

Lesbian and gay service members: life after don't ask, don't tell

Being lesbian or gay in the world is more difficult than being straight. People who identify as lesbian or gay are more likely to be rejected by their parents, families, friends and religious institutions, and are sometimes even fired or evicted from housing for simply being lesbian or gay. Because of the stress from these experiences lesbian and gay people more often have worse mental health, more substance use, and are more likely to be depressed and die by suicide. Being lesbian or gay in the military may be even more difficult, because of a long history of discrimination against this population. Until 2010, people who identified as lesbian or gay weren't even allowed to serve (i.e., Don't Ask, Don't Tell). Reasons ranged from being "morally reprehensible" to suggestions that lesbian and gay service members would pose a national security risk to it would cost more in healthcare to it would erode military readiness and morale. Although each these objections have been disproven, the truth is, we don't know much about lesbian or gay service members or their needs.

Although lesbian and gay service members can no longer be involuntarily separated from the military, the prior policy of military service exclusion meant that the needs of lesbian and gay service members were never determined. Research does suggest that lesbian and gay civilians are at higher risk for poor outcomes including depression, anxiety, PTSD, and substance use. In studies of military veterans who reported that they did not serve openly while in the military, it was found that these lesbian and gay military veterans had higher rates of depression and PTSD than those who were able to avoid concealment. The few studies that exist on suicide also indicate that lesbian and gay veterans are three times more likely to think about and attempt suicide than heterosexual veterans. These concerns may extend into healthcare as well, and understanding how the military can better support lesbian and gay service members to ensure they are integrated, accepted and at their peak performance is critical to their health, and the nation's military readiness.

To begin addressing these concerns, we recommend increased research and improved clinical practice lesbian and gay service members. For example, more funding should be appropriated to ensure that the experiences and needs of the lesbian and gay active duty community are met. We recognize a gap exist in the medical and mental health training of healthcare providers in the military. Thus, they must be educated about the unique health care needs of lesbian and gay service members and their families, understand the appropriate ways to inquire about sexual identity, learn how to be more supportive of lesbian and gay patients to gain trust, and develop new ways to create non-hostile healthcare environments for this population. Finally, we recommend that the military culture must be shaped through its leadership to become more accepting of lesbian and gay service members. Leadership and cohesion within the military have been shown to positively influence health and performance in combat and in garrison. So working with leadership to establish a climate of acceptance will likely create positive change for this important military

population, as well as increase the combat readiness of our military forces.

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