

Incorporating Lesbian and Bisexual Women into Women Veterans' Health Priorities

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Relative to the general population, lesbian and bisexual (LB) women are overrepresented in the military and are significantly more likely to have a history of military service compared to all adult women. Due to institutional policies and stigma associated with a gay or lesbian identity, very little empirical research has been done on this group of women veterans. Available data suggest that compared to heterosexual women veterans, LB women veterans are likely to experience heightened levels of prejudice and discrimination, victimization, including greater incidence of rape, as well as adverse health and substance use disorders. They are also likely to encounter a host of unique issues when accessing health care, including fears of insensitive care and difficulty disclosing sexual orientation to Veterans Health Administration (VHA) providers. Training of staff and providers, education efforts, outreach activities, and research on this subpopulation are critical to ensure equitable and high quality service delivery.

KEY WORDS: women veterans; lesbian and bisexual women; sexual minority veterans.

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INTRODUCTION

Lesbian, gay, and bisexual (LGB) individuals have long served in the US military, despite a variety of policies that until very recently were designed to keep them out of service. According to the 2000 census, nearly one million gay and lesbian Americans are veterans.¹ Lesbian and bisexual (LB) women, in particular, are more likely to serve than gay and bisexual men and have greater representation in the military (10.7 %) than in the general population (4.2 %).¹⁻⁵ Very little is known about LB women veterans' military experiences and health sequelae, though a 2004 report demonstrated that women were disproportionately impacted by Don't Ask Don't Tell (DADT), as they made up 30 % of all DADT discharges despite comprising only 14 % of the force.⁶ There are only a handful of empirical studies on LGB veterans (see Table 1),^{2,7-16} and of these, only three have focused specifically on women.^{8,9,14}

Researchers, providers, and educators must address this subpopulation of women veterans and their specific needs if we are to fulfill the mission of serving America's women veterans and providing equitable health care.

WOMEN VETERANS AND LB WOMEN: STRIKING SIMILARITIES IN TRAUMA EXPERIENCE

Among women veterans in general, a growing body of evidence has documented high rates of trauma across the lifespan and adverse health outcomes. A review of the literature indicated that almost all women veterans report a traumatic event at some point in their lives (81–93 %), and estimates of lifetime sexual assault, childhood sexual and physical abuse, adult sexual and physical assault, and intimate partner violence exceed estimates among nationally representative samples of women.¹⁷ Direct comparisons of women veterans to civilians parallel these findings.^{18,19} Once they enter the military, women veterans may experience additional forms of violence, including military sexual trauma (MST; reported by 20–40 %) and combat exposure.^{17,20} These high rates of trauma exposure appear to translate into heightened risk of poor mental health and health behaviors for women veterans. Two recent studies demonstrated that, compared to civilians, women veterans report worse health-related quality of life, worse general health, and greater likelihood of having a depressive disorder, smoking, and being overweight or obese.^{21,22} Rates of posttraumatic stress disorder (PTSD) are also high, with some estimates as high as 21%²³ and 27 %, ²⁴ which are substantially greater than the 10–12 % lifetime prevalence rate found in the general population of women.^{25,26}

The elevated levels of trauma exposure and increased health challenges identified for women veterans are consistent with what has been found for LB women when they are compared to heterosexual women. In the general population, several studies have demonstrated that LB women are more likely to report sexual and physical abuse in both childhood and adolescence,²⁷⁻³⁰ as well as higher levels of sexual assault in adulthood.^{28,31,32} Data from population-based studies also indicate that sexual minority status among women is associated with hazardous drinking,³³⁻³⁷

Table 1. Empirical Studies Focusing on LGB Veteran Study Participants

Authors	Sample	Key findings
Balsam, Cochran, Molina, & Simpson (2012) ⁷	379 US LGB veterans responding to non-probability Internet survey 30 % female	<ul style="list-style-type: none"> • 48 % of women indicated victimization due to sexual orientation while in the military • 73 % of women report an unwanted sexual experience during military service, with 40 % attributing this to their sexual orientation
Blonisch, Bossarte, & Silenzio (2012) ²	1,700 US veterans from the 2005–2010 Massachusetts Behavioral Risk Factor Surveillance Survey 4 % LGB veterans, and of those 19.7 % female	<ul style="list-style-type: none"> • More LGB veterans reported suicidal ideation compared to heterosexual veterans • Decreased social and emotional support partly contributed to this association
Booth, Davis, Cheney, Mengeling, Torner, & Sadler (2012) ⁸	1,004 US Midwestern women veterans participated in retrospective telephone interviews 11 % reported having had partnerships with women only or with both men and women	<ul style="list-style-type: none"> • Women who had women as sex partners reported significantly lower physical health status. Chronic pain history mediated this effect
Booth, Mengeling, Torner, & Sadler (2011) ⁹	1,004 US Midwestern women veterans participated in retrospective telephone interviews 11 % reported having had partnerships with women only or with both men and women	<ul style="list-style-type: none"> • Women who had women as sex partners reported significantly higher rates of all measures of rape and lifetime substance use disorders
Cochran, Balsam, Flentje, Malte, & Simpson (2012) ¹⁰	409 US LGB veterans responding to non-probability Internet survey, compared to 15,000 veterans from a VA data warehouse 30 % female	<ul style="list-style-type: none"> • LGB veterans were more likely than veterans in the comparison group to screen positive for PTSD, depression, and alcohol problems
Herrell, Goldberg, True, Ramakrishnan, Lyons, Eisen, & Ting (1999) ¹¹	103 middle-aged male–male Vietnam veteran twin pairs 50 % (one member of each pair) reported male sex partner after age 18	<ul style="list-style-type: none"> • Same-sex sexual orientation was significantly associated with thoughts of death, wanting to die, thoughts about committing suicide, and attempted suicide
Moradi (2009) ¹²	445 US LGB and transgender veterans responding to an Internet survey 24 % female	<ul style="list-style-type: none"> • Disclosing sexual orientation was related positively, while concealment and harassment were related negatively, to perceptions of social cohesion within the last units in which participants served
Nokes & Kendrew (1990) ¹³	31 US male veterans with AIDS at the New York Veterans Administration Medical Center 61 % reported male/male sexual activity	<ul style="list-style-type: none"> • Over a 6-month period, gay veterans (but not heterosexual veterans) had a significant increase in loneliness related to romantic sexual attachment
Poulin, Gouliquer, & Moore (2009) ¹⁴	13 Canadian lesbian veterans participated in semi-structured interviews	<ul style="list-style-type: none"> • Participants reported being persecuted and undergoing ongoing risk evaluations • Discrimination and identity hiding contributed to adverse health outcomes
Simpson, Balsam, Cochran, Lehavot, & Gold (2012) ¹⁵	356 US LGB veterans responding to non-probability Internet survey 30 % female	<ul style="list-style-type: none"> • 46 % reported having accessed VHA services at some point in their lives and 29 % reported using VHA in the past year • Of those accessing VHA, only 33 % reported open communication about their sexual orientation with a VHA provider
Trivette (2010) ¹⁶	24 LGB veterans participated in interviews about impact of DADT 25 % female	<ul style="list-style-type: none"> • Participants highlighted paradoxes of the policy and creating their own form of military gay identity

DADT Don't Ask Don't Tell; LGB Lesbian, gay, and bisexual individuals; VHA Veterans Health Administration

The above studies do not include published research reports including estimates from the Census^{1,4} and annual reports provided by Servicemembers Legal Defense Network⁶

smoking,^{33,34,36,38} obesity,^{39,40} and mood and anxiety disorders, including PTSD.^{34,41–43}

Similarities between women veterans and LB women raise the question of whether women who are *both* veterans

and sexual minority are at a more elevated risk for victimization and poor health than those in only one of these populations. In a recent study comparing male and female LGB and heterosexual veterans, LGB veterans were

more likely to report suicidal ideation, and this difference was partly explained by poorer mental health and lower social and emotional support.² Similarly, another study that compared male and female LGB veterans to a comparison sample from a VA data warehouse found that LGB veterans were more likely to screen positive for PTSD, depression, and alcohol problems.¹⁰ In a unique sample comparing LB and heterosexual women veterans, LB women were more likely to report worse physical health,⁸ lifetime rape (73 % vs. 48 %),⁹ and meet criteria for both past-year and lifetime substance use disorders.⁹

PREJUDICE AND DISCRIMINATION

In the LGB literature, both *distal* and *proximal* stressors have been described as group-specific processes that may contribute to observed health disparities.⁴⁴ Distal stressors are defined as prejudice-inspired events, including violence and discrimination. Proximal stressors are internal processes that are presumed to occur following exposure to distal stressors.⁴⁵ As an example of a distal stressor, in a national probability sample of LGB adults, about 20 % reported having experienced a crime based on their sexual orientation.⁴⁶ The limited data on LGB veterans demonstrate that discrimination experiences, especially within the military, are relatively common. In a study with 379 LGB veterans, 48 % of the women indicated at least one experience of victimization related to their sexual orientation.⁷ In semi-structured interviews with LB women veterans from Canada, participants reported significant stigma within the military that contributed to poorer mental health.¹⁴ Themes common to these women's experiences included being persecuted, interrogated, humiliated, and coerced during their time of service.

An important question is whether the experience of discrimination itself, in its frequency, severity, or quality, might be unique for LB women veterans compared to heterosexual women veterans or LB women civilians. This group violates cultural norms with respect to both gender (by virtue of being in the military) and heterosexuality. For LB women veterans, especially those who may be butch (e.g., present with a more masculine gender style), discrimination may be a result of gender nonconformity prejudice that is intertwined with antigay prejudice. For example, corrective rape is a term for a hate crime in which an individual is raped because of their perceived sexual or gender orientation, with the intended consequence of the rape to "correct" the individual's orientation or make them "act" more like their gender.⁴⁷ The term was coined in South Africa, and its occurrence among LB American women (or the interpretation of the assault as this type of crime) has not been extensively studied. Nonetheless, in 2010, a retired official from the a Tennessee District

Attorney's office advocated corrective rape for US lesbian soldiers,⁴⁸ and this year a Ohio radio host also publicly advocated corrective rape for lesbians.⁴⁹ Other discriminatory experiences may include bullying due to a woman's perceived gender role nonconformity and sexuality, as well as antigay jokes and name-calling. Importantly, research has shown that hate crimes related to sexual orientation are more detrimental to mental health than nonbiased crimes.⁵⁰

Examples of proximal stressors following exposure to distal stressors include fear of rejection, internalized homophobia, and concealment of one's sexual orientation.⁴⁴ Internalized homophobia involves incorporating negative societal views of homosexuality into the self-concept,⁵¹ and has been shown to have significant adverse effects on mental health.⁵² In a military culture that values both masculinity and heterosexuality, it is possible that LB women veterans exhibit heightened feelings of self-stigma. Concealing one's orientation (until recently a requirement for active duty LB women) is another stressor that may lead to hypervigilance and social isolation,⁵³ as well as to poor self-reported health and depressive symptoms.⁵⁴ Poulin and colleagues found that in efforts to conceal their sexuality, LB women veterans they interviewed created "parallel" selves to maintain a heterosexual public persona, often modifying their behaviors, speech, dress, mannerisms, and social networks.¹⁴

ACCESS TO AND EXPERIENCE OF HEALTHCARE

A particular concern is whether LB women veterans are accessing the VHA and whether the system is ready and able to provide them with high-quality, sensitive care. Data on LB women in general show that they are more likely than heterosexual women to use mental health care,^{55,56} although they are also more likely to report difficulty obtaining needed medical care.^{34,35} Moreover, compared to more feminine LB women, butch and more masculine LB women are significantly less likely to have routine gynecological exams and report worse treatment in health-care settings,⁵⁷ putting them at potentially greater risk for undetected uterine or cervical cancer.

One recent study examined VHA utilization by 356 LGB veterans (30 % female).¹⁵ Results indicated that the rate of past year VHA use (29 %) was similar to VA Central Office estimates among veterans overall, suggesting that LGB veterans are indeed accessing VHA. Nonetheless, of those who accessed VHA care, only 33 % reported open communication about their sexual orientation with VHA providers, and 25 % reported avoiding at least one VHA service because of concerns about stigma. The lack of ease in discussing sexual orientation has been found to influence healthcare utilization rates negatively among LGB civilians,^{58,59} and could further compromise the quality of care that these veterans receive.

CONCLUSIONS

LB women veterans are a large and distinct part of the greater women veteran community, and their presence, military experiences, and health needs must not be overlooked. Under DADT, 14,500 service-members were discharged,⁶⁰ but in September 2011 this policy was repealed, allowing LB women to serve openly.⁶¹ In recent years, VHA has made enormous strides to address the health needs of vulnerable groups, including women and LGB and transgender veterans. For example, in 2011 Women's Health became part of the Office of Patient Care Services⁶² and VHA established a National Call Center for Women Veterans.⁶³ A VHA Directive established policy regarding the respectful delivery of health care to transgender and intersex veterans.⁶⁴ The VHA Office of Diversity and Inclusion held its third annual LGB and Transgender Observance Program, and is further leading the effort to establish a formal LGB and transgender special emphasis program. VHA has also created an Office of Health Equity that will address LGB healthcare issues, among others.⁶⁵

Despite these advances, other institutional policies remain in place that prevent LB women from claiming equal rights and equitable care. Because the Defense of Marriage Act defines marriage for the federal government as a union between a man and woman, many of the benefits the military extends to spouses are not available to same-sex spouses of service members during either their active duty service or when they transition to veteran status, potentially creating financial stresses following service.⁶⁶ For example, heterosexual spouses of deceased veterans are entitled to many benefits (health care, death pensions, bereavement counseling, etc.) not available to same-sex spouses. Moreover, a recent assessment of the protections granted to LGB veterans concluded that there are significant gaps in VHA's antidiscrimination policy, and thus made recommendations to VHA to provide explicit patient protections on the basis of sexual orientation or gender identity.⁶⁷

Additionally, as the number of women veterans is expected to increase, so will the number of LB women veterans who are in need of services. Cultural competency trainings are thus critical, and should provide education about LGB veterans, promote providers' awareness of their own attitudes and potential anxiety about caring for LGB patients, and address best practices on asking about sexual orientation.⁶⁸ Providers can facilitate open conversations about sexual orientation by their nonjudgmental stance and by sending a clear message that LGB veterans are welcome. For example, the Fenway Institute suggests beginning with open-ended questions, using inclusive or neutral language, and embedding further questions in the sexual history should self-disclosure not come up.⁶⁸ Such trainings may assist providers with becoming more inclusive and creating a safe atmosphere, so that patients are able to provide thorough disclosures that can improve their treatment plans and the resources available to them.

At least one recommended resource is the creation of LGB veteran support groups that recognize the individual's unique identity as both LGB and veteran. There are emerging models for this type of LGB-specific care, including VA Palo Alto's Living Out Loud/Laughing Out Loud support group for LGB and transgender veterans.⁶⁹ The group provides members with an opportunity to receive social support from peers, as well as explores a variety of topics, such as isolation, mental health, and family issues. The presence of such groups could help make VHA a provider of choice for LGB veterans, as well as increase sensitivity to and visibility of these veterans within VHA medical centers.

As demonstrated in this article, research on LB women veterans is extremely limited. We encourage researchers to include questions about sexual orientation in their research programs. Research areas of particular importance to LB veterans include information about their exposures to trauma, mental health needs, access and barriers to care, and preferences for and experiences with treatment. As data become available, researchers, providers, and policy-makers alike can ensure that we address potential disparities, as well as assess setbacks or progress in meeting this group's needs.

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REFERENCES

1. **Gates GJ.** Gay men and lesbians in the U.S. military: estimates from Census 2000. 2004. Available at: <http://www.urban.org/publications/411069.html>. Accessed September 21, 2012.
2. **Blosnich JR, Bossarte RM, Silenzio VMB.** Suicidal ideation among sexual minority veterans: results from the 2005-2010 Massachusetts Behavioral Risk Factor Surveillance Survey. *Am J Public Health.* 2012;102:S44-7.
3. **Herek GM, Norton AT, Allen TJ, Sims CL.** Demographic, psychological, and social characteristics of self-identified lesbian, gay, and bisexual adults in a US probability sample. *Sex Res Soc Policy.* 2010;7:176-200.
4. **Gates GJ.** Lesbian, gay, and bisexual men and women in the U.S. military: updated estimates. 2010. Available at: <http://williamsinstitute.law.ucla.edu/wp-content/uploads/Gates-GLBmilitaryUpdate-May-20101.pdf>. Accessed September 21, 2012.
5. **RAND National Defense Research Institute.** Sexual orientation and U.S. military personnel policy: An update of RAND's 1993 study (Report No. MG-1056-OSD). 2010. Available at: <http://www.rand.org/pubs/monographs/MG1056.html>. Accessed September 21, 2012.

6. **Servicemembers Legal Defense Network.** Conduct unbecoming: the tenth annual report on "Don't Ask, Don't Tell, Don't Pursue, Don't Harass." 2004. Available at: <http://www.sldn.org/pages/sldn-reports>. Accessed September 21, 2012.
7. **Balsam KF, Cochran BN, Molina Y, Simpson TL.** Asking and telling: results from a national survey of lesbian, gay, and bisexual veterans. 2012; manuscript under revision.
8. **Booth BM, Davis TD, Cheney AM, Mengeling MA, Torner JC, Sadler AG.** Physical health status of female veterans: contributions of sex partnership and in-military rape. *Psychosom Med.* 2012;74(9):916-24.
9. **Booth BM, Mengeling M, Torner J, Sadler AG.** Rape, sex partnership, and substance use consequences in women veterans. *J Trauma Stress.* 2011;24:287-94.
10. **Cochran BN, Balsam KF, Flentje A, Malte CA, Simpson TL.** Mental health characteristics of sexual minority veterans. *J Homosex.* In press.
11. **Herrell R, Goldberg G, True WR, Ramakrishan V, Lyons M, Eisen S, Tsuang MT.** Sexual orientation and suicidality. *Arch Gen Psychiatry.* 1999;56:867-74.
12. **Moradi B.** Sexual orientation disclosure, concealment, harassment, and military cohesion: perceptions of LGBT military veterans. *Mil Psychol.* 2009;21:513-33.
13. **Nokes KM, Kendrew J.** Loneliness in veterans with AIDS and its relationship to the development of infections. *Arch Psychiatr Nurs.* 1990;4:271-7.
14. **Poulin C, Gouliquer L, Moore J.** Discharged for homosexuality from the Canadian military: health implications for lesbians. *Fem Psychol.* 2009;19:496-516.
15. **Simpson TL, Balsam K, Cochran BN, Lehavot K, Gold SD.** Veterans Administration health care utilization among sexual minority veterans. *Psychol Serv.* In press.
16. **Trivette SA.** Secret handshakes and decoder rings: the queer space of don't ask/don't tell. *Sex Res Soc Policy.* 2010;7:214-28.
17. **Zinzow H, Grubaugh J, Suffoletta-Maierle S, Frueh B.** Trauma among female veterans: a critical review. *Trauma Violence Abuse.* 2007;8:384-400.
18. **Dichter ME, Cerulli C, Bossarte RM.** Intimate partner violence victimization among women veterans and associated heart health risks. *Women's Health Issues.* 2011;21:S190-4.
19. **Schultz J, Bell K, Naugle A, Polusny M.** Child sexual abuse and adulthood sexual assault among military veteran and civilian women. *Mil Med.* 2006;171:723-8.
20. **Kelly UA, Skelton K, Patel M, Bradley B.** More than military sexual trauma: interpersonal violence, PTSD, and mental health in women veterans. *Res Nurs Health.* 2011;34:457-67.
21. **Lehavot K, Hoerster KD, Nelson KM, Jakupcak M, Simpson TL.** Health indicators for military, veteran, and civilian women. *Am J Prev Med.* 2012;42:473-80.
22. **Shen C, Sambamoorthi U.** Associations between health-related quality of life and financial barriers to care among women veterans and women non-veterans. *Women Health.* 2012;52:1-17.
23. **Dobie D, Maynard C, Bush K, Davis T, Bradley K.** PTSD in female veterans: association with self-reported health problems and functional impairment. *Arch Intern Med.* 2004;164:394-400.
24. **Escalona R, Achilles G, Waitzkin H, Yager J.** PTSD and somatization in women treated at a VA primary care clinic. *Psychosomatics.* 2004;45:291-6.
25. **Kessler R, Sonnega A, Bromet E, Hughes M, Nelson CB.** Posttraumatic stress disorder in the National Comorbidity Survey. *Arch Gen Psychiatry.* 1995;52:1048-60.
26. **Resnick H, Kilpatrick D, Danksy B, Saunders B, Best CL.** Prevalence of civilian trauma and PTSD in a representative national sample of women. *J Consult Clin Psychol.* 1993;61:984-91.
27. **Austin SB, Jun HJ, Jackson B, et al.** Disparities in child abuse victimization in lesbian, bisexual, and heterosexual women in the Nurses' Health Study II. *J Women's Health.* 2008;17:597-606.
28. **Balsam KF, Rothblum ED, Beauchaine TP.** Victimization over the life span: a comparison of lesbian, gay, bisexual, and heterosexual siblings. *J Consult Clin Psychol.* 2005;73:477-87.
29. **Friedman MS, Marshal MP, Guadamuz TE, et al.** A meta-analysis of disparities in childhood sexual abuse, parental physical abuse, and peer victimization among sexual minority and sexual nonminority individuals. *Am J Public Health.* 2011;101:1481-94.
30. **Wilsnack SC, Kristjanson AF, Hughes TL, Benson PW.** Characteristics of childhood sexual abuse in lesbians and heterosexual women. *Child Abuse Negl.* 2012;36:260-5.
31. **Hughes TL, Szalacha LA, Johnson TP, Kinnison KE, Wilsnack SC, Cho Y.** Sexual victimization and hazardous drinking among heterosexual and sexual minority women. *Addict Behav.* 2010;35:1152-6.
32. **Moracco KE, Runyan CW, Bowling MJ, Earp JAL.** Women's experiences with violence: a national study. *Women's Health Issues.* 2007;17:3-12.
33. **Boehmer U, Miao X, Linkletter C, Clark MA.** Adult health behaviors over the life course by sexual orientation. *Am J Public Health.* 2012;102:292-300.
34. **Burgess D, Tran A, Lee R, van Ryn M.** Effects of perceived discrimination on mental health and mental health services utilization among gay, lesbian, bisexual and transgender persons. *J LGBT Health Res.* 2007;3:1-14.
35. **Diamant AL, Wold C, Spritzer K, Gelberg L.** Health behaviors, health status, and access to and use of health care: a population-based study of lesbian, bisexual, and heterosexual women. *Arch Fam Med.* 2000;9:1043-51.
36. **Steele LS, Ross LE, Dobinson C, Veldhuizen S, Tinmouth JM.** Women's sexual orientation and health: results from a Canadian population-based survey. *Women Health.* 2009;49:353-67.
37. **Wilsnack SC, Hughes TL, Johnson TP, Bostwick WB, Szalacha LA, Benson P, Kinnison KE.** Drinking and drinking-related problems among heterosexual and sexual minority women. *J Stud Alcohol Drugs.* 2008;69:129-39.
38. **Gruskin EP, Greenwood GL, Matevia M, Pollack LM, Bye LL.** Disparities in smoking between the lesbian, gay, and bisexual population and the general population in California. *Am J Public Health.* 2007;97:1496-502.
39. **Jun HJ, Corliss HL, Nichols LP, Pazaris MJ, Spiegelman D, Austin SB.** Adult body mass index trajectories and sexual orientation: the Nurses' Health Study II. *Am J Prev Med.* 2012;42:348-54.
40. **Smith HA, Markovic N, Danielson ME, et al.** Sexual abuse, sexual orientation, and obesity in women. *J Women's Health.* 2010;19:1525-32.
41. **Cochran SD.** Emerging issues in research on lesbians' and gay men's mental health: does sexual orientation really matter? *Am Psychol.* 2001;56:931-47.
42. **Gilman SE, Cochran SD, Mays VM, Hughes M, Ostrow D, Kessler RC.** Risk of psychiatric disorders among individuals reporting same-sex sexual partners in the National Comorbidity Survey. *Am J Public Health.* 2001;91:933-9.
43. **Roberts AL, Austin SB, Corliss HL, Vander Morris AK, Koenen KC.** Pervasive trauma exposure among U.S. sexual orientation minority adults and risk of posttraumatic stress disorder. *Am J Public Health.* 2010;100:2433-41.
44. **Meyer IH.** Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence. *Psychol Bull.* 2003;129:674-97.
45. **Dohrenwend BP.** The role of adversity and stress in psychopathology: some evidence and its implications for theory and research. *J Health Soc Behav.* 2000;41:1-19.
46. **Herek GM.** Hate crimes and stigma-related experiences among sexual minority adults in the United States: prevalence estimates from a national probability sample. *J Interpers Violence.* 2009;24:54-74.
47. **Wikipedia.** Corrective rape. Available at: http://en.wikipedia.org/wiki/Corrective_rape. Accessed September 21, 2012.
48. **Views across the Pond.** Joe Rehyansky advocates 'corrective rape' for US lesbian soldiers. December 1, 2010. Available at: <http://viewsacrossthepond.wordpress.com/2010/12/01/joe-rehyansky-advocates-corrective-rape-for-us-lesbian-soldiers/>. Accessed September 21, 2012.
49. **Stone M.** Ohio radio host advocates corrective rape for lesbian. *Portland Progressive Examiner.* April 28, 2012. Available at: <http://www.examiner.com/article/ohio-radio-host-advocates-corrective-rape-for-lesbian>. Accessed September 21, 2012.
50. **Herek GM, Gillis JR, Cogan JC.** Psychological sequelae of hate-crime victimization among lesbian, gay, and bisexual adults. *J Consult Clin Psychol.* 1999;67:945-51.
51. **Thoits P.** Self-labeling processes in mental illness: the role of emotional deviance. *Am J Sociol.* 1985;91:221-49.
52. **Williamson I.** Internalized homophobia and health issues affecting lesbians and gay men. *Health Educ Res.* 2000;15:97-107.
53. **Pachankis JE.** The psychological implications of concealing a stigma: a cognitive-affective-behavioral model. *Psychol Bull.* 2008;133:328-45.
54. **Rothman EF, Sullivan M, Keyes S, Boehmer U.** Parents' supportive reactions to sexual orientation disclosure associated with better health: results from a population-based survey of LGB adults in Massachusetts. *J Homosex.* 2012;59:186-200.

55. **Grella CE, Greenwell L, Mays VM, Cochran SD.** Influence of gender, sexual orientation, and need on treatment utilization for substance use and mental disorders: findings from the California Quality of Life Survey. *BMC Psychiatry*. 2009;14:52.
56. **McNair R, Szalacha LA, Hughes TL.** Health status, health service use, and satisfaction according to sexual identity of young Australian women. *Women's Health Issues*. 2011;21:40-7.
57. **Hiestand KR, Horne SG, Levitt HM.** Effects of gender identity on experiences of healthcare for sexual minority women. *J LGBT Health Res*. 2007;3:15-27.
58. **Clark MA, Bonacore L, Wright SJ, Armstrong G, Rakowski W.** The cancer screening project for women: experiences of women who partner with women and women who partner with men. *Women Health*. 2003;38:19-33.
59. **Steele LS, Tinmouth JM, Lu A.** Regular health care use by lesbians: a path analysis of predictive factors. *Fam Pract*. 2006;23:631-6.
60. Servicemembers Legal Defense Network. About "Don't Ask, Don't Tell." Available at: <http://www.sldn.org/pages/about-dadt>. Accessed September 21, 2012.
61. Reuters. Obama certifies end of military's gay ban. *NBC News*. July 22, 2011. Available at: http://www.msnbc.msn.com/id/43859711/ns/us_news-life/. Accessed September 21, 2012.
62. Department of Veterans Affairs, Women Veterans Health Care. About the program. Available at: <http://www.womenshealth.va.gov/WOMENSHEALTH/about.asp>. Accessed September 21, 2012.
63. Department of Veterans Affairs, Women Veterans Task Force. Strategies for serving our women veterans. 2012 Report.
64. Department of Veterans Affairs. VHA Directive 2011-024. Providing health care for transgender and intersex veterans.
65. Office of Diversity and Inclusion (ODI). LGBT Program. Updated July 26, 2012. Available at: <http://www.diversity.va.gov/programs/lgbt.aspx>. Accessed September 21, 2012.
66. Servicemembers Legal Defense Network. Freedom to serve: the definitive guide to LGBT military service. Updated July 27, 2011. Available at: <http://www.sldn.org/pages/guide-to-open-service>. Accessed September 21, 2012.
67. **Cray A.** Reaching all who served: an analysis of Department of Veterans Affairs LGBT health policies. November 11, 2011. Available at: http://lgbthealth.webolutionary.com/sites/default/files/VA%20Final%20Report%20_0.pdf. Accessed September 21, 2012.
68. **Bradford JB, Cahill S, Grasso C, Makadon HJ.** Policy focus: how to gather data on sexual orientation and gender identity in clinical settings. The Fenway Institute. 2012. Available at: http://www.fenwayhealth.org/site/DocServer/Policy_Brief_HowtoGather..._v3_01.09.12.pdf?docID=9142. Accessed September 21, 2012.
69. **Ramirez MH, Rogers SJ, Johnson HL, Banks J, Seay WP, Tinsley BL, Grant AW.** If we ask, what they might tell: clinical assessment lessons from LGBT military personnel post-DADT. *J Homosex*. In press.