

Lesbian, Gay, Bisexual, and Transgender (LGBT) Service Members: Life After Don't Ask, Don't Tell

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Abstract Lesbian, gay, and bisexual service members can serve openly in the military with the repeal of the Don't Ask, Don't Tell policy. The fate of transgender service members remains uncertain as the policy preventing them from serving in the military remains under review. The health care needs of these populations remain for the most part unknown, with total acceptance and integration in the military yet to be achieved. In this paper, we review the literature on the health care needs of lesbian, gay, bisexual, and transgender (LGBT) service members, relying heavily on what is known about LGBT civilian and veteran populations. Significant research gaps about the health care needs of LGBT service members are identified, along with recommendations for closing those gaps. In addition, recommendations for improving LGBT acceptance and integration within the military are provided.

Keywords Gay · Lesbian · Transgender · Bisexual · Military · Veteran · Mental health · Physical health · Policy · LGBT acceptance and integration

Introduction

Including both guard and reserve, nearly 71,000 (2.8%) military personnel across all the services identify as lesbian, gay, or bisexual [1••], with many others identifying as transgender [2]. Lesbian, gay, bisexual, and transgender (LGBT)

individuals have always served in the military, but until 2011, homosexual behavior was ground for dismissal [3]. Although homosexual behavior has been prohibited in the military as far back as the Revolutionary War, it was not until 1942 that gay and lesbian civilians were specifically excluded from joining the military [4•]. The initial explanation for discriminating against gay and lesbian citizens ranged from homosexual behavior being morally reprehensible to gay and lesbian service members posing a national security risk [4•]. Over time, the list of objections to allowing gay and lesbian service members to join the military grew to include concerns over higher health care costs (due primarily to AIDS care), erosion of military readiness due to lower morale and unit cohesion, violation of privacy or modesty rights of non-lesbian and gay service members, and a violation of the Uniformed Code of Military Justice's prohibition against sodomy [3].

The repeal of the Don't Ask, Don't Tell, and Don't Pursue policy [subsequently shortened in the vernacular to Don't Ask, Don't Tell (DADT)] in 2011 lifted this ban, as one by one, all of these objections were shown to be without merit [5••]. Until the repeal of DADT, LGB service members could not disclose their sexual orientation ("come out"), and if they did so, then discharge from the military was common. Although intended to protect LGB service members and allow for them to serve confidentially, DADT did little to protect LGB service members from organizational discrimination, and indeed, may have actually made it easier for LGB service members to be identified and separated from military service [6].

While LGB service members can no longer be involuntarily separated from the military, for transgender service members, there is increased ambiguity about their military status. While current Department of Defense policy calls for the separation of all transgender service members, this policy is currently under review, and until this review is complete, all

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military discharges involving transgender service members have been put on indefinite hold. Additionally, many LGB service members have concerns over continued persecution or discrimination, lack of acceptance by unit leaders and fellow service members, and adverse impact on their military careers if the identified as LGB service members [7] should they reveal their sexual orientation.

Despite continued concerns, it has been estimated that allowing LGBT service members to openly serve in the military will result in a near doubling of enlistments [1••]. Yet, because LGBT citizens were not allowed to legally serve in the military until very recently, a paucity of research exists on the health and well-being of this military population. The lack of sufficient knowledge regarding the health care needs of LGBT service members has been acknowledged by both the Department of Defense as well as the Department of Veterans Affairs (VA), with the VA acknowledging that they must take “immediate, coordinated action to advance the health and well-being of lesbian, gay, bisexual and transgender people” [8].

In this paper, we review what is currently known about the health and well-being of LGBT service members and provide a brief framework for understanding how LGBT service members might differ from non-LGBT service members. Throughout, recommendations for meeting the health care needs of LGBT service members, including the achievement of full integration of LGBT service members into the military are provided.

Health Care Needs of LGBT Service Members

The exclusion of LGBT service members from military service meant that understanding the health care needs of LGBT service members was a low priority. Thus, the specific health care needs of LGBT service members remain largely unknown. Studies of LGBT civilians from the general population indicate that there are important health differences between LGBT civilians and non-LGBT civilians. In civilian studies, LGBT individuals consistently show increased stress and psychological vulnerability when compared to their non-LGBT peers [9••, 10]. Specifically, LGBT civilians have higher rates of depression [11], anxiety [12], posttraumatic stress disorder [13], and substance use and abuse compared to non-LGBT individuals [12, 14•, 15–18].

Similarly, LGBT civilians are at increased risk for a wide-range of physical illnesses and disease. Lesbian civilians are at increased risk for cervical and breast cancer, due to inadequate screening and increased risk of smoking, as well as sexually transmitted infections. Gay civilians are particularly at risk for increased risk of HIV transmission and anal cancer [19]. Likewise, bisexual and transgender civilians are at increased risk for a number of physical health conditions [20, 21]. Whether LGBT service members also report elevated mental and physical health concerns when compared to their

heterosexual and cisgender counterparts is unknown, yet until shown otherwise, it is reasonable to suspect that similar disparities might exist within the military.

In the civilian scientific literature, these disparate health outcomes are commonly attributed to unique stressors experienced by LGBT individuals, commonly referred to as minority stress [10]. Minority stress theory states that as major life events and chronic circumstances accumulate, an individual becomes less equipped to adapt, adjust, and tolerate continued life stressors [10, 22]. The key stressors experienced by LGBT civilians that can lead to poor behavioral health outcomes include negative events (e.g., bullying, physical assault), negative attitudes about homosexuality on the part of non-LGBT civilians (e.g., homophobia, transphobia), and discomfort with homosexuality by non-LGBT civilians (e.g., internalized stigma) [23–25].

Minority stress theory also suggests that societal persecution and chronic victimization can lead to significant distress for LGBT civilians, resulting in poorer physical and mental health. Support for this contention is seen in that LGBT citizens from the general population have a greater likelihood of experiencing traumatic events such as child maltreatment, interpersonal violence, intimate partner violence, sexual assault [26, 27], child abuse or neglect [28], hate crimes [29], rejection from family, friends and religious communities [30], and unexpected death, including death by suicide [13]. Whether minority stress theory can be extended to include the military culture is unknown, yet the conceptual framework provided by minority stress theory is a reasonable start.

The concerns over health disparities between LGBT service members and non-LGBT service members do not necessarily subside after military discharge, where research has documented a higher need for mental health services for LGBT veterans compared to non-LGBT veterans. For example, Cochran et al. found that for LGB veterans accessing the Department of Veterans Affairs (VA) services, they were more likely to screen positive for posttraumatic stress disorder (PTSD), depression, and alcohol misuse than non-LGB veterans [31]. Of note, for veterans who could not or did not serve openly in the military, concealment of their sexual orientation while in the service was associated with higher rates of depression and PTSD.

Of particular interest in recent years is the prevention of suicide among both active duty and veteran personnel [32], as these make up more than 20% of suicide deaths annually in the USA [33]. Since 2001, suicide rates among active duty military members have doubled [34]. Few studies have explored suicide risk among LGBT service members [35], but general population literature consistently suggests an increased risk [36, 37•]. Blossich, Mays, and Cochran, in a study from the California Quality of Life survey, found no differences in past 12-month suicidal ideation or attempt between LGB and heterosexual veterans [38]. However, this

same study found a three times higher odds of lifetime suicidal ideation among LGB veterans when compared to their heterosexual counterparts.

Access to Quality Health Care for LGBT Service Members and Their Families

The US military operates a universal health care system for its members and their families, with the primary mission of ensuring the medical readiness of its uniformed forces. Indeed, the military health care system is arguably the best universal health care system in the world [39]. Yet, there are reasons to believe that LGBT service members and their families are not able to rely upon the military health care system with the same confidence that heterosexual and cisgender service members and their families do, nor do they encounter health care professionals who understand the unique health care needs of LGBT service members.

Access and Use of Medical Services Within the Military

Before the repeal of DADT, if service members disclosed their sexual behavior to their military health care provider, this information could be used to discharge them from military service [40]. Understandably, this led to significant “distrust between service members and their health care providers” [41]. Despite changing policy, research finds that LGBT service members remain distrustful. Prior to the change in policy, a significant number of LGBT individuals fear they will receive poorer care, discrimination, or rejection upon disclosure to their health care provider [42]. However, even after DADT was repealed, Biddiz et al. found that despite recognizing that disclosing one’s sexual orientation to a medical provider could no longer be used as a reason for military discharge or hinder career advancement, only 70% of participants stated comfort in discussing their sexual orientation with a military provider, with a smaller percent (56.7%) believing the military cares for their health and well-being regardless of sexual orientation [43]. LGBT service members have also expressed concern over confidentiality and privacy, with many LGBT service members fearing that their sexual orientation will be disclosed to others outside of the medical community. This reluctance continues to be found in studies of LGBT veterans as well, when accessing the VA for medical care [44].

Although data is lacking, based on anecdotal evidence, it is believed that this distrust of military health care providers has resulted in many LGBT service members choosing to seek health care outside of the military health care system. It is also suspected that the dependents or families of LGBT service members do not access military health care at the same rate as other dependents and families due to similar issues of trust and confidentiality. If these suspicions are true, this would be extremely unfortunate as LGBT service members would have

denied themselves access to world-class health care and possibly incurring unnecessary health care costs themselves for care that otherwise would have been provided for free. This was further complicated by the fact that the military did not recognize same-sex marriages until late 2013, creating a pay and benefit disparity for this population.

Military Health Care Providers Knowledge About LGBT Health Issues

Before the repeal of DADT, medical care providers in the military were not required nor expected to be knowledgeable about LGBT health care issues. Further, the overwhelming majority of military health and mental health providers are trained within the Department system. Given that DADT was not repealed until 2011, any provider trained before this time would have been offered very limited exposure to LGBT service members and have had no opportunity to learn about special considerations for working with this population. Thus, the knowledge of military health care providers and civilian providers used by the military is questionable. Indeed, a number of studies have pointed to the need for better training of health care providers throughout the DoD and VA [42–44]. In particular, military health care providers need to understand the unique health care needs of LGBT service members and their families, know how to appropriately inquire about and be supportive of a service member’s sexual orientation or gender identity to enhance trust between the LGBT service member and the providers. Care must be taken to create an open, non-hostile health care environment so LGBT service member will continue to interact with and the military health care system by returning for or remaining in care.

Another subject that must be addressed involves clinician-patient confidentiality. Many service members, including LGBT service members, wrongly believe because of military necessity that clinician-client confidentiality does not exist within the military. This may stem in part from the dual role that military providers face when working with a soldier in their unit. Many providers may report to the same commander as the soldier, thus creating an obligation both to their patient and the unit. Given that the provider is often not separate from the service member or their commanding officer, there is a general concern among service members that their disclosures will not remain confidential, particularly in times of deployment or when in austere environments.

However, while commanders are entitled to know if a service member has a medical condition that hinders their ability to perform their military job (i.e., diagnosis, limitations, and prognosis), commanders are not entitled to know other information that are not related to job performance and ability [45]. With the repeal of the DADT policy, there is no situation in which commanders are entitled to know the sexual orientation of a service member. Both health care providers and service

members would benefit greatly from training to understand the limits of military-related clinician-client confidentiality.

A final topic to confront is the issue regarding the personal views of mental health care providers and staff regarding LGBT behaviors. As noted earlier, there are still many within the military that believe that LGBT service members should not be allowed to serve or have personal (e.g., moral or religious beliefs) beliefs that being LGBT is wrong and that they should not be required as providers to support it. As an example, a recent study conducted among military personnel found that 30% of those surveyed believe that gay and lesbian relations are morally wrong [46]. While everyone, even those within the military, are entitled to hold personal views regarding LGBT behaviors, it must be appreciated that those working within the military are not entitled to act on those beliefs if those actions are in contradiction to military policy. This is of particular importance, as in 2015, the Department designated sexual orientation as a protected class under the equal opportunity policy, which offers further security to service members seeking care from a provider.

Transgender Service Members

The transgender population represents, in some ways, a minority within a minority. Research on the mental and physical health needs of active duty transgender service members remains nearly nonexistent [47]. As noted earlier, this population was not protected in the repeal of the DADT policy [2, 48, 49]. Civilians who have undergone surgery in order to change their gender, as well as individuals diagnosed with gender dysphoria (DSM-5) remain unable to serve. Yet, transgender people may be particularly drawn to military service because of its emphasis on hyper-masculine values and early attempts to repress gender dysphoria by joining a hyper-masculine culture of violence and danger [50, 51]. Some research exist to suggest there are a higher proportion of transgender individuals in the military than in the general population [52–54], with possibly more than 150,000 active duty service members, veterans, and reservists identify as transgender [55].

Military service transgender veterans encounter different challenges than non-LGBT veterans. For instance, transgender veterans disproportionately experience homelessness (21%) and report high rates of attempted suicide (40%) [56]. Additionally, upwards of 97% of transgender veterans undergo gender transition procedures after leaving the military [57]. A study by Brown and Jones found disturbing differences for transgender veterans seeking health services through the VA [58••]. In an analysis of 5135 records, transgender identified individuals reported disparities in all mental health conditions documented including depression, suicidality, serious mental illness, and PTSD. These individuals were more likely to report homelessness, military sexual trauma, and become incarcerated.

Given the additional medical requirements of transgender individuals including the possible need for surgery, hormonal

therapies, and interventions taken to feminize or masculinize the body [59], special considerations for research and practice with this population are warranted. However, transgender veterans report reluctance to access health care through the VA system and report negative experiences with health care providers including discrimination and victimization [57, 60]. Thus, if the DoD begins providing medical support for gender transition procedures, including surgery, more work will be needed to ensure service members and veterans are able to receive the highest quality care.

Creating a Military Culture of Acceptance and Integration of LGBT Service Members

For over 225 years, the US military has fostered a culture in which LGBT citizens were not welcome. Indeed, with the approval of the US Congress LGBT citizens and military personnel were actively discriminated against. Displaying or stating one's sexual orientation that was other than heterosexual was ground for an immediate dishonorable discharge from the military. While the recent changes in policy have put an end to this overt, organizational discrimination, there are still many in the military who believe LGBT service members should not be allowed to serve [46]. While this group may now represent a minority view, their presence means that additional safeguards and initiatives are necessary to ensure that complete acceptance and integration of LGBT service members into the military can be achieved.

Military Culture and Leadership

Changing the culture around LGBT service members will require strong, active leadership. Leadership and cohesion within the military have been shown to influence health and performance in combat and in garrison [61–63]. For example, in a study conducted in garrison among soldiers with a high workload, soldiers in units with higher cohesion displayed fewer mental health symptoms associated with depression and anxiety than did soldiers where cohesion was lower [61]. In instances involving LGBT service members, it would be expected that similar supportive leadership and higher unit cohesion would result in fewer health concerns for LGBT service members than those who report unsupportive or negative leadership and lower unit cohesion [64]. LGBT service members may experience heightened harassment related to the “hyper-masculinity” of military service [65••]. Leadership and unit support will be extremely important when service members “come out,” as this event is particularly sensitive to the presence of strong social support [10].

There are a number of factors that affect unit cohesion. One pre-DADT study [65••] found that sexual orientation disclosure was positively related with social cohesion and indirectly related with task cohesion. Harassment based on sexual

orientation, however, was negatively associated with social cohesion. Unfortunately, Stalsburg found that nearly 80% of active duty service members report hearing offensive speech, jokes, and derogatory statements made about LGBT service members within the past year [60]. More than one-third (37%) also reported witnessing harassment based on perceptions sexual orientation [60, 66]. Strong leadership at both the junior and senior levels will be necessary to stop these types of harassing behaviors and to establish a climate of acceptance and integration of LGBT service members.

Military Sexual Assault and Victimization

Victimization and harassment based on sexual orientation and gender identity is commonly reported in civilian literature and found within the US armed forces as well [65•, 67]. Burks presented a compelling conceptual framework that suggests the DADT policy may have uniquely “served to increase LGBT victimization, decrease victim reports and help seeking, and prevent sexual orientation military research” [6]. In short, the military’s policy position over the past 30 years might have unintentionally amplified victimization, while minimizing important health and organizational research that informs the military on best practices to support this population.

Sexual assault in the military is of particular concern. As a previous review finds [68], much work is needed to understand and prevent sexual assault across all groups. However, the previously held DADT policy likely perpetuated rates of same-sex sexual assault, as these survivors of rape, assault, and sexual harassment are reluctant to report the violence because of fears that the experiences may be seen as “homosexual” activity [69]. Transgender service members may also be disproportionately targeted, as a recent study found 26% of transgender veterans had experienced physical assault and 16% had been raped [57]. Based on these findings, sexual orientation and gender identity-related issues should be included in the military’s sexual assault prevention efforts.

Operational Considerations

The operational considerations around LGBT service members have been shown to be either without merit or have been addressed through greater general acceptance of LGBT service members by non-LGBT service members. For transgender service members, however, there may remain significant issues around the sustainment of transgender hormone treatments in prolonged austere environments where the military often operates. Approaches to overcoming these obstacles are essential for the full acceptance and integration of transgender service members. Lessons learned from other national militaries should be leveraged to avoid making unnecessary errors or assumptions around the full employment of transgender service members during military operations [5••].

Conclusion

LGBT service members have served in the US military since its inception. Despite facing major challenges including the possibility of discharge, these service members have continued to serve their nation just as much as their heterosexual and cisgender peers have. Given their commitment to service and the defense of the USA, it is essential that research, practice, and policy strategies be examined to ensure this population receives the same support and encouragement as their non-LGBT peers while they serve in the military and enjoy the same respect and high-quality health care as veterans when they leave the military. Although the repeal of DADT was an important step toward addressing the needs of the LGBT military and veteran population, far more is needed. Identifying knowledge gaps and novel ways to serve LGBT service members and veterans is imperative. Although the needs of LGBT service members may differ from their non-LGBT peers, little data exists to guide our understanding, and much of what we know is based on retrospective studies, veteran reports, and medical record reviews. More research is needed with active duty service members, relying upon novel recruitment strategies that go outside of assessing only those seeking mental and physical health care services. The needs of transgender service members, in particular, demand special attention given the unique experiences this community faces in their interactions with health care providers and the vast disparities faced in numerous mental and physical health diagnoses.

Compliance with Ethical Standards

Conflict of Interest Jeremy T. Goldbach and Carl Andrew Castro have received a grant from the Department of Defense.

Human and Animal Rights and Informed Consent This article does not contain any studies with human or animal subjects performed by any of the authors.

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