

## **Joint Division 19 and Division 44 Task Force on Sexual Orientation and Military Service**

August 16, 2005

### **FINAL REPORT AND STRATEGIC PLAN**

APA: Washington, DC

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## **BACKGROUND**

In 1993, Congress passed a Federal law (Title X, United States Code, Section 654) that allows gay and lesbian persons to enter and serve in the military if they do not engage in overt homosexual behavior and/or call attention to such conduct—the so called “Don’t Ask, Don’t Tell” rule. This law replaced a Department of Defense policy that stated homosexuality was incompatible with military service. During the ensuing decade, “Don’t Ask, Don’t Tell” has often been considered unfair and ineffective. It appears to have done little to ameliorate the problem of discrimination by DoD against gays, lesbians, and bisexuals.

At its July 2004 meeting, the Council of Representatives adopted a new policy resolution on sexual orientation and military service. The new policy resolution reaffirmed existing APA policy on lesbian, gay, and bisexual issues; updated, elaborated, and strengthened APA policy on sexual orientation and military service; and eliminated APA’s prohibition on advertisements from the Department of Defense. This resolution was developed by the Board of Directors’ Task Force on Sexual Orientation and Military Service, which the Board established in October 2003. The Board charged the Task Force to consider issues of common concern between the Society of Military Psychology (19) and the Society for the Psychological Study of Lesbian, Gay, and Bisexual Issues (44).

With the resolution formally approved by Council, the next step is the development and implementation of a plan for bringing the Council resolution to fruition. This joint Division 19 and 44 strategic plan, including milestones, will serve as a blueprint for APA implementation of the resolution. Implementation will require consultation within APA as it takes a leadership role in working with Congress to modify current DoD policy regarding gay, lesbian, and bisexual (GLB) personnel, as well as development of training workshops and materials for military clinical psychologists, and military personnel broadly.

Division 19 and Division 44 established an interdisciplinary committee and charged the Committee to develop a strategic plan for implementing the resolution and psycho educational and professional training materials for military psychologists. The development of such materials was one of the recommendations of the Task Force on Sexual Orientation and Military Service, in addition to its recommendation that APA adopt the Resolution on Sexual Orientation and Military Service. In the fall 2005

Division 19 and Division 44 applied to the Committee on Division/APA Relations for a grant of \$2,500 to the Committee on Division/APA Relations to support the two activities with the Divisions committing \$2,600 in matching funds but the grant awarded was approximately \$1500 less than the budget for the project. The two divisions then asked the Board of Directors to allocate \$1,500 from its 2005 Discretionary Fund to support implementation of the APA Resolution on Sexual Orientation and Military Service. These funds were allocated.

## **STRATEGIC PLAN**

This strategic planning document is submitted to APA as a blueprint for implementing the July 2004 Council of Representatives resolution. The document is written so as to be relevant for many years.

### **Summary of Outcomes, Joint Division 19 and Division 44 Task Force**

- This strategic planning document is submitted to APA as a blueprint for implementing the July 2004 Council of Representatives resolution.
- A workshop for military clinical psychologists designed to highlight appropriate and ethical strategies for addressing the needs of GLB clients in military settings has been planned. The workshop blueprint will be made available to others to facilitate a broader impact.
- Several professional publications (at least one practitioner-oriented article, and at least one serving as a contemporary research review of sexual orientation and military service) have been prepared.
- Public service information for military personnel bearing on sexual orientation, current federal law in this area, resources for advocacy, support, and clinical assistance will be developed and distributed.

### ***Advocacy:***

- Eliminating discrimination based on sexual orientation in military service: APA should take a leadership role among national organizations in continuing to assess opportunities for advocacy to eliminate discrimination in the military based on sexual orientation, especially opportunities for coalitions with other professional organizations and/or civil rights advocacy organizations. APA should continue to seek opportunities for action through federal advocacy and all other appropriate means.
  - o In preparation for the August 2005 Task Force meeting, Clinton Anderson assessed the advocacy opportunities with the following organizations: Service members' Legal Defense Network, American Civil Liberties Union, and National Gay and Lesbian Task Force, to determine their interest and activities in this area and their recommendations for further

APA advocacy work. The following potential opportunities emerged as primary foci:

- drafting or signing on to amicus briefs in cases challenging “Don’t Ask, Don’t Tell” (Task Force members will participate as needed);
  - developing substantial summaries of research that the larger advocacy community may use to develop lobbying materials (Greg Herek will prepare a draft by the March 2006 Task Force meeting);
  - advocating on behalf of H.R. 1059, the “Military Readiness Enhancement Act of 2005” (Steve Sellman and Heather Kelly will coordinate with Task Force members as opportunities arise and provide a legislative update at the March 2006 Task Force meeting); and
  - advocating for a psychotherapy privilege for sexual orientation information within the DoD system (Will Wilson will report on potential actions and/or processes at the March 2006 Task Force meeting).
- o Heather Kelly provided an assessment of the interest of Congressional committees with jurisdiction over the Department of Defense. Rep. Martin Meehan (D-MA) introduced H.R. 1059 (“The Military Readiness Enhancement Act of 2005”) in the U.S. House of Representatives in March 2005. The bill, which would repeal current DoD policy concerning homosexuality in the Armed Forces, would prohibit discrimination on the basis of sexual orientation against any member of the Armed Forces or any person seeking to become a member. The bill was referred to the Personnel Subcommittee of the House Armed Services Committee. Given almost exclusive support for the bill from Democrats in the minority, the bill is unlikely to move out of subcommittee for any further legislative consideration, and any separate attempts to add similar language in amendments to other FY06 legislation are likely to fail. Both the DoD and the Government Accountability Office (GAO) were directed to comment on H.R. 1059. The GAO report (GAO-05-299, “Military Personnel: Financial Cost and Loss of Critical Skills Due to DoD’s Homosexual Conduct Policy Cannot Be Completely Estimated”) will be provided to Task Force members and a copy of the DoD response will be requested. Both documents may be useful in further programmatic and advocacy efforts of the Task Force.
- Ameliorating effects of current law: APA will request that the DoD address existing regulations explaining the rules of confidentiality which apply when military personnel receive psychological diagnostic and treatment services.
    - o Bob Nichols reviewed current confidentiality rules and regulations with the goal of identifying areas where further clarification or new regulation is needed. The results of this review are attached as Appendix B. Based on the review, he concluded that the issue of confidentiality is very complicated, is not well organized within the regulations, and in some cases one directive may contradict another.

- o Based on those findings, Will Wilson will identify and obtain the current regulations and operational procedures and then analyze that information and make recommendations. Most of this information is available on a DoD website pertaining to directives and regulations. As one aspect of this activity, Will Wilson will contact the American Psychiatric Association military psychiatry branch. He will report to the next meeting of the Task Force in March 2006.

**Data Collection:** Division 19 and 44 members will facilitate data collection from psychologist providers (e.g., those within military, veteran, and private practice contexts) regarding clinical services with GLB clients, and from GLB service personnel and veterans.

- In preparation for developing survey objectives and questions to operationalize those objectives for each population, Bob Nichols, in consultation with Greg Herek, has developed a list of topics to be included in a survey. These are included in Appendix C. By the March 2006 Task Force meeting, Bob Nichols and Will Wilson, in collaboration with Greg Herek and the APA Research Office, will develop surveys for military psychologists.
- Steve Sellman investigated the viability of collecting data from providers through a Department of Defense internal survey or through a joint survey administered by Divisions 19 and 44. The Principal Deputy Under Secretary of Defense for Personnel and Readiness opted not to provide the names and addresses of the military clinical psychologists. A summary of Steve Sellman's findings is included in Appendix D.
- Kimberly Balsam provided a summary of the results of her research with GLB veterans (included in Appendix E).
- By the March 2006 Task Force meeting, Kimberly Balsam and Will Wilson, in collaboration with Greg Herek and the APA Research Office, will propose a plan for surveying active duty military personnel ("consumers") about GLB issues, with the goal of identifying critical incidents that may be instructive for Task Force activities.
- By the March 2006 Task Force meeting, Kimberly Balsam and Will Wilson, in collaboration with Greg Herek and the APA Research Office, will propose a plan for surveying Department of Veterans Affairs psychologists about GLB issues.

**Professional Education:** Divisions 19 and 44 and APA Headquarters will ameliorate the negative effects of the current law through the training and education of psychologists.

- Workshop: Robin Buhrke and Division 19 President Brad Johnson collaborated on the development of a workshop for military clinical psychologists designed to highlight appropriate and ethical strategies for addressing the needs of GLB clients in military settings. This workshop will be offered as a CE workshop at the 2006 APA Convention in New Orleans.

Members of the Division 44 Executive Committee have reviewed a draft of the proposed workshop and have approved it. Robin Buhrke and Brad Johnson will develop a recommendation regarding a modular form of the workshop by the March 2006 Task Force meeting. This modular form would make the content of the workshop accessible to others in order to facilitate a broader impact.

- Educational Materials: By the March 2006 Task Force meeting, Bob Nichols will draft an educational brochure with the goal of improving the capability of military clinical psychologists to provide effective services and to help consumers of these services understand the known limits of confidentiality.
- Collaboration with APA Ethics Committee: Heather Kelly met with the Director of the Ethics Office and confirmed the Ethics Office's interest in collaboration with the Task Force. Heather Kelly will request consultation from the Ethics Office as necessary throughout the development of any relevant materials addressing ethical issues for clinicians and consumers.

***Publications:*** Division 19 and 44 members will write and submit several professional publications, at least one a practitioner-oriented article, and at least one serving as a contemporary research review of sexual orientation and military service.

- An article by Brad Johnson (United States Naval Academy) and Robin Buhrke (Duke University) entitled "Service Delivery in a 'Don't Ask, Don't Tell' World: Ethical Care of Gay, Lesbian, and Bisexual Military Personnel" was accepted for publication in *Professional Psychology: Research and Practice*.
- Gregory Herek (University of California, Davis) and Aaron Belkin (University of California, Santa Barbara) authored a chapter on "Sexual Orientation and Military Service: Prospects for Organizational and Individual Change in the United States" to appear in A.B. Adler, T.W. Britt, & C.A. Castro (Eds.), *Studies in Military Psychology*.
- Kimberly Balsam (University of Washington) and colleagues are preparing several manuscripts for publication based on the data they collected from 445 GLBT military veterans. Kimberly Balsam and colleagues will write a draft of at least one manuscript for submission for publication by the March 2006 Task Force meeting.
- Robin Buhrke and Brad Johnson will outline an article for non-military psychologists regarding GLB/military issues.

***Public and Member Information about Sexual Orientation and Military Service:***

Clinton Anderson has developed web-based information on sexual orientation and military service, current federal law in this area, and resources for advocacy, support, and clinical assistance.

- Clinton Anderson developed initial content for the web page. The website should be operational by October 2005, and available at [www.apa.org/pi/lgbc](http://www.apa.org/pi/lgbc).

- Other organizations will be contacted for linkage to and from their relevant web pages, and Clinton Anderson will provide an update at the March 2006 Task Force meeting.
- The Task Force has identified potential new resources that may be available to help GLB military service members. Clinton Anderson will verify the availability of these resources and the applicability to problems associated with sexual orientation and military services. He will report on these findings at the March 2006 Task Force meeting.

***Inter-divisional Collaboration:*** For the past two years, Divisions 19 and 44 have collaborated on the issue of sexual orientation and military service.

- Divisions 19 and 44 continue to send representatives to each others' executive committee meetings.
  - Divisions 19 and 44 have approved funding for a period of three years to send liaison representatives to the mid-year meetings of the respective divisions. An assessment will be made to determine the relevance of continuing this practice.
  - The liaison representatives attended the respective meetings in 2004 and 2005.
- Develop proposals for inter-divisional grants.
  - Divisions 19 and 44 developed a \$5,200 initiative to implement the APA Resolution on Sexual Orientation and Military Service.
  - Divisions 19 and 44 funded \$2,700 of that initiative.
  - An inter-divisional grant proposal for \$2,500 for 2004-2005 was submitted to CODAPAR and was funded at a level of \$1,000.
  - The divisions then requested and received \$1,500 from the APA Board of Directors to fully implement the Resolution.

***Task Force Recommendations:*** There has been substantial progress made in implementing APA Council's Resolution on Sexual Orientation and Military Service, but there is much work left to be done. In order to complete the planned actions described above, the Task Force makes the following recommendations:

- The Task Force should continue for at least another year.
- Funding in support of the Task Force should be obtained from Divisions 19 and 44 and from the Board of Directors contingency funds. The Task Force estimates that \$6,000 is needed to continue for one year. Funding will be used primarily to bring divisional representatives together for two extended one-day meetings in advance of the mid-year Division 19 meeting and the APA Convention.

**Appendix A**  
**Roster of the Joint Division 19 and Division 44 Task Force on**  
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## Appendix B

### Key DoD Guidelines affecting Counseling and Confidentiality

The documents listed below can be found using Google Searches. They will usually appear in Adobe Acrobat (.PDF) format. This permits searching for particular words, like confidentiality and private if they exist in the document.

Some of these guidelines affect only the specific programs they cover. Others are broader in scope, affect several or more DOD activities and may have some impact on confidentiality rules.

The guidelines are mostly numbered and begin with either DoDD (Directive) or DoDI (Instruction). They are listed in numerical sequence from low to high and then alphabetically by author.

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1. DoDD 1010.4 Drug and Alcohol Abuse by DoD Personnel. 3 September 1997, (7pages).

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**Purpose:** This regulation outlines the purpose and procedures for this prevention and treatment program and strongly opposes substance abuse.

**Confidentiality:** Although the program is very private there is only one reference to privacy in the regulation.

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2. DoDD 6400.1 Family Advocacy Program. 23 August 2004 (10 pages)

**Purpose:** This regulation reaffirms a DoD policy against child and spouse abuse and creates procedures for preventing, detecting and treating it. MH personnel play a role in the program and, like all military personnel, are required to report it if they become aware of it.

**Confidentiality:** That word does not appear in the regulation. However, there are other regulations suggesting medical information should generally be kept confidential.

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3. DOD 6025-18-R DOD Health Information Privacy Regulation, 25 January 2003, (118 Pages).

**Purpose:** This recent law, called HIPAA in civilian life, was written to govern the entire US and its relevance to military mental health activities is accidental, Nevertheless,

it specifically protects the privacy of mental health records and psychotherapy notes, which is a very helpful safeguard.

**Confidentiality:** This is one of the few regulations which specifically discusses MH issues and protects MH information. HOWEVER, it is very complicated to interpret and allows for NOT protecting many kinds of information, such as information about victims of child and adult abuse (family advocacy), drug testing, alcohol and drug abuse, risks to unit mission performance and threats to health and safety. Legal advice should be sought before any info release..

It should also be noted that info used in family advocacy, drug testing, alcohol/drug abuse, and other special programs is also confidential and carefully protected, within the boundaries of those programs. This is especially true of drug and alcohol where even funding is kept separate and cannot be blended with other funds. \_\_\_\_\_  
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**NOTE: The following two regulations describe a particularly important kind of military MH evaluation,** often done in high-intensity situations where a person's behavior may be deviant and dangerous and there is a high likelihood of the evaluation being challenged

- 4. DoDD.6490.4 Mental Health Evaluation of Members of the Armed Forces  
28 August 1987
- 5. DoDI. 6490.1Mental Health Evaluation of Members of the Armed Forces  
1 October 1987

**Purpose:** These two regulations, telling how to do a single evaluation, create elaborate procedures designed to ensure a proper evaluation while avoiding injury to a person's rights. 6490.4 have 34 pages and 6490.1 have 12. There are many requirements for collaboration between commanders and MH agencies. The regulation is not intended to cover voluntary and other non-urgent evaluations.

**Confidentiality:.** **There is no confidentiality under this regulation.** 6490.4 specifically state that the provider should advise the service member that these evaluations are NOT confidential.

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- 6. DoDD 6490.2 Joint Medical Surveillance 30 August 1997
- 7. DoDI 6490.3 Implementation and Application of Joint Medical Surveillance for Deployments. 7 August 1997 (17 pages)

**Purpose:** This program established predeployment and post deployment screening for the military. After the Gulf War some soldiers complained of illnesses which they blamed on depleted uranium, toxic gases etc, but available data did not support these ideas so the Army began to survey soldiers' health both before and after duty. This was later expanded to a general health survey done before and after deployment. The questions include mental health. The forms are examined by the soldiers' unit both before and after deployment and appropriate action taken. The completed forms are then sent to a central agency. Copies of the form can be found and printed using Google. Their numbers are DD Form 2795 and DD Form 2796.

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8. DoD 6490.5 Combat Stress Control Programs. Feb. 23, 1999

**Purpose.** This directive explains the purpose and methodologies of Combat Stress Control Programs.

**Confidentiality.** There appears to be no mention of confidentiality despite the fact that the program focuses heavily on MH issues

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9.. USA. Manual for Courts Martial, US, Military Rules of Evidence (513) (2002)

**Purpose:** This rule takes into account the Jaffee (1999) decision by the US Supreme Court which recognized that privileged communication between client and therapist is essential to psychotherapeutic success and therefore declared that certain kinds of MH sessions cannot be entered into court casers (including military ones). A good summary of the rule and applications can be obtained at:  
[http://www.jagcnet.army.mil/JAGCNETINTERNET/HOMEPAGES/AC/ARMYLAWYER.NSF/0/e8798590aec0311a85256e5b0054ca1c/\\$FILE/Article%201.pdf](http://www.jagcnet.army.mil/JAGCNETINTERNET/HOMEPAGES/AC/ARMYLAWYER.NSF/0/e8798590aec0311a85256e5b0054ca1c/$FILE/Article%201.pdf)

**Confidentiality:** The Rule does provide for the exclusion of some confidential testimony but persons intending to use it need legal guidance on its use.

10. DoDI 6025.17 Military Health Systems Patient Safety Programs. 16 uust 2001 19 pages

**Purpose.** This instruction reissues DoD Directive 6025.13, dated July 20, 1995. It replaces DoD Directives 6025.14 and 6040.37. It also replaces DoD Instructions 6025.15, 6025.16, and 6025.17. This Directive establishes policy for the Department of Defense on issues related to MQA programs and activities. It authorizes the "Medical Quality Assurance (MQA) in the Military Health System (MHS) Regulation" in accordance with DoD Directive 5025.1.

## Appendix C

### Survey Questions about Military Mental Health Issues

Robert .S. Nichols, Ph.D., S.M in Hyg..  
Colonel, USA (Ret)  
July 27, 2005

The purpose of this survey would be to find out (1) do MH workers have adequate guidance about confidentiality issues, (2) what kinds of additional guidance might be needed, (3) are there conflicts between military guidance and their professional rules about confidentiality, and (4) do MH workers need more training in handling certain clients such as personnel with PTSD; victims of, and perpetrators of, sexual offenses; victims of, and perpetrators of, domestic violence, LGB military personnel.

A series of questions needs be developed, and pretested, to obtain information on the topics mentioned above. There would need to be collaboration with military legal and medical leaders to ensure that the right questions are being asked. The survey would then be given to military personnel whose MOS indicates they perform MH counseling duties. Findings and recommendations would be discussed with appropriate military personnel managers and with military legal and medical authorities.

Some possible topics for inquiry might be these (exact question formats to be determined):

1. How much do you know about current rules regarding confidentiality?
2. Do you always discuss confidentiality rules with clients before sessions?
3. Do you know confidentiality rules are not the same for all interviews?
4. Do you vary what you tell clients about confidentiality?
5. Are there any client activities which, if admitted, must be reported to authorities? If so, what are they? Domestic violence? Suicide risk? LGB concerns? Minor crimes? Drug abuse?
6. Do you need special training for work with certain kinds of client concerns?
7. What kinds of special training are needed
- 8, Do you ever offer confidentiality when regulations forbid it? (DoDD 6490.1)
9. Do you offer confidentiality but admit you may be unable to keep the promise?
10. Have you ever seen LGB clients?
11. Did you promise not to report them or to make clear entries in the record
12. Do conflicts exist between your ethical codes and military rules? What are the conflicts and how do you resolve them?

#### Survey Questions for All Military Personnel

The purpose of this survey would be to determine (1) do military personnel believe they have access to appropriate counseling personnel?, (2) are they reluctant to go for

counseling?, (3) what reasons they have for such reluctance, if it exists?, and (4) what new options might be offered that would be they would be willing to use?

Some possible questions might be on topics like these:

1. If you would not want to seek counseling, what might be your reason(s). Adverse effect on future assignments? Stigma (it would make me look “weak” or “crazy”)? There would be no confidentiality? I do not think military MH workers are competent? I would not want help from a civilian who does not understand the special aspects of military life? There are no conveniently located places to go to for help?
2. If you wanted counseling, to whom would you prefer to go? Chaplain? Military physician? Military MH specialist? A civilian paid by the military? A civilian agency which would NOT report back to the military.
3. Do you know about other possible sources of help? The “Military Onesource” program? Navy Fleet and Family Support Centers? Civilian mental health agencies? Dept of Veterans Affairs?

## **Appendix D**

### **Sample Development for Confidentiality Surveys**

During the March 1, 2005 meeting, the Task Force discussed the possibility of collecting data from psychologist providers (e.g., those within military, veteran, and private practice contexts) regarding clinical services with gay, lesbian, and bisexual (GLB) clients and from GLB service personnel and veterans. The Task Force also discussed a possible survey for military clinical psychologists regarding issues surrounding confidentiality between military clinicians and their military clients, no matter their sexual orientation. Steve Sellman was asked to investigate the viability of obtaining the names and addresses of military clinical psychologists from a Department of Defense personnel database as a source for survey administration.

Subsequent to the March 1, 2005 meeting, Dr. Sellman contacted survey personnel at the Defense Manpower Data Center (DMDC) about obtaining the names and addresses of military clinical psychologists. After consultation with Department of Defense (DoD) Privacy Act officials, DMDC advised Dr. Sellman that it would not be a violation of law for that organization to provide the requested names and addresses, provided such a request was approved by senior DoD officials.

Before approaching the DoD officials, Dr. Sellman obtained information about the number of military clinical psychologists within each Service. Occupational analysts at DMDC advised that there were 387, 147, and 220 military clinical psychologists in the Army, Navy, and Air Force, respectively. Navy clinical psychologists provide clinical services for the Marine Corps. This information would allow Dr. Sellman to inform the DoD officials about the scope of the potential survey and the number of names that would be included in the data request.

On July 8, 2005, Dr. Sellman met with the Principal Deputy Under Secretary of Defense for Personnel and Readiness and the Deputy Under Secretary of Defense for Plans. These are the two individuals within DoD most involved in policy issues surrounding gays, lesbians, and bisexuals in the military. He explained the work of the Task Force and its plans for conducting the confidentiality survey. Although the meeting was very cordial, the DoD officials opted not to provide the Task Force with the names and addresses of the military clinical psychologists. Their rationale was that gays, lesbians, and bisexuals in the military is still a controversial issue within DoD, and they didn't want to open up any potential outside discussions about the confidentiality between clinicians and GLB clients. The Don't-Ask, Don't Tell law is again under consideration in the courts because of the Texas sodomy decision by the Supreme Court. The DoD officials did not want sexual orientation in the military to become a front-burner issue again, especially now with all the emphasis and resources being placed on the Global War on Terror.

## **Appendix E**

### **Summary of the results of research with GLB veterans**

# **Military and health-related experiences of lesbian, gay, bisexual, and transgender veterans: Results from a national survey**

This research was conducted by Kimberly Balsam, University of Washington; Bryan Cochran, University of Montana; and Tracy Simpson, University of Washington. Partial funding was provided by the Center for the Study of Sexual Orientation in the Military. This report was presented by Kimberly Balsam, Ph.D., to the APA Task Force on Sexual Orientation and Military Service on August 16, 2005.

## **Introduction and background**

A robust body of research literature addresses the military experiences, mental health, psychosocial functioning, and service utilization patterns of veterans of the United States Armed Forces. However, virtually no research exists addressing these issues specifically among lesbian, gay, bisexual and transgender (LGBT) veterans. Indeed, studies of veterans do not assess sexual orientation, which likely reflects the military's current and past policies regarding same-sex relationships and behavior. In spite of these policies, anecdotal and clinical experiences indicate that many veterans do identify as LGBT and may have had unique military experiences that are associated with health needs and barriers to service utilization.

This report summarizes the results of the first U.S. study to investigate the experiences of LGBT veterans. Our purpose was to gather descriptive data on the military experiences of these veterans, as well as to assess their current mental health, physical health, general functioning, LGBT identity development, health service needs and service utilization patterns.

## **Methods**

We collected data using a web-based survey from May 2004 through January 2005. Participants were recruited via websites and email list serves that specifically target LGBT veterans as well as similar sites and list serves that target the LGBT community more broadly. Advertisements were also placed in national and regional LGBT periodicals across the U.S. Potential participants were directed to an online consent form and to a survey that was completed anonymously online. Participants responded to

questions regarding their demographic information, sexual orientation and identity development, military service and experiences while in the military, experiences of verbal, physical, and sexual victimization while in the military, and VA service utilization. Participants also completed standardized measures of PTSD symptoms, health and mental health symptoms, and substance use.

## Results

Demographics and sexual orientation: A total of 445 eligible participants completed the survey. Participants ranged in age from 19 to 83 years, with a mean age of 45.4 years ( $SD=13.5$ ). Most (64.7%) participants were male, with 27.2% female and 8.1% self-identified as transgender or “other.” The sample was predominantly European American (87.6%) but included 2.0% African American/Black, 3.6% Latino/Hispanic, 1.1% Native American/American Indian, 1.1% Asian American/Pacific Islander, and 4.5% biracial or multiracial participants. The sample represented veterans from all five branches of military service and 44 U.S. states as well as the District of Columbia and Puerto Rico. Nearly half of participants lived in cities with populations of 250,000 or greater, with 25% in cities of at least one million; however, 16% of participants reported living in rural areas or in towns with populations less than 20,000. Overall, participants were well-educated, with 61.1% reporting at least a four-year college degree and 31.3% reporting a graduate or professional degree. The mean household income reported by participants was between \$50 and \$75K annually.

The majority of participants identified as lesbian or gay (88.7%), with 7.2% identifying as bisexual, 1.2% as heterosexual, and 2.9% as “other.” Forty four percent of participants were currently in a relationship with a same-sex partner, with more women (53.7%) than men (41.3%) reporting a current same-sex relationship. Twenty three percent of women and 14.6% of men reported a prior heterosexual marriage that was motivated by the desire to avoid military scrutiny of their sexual orientation. Nearly 27% of participants were parents, with more women (32.4%) than men (21.8%) reporting that they had children.

On average, participants were first aware of their sexual orientation in adolescence. Men reported first awareness of same-sex attraction around age 12, while women reported this awareness around age 15. On average, participants first thought of themselves as being LGBT around age 20. Women first disclosed their LGBT identity two years earlier (mean age = 21.8 years) than men (mean age = 23.8 years). Currently, participants are fairly “out,” with the majority reporting that most people in their life are probably or definitely aware of their sexual orientation (mean outness score = 4.8 on a 1 to 7 scale). Participants reported a comparable level of current outness to their veteran friends (mean = 4.5), but a markedly lower level of outness to VA staff (mean = 3.1).

Military experiences: Although the survey was advertised as being for veterans, 53 participants (11.9% of the entire sample) were still in the military in some way. Of these participants, 35 (64%) reported that they were currently in the reserves. On average, participants entered the military at age 20 ( $SD = 3.0$ ), with an average period of military

service spanning seven years. Participants' year of entry into the military spanned from 1943 to 2003. Chronologically, men in the sample entered the military earlier (Mean year = 1977) than women (Mean year = 1984). The majority of participants enlisted voluntarily (80.0% of women and 71.9% of men). Eight percent of male participants were drafted. Thirteen percent of male and female participants entered the military as officers. Thirty five percent of participants reported exposure to a war zone during their military service; this was more common among male participants (39.0%) than among female participants (24.8%).

Participants indicated mixed reactions to their experiences in the military; whereas a majority (68.3%) reported having some fond memories of their time in the service, 58.3% thought that their experiences in the military had been more difficult than their heterosexual peers, and 67.1% reported feeling fear or anxiety about having their LGBT identity revealed while in the service. Eighteen percent of participants reported that they initially joined the military in hopes of overcoming their sexual orientation.

Discrimination and victimization in the military: Many participants reported discriminatory experiences related to their sexual orientation while in the military. Thirty six percent were subject to an investigation of their sexual orientation during their period of military service. Eleven percent of all participants were "outed" to family or friends during the course of such an investigation. More women (47.9%) than men (32.6%) reported being investigated. Fifteen percent of all participants were physically isolated from their unit due to their sexual orientation. Twelve percent were forced to undergo a psychiatric evaluation due to their sexual orientation. Thirteen percent were threatened with discharge if they did not "out" other LGBT service members. LGBT status was responsible for separation from military service for some participants. Sixteen percent reported that they were forced to separate due to their sexual orientation, while 19.6% left voluntarily because they could not be open about being LGBT while in the military.

Nearly half (47.2%) of participants reported at least one incident of verbal, physical, or sexual victimization due to their sexual orientation during their period of military service. Ethnic minority participants were significantly more likely (60.0%) to have experienced sexual orientation-related victimization while in the military than their European American counterparts (44.5%). The most frequent types of victimization were verbal attacks (33.9%) and threats of physical violence (19.3%). Eight percent reported being physically assaulted and eight percent reported being sexually assaulted due to their sexual orientation while in the military.

Table 1 shows the overall frequency of reported verbal, physical, or sexual victimization while in the military for men and for women. For each type of victimization, the percentage of participants who believe that the victimization was due to their sexual orientation is shown. As is seen in the table, few gender differences were found, with the exception of sexual assault and unwanted sexual experiences. Women were more likely to experience sexual victimization; however, men were more likely than women to believe that their sexual victimization was due to their sexual orientation.

Health status: With respect to mental health, participants completed standardized screening checklists. Although we did not use diagnostic instruments, results indicate that 7.0 % of participants screened positive for probable current Major Depressive Syndrome. Eighteen percent screened positive for probable current Posttraumatic Stress Disorder. More than half (57.1%) of participants reported a history of suicidal ideation, and nearly a third (28.9%) reported an actual suicide attempt. Eleven percent screened positive for probable current alcohol use problems. Overall, 22.3% of participants reported that they were bothered “quite a lot” or “extremely” by emotional problems over the past four weeks.

With respect to physical health, 80.9% of participants rated their physical health as “good”, “very good” or “excellent” over the past four weeks. However, more than a quarter (26.2%) of participants reported current health problems that limit their physical activity, and 39.8% reported at least some difficulty doing daily work because of their physical health. One quarter of participants reported moderate to severe bodily pain over the past four weeks.

VA healthcare utilization: Nearly half (45.3%) of participants have received medical services from the VA at some time in their life, and 28.3% are currently doing so. Twenty seven percent of participants report that they have avoided using at least one type of VA medical service because of the perceived treatment of LGBT people at the VA. More specifically, 10.1% would like to receive primary medical care services at the VA and 11.9% would like to receive individual mental health treatment at the VA but do not do so because of being LGBT. Only 6 participants (1.4%) reported that they are currently participating in an LGBT-oriented group at a VA. However, 52.8% of participants reported that they would be “somewhat” or “very” interested in participating in such a group if it were available to them.

## Conclusions

This was the first U.S. study to specifically examine experiences of lesbian, gay, bisexual, and transgender veterans of the U.S. armed forces. The results indicate that this group is diverse in terms of age cohort, demographics, geography, and military service. The majority of participants entered the military voluntarily, even though they were already aware of their sexual orientation. While in the military, participants encountered a wide range of negative experiences related to being LGBT, including discrimination, investigation, victimization, and involuntary separation from military service. While these experiences caused distress for participants, the majority still look back on their time in the military with positive regard. A number of participants have current mental or physical health problems. While many use VA services, the perception of bias against LGBT people at the VA presents a barrier for some who may need services.

Interpretation of the results of this study should take into account that this sample is not probability-based and thus may not adequately generalize to the entire population of LGBT veterans in the U.S. Furthermore, the lack of representation of ethnic minority participants limits our ability to generalize to these groups. Future researchers should work collaboratively with ethnic minority communities to over sample LGBT veterans of color.