Author	Women veteran specific?	Sample characteristics	Sample size [N]	Design	Main measures	Description
Thomas, 1991 (57)	Yes	Comparison of women Vietnam veterans and women veterans who never served in Vietnam	4600 Vietnam veterans; 5300 non- Vietnam veterans		Cause-specific mortality, comparing women Vietnam veterans to non-Vietnam veterans and women Vietnam veterans to US women	Mortality rates of all causes of death combined and for all cancers were similar. Vietnam veterans were slightly more likely to die from "external causes" because of a threefold increased risk of dying from motor vehicle accidents. Vietnam veterans had twofold increases in mortality from cancers of the pancreas and uterus. Women veterans had lower mortality than US women because of fewer deaths from circulatory disease.
Wolfe, 1992 (58)	Yes	Cohort of female Vietnam veterans not seeking treatment for PTSD	76 Vietnam veterans	Descriptive Study	PTSD symptomatology; SCL-90-R (psychological symptoms); change in symptoms of PTSD	Evaluated the status of PTSD symptoms in female Vietnam veterans after the start of Operation Desert Storm. Women with PTSD symptoms prior to the start of the Gulf War had greater increases in reexperiencing, avoidance/numbing and hyperarousal. They also had higher levels of somatization, obsessive-compulsive activities and hostility.

Author	Women veteran specific?	Sample characteristics	Sample size [N]	Design	Main measures	Description
Fontana, 1997 (59)	Yes	National Vietnam Veterans Readjustment study (NVVRS) – national samples of Vietnam theater and era veterans	433 theater and 300 Vietnam era veterans	Observ. Study- Assess risk or prognosis	antisocial behaviors, marital status and education; role or traumatic exposure while in military (including sexual and war	Evaluated roles of war and sexual trauma in the development of chronic PTSD in female Vietnam veterans. For both theater and era veterans, war trauma and sexual trauma made approximately equal contributions to the likelihood of developing PTSD and were responsible for approximately 25% of the PTSD risk. Low support at homecoming was even more important in the development of PTSD.
Carson, 2000 (60)	Yes	Sample of medication-free female Vietnam nurse veterans with and without a diagnosis of PTSD related to military service.	17 with current PTSD; 21 without a history of PTSD			Evaluated the effect of exposure to death and injury in women with and without PTSD. Women listened to scripts describing traumatic exposures. Both groups experienced physiologic responses but the response was significantly greater in the PTSD group. Emotional responses were not different between the two groups.
Wolfe, 2000 (61)	Yes	Vietnam era women veterans who had experienced Vietnam war-zone trauma	30 military veterans and 6 service organization volunteers	Descriptive Study	Demographics, psychometric tests (Women's Wartime Exposure Scale-Revised; PTSD symptomatology; physiologic measures	Evaluated responses of women veterans to audiovisual material representative of women's wartime experiences. Women with current PTSD demonstrated more psychological symptoms and greater psychophysiological responses to the audiovisual materials than women without PTSD.

Author	Women veteran specific?	Sample characteristics	Sample size [N]	Design	Main measures	Description
Tichenor, 1996 (62)	Yes	Subsample from the NVVRS who had undergone more thorough diagnostic assessments for PTSD and other disorders.	77 female Vietnam theater veterans		War zone tress exposure; traumatic stress response measures; measures of dissociation	Evaluated the relationship between dissociation at the time of trauma and PTSD. High ratings of peri-traumatic dissociation were strongly associated with PTSD symptomatology, level of stress exposure and general dissociative tendencies. Dissociation was not associated with general psychiatric symptomatology.
Ouimette, 1996 (63)	Yes	Sample of women who served overseas during the Vietnam era from the New England area	52 women veterans	,	and II; life stressors; traumatic	Evaluated trauma characteristics and symptoms in women with PTSD and alcohol abuse, with PTSD or without PTSD. Women with PTSD and alcohol abuse had more childhood sexual abuse and wartime sexual victimization, and had more PTSD, dissociation and borderline personality traits. The groups did not differ on other childhood trauma variables, adult physical assault or traditional wartime stressor exposure.
Baker, 1989 (64)	Yes	Two studies: Vietnam era Army nurses Vietnam era Air Force and Navy nurses	60 Army nurses 40 Air Force/Navy nurses	Descriptive Study	Demographic measures; health and psychosocial symptoms; Vietnam experiences	Describes the experiences of Vietnam nurses from different branches of the military. Less experienced Army nurses were at greater risk for subsequent difficulty in personal relationships and coping with stress. The paper describes stress experiences of the veterans as well as satisfaction with career.

Author	Women veteran specific?	Sample characteristics	Sample size [N]	Design	Main measures	Description
Ravella, 1995 (65)	Yes	Voluntary sample of Air Force nurses in the San Antonio, TX area who had served in the Vietnam theater	20 Air Force nurses	Qualitative Research	Wartime assignments; current military status; Vietnam war experiences	Describes responses of these Vietnam nurses to open-ended interviews related to their wartime experiences, focusing on individual perceptions, coping skills used and significant events remembered.
Norman, 1988 (66)	Yes	Sample of Vietnam nurses, interviewed between 11/83 and 12/85	50 Vietnam nurse veterans	Descriptive Study	Clinical jobs; off-duty experiences; social networks in Vietnam and post-Vietnam; PTSD symptoms	Describes responses to interviews evaluating the intensity of nurses' experiences and its relation to PTSD. Women with more intense Vietnam experiences had more intrusive thoughts after returning; and women with more poorly defined social networks after Vietnam had higher incidences of PTSD.
Norman, 1992 (67)	Yes	Sample of Vietnam nurses serving at some time between 1965 and 1973	50 Vietnam nurses; 23 active military, 27 civilian	Qualitative Research	identity; effect of war on choice of	Description of results of interviews with 50 f Vietnam nurses evaluating how their Vietnam experiences influenced their identities as nurses and their career decisions.

Author	Women veteran specific?	Sample characteristics	Sample size [N]	Design	Main measures	Description
Kimerling, 2000 (68)		Convenience sample of Vietnam era women veterans from the New England area	52 women veterans	Assess risk and	PTSD and other psychiatric assessment; wartime stress; life stress; demographic questionnaire; medical history	Evaluated the impact of PTSD symptoms on the relationship between traumatic exposure and subsequent health problems. 86.8% of women reported at last one traumatic event during active military duty; 12 met full criteria for current PTSD. PTSD symptoms were associated with reports of greater physical health impairment.
Gurvits, 2002 (69)	Yes	Sample of Vietnam theater nurses, unmedicated, with and without PTSD		Assess risk and	PTSD scales; demographics; alcohol history; neurological soft signs	Compared PTSD and non-PTSD nurses on the presence of eight neurological soft signs but found no differences between the groups.
Leon, 1990 (70)	Yes	Sample of Vietnam theater and era nurses recruited from various sources, most from the Midwest	36 Vietnam theater and 32 Vietnam era nurses	All Other Observational	Professional preparation and nursing duties in Vietnam; cognitive or behavioral coping strategies; traumatic experiences; pre and post-Vietnam adjustment; personality inventory; coping inventory; impact of event scale	Evaluated coping patterns of Vietnam nurses and their effect on their psychological functioning. Coping patterns that included expressing feelings, seeking emotional support and trying to find meaning in traumatic events were associated with good current psychological functioning. Self-blame, anxious thoughts and withdrawal at the time of stressful encounters were associated with poorer current functioning. There were no significant differences between the two groups.

Author	Women veteran specific?	Sample characteristics	Sample size [N]	Design	Main measures	Description
Wolfe, 1993 (71)	Yes	Sample of women serving during Vietnam: theater veterans, era veterans and theater civilians, contacted in 1990	202 women: 147 Vietnam theater veterans; 32 era veterans; 23 theater civilians		Wartime stressor scale; PTSD symptomatology; personality inventory; psychological symptoms	Evaluated the test characteristics of the Women's Wartime Stressor Scale (WWSS). Found that the WWSS had good discriminant qualities with significant differences among the three groups on various items in the scale, correlating with their exposures to wartime stress.
Wolfe, 1994 (72)	Yes	Sample of Vietnam theater women veterans, non-treatment seeking	109 women veterans	Assess risk and prognosis	Wartime stress, PTSD symptoms; demographic information; medical history and status	Evaluated the association of PTSD and wartime exposure to current perceived health. Higher PTSD scores were associated with poorer health on all measures of health status. War-zone exposure predicted poorer current health and decline in health during the Vietnam War.
Paul, 1985 (73)	Yes	Sample of volunteer Vietnam theater nurses, responding to advertisements for subjects	137 Vietnam theater nurse veterans; 123 women	Qualitative Research	Stressors and after-effects experienced by nurses	Nurses experienced severe stressors including large numbers of casualties, lack of supplies, sexual harassment, survivor guilt and threat to life among others. 39% of the sample experienced or were currently experiencing at least six of 14 adverse aftereffects, including some symptoms of PTSD.

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Thomas, 1991 (57)	Yes	Comparison of women Vietnam veterans and women veterans who never served in Vietnam	4600 Vietnam veterans; 5300 non- Vietnam veterans		Cause-specific mortality, comparing women Vietnam veterans to non-Vietnam veterans and women Vietnam veterans to US women	Mortality rates of all causes of death combined and for all cancers were similar. Vietnam veterans were slightly more likely to die from "external causes" because of a threefold increased risk of dying from motor vehicle accidents. Vietnam veterans had twofold increases in mortality from cancers of the pancreas and uterus. Women veterans had lower mortality than US women because of fewer deaths from circulatory disease.
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