Research Network](#) to include more women in VA studies and to sharpen the focus on their health needs
- 2013** – Established the [Women Veterans Healthcare CREATE](#)
- 2016** – Women's Health QUERI funded [Enhancing Mental and Physical Health of Women through Engagement and Retention](#) (EMPOWER)

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RECENT STUDIES: SELECTED HIGHLIGHTS

• **Women Veterans have a higher prevalence of PTSD than civilian women or male Veterans**, found a VA Puget Sound Health Care System study. In this study of more than 20,000 people, women Veterans had a PTSD rate of 11%, compared with 6% for female civilians and 5% for male Veterans. Number of trauma types, type of trauma, and social factors taken together may explain the high prevalence. (*Social Psychiatry and Psychiatric Epidemiology*, September 2018)

• **Food insufficiency is linked to delayed access to health care and worse health outcomes in women Veterans**, according to a VA Greater Los Angeles Healthcare System study. Being food insufficient was linked to a 16% higher chance of delaying or missing medical care. Women with food insufficiency were also more likely to screen positive for anxiety and depression and were more likely to be in fair to poor health. (*Women's Health Issues*, May-June 2018)

• **A majority of women Veterans were happy with the timeliness of mental health care in VA**, in a VA Greater Los Angeles Healthcare System study. Of 419 women surveyed, 59% said they could always get an appointment for mental health care as soon as needed. Two problems were appointments

that interfere with other activities and difficulty getting questions answered between visits. Most of the women in the study rated VA health care highly, and 93% said they would recommend VA health care to other women Veterans. (*Psychological Services*, April 5, 2018)

• **Women Veterans who experience intimate partner violence are much more likely to also experience housing instability**, found a study by the VA Center for Health Equity Research and Promotion. Women who screened positive for IPV were three times more likely to face housing instability. Women who experienced IPV in the last year were even more likely to face housing instability if they were African American, screened positive for military sexual trauma, or had a substance use disorder. Receiving disability compensation and being married made housing instability less likely. (*American Journal of Preventative Medicine*, April 2018)

• **VA sees telemedicine as a good fit for providing women Veterans with access to mental health care**. Researchers interviewed leadership and clinical employees at VA facilities. In particular, staff saw telemedicine as a way of increasing same-gender care and access to providers with specialized training. This method of health care delivery is seen as especially helpful for rural women and those with other

limiting circumstances. (*Women's Health Issues*, March-April 2018)

• **Trauma related to depression and PTSD was associated with disordered eating in women Veterans**, in a study by VA Palo Alto and San Francisco VA health care system researchers. Disordered eating was often found in relation to negative feelings and emotions and thoughts of panic, fear, and anxiety. The study also found that disordered eating provided short-term but not long-term relief from negative feelings or emotions related to trauma, and a way to avoid unwanted attention from potential and past perpetrators of trauma. (*Women & Health*, February 2018)

• **Female Veterans with PTSD as a result of military sexual trauma are twice as likely to have suicidal thoughts as those with PTSD from any other cause**, according to a study by VA Eastern Colorado Health Care System researchers. In addition, those who identified military sexual trauma as the source of their PTSD were at least three times as likely to have suicidal thoughts as those who said their PTSD was specifically related to combat or deployment. (*Suicide & Life Threatening Behavior*, April 20, 2018)

For more information on VA studies on women's health and other key topics relating to Veterans' health, please visit www.research.va.gov/topics

Deployment and post-deployment health research is now a major portion of the VA women's health research portfolio.

Updated April 2019 • For a digital version of this fact sheet with active links to sources, visit www.research.va.gov/topics