

**Strengthening Suicide Prevention Efforts for Women  
Veterans through the Veterans Crisis Line  
(VA HSR&D IIR 18-287)**

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**CHERP**

CENTER FOR HEALTH EQUITY  
RESEARCH AND PROMOTION

VA HSR&D CENTER OF INNOVATION

# Acknowledgements

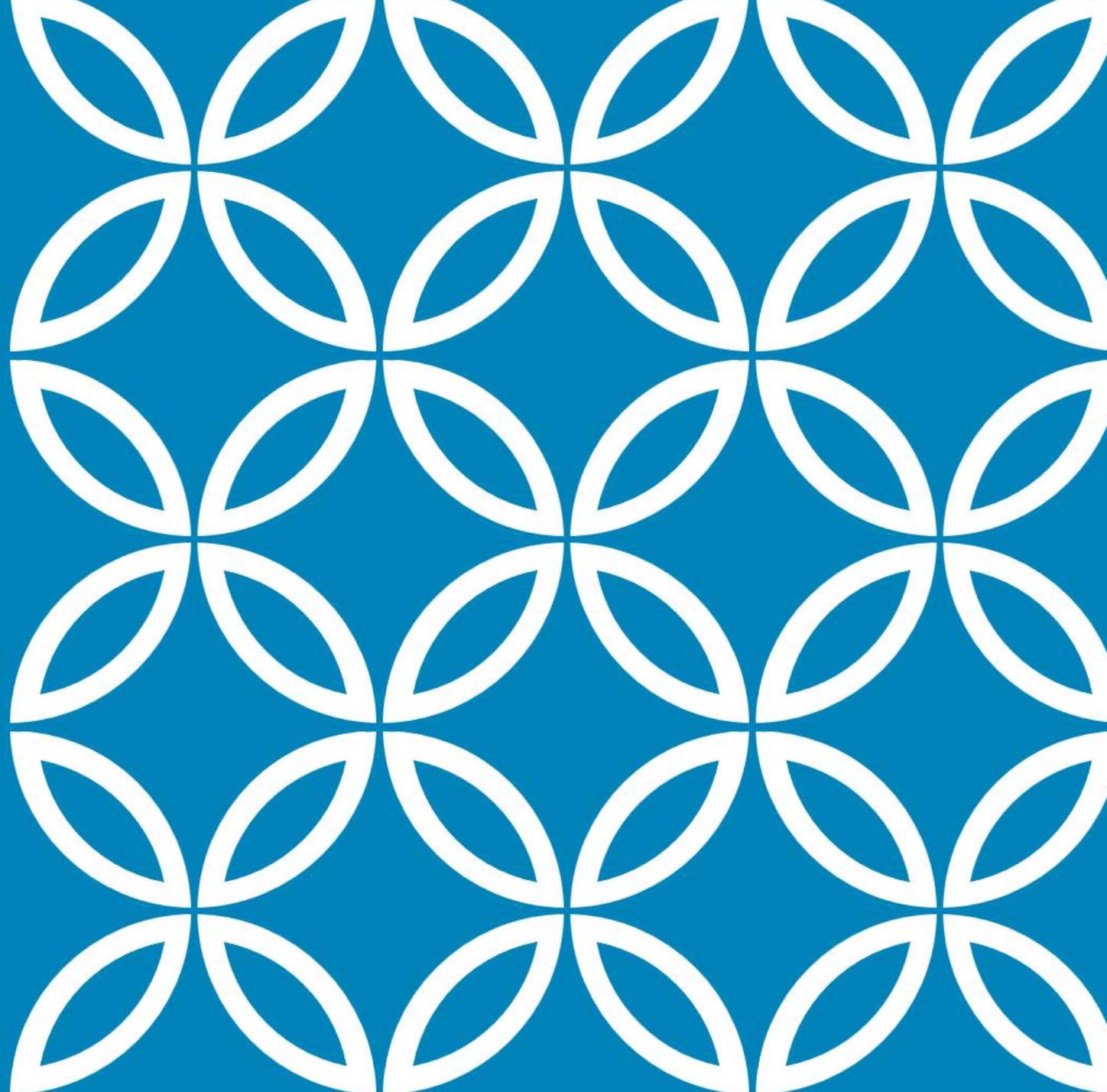
- ❖ VA HSR&D, CHERP
- ❖ VA VCL and OMHSP
- ❖ Study team
- ❖ Study advisory board

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# BACKGROUND

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Theory, Prior Research, VCL, Current Study



# Background



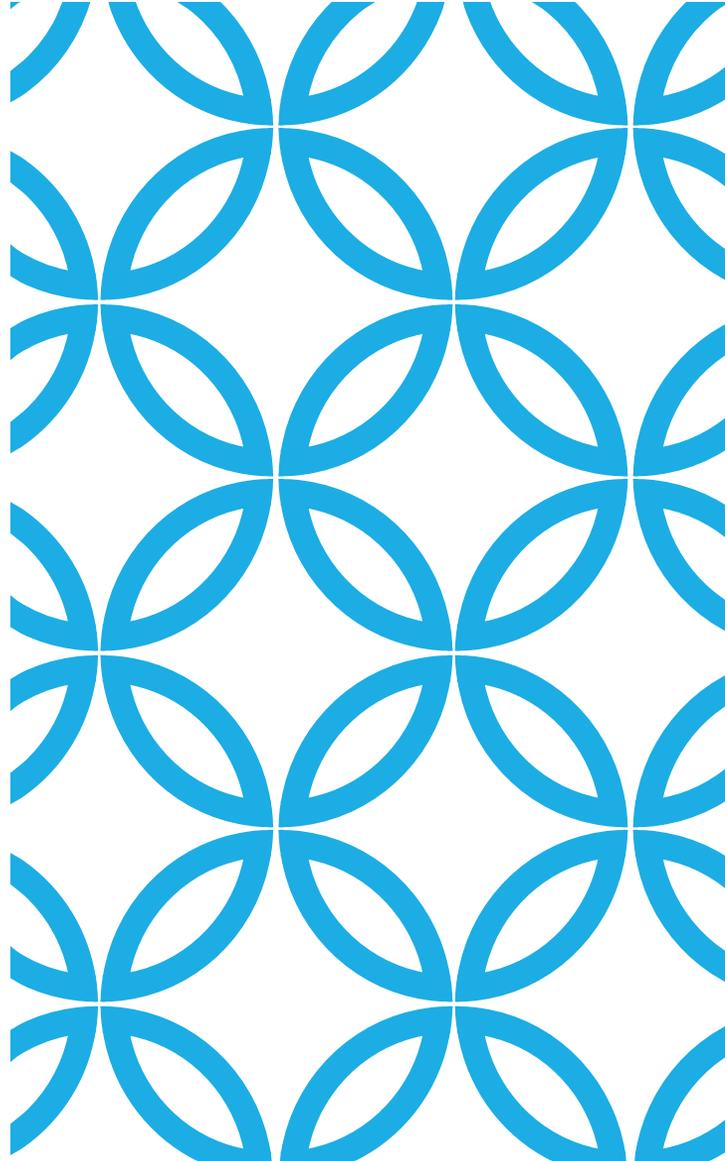
- Population of women Veterans – growing, but still a numerical minority and under-recognized; both shared and unique experiences
- Gender differences in suicide risk among Veterans; women Veterans' suicide prevention needs
  - Social relationships, social factors, and interpersonal violence can increase suicidal ideation and risk – for both women and men, though these risks are more prominent among women<sup>1</sup>
  - Gender differences in suicidal ideation development among Veterans – for women, feelings of low self-worth<sup>2</sup> – a common impact of gender-based violence and gender discrimination
  - Gender differences among VCL callers, according to VCL responders – for women Veterans, gender-based violence and family/intimate relationships as salient factors<sup>3</sup>
- Relevance of VCL for upstream suicide prevention

<sup>1</sup>Brignone et al., 2018; Monteith et al., 2016; <sup>2</sup>Denneson et al., 2020; <sup>3</sup>Ramchand et al., 2016

# Women Veterans and Intimate Partner Violence (IPV)

- Women veterans (WV) experience higher rates of **lifetime IPV** compared with women who have not served in the military (**33% vs. 24%**)<sup>1</sup>
  - 9.5% of men veterans experience lifetime IPV, compared with 12.5% of men who have not served in the military
- Nearly **1 in 5 (18.5%) WV who receive VA** healthcare report experience of **past-year IPV**<sup>2</sup>
- Military experiences can impact women's IPV experiences and help-seeking in response to IPV, both **during and after** military service<sup>3</sup>





# Prior Research Findings Informing this Work: Interviews with WV IPV Survivors

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VA HSR&D 15-142

# IPV-related psychological pain can lead to (passive) SI

*[The doctor] was asking me, did I feel like killing— doing any harm to myself. I said no, but... **I feel like I don't feel like living no more.***

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*So this doctor started asking me questions and I started honestly answering them, and then at one point he says, 'Are you talking about you wanna kill yourself?' and I'm like, 'Yeah.' He's like, 'Why?' and I said, first of all, **I'm married to a man that doesn't love me**, and I went down the list and I'm like what the hell? who would wanna live a life like that?... and I said, **'I'm not trying to do anything. But I wouldn't be unhappy if a truck hit me today and it's over.'***

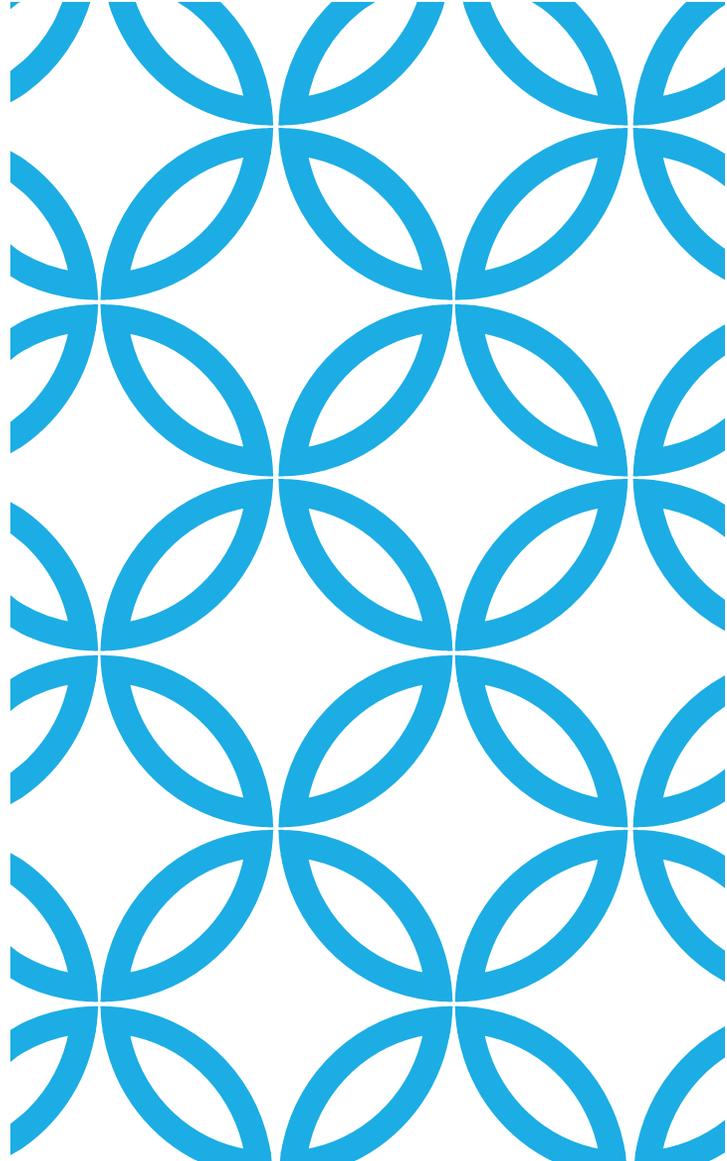
# Importance of having someone to talk to

*So she told me if I need help, just give her a call – need somebody to talk to, you can always call me... That's one good thing. I've got somebody to talk to. I don't want to know what would happen to me if I didn't have nobody to talk to...*

***When I do be ready to say, 'I can't take it anymore, please help me, I need to get out of this house before I go crazy or hurt myself,' or whatever, they'll be there to help and it's good. It's easy access... If I ever get to that point that I can't keep myself well, I know that I can just call the VA.***

# A crisis hotline can help with upstream suicide prevention

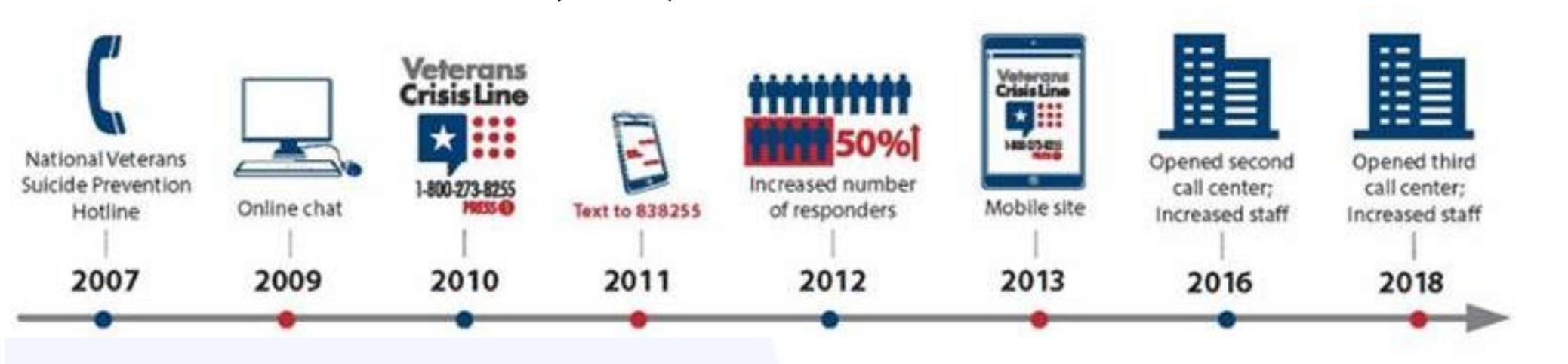
*There should be a crisis hotline. ...catch them before, not the minute before, not when they have a gun to their head, not when they have all their pills lined up to overdose. Catch them before they go down that slopey slide... **Maybe they don't have any friends because the husband cut them off**, but it'd be nice if they could take their cell phone out into a bathroom someplace and make a phone call. ...Again, it's how far the person's gonna slide down because there's nobody trying to save them. ...it's time to get them while they're gurgling water, not when they slip under and you're trying to bring them back to life.*



# VCL Background

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# Veterans Crisis Line (VCL)



More than  
**6.2 million**  
calls



More than  
**253,000**  
texts



More than  
**739,000**  
chats



More than  
**1.1 million**  
referrals *to VA*  
suicide prevention  
coordinators

More than  
**233,000**  
dispatches of  
emergency  
services

Data last updated 05/2022



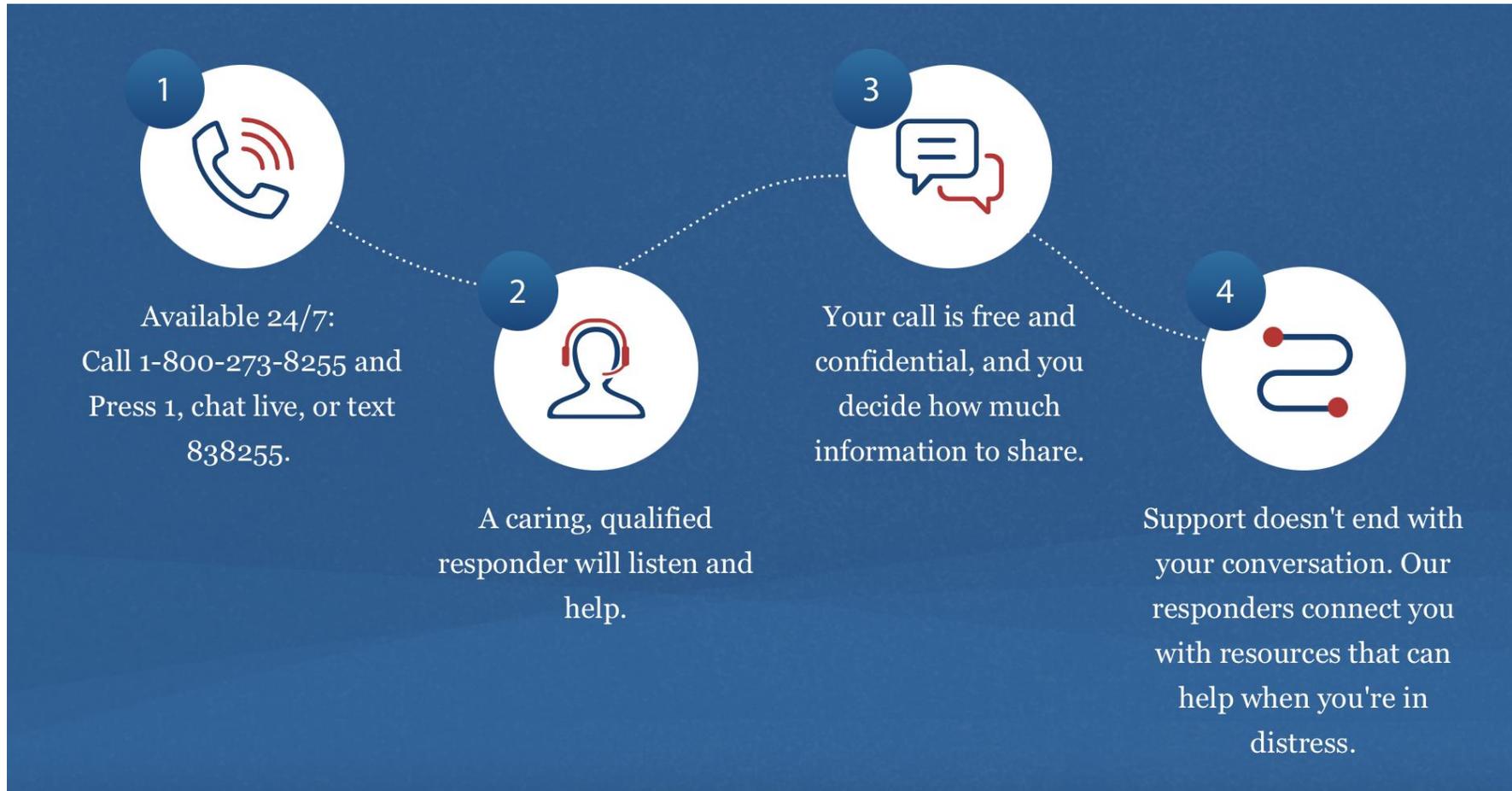
# VCL Process

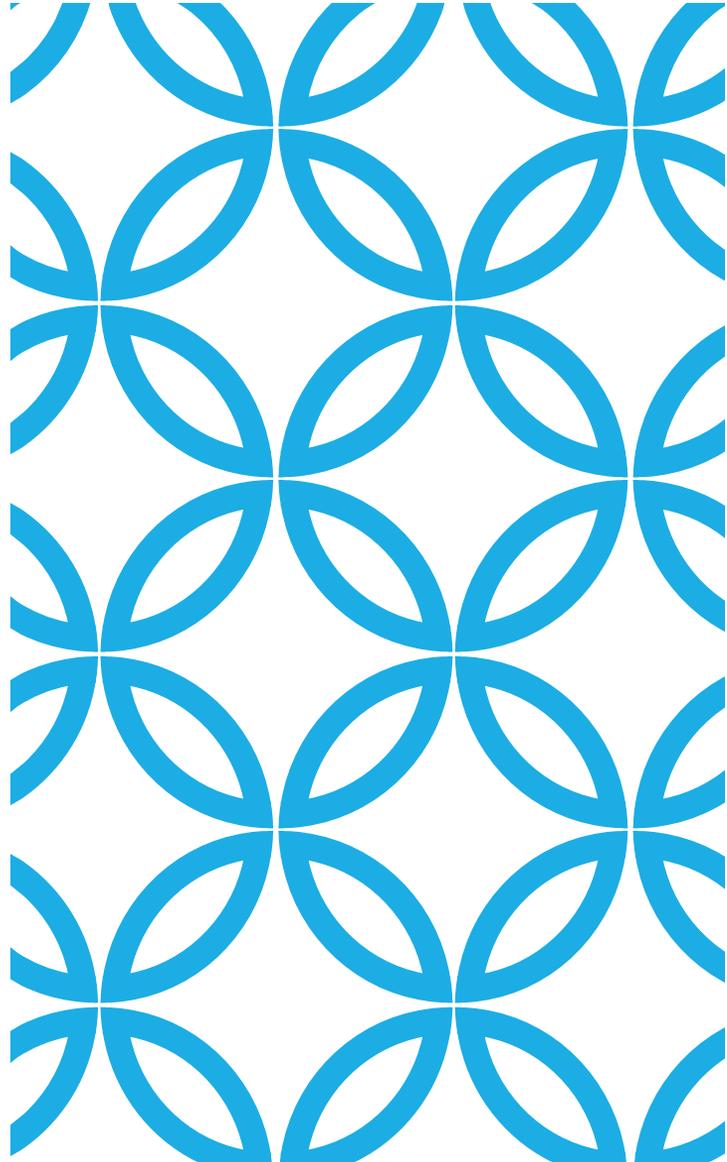


24/7/365  
Call, text, or chat  
Option for anonymity  
Resource connection

Coming soon:

**988**





# Current Study

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VA HSR&D IIR 18-287

# Strengthening Suicide Prevention Efforts for Women Veterans through the Veterans Crisis Line

**Funding:** VA Health Services Research & Development (grant #: IIR 18-287)

## **Study Team**

Principal Investigator: Melissa E. Dichter, PhD, MSW (CHERP Philadelphia)

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Research Coordinator: Evelyn Casiano, CPhT (Rocky Mountain MIRECC)

Data Programmer: C. Brent Roberts (CHERP Philadelphia)

Data Analyst: Sumedha Chharte, PhD (CHERP Philadelphia)

# Study Aims and Approach

**Aim 1:** Describe and compare the demographic and VCL contact characteristics (reason for call, call outcome, VCL risk rating) among women and men Veteran VCL users.

*VCL call record data, comparison by gender*

**Aim 2:** Examine relationships between VCL contact characteristics and subsequent fatal and non-fatal suicidal self-directed violence (S-SDV), assessing for variation by Veteran gender, among VCL users who use VHA services.

*VCL call record data, merged with VHA medical records data and Mortality Data Repository*

**Aim 3:** Understand women Veterans' experiences with and recommendations regarding VCL services, including the use of VCL for both acute and more upstream suicide prevention.

*Individual qualitative telephone interviews with women Veteran VCL users*

# COVID-19 Study Expansion Aims

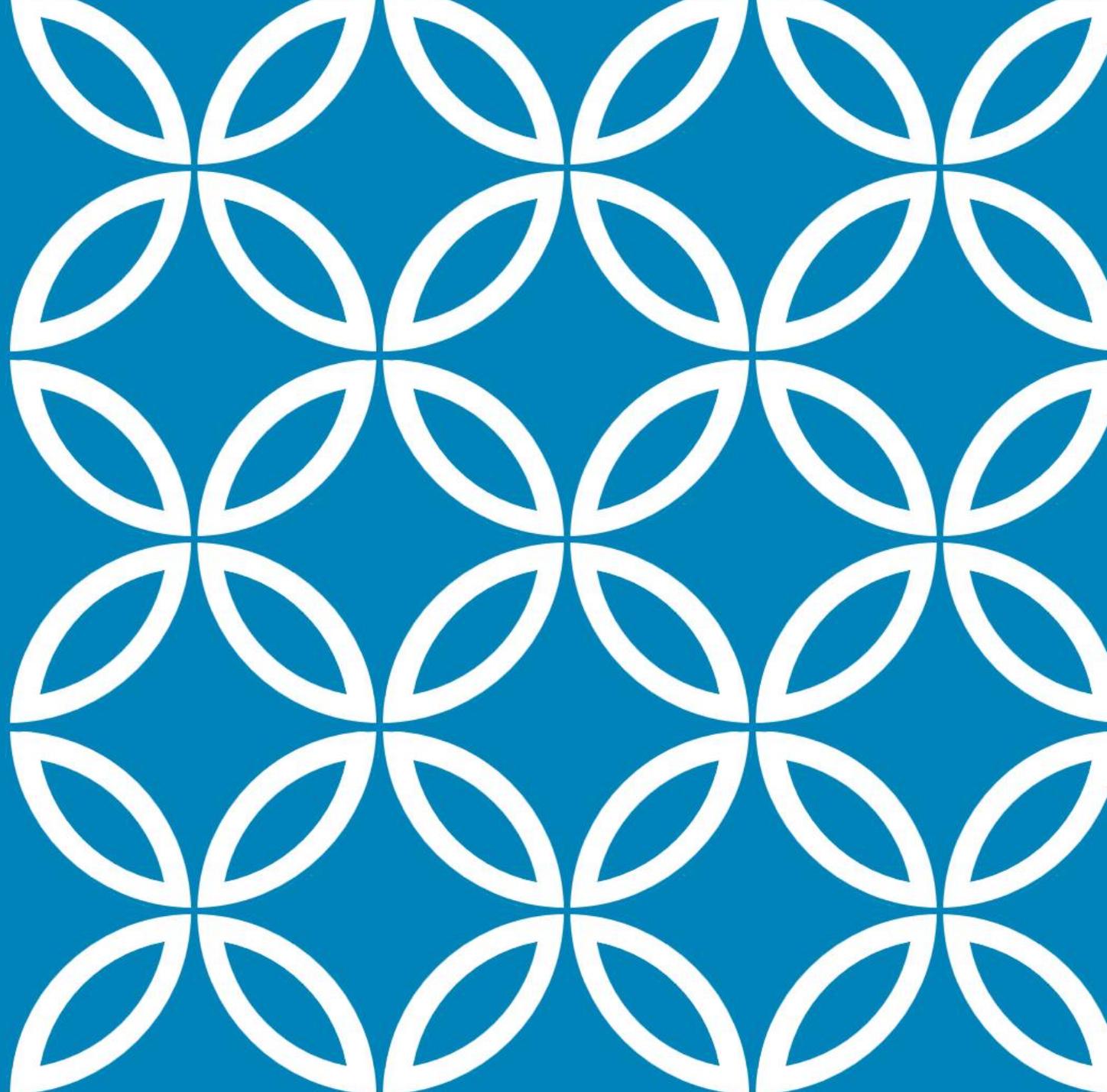
**Aim 1a:** To examine trends over time in VCL utilization, comparing utilization rates and call characteristics prior to and following the onset of the COVID-19 pandemic and including a focus on call prompt that may be pandemic-related (e.g., loneliness, economic strain, relationship strain, loss, and mental health concerns) and risk severity rating.

**Aim 2b:** To explore the social impacts of the COVID-19 pandemic (e.g., social isolation, loss, economic strain, transportation, healthcare access, food insecurity, relationship strain) on morbidity and mortality outcomes among VCL users; examining potential disparities based on demographic and social characteristics.

# FINDINGS TO DATE

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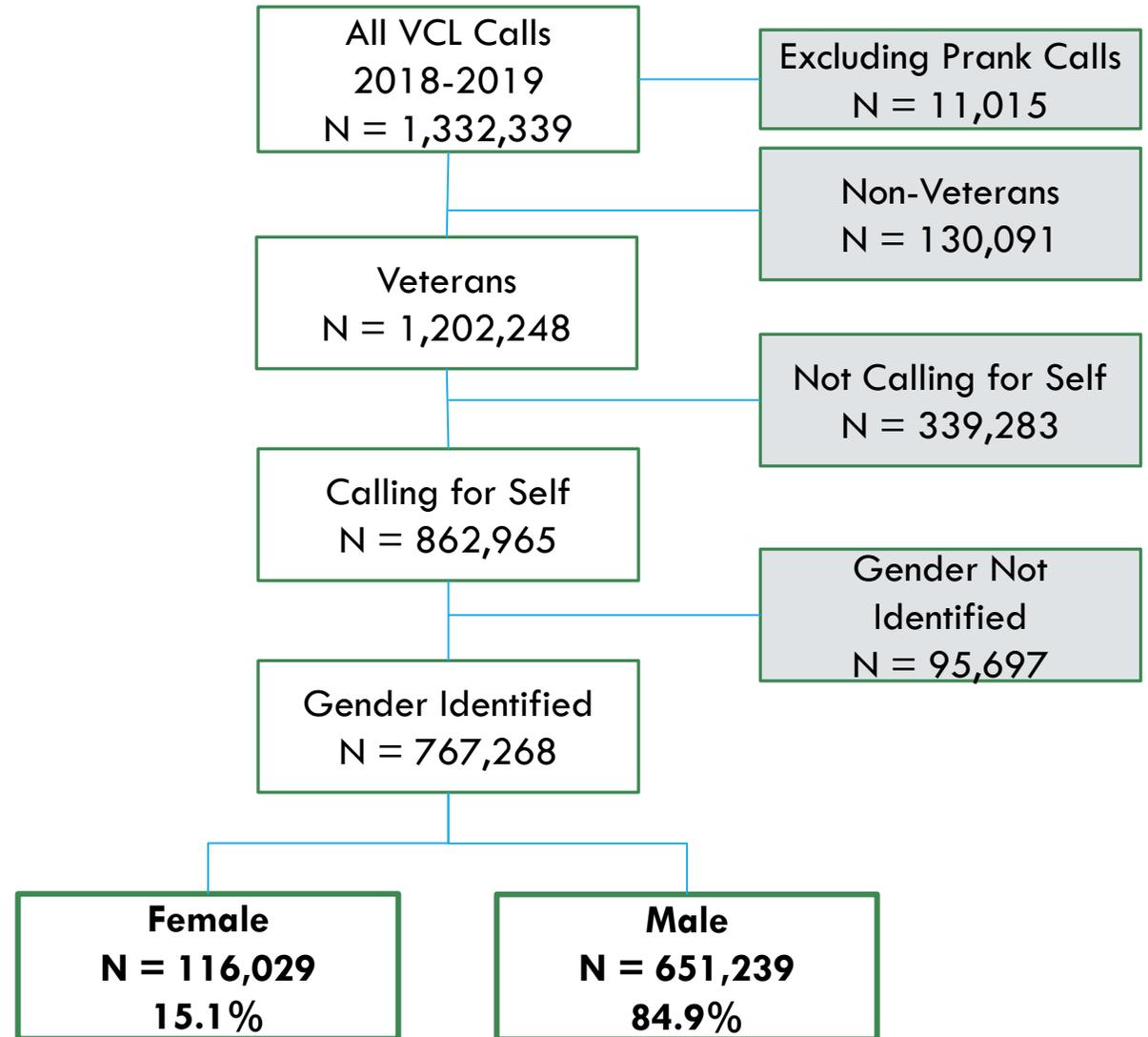
Aim 1, Aim 1α, Aim 3 preliminary



# Aim 1 Study Cohort

All calls to VCL in calendar years 2018 and 2019 by:

- Veterans
- Calling on their own behalf
- With gender identified (limited to “female” and “male”)



# Call Time Characteristics, by Gender

Distribution of call timing was similar by gender

Women slightly more likely than men to call during evening/night (vs. day) and on weekend (vs. weekday)

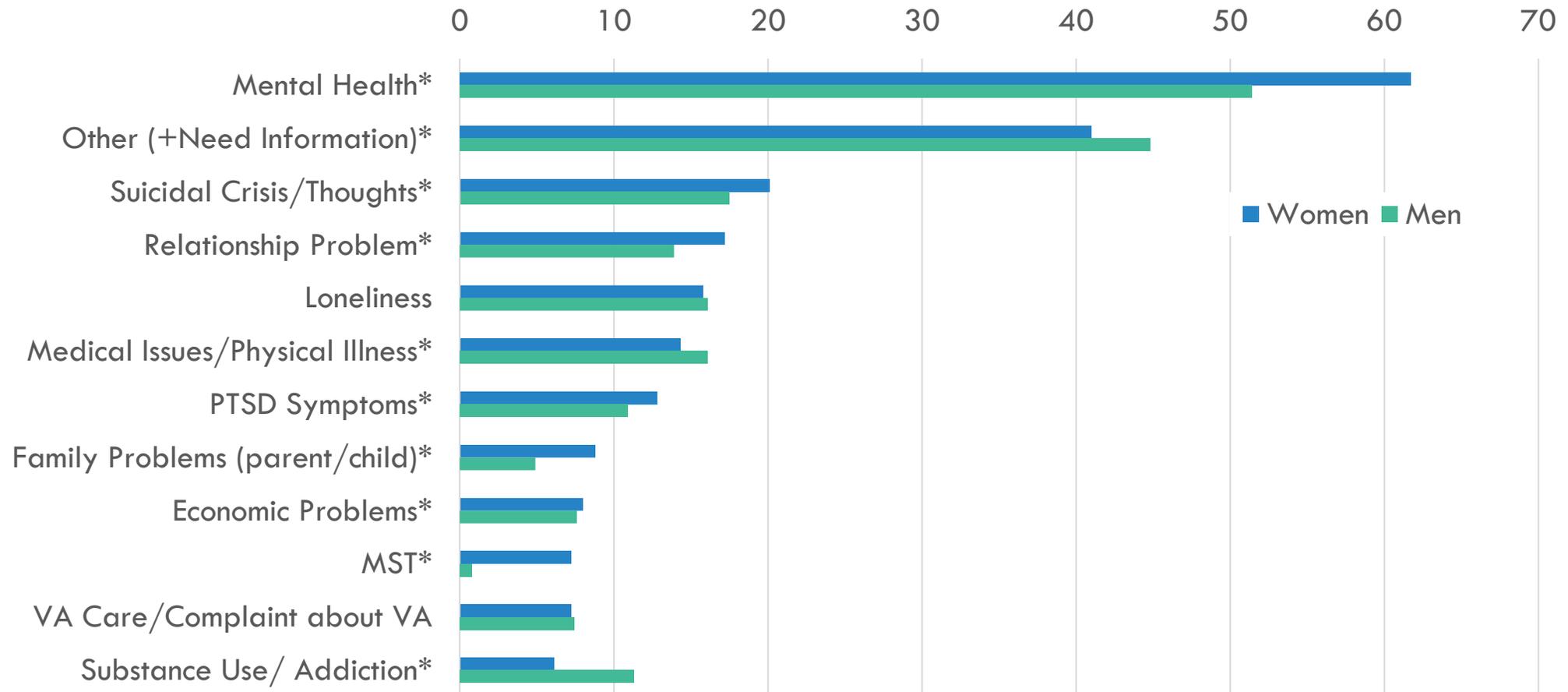
|                               | Women  |             | Men     |             | Prevalence Ratio<br>(ref=men) |                   |
|-------------------------------|--------|-------------|---------|-------------|-------------------------------|-------------------|
|                               | N      | %           | N       | %           | PR                            | 95% CI            |
| <b>Time of Day</b>            |        |             |         |             |                               |                   |
| Day (6:00am-5:59pm)           | 57,541 | <b>49.6</b> | 340,129 | <b>52.2</b> | <b>0.95</b>                   | <b>0.94, 0.96</b> |
| Evening/Night (6:00pm-5:59am) | 58,488 | 50.4        | 311,109 | 47.8        |                               |                   |
| <b>Day of Week</b>            |        |             |         |             |                               |                   |
| Weekday (Mon-Fri)             | 87,492 | <b>75.4</b> | 495,339 | <b>76.1</b> | <b>0.99</b>                   | <b>0.98, 0.99</b> |
| Weekend (Sat-Sun)             | 28,537 | 24.6        | 155,899 | 23.9        |                               |                   |
| <b>Season</b>                 |        |             |         |             |                               |                   |
| Spring/Summer                 | 58,131 | 50.1        | 324,805 | 49.8        | 1.00                          | 0.99, 1.01        |
| Fall/Winter                   | 57,898 | 49.9        | 326,433 | 50.2        |                               |                   |

# Reason for Call, by Gender

- Most calls had more than one reason for call indicated
- Mental health was the most common reason for call, among calls by both women and men; more likely among calls by women than men
- Salient gender differences related to interpersonal violence as reason for call

| Reason for Call by Gender (% of calls within each group) |             |             |
|----------------------------------------------------------|-------------|-------------|
|                                                          | Women       | Men         |
| >1 reason for call                                       | 70.1        | 65.3        |
| <b>Mental Health</b>                                     | <b>61.7</b> | <b>51.4</b> |
| <b>Suicidal Crisis/Thoughts</b>                          | <b>20.1</b> | <b>17.5</b> |
| <b>Relationship Problem</b>                              | <b>17.2</b> | <b>13.9</b> |
| Loneliness                                               | 15.8        | 16.1        |
| Medical Issues/Physical Illness                          | 14.3        | 16.1        |
| PTSD Symptoms                                            | 12.8        | 10.9        |
| <b>Family Problems (parent/child)</b>                    | <b>8.8</b>  | <b>4.9</b>  |
| Economic Problems                                        | 8.0         | 7.6         |
| <b>Military Sexual Trauma (MST)</b>                      | <b>7.2</b>  | <b>0.8</b>  |
| VA Care/Complaint about VA                               | 7.2         | 7.4         |
| Sleep Issues                                             | 7.1         | 7.0         |
| Homelessness                                             | 6.2         | 6.4         |
| <b>Substance Use/ Addiction</b>                          | <b>6.1</b>  | <b>11.3</b> |
| 3 <sup>rd</sup> party                                    | 5.9         | 6.3         |
| Death of Family/Friend                                   | 5.7         | 4.6         |
| Anger                                                    | 5.2         | 7.1         |
| Employment Issues                                        | 4.9         | 4.2         |
| Chronic Pain                                             | 4.0         | 4.4         |
| Benefits                                                 | 3.8         | 5.2         |
| Legal Issues                                             | 3.4         | 3.6         |
| <b>Abuse/Violence</b>                                    | <b>3.2</b>  | <b>1.2</b>  |
| <b>Sexual Assault (non-MST)</b>                          | <b>2.9</b>  | <b>0.5</b>  |
| Homicidal Crisis/Thoughts                                | 1.1         | 1.8         |
| Sexual Orientation                                       | 0.5         | 0.3         |

# Top 10 Reasons for Call, by Gender



\* = P < .01

Dichter et al., 2022, *General Hospital Psychiatry*

# Suicide Risk Screen

Women more likely than men to report suicide risks, especially prior suicide attempt

|                                     | Women         |             | Men            |             | Prevalence Ratio (ref=men) |                   |
|-------------------------------------|---------------|-------------|----------------|-------------|----------------------------|-------------------|
|                                     | N             | %           | N              | %           | PR                         | 95% CI            |
| Thinking of Suicide                 | 21,385        | <b>18.4</b> | 105,230        | 16.2        | <b>1.14</b>                | <b>1.12, 1.15</b> |
| Thought of in Last 2 Months         | 42,426        | <b>36.6</b> | 189,777        | 29.1        | <b>1.25</b>                | <b>1.24, 1.26</b> |
| Ever Attempted Suicide              | 42,705        | <b>36.8</b> | 153,682        | 23.6        | <b>1.55</b>                | <b>1.53, 1.56</b> |
| <b>Composite (any of the above)</b> | <b>60,988</b> | <b>52.6</b> | <b>265,300</b> | <b>40.7</b> | <b>1.28</b>                | <b>1.26, 1.29</b> |

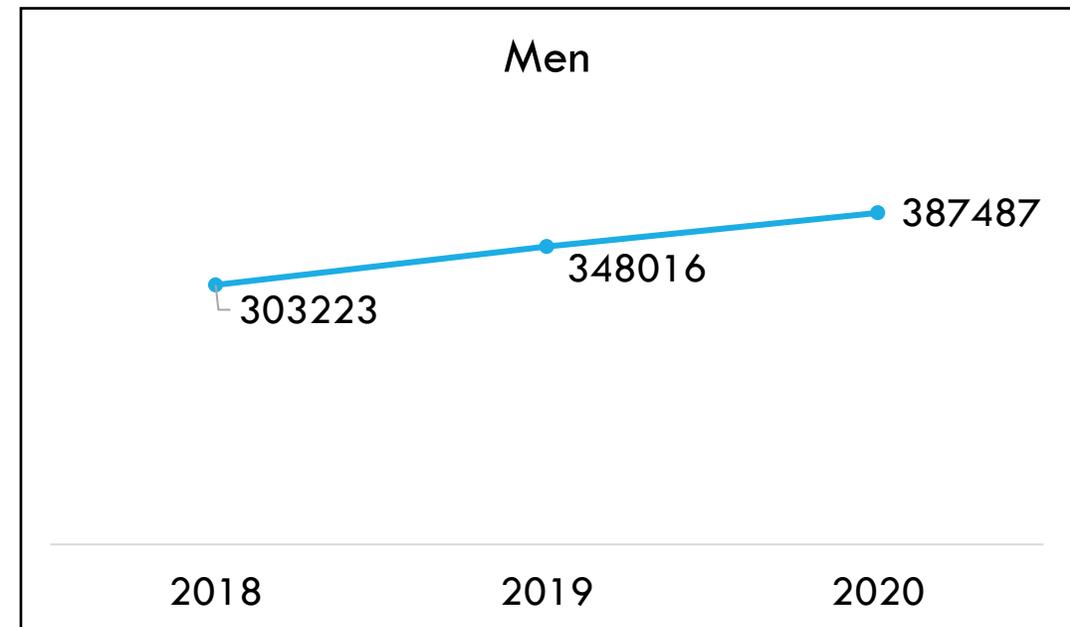
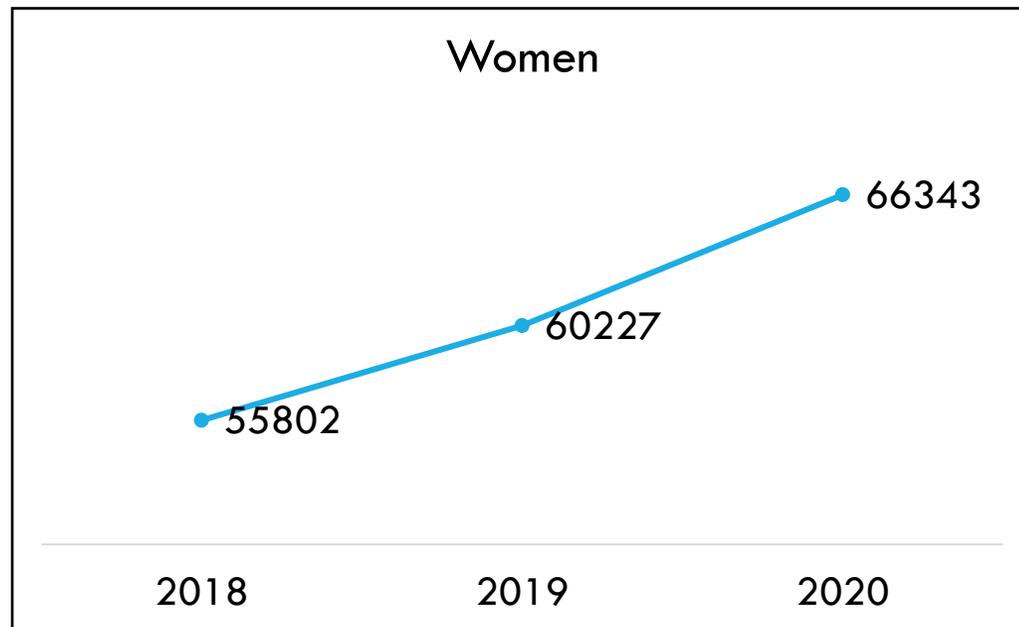
# Call Outcome: Referral

Women more likely than men to be referred to SPC; men more likely than women to be referred to another resource

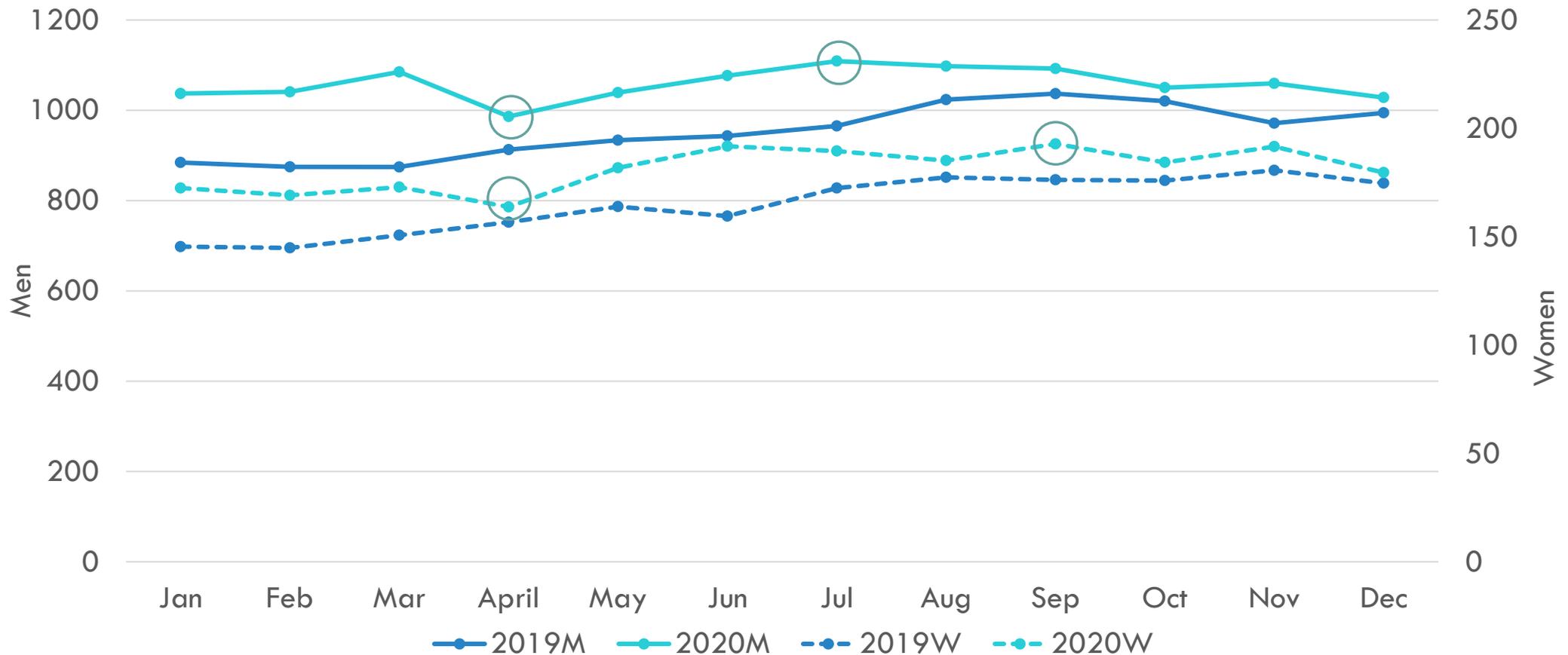
|                                   | Women  |             | Men     |            | Prevalence Ratio<br>(ref=men) |                   |
|-----------------------------------|--------|-------------|---------|------------|-------------------------------|-------------------|
|                                   | N      | %           | N       | %          | PR                            | 95% CI            |
| Caller Referred to SPC            | 34,128 | <b>29.4</b> | 175,692 | 27.0       | <b>1.09</b>                   | <b>1.09, 1.11</b> |
| Warm Transfer to Another Resource | 6,611  | 5.7         | 54,366  | <b>8.3</b> | <b>0.71</b>                   | <b>0.69, 0.72</b> |

# VCL Call Volume, 2018-2020

Increase in VCL call volume over time – no substantial change in slope associated with onset of COVID-19 (2020)



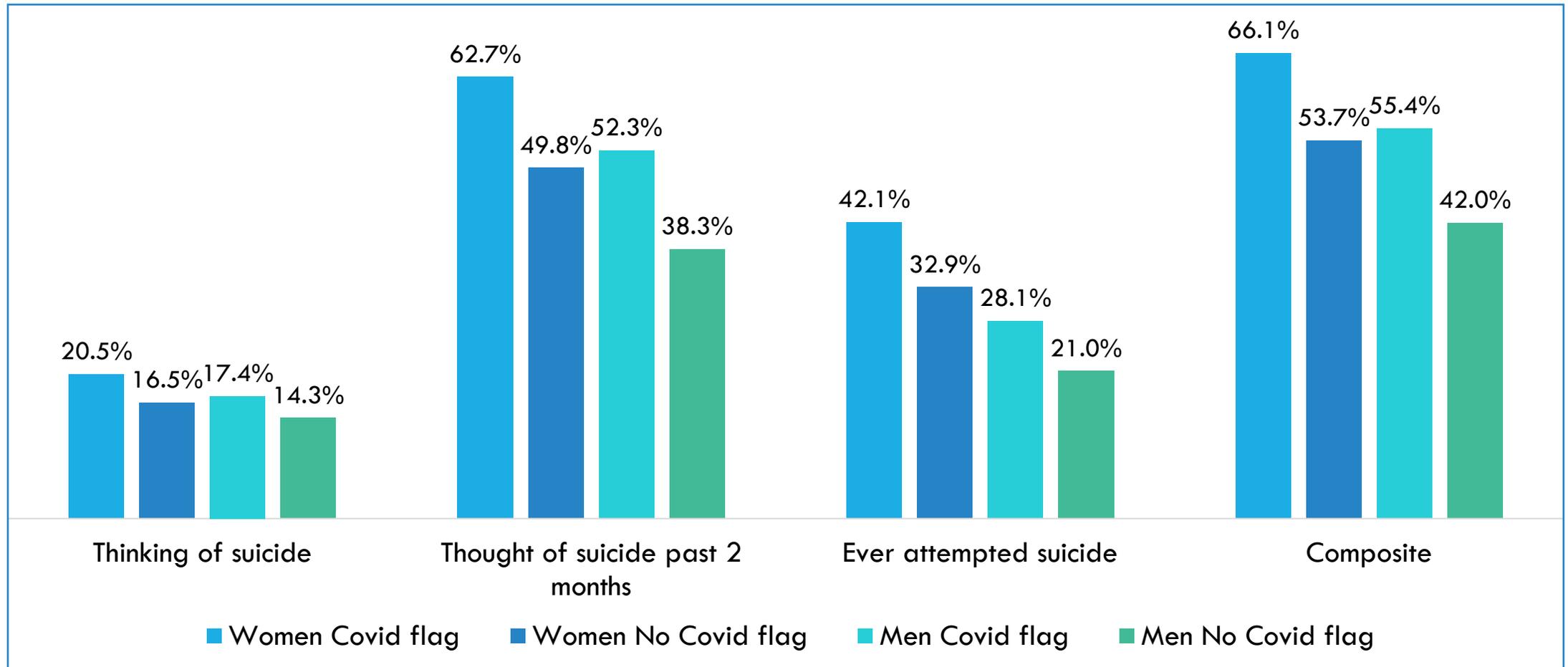
# Average # Calls/Day, by Month and Gender: 2019-2020



# COVID Flag Vs. No COVID Flag: April-December, 2020

|       | COVID Flag |      | No COVID Flag |       |
|-------|------------|------|---------------|-------|
|       | N          | %    | N             | %     |
| Women | 2,254      | 4.4% | 48,478        | 95.6% |
| Men   | 10,615     | 3.6% | 280,901       | 96.4% |

# Suicide Screen by COVID Flag and Gender

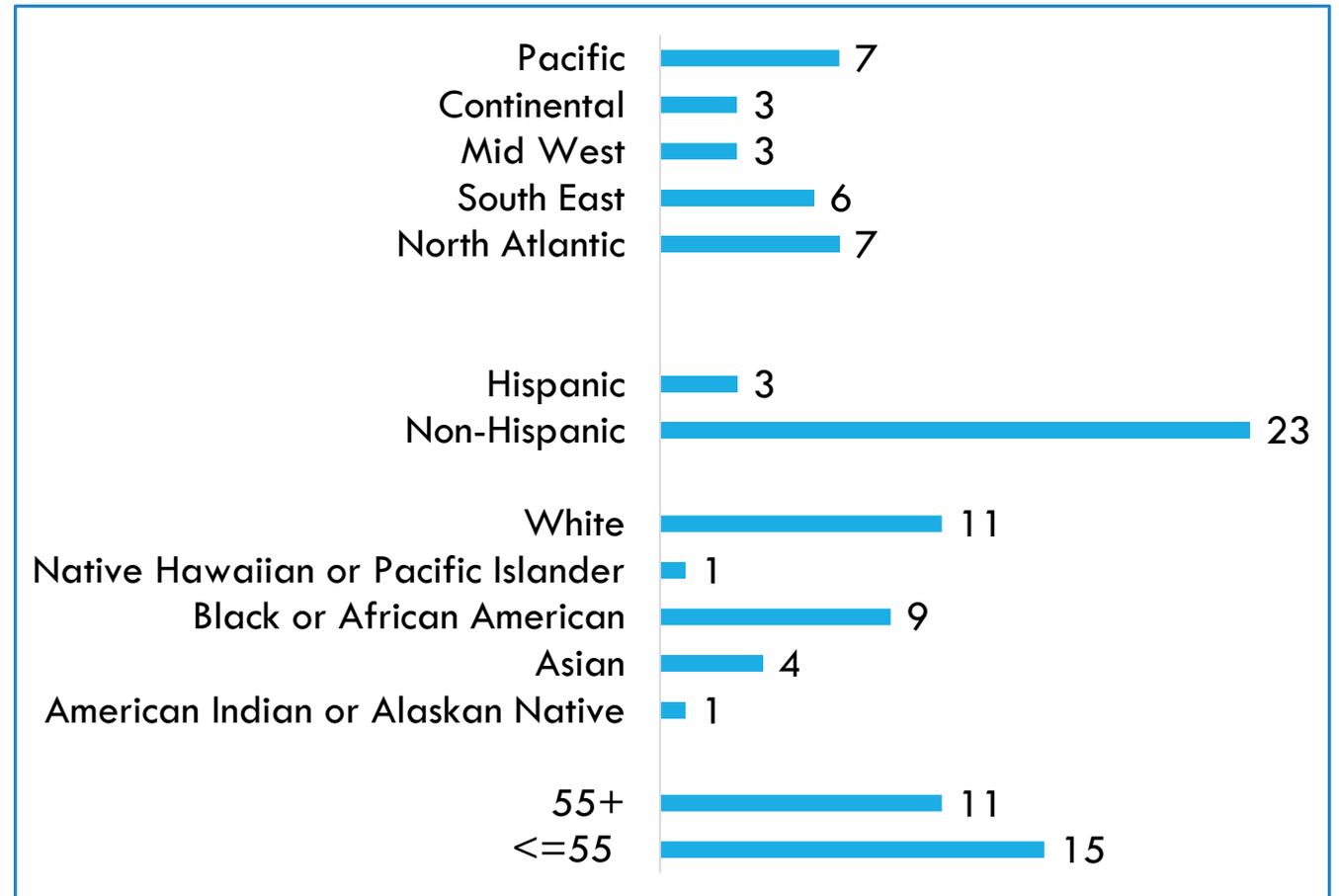


# Themes in COVID-Related Calls

| Topic                                                                                   | Example                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Material stressors: housing, employment/ income                                         | <p><i>Veteran shared that he <b>had to close down his small business</b> with 5 employees due to the CV19 virus, and its <b>causing him a great deal of stress, worry, and anxiety.</b> (M)</i></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Health impacts and disrupted access to treatment and coping resources; social isolation | <p><i>Veteran explained that she was in excruciating pain and normally has appointments with the pain clinic to receive shots to alleviate the pain. Veteran shared that she called the pain clinic and due to the COVID19 virus, <b>the pain clinic is closed and not giving the needed shots</b> in her lower spine. (F)</i></p> <p><i>Caller discussed that he had <b>recently started drinking again as means for coping.</b> (M)</i></p> <p><i>Veteran reports he has become <b>increasingly "lonesome"</b> due to CV19. (M)</i></p> <p><i>Reported <b>feeling depressed due to social distancing/isolation resulting caused by CV19.</b> (M)</i></p> <p><i>Veteran states one of his <b>coping skills were working out and now he is not able to do that.</b> (M)</i></p> |
| COVID Anxiety                                                                           | <p><i>He has been <b>struggling with thoughts of catching the COVID-19 virus.</b> He stated that he watches the news in the morning and at night, and feels that this <b>anxiety has heightened.</b> (M)</i></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Other: Information about COVID testing; COVID theories; COVID politics                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

# Qualitative Interviews: Methods and Participants

- N = 26 women Veterans who contacted VCL within prior year
- Recruitment – letters mailed to WV who had (past-year) VHA encounter (limited to WV in VHA system); telephone follow-up
- Telephone interviews, audio-recorded and transcribed; \$50 compensation



# Qualitative Interviews: Preliminary Findings Regarding Recommendations

- ❖ Responder gender - strong desires for option to have a woman VCL responder
  - ❖ May be inhibited sharing with man responder
  - ❖ May be activated/triggered by speaking with a man responder due to history of gender-based violence
- ❖ Enhanced marketing of VCL to women Veterans – and letting women Veterans know what to expect
- ❖ More help with navigating resources/referrals – understanding what they offer and making the connection
- ❖ Offer options re: follow-up
- ❖ Therapeutic skills and competence regarding gender-based violence
- ❖ Keep doing what you're doing – maintain VCL as a critical resource
  - ❖ Response time, length of call
  - ❖ Space to talk
  - ❖ Options of text/chat/voice
  - ❖ Options for anonymity, and for someone to talk to when other resources are unavailable

# Responder Gender: Barriers to Sharing with Men

*I got hurt in the military by men, and I don't want to talk to a man about my feelings. (P8)*

*I think that if a woman calls in, she needs another woman to talk to, not a guy. Not a man... Because men just react to things differently and I don't think they would ever understand my fear, like when I called the one time and I thought somebody was in my house. And I knew in my head there was nobody in my house. But it's just that anxiety... I've made it so I sleep during the day and I'm awake at night so I feel safe. And I don't think a man would understand that, the fear. (P 18)*

*I'm an MST survivor, so personally if I were to call the VA or the Veterans Crisis Line, I was always afraid I was going to get a male... not wanting to speak to males... has been an issue for me, a barrier for me to contact because a lot of times I've gotten males... my crises are usually male centered or because of male issues, so it's hard for me to access if I don't have an option to talk to a female... I also have small children. So if I have a concern specifically related to that, how do I feel like a male is going to be able to like connect with me there? (P 13)*

*And I think when I'm in that type of crisis, I actually need a woman to talk to me, not a man. ...What makes it worse is that I suffer from PTS – you know, I have PTSD from MST, and I've just had some really, really bad experiences with men. And so it's – I can't open up to them. I can't trust them. (P 21)*

*But a lot of times, women, if it's a man, we just don't want to reveal so much, we're not willing to open up. I don't care, personally, but I know that a lot of women would not, would be more willing to talk to a female as opposed to a man. (P 9)*

# Responder Gender: Recommendation to Provide Options

*I wanted to talk about the assault... but, you know, it happened from a male, and so it was just like a male would not understand what I'm saying as a woman. And it was just kind of like I had so much anger towards males that it was like I don't even want to hear your voice because it's like you're not going to understand it because you're the reason why I'm calling in the first place type of like thing... **If it was like a way like when we call in that like before we even have to hear a voice of a male, like if it was like a prompt that says, you know, if you prefer just a woman, you know, like, press such-and-such, like that would be awesome. Because I literally hung up on the guy... it was kind of like a trigger.** (P 10)*

*That would be a really good idea to have a separate line for female veterans to call in if we— if we're sexually assaulted... **I think one of the reasons that we may be hesitant, and it has been my case, too, you know, is females not being comfortable speaking to males about certain things... Like I said, have a separate line for just strictly women... Because that may – it may encourage more women to call in knowing that there's another woman that they could speak to.** (P 23)*

*I guess, what I would change is if – to ask if we wanted male or female. Maybe sometimes a male would be better... **but I think most females want a female to talk to. I think they feel safer with somebody just with natural instincts. But if it were to be an option, you never know, there might be a female that just needs to talk to a guy maybe. I don't know. Sometimes a guy's advice is way different from a female's perspective.** (P 3)*

*I think that maybe you should have an option to choose a male or a female [responder], because a lot of us females are dealing with military sexual trauma and we feel more comfortable speaking to a female... **if they have an option between a male and a female, I think that more females would call because they'd be speaking to somebody they're comfortable with.** (P 20)*

# Follow-up Mailings

*I love the letters that they send a couple weeks later because it's another reminder that somebody cares. And I save them and I put them in a box and, if I'm sad, I read them again... They'll pop in the mailbox every once in a while... I'm very grateful for that. (P 3)*

*After I did call, then I keep getting this— I still do get, in the mail, the little postcards with the numbers for that, for the crisis... I throw them— actually, they annoy me that I still get them, to be honest with you... I don't wanna keep getting these, and getting these reminders of those nights that I had those issues. (P 1)*

# Marketing – Increase Advertising of VCL and its Role

*Maybe if they just gave a card to keep in your wallet... that, hey, if you're ever having the worst day of your life and you don't know who to talk to, you've got this right there... Instead of having to look it up. (P 18)*

***Probably just simply they're not aware that it exists or not being able to have that number on hand... I guess maybe more advertising... maybe commercials on television. Maybe radio stations, when people are listening to the radio. Especially late-night things, too, when you're up late at night because you're suffering from anxiety and you can't sleep, if one of those commercials popped up on your screen – you know, they advertise for everything else. They can do that so that – just get more awareness.***

***So, number one, people don't know about the crisis line, and it's– if you feel like harming yourself and every single phone call you make to the VA, to every provider, it has the same words, the Veterans Suicide Hotline. What if you don't – what if you don't feel like killing yourself? Well, there's nothing for you. Sorry. And I think now they're calling it the Veterans Crisis Line, but somebody needs to actually spell it out for some women and say if you just need to tell somebody that something's wrong... you know, it sounds like you need someone who can listen to you for a few minutes; why don't you call the crisis line and they can do that for you? (P 14)***

# Support with Navigating Referrals

*Especially when there's someone in crisis, their last thing is to follow through with stuff...they need somebody to kinda guide them through the process, or kinda have them essentially hold their hand in the process... a follow-up or somebody to come back and say, hey, you talked to us this day, and what's going on, did you get somebody, do I need to contact somebody for you? Something like that would've been great... something where they can trigger a follow up with even local clinic or local VA of having somebody reach out to this person, obviously if they're okay with it. (P 17)*

# More Competency around Gender-based Violence

*Definitely a little bit more education on how to deal with some of the women's issues such as sexual harassment, sexual assaults, things like that. Sexual harassment I dealt with on a day-to-day basis throughout my military career... So I think that is definitely something very important... definitely dealing with sexual harassment and sexual assaults. Also dealing with the stressors of what women do. We work, take care of the family. You know, there's stressors in it to where we just want to explode because we're dealing with everything. But mainly with the sexual assault and stuff like that, those are the main things I'd like to see improvements on. (P 15)*

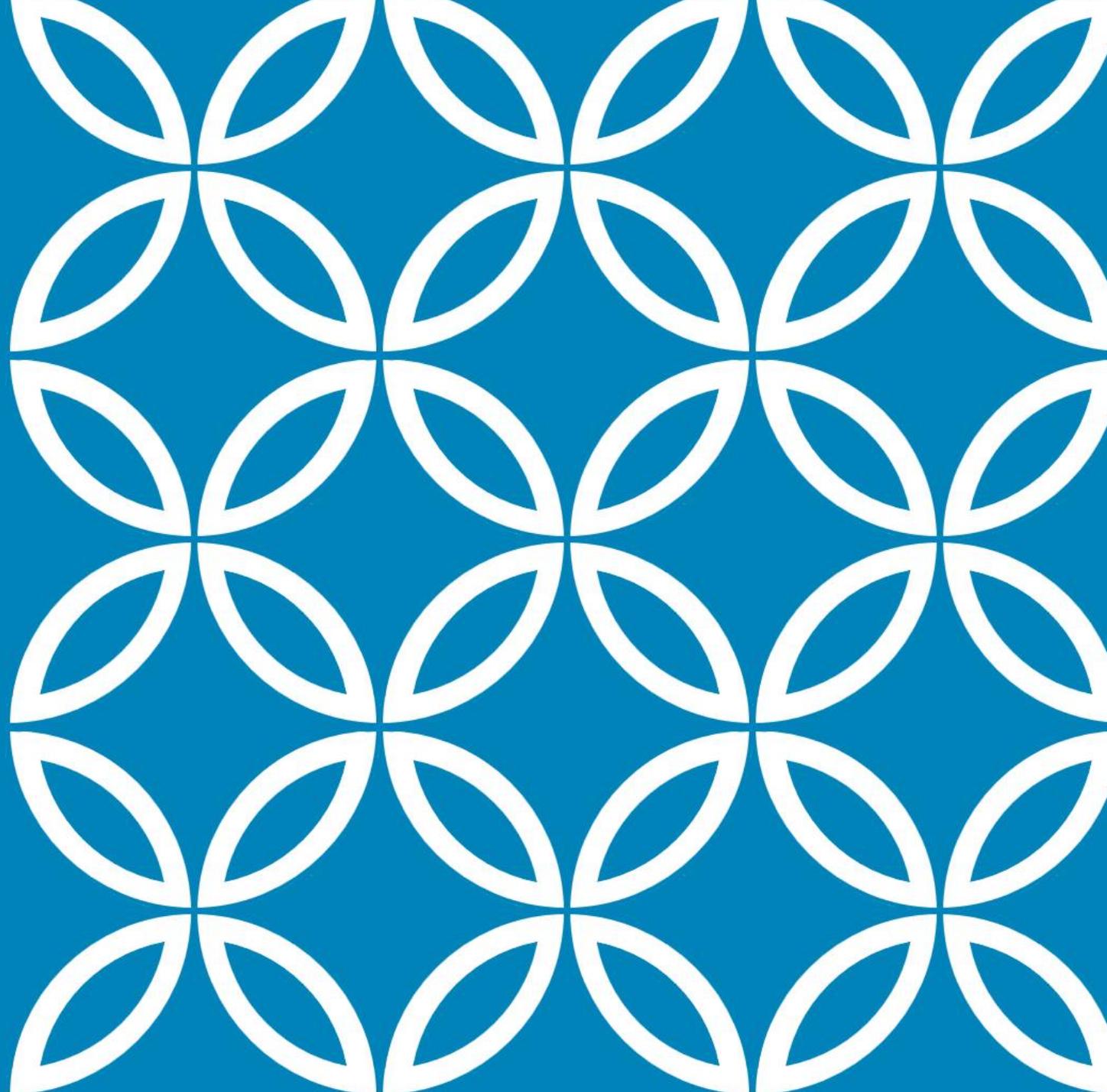
# Keep Doing what You're Doing

*I just feel that it's important that they keep that for the veterans, and for everybody. Suicide is at a all-time high, and I think that it's important that veterans have that resource when they can't – that they can reach out to because sometimes, during this pandemic, it's been hectic to try to get into the VA... And I think that the VCL is the best program to help us during this time because they're available 24 hours a day, seven days a week. And I find it – that it's useful and it works. It has worked for me every time I've called them. They've always gotten through my hard time, my bad moments, my— at my anxiety, my panic attacks, whatever I'm dealing with. They come through and they won't hang up until they're sure that you are in a better state of mind. (P 20)*

# CONCLUSIONS

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Discussion, implications, Next Steps



# Conclusions

- ❖ Men and women Veterans contact VCL for a variety of needs and concerns
- ❖ Calls to VCL by women and men Veterans share several similarities in timing and trends
- ❖ Yet there are some salient differences in reason for call and suicide risk screening responses
- ❖ The COVID-19 pandemic may have prompted an increase in calls from some Veterans and a decrease in calls from others
- ❖ Women Veterans note VCL as a critical resource and unique needs related to unique experiences as women Veterans – salience of sexual and gender-based violence

# Implications

- ❖ Critical for VCL responders and other providers of services to women Veterans to be aware of gender-specific needs and experiences of women Veterans, and competent to respond to and address concerns related to interpersonal and gender-based violence
- ❖ VCL may consider adjustments to programming to provide more options specifically for women Veterans with regards to responder gender and follow-up outreach
- ❖ Continued marketing of VCL services – including education about expectations for VCL contact

# Next Steps

- Aim 2 analysis – relationship of VCL call characteristics to S-SDV outcomes in the 12 months following VCL call, prior to (2018-2019) and during (2020-2021) the COVID-19 era
- Aim 3 expansion – interviews with men VCL callers, ongoing qualitative analysis
- Continued dissemination of research findings and input from operations partners and other stakeholders (study Stakeholder Advisory Board)

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THANK YOU!

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