

Toward Complete Inclusion: Lesbian, Gay, Bisexual, and Transgender Military Service Members after Repeal of Don't Ask, Don't Tell

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The 2010 repeal of Don't Ask, Don't Tell (DADT) is one example of how U.S. public policy has shifted toward greater inclusion of lesbian, gay, and bisexual (LGB) individuals. The repeal of DADT reversed the practice of discharging LGB service members on the basis of sexual identity. LGB service members may now serve their country without fear of direct repercussions stemming from sexual identity. Though it is a statutory step toward parity, DADT repeal does not address a number of cultural and institutional inequities that continue to hinder full inclusion of sexual minority service members. Notably, as discussed in this article, DADT largely ignores issues facing the transgender population. This study examines remaining inequities and their ramifications for lesbian, gay, bisexual, and transgender service members and their families. The article concludes with practice and policy recommendations for culturally competent social work practice with military service members across the sexual identity spectrum.

KEY WORDS: *armed forces; homosexuality; military veterans; transgender; transsexuality*

In recent years there have been notable shifts in public support for equal rights, access to benefits, marriage equality, and other key social justice domains for lesbian, gay, bisexual, and transgender (LGBT) individuals. So much so, in fact, that the acceptance of gay and lesbian relationships was declared the “new normal” in the United States (Saad, 2012), with the majority of American adults supporting same-sex marriage (Newport, 2012) and indicating that same-sex relationships are “morally acceptable” (Saad, 2012). The U.S. military policy regarding sexual orientation has mirrored—albeit, at an arguably slower pace—these inclusionary shifts in U.S. public opinion, policy, and behavior. It is critical that social workers are aware of how institutional policies and their implementation affect LGBT service members and their families so that they may best advocate for the needs of this population at all levels of practice. Yet, topics specific to LGBT individuals have received relatively little scholarly attention in the social work literature (Pelts, Rolbiecki, & Albright, 2014) and in texts on social work practice in military settings (one exception is Rubin, Weiss, & Coll, 2013). This article seeks to address this gap by examining LGBT military service members' experiences following the repeal of the 1993

Don't Ask, Don't Tell (DADT) policy, the DADT Repeal Act of 2010 (P.L. 111–321), and examining the role of social workers in addressing the needs of the LGBT military service member population.

Specifically, this study examines policies and practices affecting LGBT service members following the repeal, which reversed the previous practice of discharging lesbian, gay, and bisexual (LGB) service members because of their sexual orientation (DADT, 1993). Although the repeal of DADT was rightly celebrated as a significant achievement for the LGB community, it falls short of ensuring full equity and inclusion for many LGB—and especially transgender—service members. There remain several key barriers to LGBT service members' full inclusion. These include continuing victimization and discrimination based on sexual minority status; the need for culturally competent services to address the mental health concerns of LGBT military service members (Cochran, Balsam, Flentje, Malte, & Simpson, 2013; Kesler, 2010; Ramirez et al., 2013; Wilder & Wilder, 2012); and policies and practices that, in some cases, may preclude military service by transgender people (Parco, Levy, & Spears, 2015a, 2015b; Yerke & Mitchell, 2013).

A note on the terminology used throughout this manuscript. Following Parco et al. (2015b) *transgender*

is “an umbrella term for people whose gender identity, expression or behavior is different from those typically associated with their sex assigned at birth. This includes, but is not limited to, identities such as transsexual, gender-queer, and gender non-conforming people” (pp. 4–5). *Sex* is determined by biological characteristics at birth (that is, male or female, based on chromosomes, hormonal profile, and sex organs); *gender identity* describes the cultural or learned aspects of being male or female, as assigned by self or others (for example, being masculine or feminine, based on social and cultural norms associated with those roles). Transgender individuals experience “varying degrees of incongruence between their gender identity and physical sex characteristics” (Parco et al., 2015b). Some (but certainly not all) transgender individuals may seek to change their physical characteristics to match their gender identity. For a more comprehensive review of transgender sexual identity, please see Parco et al. (2015b) and Bryant and Schilt (2008). *Transphobia* is defined as the intense dislike of or prejudice against transsexual or transgender people. Hill and Willoughby (2005) elaborated that transphobia is “emotional disgust toward individuals who do not conform to society’s gender expectations” (p. 533). Acronyms LGB (excluding transgender) and LGBT are used deliberately throughout this article to distinguish how various sexual identity groups are affected by policy, noting that a number of policies exclude specific reference to transgender people and therefore are only relevant to the LGB population.

THE RISE OF DADT

Prior to DADT, homosexual orientation was a disqualifying trait for military service, and service members who were found to have engaged in homosexual acts potentially faced such penalties as court-martial and dishonorable discharge (Coll, Weiss, & Metal, 2013, p. 31; Sinclair, 2009; Wilson-Buford, 2013). Explicit restrictions precluding gay and bisexual men from serving in the military were first implemented in the 1920s, focusing largely on homosexual acts and conduct as detrimental to military service. In 1981, a U.S. Department of Defense (DOD) directive outlawed homosexual conduct or identity in any form (Coll, et al., 2013 p. 32). Such restrictions were influenced in part by the perspective that homosexual orientation, particularly the open identification of gay men, posed a threat to ideologies of masculinity within the U.S. Armed Forces (Britton & Williams,

1995; Brouwer, 2004), and the directive outlawing homosexual conduct and identity marked a shift from focusing solely on homosexual conduct to the emerging concept of homosexual or queer identity. This perspective resonates with the traditional military concept of the *warrior identity*, the image of the lone male soldier in the battlefield defeating his enemies that has been reinforced by recruiting initiatives and military imagery over the years (Allsep, 2013), effectively further alienating and marginalizing anyone with presumed effeminate traits (such as women and sexual minority people). Furthermore, it was supposed that the presence of gay and bisexual men would compromise unit cohesion, recruitment, morale, and other factors related to military readiness (Belkin et al., 2012).

As noted previously, public opinion has, in recent decades, shifted toward equal rights for and full inclusion of the LGBT population in American society (Newport, 2012; Parco & Levy, 2013; Saad, 2012). Then-presidential candidate Bill Clinton promised to seek full repeal of the long-standing ban on LGB people serving in the military. The transgender population was largely excluded from these discussions. As Clinton pursued the lifting of such restrictions after his election, he encountered opposition on numerous fronts, including strong resistance from a military working group of generals and admirals and from some members of Congress, who opposed removing the ban on LGB service members (Belkin et al., 2012).

Enacted in 1993, DADT was a legislative compromise between Congress and President Clinton (Belkin et al., 2012; RAND Corporation, 2010). This law amended earlier definitions of eligibility and service standards for LGB service members specifically at the point of enlistment; under DADT, it was forbidden to question potential service members’ sexual orientation during the enlistment screening process. However, individuals were still banned from engaging in homosexual acts or identifying as homosexual (Kesler, 2010). The military maintained overt exclusion of transgender-identified service members on the grounds that it remained classified as a medical and mental health disorder, thereby affording this population no protections against discriminatory enlistment or investigatory practices (see Levy, Parco, & Spears, 2015; Parco et al., 2015a). Consequently, LGBT service members faced the continued threat of discharge if their sexual identity was revealed during service, forcing them to continue to “serve in silence.”

UNINTENDED CONSEQUENCES AND CHALLENGES

The implementation of DADT was controversial (Kesler, 2010). Although the “Don’t Pursue” component of DADT established a minimum set of criteria on which to base investigations of suspected or reported homosexual identity or conduct and thus, from a policy perspective, moved away from the practice of unsubstantiated presumption or involuntary disclosure of sexual identity, LGBT service members continued to conceal their sexual identity for fear of being discovered and subsequently discharged. Practically speaking, DADT required LGBT service members to stay closeted so as to serve their country (Burks, 2011; Parco & Levy, 2013). During the DADT period, LGBT service members continued to experience discrimination, victimization, and harassment over suspected or perceived sexual minority status (Bryant & Schilt, 2008; Burks, 2011). Enforcement of DADT policies and procedures was largely left to the discretion of officers and others in leadership roles, resulting in inconsistent and subjective policy implementation that sometimes targeted suspected LGBT service members even as they attempted to stay closeted (Bryant & Schilt, 2008; Parco & Levy, 2013; Smith, Miller, & McBain, 2012). For example, one report examining the experiences of transgender military service members during DADT noted that transgender individuals reported being questioned about their sexual orientation and sexual status, even though such questioning was a violation of DADT (Bryant & Schilt, 2008).

Furthermore, enforcement of DADT was costly. The U.S. Government Accountability Office (GAO) estimated that between 1994 and 2009, DADT resulted in the discharge of more than 13,000 LGBT service members, many of whom were serving as specialists in fields of high wartime demand and training expense. The cost of each separation and replacement was estimated at approximately \$52,800 in 2009 dollars (GAO, 2011).

THE REPEAL

Acknowledging continued controversy over DADT, the RAND Corporation studied the costs, risks, and benefits of repealing DADT and found that such a repeal would pose little to no real risk in the identified domains of military readiness, military effectiveness, unit cohesion, recruiting, retention, and family readiness (RAND Corporation, 2010). Research questioned the legal and moral rationale for DADT

(see, for example, DOD, 2010a; Frank, 2009; Kesler, 2010; RAND Corporation, 2010), as well as the costs to the military related to enforcing this policy (GAO, 2011). This research contributed to growing legal and political momentum for repeal, detailed elsewhere (see, for example, Belkin, 2011; Murphy, 2013; Parco & Levy, 2012). In December 2010, Congress passed, and President Barack Obama signed into law, the DADT Repeal Act, and it took effect in September 2011. This effectively eliminated the practice of discharging service members who identify as LGB.

One year after DADT repeal, the results of the U.S. Navy’s militarywide survey to measure military attitudes regarding the effects of a potential repeal of DADT (Alderton, Rosenfeld, & Olson, 2011) found few, if any, negative consequences or reactions to LGB service members’ openness about their sexuality. Those who served with an openly identified LGB counterpart were less likely to report negative opinions of LGB service implications. Another study collected data from opponents of the repeal, including active-duty service members and retired generals and admirals who had openly indicated opposition to repeal of DADT, to examine whether repeal had in fact damaged the institutions and function of the military (Belkin et al., 2012). Results suggested that repeal of DADT resulted in few, if any, negative consequences to military readiness, unit cohesion, recruitment and retention, retaliation and violence against identified LGB service members, and overall force morale.

POST-REPEAL: CONTINUED CHALLENGES FOR THE LGBT COMMUNITY

Despite significant steps toward full inclusion of LGB service members reflected in the repeal of DADT, notable gaps in policy and services may prevent LGBT service members from equal access to mental health care, social support, and other services available to their heterosexual counterparts. Despite the increasing acceptance of the LGB population, victimization and homophobia remain common in the United States and continue to affect the day-to-day lived experience of the majority of LGB individuals (Katz-Wise & Hyde, 2012). Although there is little research on the prevalence of transphobia, one (nonmilitary) study showed that the majority of people who self-identified as transgender had been victimized, for example, experiencing harassment, verbal abuse, and even assault (Lombardi,

Wilchins, Priesing, & Malouf, 2001). Another large study showed that transgender respondents had disproportionately high rates of depression, anxiety, and overall psychological distress (Bockting, Miner, Swinburne Romine, Hamilton, & Coleman, 2013). Psychological distress was associated with felt and enacted stigma (Bockting et al., 2013), stigma that is the manifestation of accumulated experiences of transphobia. Within the military, a 2000 DOD, Office of the Inspector General, study indicated that 80 percent of active-duty military personnel heard jokes, offensive remarks, demeaning name calling, or other remarks about LGB service members, and 37 percent witnessed or experienced a perceived act of harassment that was directly related to the victim's sexual orientation (DOD, Office of the Inspector General, 2000). Such studies suggest a high prevalence of harassment related to sexual identity or perceived sexual identity.

Although the authors were unable to locate recent large-scale surveys of mental health and harassment toward LGBT military service members in the post-DADT era, there are several recent qualitative studies that demonstrate the continued exclusion and discrimination directed toward sexual minority service members, and the transgender individuals in particular (see, for example, Levy et al., 2015; Parco et al., 2015a, 2015b). Transgender individuals may face challenges such as changing their name to reflect their gender identity, changing their sex designation in official documentation and records, encouraging appropriate pronoun use, and obtaining appropriate medical services. Studies point to the continued challenges that transgender and transsexual men and women encounter while navigating their sexual identity within the military context and the continuation of policies that serve as a barrier to the full inclusion of transgender individuals in the post-DADT era (Levy et al., 2015; Parco et al., 2015a, 2015b). A case study presents the story of a retired military officer and civil servant who made a successful gender transition while remaining in the same job and same chain of command (Parco et al., 2015b), and highlights how important it is in the military context for key individuals within the chain of command to set a respectful tone that thereby allows a transgender individual to be able to openly serve largely free of harassment, discrimination, and transphobia.

Based on these qualitative accounts and the policy issues that they raise, the lack of uniform protection and nondiscrimination policies for LGBT individu-

als may result in varying degrees of enforcement of DADT and treatment of LGBT individuals across service branches, and within military jobs or occupational specialties. Of particular concern is the U.S. military's current approach to implementing DADT repeal policy. On the advice of DADT-repeal working groups of military leaders and civilian stakeholders, the military has adopted a "sexual orientation-neutral" stance that suggests that existing institutions and policies regarding services to military personnel sufficiently address the concerns of the LGB service members (Rich, Schutten, & Rogers, 2012). The notion that developing and implementing policies and practices specific to the needs of LGB service members would result in "special or preferential treatment" should be challenged so that culturally competent and responsive policies and practices become a reality (Lee, 2013; Rich et al., 2012; Estrada, Dirosa, & Decostanza, 2013).

Related to the potential for continued discrimination and harassment is consideration of the mental health and well-being of LGBT service members and veterans. In general, veterans experience high rates of mental health diagnoses that are attributed to combat exposure, military sexual trauma, and other persistent stressors attendant to military service (Bossarte, Claasen, & Knox, 2010; Cochran et al., 2013). LGBT service members and veterans have elevated risk of posttraumatic stress disorder (PTSD), depression, and alcohol problems (Cochran et al., 2013) and even suicide (Wilder & Wilder, 2012).

It is important to consider these statistics in the context of the exclusionary practices of DADT. Research from the DADT era suggests that many LGBT service members struggled under the additional stress of concealing their sexual identity. These personnel experienced both an internal conflict in taking an oath of honesty and integrity and subsequently being forced to conceal one's true sexual identity, and the external conflict of the feared negative reactions of heterosexual counterparts and military command that could result in retaliation up to and including discharge from service (Frank, 2009; Hatzenbuehler, 2010; Kesler, 2010; Pachankis & Goldfried, 2004). Given this process of identity concealment, LGBT service members often harbor experiences of discrimination and victimization that have lasting negative psychological effects (Burks, 2011; Kesler, 2010). Even in the post-DADT era, LGBT service members are likely to remain at higher risk for negative mental health outcomes (Burks,

2011; Cochran et al., 2013; Parco & Levy, 2013). The mental health of LGBT service members is not directly addressed by DADT repeal policies.

In addition, although LGB service members can no longer be discharged as a result of disclosing sexual identity, some may face differential treatment regarding choice of job in the military, prospects for advancement, and likelihood of attaining leadership roles or positions of responsibility because of perceived inadequacies inaccurately attributed to sexual identity (Allsep, 2013; Burks, 2011; Parco & Levy, 2013). The current policies addressing sexual identity do not consider LGBT service members a protected group (Smith et al., 2012), leaving this population exposed to continued acts of discriminatory treatment.

The experiences of transgender service members were largely ignored by DADT (Kesler, 2010). It is likely that transphobia contributes to identity concealment among many transgender individuals and thus presents a unique ongoing challenge to mental health and well-being for this group. Furthermore, the Military Medical Standards preclude service by individuals who have had sex reassignment surgery or those who are categorized as having a “history of major abnormalities or defects of the genitalia including but not limited to change of sex,” and those with a history of transsexualism and transvestism (DOD, 2010a, p. 25). Therefore, individuals who identify as transsexual or who have had sex reassignment surgery are not allowed to serve in the U.S. military. Transgender service members may be released from duty on medical, psychological, or behavior-based rationales if their identity is discovered or self-disclosed (Parco et al., 2015a; Yerke & Mitchell, 2013). DADT repeal did not change the medical disqualification of transgender people (Belkin et al., 2012; Yerke & Mitchell, 2013), despite changes made in the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) (American Psychiatric Association, 2013), which removed gender identity disorder as a form of mental disorder (Parco et al., 2015a).

SOCIAL WORK PRACTICE RECOMMENDATIONS

The U.S. military currently counts over 500 active duty service members and countless civilian contractors and service providers as social workers among its ranks (National Association of Social Workers [NASW], 2011). The capacity to address the well-being of the LGBT community through a strengths-based lens is a skill that military social workers have been developing since the beginnings of military

social work some 50 years ago. Thus social workers are well positioned to effect change through work that integrates military social work best practices with the cultural sensitivity and affirmative practices needed to work effectively with sexual minorities. Social workers can inform and influence practice at all levels by advocating for policy reform, facilitating community organization efforts around shared sexual minority and military status, and translating interpersonal practice and clinical interventions into the development of culturally competent resources that address the well-being of LGBT service members.

Cultural Sensitivity

Recovering from the discriminatory culture that forced LGBT service members to “serve in silence” requires a shift in military culture that will likely take significant time, despite the impressive progress of recent legislative and social progress regarding social justice for LGBT individuals. To realize full inclusion, service members must overcome challenges, many of which stem from lingering psychological effects of previous exclusionary policies (Burks, 2011; Ramirez et al., 2013). Despite the newfound right to disclose LGB status without risk of discharge, service members are likely to continue concealing their identity to ensure job security and avoid discrimination, harassment, and violence from peers and superiors (Rich et al., 2012). This fear could prevent service members from accessing needed services, potentially exacerbating their mental health symptoms, continued social isolation, and other concerns. A work group on LGBT veteran care suggested changes to “take immediate, coordinated action to advance the health and well-being of lesbian, gay, bisexual and transgender veterans” by “creating a welcoming environment that allows all veterans to recognize themselves in the policies, practices, clinical expertise and culture” of practitioners and facilities in addressing barriers to culturally competent care (U.S. Department of Veterans Affairs [VA], 2012, p. 2). Social workers are uniquely equipped to adopt these recommendations in all levels of practice, creating safer environments for disclosure, greater insight into persistent mental and physical health concerns, and advocacy for more inclusive policies.

Provision of culturally competent services for LGBT service members presents an opportunity to address two statuses—sexual minority and military service or veteran—that present complex clinical challenges (Service Members Legal Defense Network,

2011). However, a particular challenge is the lack of empirical studies on the issues that commonly present among individuals with these intersecting identities, thereby leaving providers with relatively little evidence-based direction to guide their approach to mental health concerns unique to LGBT service members (Pachankis & Goldfried, 2004). Despite limited empirical evidence on culturally competent practices with LGBT service members, the research cited previously documenting negative mental health outcomes for some LGBT service members suggests that this population may benefit from targeted outreach and intervention strategies (Ramirez et al., 2013) and culturally responsive and affirmative practice.

In addition, materials available from NASW provide much needed education to social workers about treatment of PTSD and other traumas associated with military service (NASW, 2012). One specific suggestion is to use the NASW materials as a venue to disseminate culturally responsive and affirmative best practices through training on the nuances of military culture (such as rank, structure, differences among service branches, and so on), the strengths and resiliencies of service members and their families, and the examination of barriers to effective postdeployment mental and physical health care for veterans. Furthermore, little attention is given to LGBT issues in the leading text on military social work (Rubin et al., 2013). Addition of such content may enhance future social workers' ability to work with LGBT military service members and veterans.

Cultural Responsiveness and Affirmative Practice

Of fundamental importance in practice with LGBT service members is the development of interventions that are culturally informed and affirming (Wilder & Wilder, 2012). Varied affirming perspectives and modalities can be effective with this population, assuming the practitioner operates from an affirming perspective (Cornett, 1993). These include encouraging service members to establish a peer support system, helping them identify the personal effects of systematic oppression, cultivating a safe environment within which LGBT service members can express anger in response to oppression, and confronting negative cognitions surrounding shame and guilt regarding homosexual thoughts or identity (Pachankis & Goldfried, 2004). Affirmative practice should also include connecting clients with resources that

address their unique mental health concerns; curating a directory of LGBT practitioners within the military health system, the VA, and the civilian systems; supporting LGBT veteran social networking and peer support groups; and developing gay-straight alliances for health care staff to ensure a continuum of care and support beyond the individual therapeutic interaction (Ramirez et al., 2013).

Peer Support and Networking

Social support and social networks have also proven effective resources for LGBT individuals—they buffer against negative mental health outcomes among sexual minority groups and promote positive adaptation that counteracts the maladaptive response of internalized heterosexism resulting from sustained exposure to exclusionary policies and practices (Bockting et al., 2013; Hatzenbuehler, 2010). Establishing peer-led support groups for LGBT service members in designated “safe spaces” is one example of such a resource. Other key factors include training and incorporating the expertise of sexual minority practitioners who have military backgrounds. This second recommendation is particularly important, as the ability to identify readily with a service provider has been identified as critical to establishing a healthy therapeutic alliance and increasing likelihood of recovery. The ability to identify such resources through visual cues (such as stickers, signs, and other identifying materials) has been shown to increase the likelihood of individuals seeking supportive services (Hatzenbuehler, 2010).

Affirmative Practice Case Example

The efficacy of affirmative and culturally sensitive practice in behavioral health settings may be observed in Living Out Loud/Laughing Out Loud, a peer support group facilitated by the Palo Alto, California, Veterans Affairs clinic (Ramirez et al., 2013). Although service members face different challenges than active-duty personnel, there are relatively few examples of similar peer support groups for active-duty personnel. Facilitation of this group, combined with group feedback regarding services, suggests that a physically and emotionally safe and secure environment, participants' ability to connect with other LGB veterans and service members, and professional practice from a culturally sensitive theoretical perspective contribute to promoting the well-being of this population. Further work examining programs such as this will contribute to the currently sparse research on the effects of culturally

competent practice for this population (Cochran et al., 2013).

POLICY RECOMMENDATIONS

Policy-level responses can range from the use of more inclusive language in existing policies to addition of policies that add protection clauses for LGB and transgender service members (Smith et al., 2012), a measure that was initially attached to DADT repeal legislation but was eliminated from the final repeal. A nondiscrimination policy requires little to no front-end expense. In the post-DADT era the military is already engaged in cultural sensitivity training related to the repeal of DADT (Moran, 2013). Concepts adopted in these trainings can be applied when assessing candidates for job placement, benefits eligibility, and other domains in which disclosing sexual orientation or identity could pose a potential risk. That is, a reallocation and potential reframing of existing resources can be disseminated among commands of each service branch to those who make decisions regarding a service member's current or potential military career. In this instance, social workers can serve as mediators between the chain of command and those responsible for developing culturally competent training that incorporates research and best practices among sexual minorities and military populations.

The creation and implementation of more inclusive policies may also help to mitigate elevated mental health risks associated with disclosure of sexual minority status. Integrating cultural sensitivity training with proposed policy changes can help to reduce the harassment and victimization that characterized the military social landscape under previous exclusionary policies. Adopting a nondiscrimination policy can also provide a legal framework within which LGB service members can be guarded from victimization and the policies that protect them can be enforced (Cochran et al., 2013).

Transgender Identity

Strategies for addressing the full inclusion of transgender individuals include informing U.S. military policymakers about the physical and mental health traits of the transgender population. In response, military policymakers should create policies that standardize definitions regarding transgender topics and information about transgender individuals, and explicitly define policies of inclusion for transgender service members. Furthermore, another key element of full transgender inclusion is eliminating

discriminatory policies and practices within health care services (Yerke & Mitchell, 2013) and implementing the worldwide Standards of Care (Coleman et al., 2012). A key issue for the transgender population is the use of military medical insurance to transition from one gender to another. In addition, the VA health care services provide limited physical and mental health services for transgender individuals, and communication of these services to the patient's service branch places the patient at additional risk for discharge through disclosure of sexual identity (Yerke & Mitchell, 2013). Such policies should be reviewed, removed as barriers to transgender individuals' military service, and replaced with nondiscriminatory health care policy and practice.

The difference between sex and gender is a common point of confusion. Diversity training regarding the definitions of sexual identity, sexual orientation, and gender identity is a first step in addressing stigma and misconceptions about the transgender community. Furthermore, allying with the transgender community as a source of continued education, information, materials, and training can ensure that it is accurately represented and equitably treated in U.S. military institution and culture. Through such training, military policymakers can develop responses that address the context of individual gender presentation and identity. However, this may prove a more difficult transition than integrating LGB service members; cisgender service members may require additional sensitivity or diversity training to foster an environment that welcomes those who identify as transgender.

Mental Health Policy

It is necessary to create and support additional programs to strengthen the mental health and well-being of LGBT individuals. These should acknowledge the burden of concealing sexual identity to avoid discovery, disclosure, and subsequent discharge (Suicide Prevention Resource Center, 2008). Keys to implementing such inclusive policies include development of leadership guidance, education and training framework and curriculum, and standardized tools that clearly and consistently communicate how inclusive policies are to be implemented across all branches of service (DOD, 2010b). To achieve this goal, educational programming should educate military leadership and service members on general mental health issues, substance use, suicidality, and other concerns unique to this population (Wilder & Wilder, 2012).

Training may include such topics as LGBT culture; oppression; social stigma and discrimination; institutional heterosexism; the coming-out process; bullying; and intersections of identity, multicultural identity, and internalized heterosexism as they relate to psychological distress (Wilder & Wilder, 2012).

CONCLUSION

The repeal of DADT represented a significant step toward equality for military personnel with sexual minority status (Belkin et al., 2012; Ramirez et al., 2013). However, this shift does not represent full cultural and institutional parity or full inclusion for this historically oppressed population. Full inclusion would mean involvement of transgender service members, access to services and benefits for all LGBT service members, and a culturally responsive and affirming culture. Through adequately advocating for the needs of this population and informing best practices and evidence-based modalities and treatments, the social work profession can leverage its unique role at all levels of practice to help LGBT service members move closer to realizing true equality in the historically exclusive sociopolitical construct of the U.S. Armed Forces. **SW**

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