
Theses, Dissertations, and Projects

2011

"When Joanie comes marchin' home" : an exploratory study of community-based mental health services for lesbian military families

Dianne Marie Terp
Smith College

Follow this and additional works at: <https://scholarworks.smith.edu/theses>



Part of the [Social and Behavioral Sciences Commons](#)

Recommended Citation

Terp, Dianne Marie, "'When Joanie comes marchin' home" : an exploratory study of community-based mental health services for lesbian military families" (2011). Masters Thesis, Smith College, Northampton, MA.

<https://scholarworks.smith.edu/theses/1021>

This Masters Thesis has been accepted for inclusion in Theses, Dissertations, and Projects by an authorized administrator of Smith ScholarWorks. For more information, please contact scholarworks@smith.edu.

Dianne M. Terp
When Joanie Comes Marchin'
Home: An Exploratory Study of
Community Mental Health Services
For Lesbian Military Families

Abstract

The U.S. military invests significant resources into support for servicemembers and their families. Due in part to the federal policies known as “Don’t ask, don’t tell” (DADT) and The Defense of Marriage Act (DOMA), the military does not provide this support to lesbian military families. This study researched the potential of lesbian-focused community mental health centers as viable alternative providers for these servicemembers.

The findings of the study showed that the best prepared lesbian-focused mental health centers can provide only 73% of the resources which the military states are needed. The average center had access to only 40% of the defined resources. The study raises new questions about community based mental health centers’ ability to treat military families and the potential value of research on “officially invisible” populations.

**When Joanie Comes Marchin' Home:
An Exploratory Study of Community-based Mental Health Services
For Lesbian Military Families**

A project based upon an independent investigation,
submitted in partial fulfillment of the requirements
for the degree of Master of Social Work

Dianne M. Terp

Smith College School for Social Work
Northampton, Massachusetts 01063

2011

Acknowledgements

This study was made possible in part by a fellowship awarded by The Palm Center, a part of the Williams Institute at the University of California Los Angeles, School of Law. The Palm Center is a research institute committed to sponsoring state-of-the-art scholarship to enhance the quality of public dialogue about critical and controversial issues of the day.

The author also wishes to thank her advisors: Chad Kordt-Thomas, LCSW, for his fortitude and collegial encouragement; and Jean LaTerz, Ph.D., LCSW who uses her almost magical powers only for good.

Finally, I humbly acknowledge the courage and sacrifice of LGBT servicemembers and their families, and those who find a way to support them.

Table of Contents

ACKNOWLEDGEMENTS	i
TABLE OF CONTENTS	ii
CHAPTER	
I INTRODUCTION	1
II LITERATURE REVIEW	3
III METHODOLOGY	19
IV FINDINGS	25
V DISCUSSION	30
REFERENCES	39
APPENDICES	
Appendix A: Sampling of family support services provided by the military	48
Appendix B: Survey letter	51
Appendix C: Survey instrument	52
Appendix D: Text responses to survey question sixteen	53

CHAPTER I

INTRODUCTION

My interest in this topic came about while working at the San Francisco Veterans Administration Medical Center as a volunteer in 2010, and participating in the distribution of materials on the need to have families involved in rehabilitation of veterans, especially from Operation Iraqi Freedom/Operation Enduring Freedom (Afghanistan). Upon returning to my classroom studies, I was impressed even more by the military's emphasis on the involvement of families before a servicemember achieved veteran status. The military had developed print and electronic materials and in-person services to involve the whole family in supporting the servicemember and the family itself during training, pre-deployment, deployment, and post-deployment. (Castro, 2009; Congressional Record, 2009; U.S. Army, 2009; WRAIR, 2010; Yellow Ribbon, 2010) The military saw the servicemember's family as an essential member of the force. (Burrell, 2003; Congressional Digest, 2010; Department of Defense, 1988; Department of Defense, 2008; Rounds, 2010)

As I thought through the wisdom and pro-recovery attitude expressed in these activities, it occurred to me that there was a policy conflict. Under current policy, if a lesbian or gay servicemember maintained silence about his/her orientation and was successfully deployed and brought back, his/her legal spouse (married or civil union) and associated children could not be served as the military would serve a legally married, or even common-law, heterosexual spouse and children. This is due to the restrictions of two federal policies: "Don't ask, don't tell, don't

pursue” (DADT) which considers a publicly acknowledged marriage as “discovery of homosexual orientation” (Department of Defense, 1994), and the Defense of Marriage Act (DOMA) which created the prohibition of federal recognition of same-sex marriages or civil unions. (104th Congress, 1996)

Given that the military was emphasizing the necessity of delivering service to the family, it occurred to me that maybe some other agency could provide the needed assistance to the LGBT military families. I was especially interested in lesbian families because of the additional issues around gender and sexual violence for women in the military. It seemed unreasonable to expect to find a non-military or non-governmental agency that could serve the financial and communications needs that are part of the military’s offerings to legally married, heterosexual families. However, it did seem possible that such a private sector organization could address the psychological and social support needs of this family. I thus identified those mental health agencies that have a stated and publicly recognized focus on lesbian or LGBT people as my subjects of study.

CHAPTER II

LITERATURE REVIEW

In this chapter I will present the available literature relevant to the research question, “Are lesbian focused mental health centers prepared to respond to lesbian military families’ needs for support and/or assistance as promulgated by the military for all military families?”

The challenge of reviewing the research and writing on any study of lesbian military families is the almost complete lack of information on this topic available in the academic world. Along with multiple searches of the academic and general use data bases, I consulted eighteen academic researchers active in the study of military families and/or gay involvement in the military. After speaking directly to or corresponding with each of them, I had much encouragement to pursue this question but no referrals to research on the issue of what lesbian military families do or could do to meet the support needs described by the military’s materials.

I did find some articles addressing problems of gay military families. Two are from legal journals. They discuss prospective or potential issues, not observed problems. The articles outline the issues that servicemembers and their families *could* face under “Don’t ask, don’t tell, don’t pursue” (DADT) and the Defense of Marriage Act (DOMA) (Hecht, 2008, Westcott, 2007). Hecht outlines the core issue addressed in this research project: lesbian and gay families are officially invisible, they do not exist in the eyes of the military. If a servicemember claims to be married or in a civil union with a person of the same sex that is a violation of DADT, and the military is obligated to discharge that servicemember. Thus, any and all benefits that accrue to families of servicemembers do not accrue to lesbian and gay families, even if all other aspects of

DADT are followed. When the servicemember is discharged he/she is free to make whatever marriage or civil union contracts desired, but under DOMA, no federal benefits available to married couples can accrue to that couple either.

Westcott wrote as a staff attorney for the Servicemembers Legal Defense Network (SLDN), an organization representing the legal claims and cases of many of the servicemembers already discharged under DADT. She provides an excellent synopsis of the law which empowers the DADT policy. The piece provides specifics about what this prevents in accrual of benefits to LGB families: medical services, pay, and insurance. But there was no information on what families could do to meet their needs outside of the military.

Three other articles are from periodicals marketed to gay and lesbian readers. These popular interest articles recount stories of individual families and their hardships under the regulations of DADT. (Gross, 2003; Yeung, 2007; Rudolph, 2008) Gross' work contains the haunting quote from a representative of SLDN, ""Partners who are gay, lesbian, and bisexual become completely invisible. [...] Civilian partners can't even acknowledge what they're going through to anyone outside their closest circle of friends for fear of destroying their military partners' careers." Additional focus is on the complete blackout of information on the military partner's whereabouts and health. In "Family under fire", Rudolph reports the difficult decision for a lesbian military family to keep the parents' same-sex status secret from the child care providers on the military base, while teaching their child to be honest and accepting. Again, no article offers a non-military, community-based service solution to the emotional stressors encountered by these families.

One additional article from the gay press described the start-up of an assistance referral project for LGBT military families. This project was specifically designed to meet the family support needs referred to in the military material. Unfortunately, the project lasted less than a year. (O'Bryan, 2005)

So, given that there is not an identifiable body of work relevant to this topic, I have chosen to look at the component parts of the problem. There are a number of topics which come together in this research. On its face, it is a simple inquiry: can lesbian-focused mental health centers provide services the military says that military families need and which it provides for legally married, heterosexual military families? This question is necessitated by the fact that the military cannot recognize or provide services to families where the parents or couples are same-sex. This is where the complexity arises. What does the military say is needed and why, what is done for military families under the current policies, why do families of lesbian servicemembers not get these services, why are families of lesbian servicemembers of particular interest?

Much of the literature referenced below is not of the typical academic, peer-reviewed journal article genre. Rather, I have used many government documents, legal references, and electronic media references. This is yet another indicator of the newness of this area of study.

Rationale for Services to Military Families

The Institute on Medicine has published an extensive work on the readjustment and mental health needs of servicemembers returning from Iraq and Afghanistan and their families. Significantly, this volume clearly states the needs of servicemembers for post-deployment support whether the member served in combat or was in a support capacity. The report details the unique qualities of the present conflicts that cause “invisible” injuries in all deployed troops.

(Committee on the Initial Assessment, 2010) The most relevant needs are communication between servicemember and family while on active duty, and supports for managing injury and family reintegration upon return home. (Armstrong, 2006; Basham, 2008; Dao, 2010; Johnson, 2010; Matsakis, 2007; Palmer, 2008; Parson, 1990; Pittman, 2004; Slone, 2008).

Military families' needs for support and/or assistance have become a priority for the military. This is seen in the creation of the Military Community and Family Policy Program inside the Department of Defense. (Department of Defense, 2008) The program provides direct service to military families along with policy recommendations to the Department of Defense. In addition, each branch of the military - Army, Navy (including Marines), Air Force, their respective Reserve units, and National Guard organizations – has its own family support focus program (see Appendix A).

The military's rationale for this significant service-wide effort is clearly stated in the Department of Defense Directive establishing the Family Policy program: "Military family research and program evaluation shall be directed toward an increased understanding of the relationship between family factors and readiness and retention." (Department of Defense, 1988) This is the function of families in the achievement of military objectives, and thus the interest in supporting and assisting families with military members and accruing benefits to them. Families provide emotional support and encouragement to the servicemember during deployment, redeployment and during non-deployed periods. This support improves the servicemember's focus on being available to deploy (readiness) and being willing to be redeployed (retention).

The definition of force *readiness*, a topic very current to the military after more than nine years of conflict around the world, is in flux. A definition that is in use in the present

conversation about how to assess force readiness is “to assess and sustain the optimal well-being of our warriors and their families for the current conflict and well into the future.” (Rounds, 2010, p.124)

The term *retention* refers to the military services' ability to retain servicemembers with the necessary skills and experience. (Congressional Digest, 2006) The connection is that the better the family is handling the servicemember's duty assignment, the better the servicemember will perform and the more likely she/he is to re-enlist, that is be retained in the military.

The criticality of retention and readiness of servicemembers in an all-volunteer military and the importance of family support and commitment to that end is discussed in Palmer (2008) and Burrell (2003). In their research they find that a family's ability and willingness to supply the supports that are required for readiness and retention can be increased by military services for the families. These services include provision of community integration services such as childcare, schooling assistance and peer support. These supports to the family strengthen resilience to the stressors of having a loved one and often the chief breadwinner in harm's way, out of range of easy communication, and very far away. The hoped for result of the military's family policy is that a supported, encouraged servicemember whose family is proactively helped while she/he is serving will serve better, longer, and more efficiently than one whose family is not assisted by military programs and benefits.

Services Military Families Need

The large number of family needs organize around two categories. First is the need for the family to maintain connection to the servicemember, and reintegrate him/her into the family and community when the servicemember returns to the home base. (Committee on the Initial Assessment of Readjustment Needs of Military Personnel, Veterans, and Their Families, 2010)

Pittman, *et al.*, in an extensive study of Army spouses, identifies the key need as communication. An essential component of good communication is defined as unit Commander support for the families of his/her units. (Pittman, 2004) The large number of military sponsored web sites and telephone hotlines are examples of the military fostering and supporting this need. (see Appendix A). The Military Community and Family Program assigns individual Family Counselors to every officially identified family of a servicemember on active duty and for a period after deployment. The Red Cross and USO provide telephone, web-based video and e-mail communications services to active servicemembers and their families through cooperation with the military. Finally, officially identified family members have access to information about their servicemember's unit location and activities within the scope of non-sensitive information. (U.S. Army, 2009)

The second category of need involves supporting and assisting families managing a servicemember's deployment related injuries. Many of these injuries are not visible, but rather emotional and psychological injury such as Post-traumatic Stress Disorder (PTSD), Major Depression Disorder (MDD), and Military Sexual Trauma (MST); or neurological damage such as Traumatic Brain Injury (TBI). (Castro, 2009) Services to assist and support individuals and families managing these injuries are needed due to the military's finding that 20% or more of servicemembers returning from active duty in Operation Iraqi Freedom or Operation Enduring Freedom (OEF/OIF) will require significant assistance for themselves and their families in reintegrating. This is true both for returning to civilian life or preparing for redeployment. The military also recommends that all returning troops and their families seek out and use reintegration supports regardless of injury status. (Dao, 2010)

Beyond the adjustments and accommodations needed due to injuries to the individual servicemember, the military recognizes that families of returning servicemembers will need their own supports. Servicemembers' families are likely to experience higher than average episodes of intimate partner violence and substance abuse as the servicemember works through his/her adjustment challenges. (Elliston, 2003; Committee on the Initial Assessment, 2010) Much of the material on the Military Family and Community Facebook page available on October 14, 2010 relates to identifying and getting help for domestic violence both towards military spouses and their children. (Department of Defense)

Some of the needs of military families are financial in essence. Military spouse career assistance is one way to deal with financial challenges. (Department of Defense) Health insurance for a servicemember's family up to 180 days after deployment is another financial help. (Department of Defense Military Health System) However, the need for mental health services relative to both of these categories is heavily featured and is emphasized in the military's own publications on the issue of military families. (Castro, 2009; Committee on the Initial Assessment, 2010; WRAIR, 2010; Pittman, 2004; Palmer, 2008; Rounds, 2010)

The U.S. Army has developed a self-paced presentation and mandates its delivery to all returning servicemembers and their spouses within 3 to 6 months after the servicemember returns from active duty. (WRAIR, 2010) This presentation is an attempt by the military at public mental health for its personnel. The format of this training is a five-part analysis of a variety of skills that are necessary for combat, and how to adapt or reduce their use at home. An example:

Topic: Emotional Control vs. Anger/Detachment

In Combat: Controlling your emotions during combat is critical for mission success.

At Home: Failing to display emotions, or only showing anger, around family and friends will hurt your relationships. You may be seen as detached or uncaring.

Question: When you returned did you notice you were less patient, less tolerant, more likely to get ticked off?

Transitioning the Combat Skill: Emotional Control: In combat, controlling emotions is necessary; at home, limiting your emotions leads to relationship failures.

Check (self & buddy)

- Can only show anger or detachment?
- Feeling numb?
- Friends & loved ones tell you that you have changed?
- Having relationship problems?

(WRAIR, 2010)

Family reintegration is emphasized, skills are introduced for optimum communication and conflict resolution, and timelines are suggested for translating active duty and home front activities into civilian life. The self and buddy check section heightens awareness of problems that may develop after the servicemember has been home for a time.

There is an effort in the presentation to use images of diverse racial, ethnic, and national-origin families. This may serve to encourage those populations to use military sponsored services to ease reintegration and feel part of the military effort. Mothers and children without the presence of a father are also featured. This indicates the military is making strong efforts towards an inclusive message. Under the current policies, access in this form cannot be made for lesbian families.

There are myriad additional benefits available to active duty servicemembers, veterans and their families. These benefits occupy thirty-seven pages in the Institutes of Medicine report referenced above. Notably, “[this] does not present a comprehensive inventory of all available federal programs, nor does it present the numerous state and local programs that have been developed to meet the needs of these populations.” (Committee on the Initial Assessment, 2010, p.117)

Military Services, Federal Policy, and Lesbian Servicemembers’ Families

The rationale for this study of lesbian focused mental health agencies is the absence of any military services, and specifically mental health services, to lesbian servicemembers’ families due to two policies currently in force - “Don’t Ask, Don’t Tell” (DADT) and the Defense of Marriage Act (DOMA). The likelihood of finding approximations of the financial benefits, or the communications access to active duty servicemembers provided to officially recognized military families was judged to be nil.

The legislation that created DADT in 1993 (Congressional Digest, 2010a) was passed as a compromise between allowing gays and lesbians to serve openly in the U.S. military and not allowing individuals identified as gay or lesbian to serve at all. Prior to this law, the military could decide that someone was homosexual and discharge that person without corroboration. The most popular technique was to coerce a confession through the threat of exposure. (Embser-Herbert, 2007)

DADT was considered an improvement for the rights of gay individuals in the military. It stipulated that homosexuality is incompatible with military service, but the military could not ask an individual if he/she is a homosexual. A homosexual is defined in the legislation as an individual “regardless of sex, who engages in, attempts to engage in, has a propensity to engage

in, or intends to engage in homosexual acts, and includes the terms "gay" and "lesbian." ”
(Congressional Digest, 2010a)

The words “attempts”, “has a propensity to”, “or intends to” are key to this study. An individual is the only person who can “engage” i.e., perform the prohibited behavior. But anyone can say that another individual has attempted, has a propensity to, or intends to engage in a behavior. Thus, although the military cannot ask an individual if she/he is gay or has engaged in a behavior, the military can find that an individual has attempted, etc.

Notwithstanding, DADT does require evidence of some kind. This evidence may be any statement, gesture, emblem, or any communication of any kind that a “reasonable person” might construe as indicating “gay.” (Congressional Digest, 2010a) This evidence includes phone calls, letters, and e-mails to partners, children, and other family members; naming beneficiaries to pension plans, next of kin registers, and “advise in case of death” registers; or wearing an item of clothing that someone could read as “gay.” (Embser-Herbert, 2007)

This restriction extends to family services from the Veterans Health Administration (VA) used by veterans after release from the military. The VA’s medical centers throughout the country provide comprehensive medical and mental health care for veterans injured while in service (combat or otherwise) and for all veterans who are eligible due to low income. The VA also provides services to spouses. (Department of Defense, 1988)

The VA itself does not discriminate against GLBT veterans. Some VA’s offer programs geared to lesbians and other sexual minorities, and all are authorized to do so if a need is identified. (Petzel, 2010) However, if the veteran has any wish to rejoin the service or to retain eligibility for the Reserves or National Guard, she is compelled to continue to hide her lesbian identity, including her same-sex partner, as this information is available to the Department of

Defense and the various active duty service branches. This is an unintended consequence of the project to merge Department of Defense (active military) record systems with the VA record systems (including medical and mental health notes). This effort was initiated in 1998 under President Clinton and became reality in 2006. (Mcfarland, 2006)

As a side issue, the VA is structured as a veteran centered health care project, not a family care project *per se*. It is a unit of the Executive branch secretary level Department of Veterans Affairs whose mission statement is “To fulfill President Lincoln's promise to care for him who shall have borne the battle, and for his widow, and his orphan.” (About VA) To the extent that VA care of a family will improve the care of a veteran directly, it can be made available. However, the VA is not a family care agency in principle.

At this writing, DADT has been repealed pending Department of Defense assurances that repeal will not degrade military readiness or efficacy. (Murphy, 2010, Lieberman, 2010) Some might think that repealing DADT will fix the problem of services to lesbian military families, because simply stating the existence of a same-sex partner will no longer cause an individual to be discharged. However, the legislation at this writing (Congressional Digest, 2010b) specifically states that the repeal of DADT will in no way affect the legality of the Defense of Marriage Act (DOMA).

DOMA was made into law in 1996 in reaction to a pending law in Hawaii (later defeated) to allow same-sex marriage. DOMA prohibits federal recognition of a marriage or civil union between people of the same sex. As such, it prohibits providing federal government family services to the families of lesbian servicemembers, even if the servicemember is serving legally. (Georgetown Journal, 2007) Hawaii recently legalized civil unions for same-sex couples. (Associated Press, 2011)

Following the logic of the military in enforcing DADT and in operating under DOMA, a servicemember cannot identify or be identified as a lesbian as this is being written. If she is, she may be discharged under DADT. Since there are no identified lesbians in the military, there are no families of lesbians involved in the military. Even after the repeal of DADT, if there are lesbians serving openly who claim legally married or otherwise coupled spouses, the federal government could not recognize them as families under DOMA. Hence, there are no services to support or assist families of lesbian servicemembers. Lesbian military servicemembers and lesbian families of any kind do not exist legally and officially in the world of the U.S. federal government.

This form of denial is not unique to the U.S. government. In 1981, psychiatrist Nanette Gartrell wrote an article that illuminated the tolerability of a person with a lesbian sexual orientation by the professional and general population, as long as there was no visible relationship to force the issue of actual sexual activity or quotidian domestic normality. (Gartrell, 1981). That the value of this premise was fought over in the pages of the American Journal of Psychotherapy between Gartrell and Charles Socarides, M.D. for a series of four issues only strengthens the evidence of its import. Socarides was a vocal proponent of a psychiatric cure for homosexuality which he saw as a treatable condition. He stated that an estimated thirty-five percent of his homosexual clients had become heterosexuals. His son, Richard Socarides, identifies as a gay man and was an advisor to President William Clinton on gay and lesbian issues. (Fox, 2005)

Finally, discrimination in employment for lesbians remains legal in the U.S. pending the passage of the Employment Non-Discrimination Act or ENDA (U.S. Congress, 2007). A lesbian can be fired in many states simply for being a lesbian. ENDA, which is still in legislative

committee as of this writing, would create a national prohibition against this possibility. Without this protection, lesbian civilian partners may not be able to seek out services provided by employers or paid for by employer sponsored insurance plans. And if she can get such support for herself, she may not be able to name her same-sex partner as a member of her family as benefits to domestic partners are not required or common in all areas. (HRC, 2010) This is yet another barrier to getting the supports the military recognizes are needed for returning servicemembers and their families.

Why Study Lesbians and Their Families

The situation described above pertains to any family that is not recognized legally by the federal government. Gay men are under the same DADT and DOMA restrictions as lesbians. Heterosexual couples who are not legally married for any reason are not recognized by the government or military, either. Lesbians have some unique issues however, which are deserving of notice.

Military Sexual Trauma

Because they are women, lesbians are more likely to experience mental health problems arising out of deployment. (Chaumba, 2010; Bonner, 2010) Because they are women, they are more likely to experience military sexual trauma, sexual assault or rape. (Hukill, 2007; Katz, 2007) Finally, because they are lesbians, or even if a military woman is perceived to be a lesbian, there is an increased risk of sexual assault. Since exposure as a lesbian can be brought about under DADT by use of any statement, gesture, emblem, or any communication of any kind that a “reasonable person” might construe as indicating “gay.” (Congressional Digest, 2010a), how and even if a woman refuses sexual attentions can be grounds for suspicion. (Moradi, 2009)

Threat of denunciation and exposure under DADT is reported to be a method of coercing a military woman into allowing sexual assault and/or not reporting the crime. (Damiano, 1999)

The sexual hazards faced by women in the military are detailed starkly in the material on military sexual trauma (MST). Rates of sexual assault or violence against active duty women servicemembers are reported to be 20% to 43%. (Suris, 2008; Valente, 2007) Women who served in active duty in OEF/OIF and who seek mental health services through the VA have reported rates over 50%. (Katz, 2007; Gibbs, 2010) MST is not unique to lesbians or even women. However the identity ruptures and shame from succumbing to rape to avoid exposure of a lesbian identity pose special challenges to the ability of lesbian servicemembers to reunite with a partner and family. (Damiano, 1999; Turchik, 2010)

Official Obstacles

All services available to military families come through unit Commanders' control while the servicemember is on active duty. The same-sex partner of a lesbian servicemember cannot access any of the services referred to in the military's many documents which call for these services without triggering an investigation and possible discharge under DADT. (see Committee on the Initial Assessment, 2010; Department of Defense, 1988; Department of Defense, 2008; Petzel, 2010; Rounds, 2010)

Lesbian families do not have access to military-sponsored support and assistance programs such as the Yellow Ribbon, Family Advocacy Services, the USO, or the Red Cross. (Yellow Ribbon, 2010; U.S. Army, 2009) The information that these non-military organizations can provide is retrieved through unit Commanders. The effects of this isolation and invisibility of the lesbian family are added to the isolation, financial deficits, and anxiety experienced by all military families.

Finally, without the protection available through the ENDA legislation, lesbian civilian spouses may not be able to get the needed assistance through employer-sponsored health plans or employee assistance programs.

Why Study Lesbian-focused Mental Health Centers

The original thinking that led to this research project was, “Where do lesbian military families go to meet the needs for support and assistance prescribed by the military?” At the time DADT was still unchallenged. Even now it remains in force until the military certifies its readiness to dismantle it. I chose to look at lesbian-focused mental health centers because they alone were overtly welcoming to such families. Available research indicates that they are a likely resource that the target population would use. For example, all servicemembers regardless of sexuality often seek help because of family encouragement. Data indicate that 50% of all veterans who come to the VA for mental health services state that they are seeking treatment because a partner has demanded that they “get help.” (Snell, 2008)

However, even after discharge LGBT servicemembers avoid VA medical centers and clinics because they feel unwelcome. (Columbia University Queer Health Task Force, 2007) Also, lesbians and gay men indicate a distinct preference for mental health and medical services that specifically indicate an openness and understanding of LGBT social realities and cultures. (Rogers, 2003) This holds for lesbians who have served on active duty. (Gerschick, 2005) Even heterosexual servicemembers have sought out LGBT identified health clinics when they were seeking treatment for conditions the military stigmatized or punished. (Smith, 2008)

So if a lesbian servicemember seeks help, she is likely to do so because of she is part of a lesbian couple (the “get help” motivation), and she is likely to look outside of a military-identified service provider in favor of an overtly LGBT focused provider.

Summary

The U.S. military has identified and addressed the need for reintegration support and trauma support for returning servicemembers and their families. The literature identifying these issues is extensive; remarkably so given the relatively recent nature of the problem. However, these supports are not available to lesbian military families. Under DADT and DOMA, the military does not treat lesbian families as it does other families. Without ENDA in place, the federal and state governments and private sector employers do not treat lesbian families as other families are treated. There is a gaping void in the research literature regarding how to address these unmet needs. Researching the potential of lesbian-focused mental health centers is one avenue to explore.

CHAPTER III

METHODOLOGY

This research project explores the question, “Are lesbian focused mental health centers prepared to respond to lesbian military families’ needs for mental health support and/or assistance as promulgated by the military for all military families?”

By way of introduction, there is no empirical research that this writer could find on the specific topic of this research project. In formulating this research project, I personally contacted eighteen researchers who had published on or stated interested in LGBT military involvement, military families, or both. Some are considered the experts in this and related fields. None could direct me to research or data on this specific topic. There is also precious little empirical research on lesbians in general, much less their relationship to or activity with the military.

The few research projects that have attempted empirical research on LGBT people in the military have employed non-probability samples in qualitative direct interview or anonymous survey formats. (Falcon, 1996; Garland, 2007; Sinclair, 2008; Bonner, 2010) This is due perhaps to the difficulties of working “on the margins” as described in Meezan and Martin’s book on researching the LGBT population (Meezan, 2009). With the assistance of Jeane Anastas the authors describe the problems of defining the universe and thus selection criteria for sampling individuals in this population. Challenges arise due to imprecise definitions and personal acceptance of sexual identity, and providing sufficient protections of research subjects both from a privacy standpoint and a “no-harm” ethic. Given these difficulties, validating data from this population is compromised. If the research topic requires direct questioning of individuals about

their personal experience or opinions, non-probability qualitative (i.e. non-standardized) surveying is one of few options. (Meezan, 2009)

The problems of identity and identity acceptance do not arise for this present research. The subject agencies self describe as focused on LGBT people. Also, this study does not seek any personal information. The intent of this study is not to assess the respondents' readiness to take on the need for support and/or assistance as promulgated by the military for all military families, or to measure the respondents' desire to do so. The study does not seek any individual or opinion or agency positions on the topic or related issues. It simply asks an agency identified representative to respond as to whether or not that agency currently has the resources to provide the mental health services that the military says are needed and which the military provides for legally married heterosexual couples and families. Who that representative is or how she/he identifies is of no consequence to this research. Lastly, there is no connection in the final research product between the individual agency and its responses. This extra protection of anonymity is built into the methodology to remove any and all obstacles to maximum participation and accuracy. This allows use of a quantitative method.

It is significant to note that while the enthusiasm was high among those I contacted for my initial project design for the research topic and the data collection, the expectations were generally that the work could not be accomplished. Almost all of the agencies ultimately contacted for this research were found through repeated internet searches and the researcher's personal knowledge; few came from contacts with professionals, other researchers, or LGBT identified people. When this study's subject population was proposed to a broadly referenced academic in LGBT studies who is head of a Research Center on LGBT people, his response was that no one who worked with LGBT servicemembers would identify themselves out of concern

over military investigations, and that he didn't even know of anyone who did work with these servicemembers.

General Strategy

The study defined the target group using the criteria outlined below (see "Sample selection and participants"). Subjects meeting the criteria were asked to complete a self-administered, short, anonymous survey. Given the specificity of the selection criteria, it was possible to identify the entire population universe of twenty-seven subjects. This sized universe eliminated the need for sampling which is often the impetus for using a survey instead of direct interviews. However, self-administered surveying best suits the present study for other reasons: surveys minimally affect the target, and standardize reporting (Anastas, 1999, p.136), a well-designed survey minimizes errors and maximizes responses (Grinnell, 2005, p.134), and anonymity increases responses, reduces interviewer bias, and yields more candid answers. (Rubin, 2008, p. 128-129)

The project employed a fixed method, descriptive quantitative research methodology. The theory of descriptive research can be summed up in three parts: specification of selection criteria for the target, definition of the targets' aspects to be studied, and definition of the context of the observations. At its best, quantitative descriptive research clearly defines the phenomenon, uses the same method in the same context for every respondent, and produces empirical statements about the phenomenon. This study desired to define a phenomenon and its selected properties [i.e. lesbian focused mental health centers' resources relative to the military's prescribed needs for families] at a single point in time; produce empirical statements about it through the use of a fixed-response quantifiable question format; and summarize that data numerically so that it could be clearly communicated and simply manipulated. This is what

Anastas describes as the fundamental purpose of descriptive research. (Anastas, 1999, p. 130-134)

This project set out to survey lesbian focused mental health agencies regarding their familiarity, staff experience, and services that correspond to the major areas of mental health and assistance needed by returning servicemembers and their families as defined by the U.S. military. Again, this was primarily a quantitative project. Qualitative data was recorded *verbatim* from whatever mode of communication respondents chose to use. Importantly, the qualitative material was not specifically sought by the investigator. However, given the newness and serious needs expressed in the research question, respondents were anticipated to have something additional to say about the issue or questions. It would be a disservice to the research if that material were not included in some way. Side comments were anticipated in the course of transmitting survey responses via electronic mail, facsimile, physical mail or telephone conversations. Two steps taken in the synthesis and publication of the survey results to maintain anonymity were to remove any identifying material from the comments, and to treat all comments equally by presenting them *verbatim* (minus any identification) in the order received and without comment.

Sample Selection and Participants

This project attempted to identify lesbian focused mental health centers in the United States who served same-sex families. This excluded university or college health services, agencies providing referrals only, youth focused services, HIV/AIDS focused services, and individual practitioners. The actual survey instrument was submitted to an employee or other individual who was authorized to report on the activities of and respond on behalf of the identified agency.

Four searches for qualifying subjects were conducted for the purpose of identifying as many subjects as possible: 1) through the Google internet search utility, 2) through the Society for the Psychological Study of Lesbian and Gay Issues, Division 44 of the American Psychological Association, 3) through e-mail sent to the entire Smith College LGBT Alumnae Association membership, 4) by contacting eighteen social science researchers.

The Problem of the “n”

Twenty-seven lesbian focused mental health agencies were identified as the population of subjects for this study. These were understood to be the whole population of agencies that met the criteria. The required number of subjects, or “n”, for a quantitative thesis submitted in this program is set at fifty. (Smith College School for Social Work, 2010, p.20) This project was submitted to the appropriate reviewers and the “n” of twenty-seven was accepted as the knowable universe for the purposes of this project and the defining criteria of what constitutes a lesbian focused mental health agency. (Hartman, 2010)

Data Collection

The survey is a sixteen item questionnaire; fifteen questions allowing only “yes” or “no” answers and one asking for a free text response. The survey was preceded by a letter to the respondent for each subject stating the purpose of the project, the anonymity of all responses, how to complete the questionnaire and how to return it to the researcher. Sample questions include:

Does your program(s) currently provide services to

- lesbians and their families as a category of clients
- military servicemembers or veterans as a category of clients

Do you have staff with

- personal military experience under DADT
- training on mental health issues arising out of military experience
- training on military family issues

Under the regulations of the *User's Guide for the Protection of Human Research Participants at Smith College School for Social Work* (June, 2010), research conducted exclusively on the publicly available policies and practices of agencies is not subject to Human Subjects Review or Internal Review Boards. This finding was confirmed by the Smith College School for Social Work Human Subjects Review Committee prior to development and distribution of the instrument. (Hartman, 2010)

Carrying Out the Data Collection

The executive director or comparable person for each identified agency was contacted by telephone or electronic mail. This individual was then sent the letter (Appendix B) and questionnaire (Appendix C) to complete. Each agency was followed up by telephone and e-mail until the completed questionnaire was received by the researcher.

Method of Analysis

Totals, averages, and medians were calculated for each question; and totals were calculated for each respondent. Where possible, instances of co-occurring responses were identified. The qualitative material was reviewed for common themes and quoted *verbatim*.

CHAPTER IV

FINDINGS

This chapter presents how the research findings compared with the military's own service competencies for the military family population. All statistics for the purposes of this study are calculated on the number of "yes" responses to fifteen questions in the survey instrument. This is taken to represent the extent to which a respondent or the group as a whole corresponds to what the military offers to families. The sixteenth question required a text response.

Significant findings were that while most of the agencies had experience with mental issues and disorders that are shared in common with civilian and military experience, few have specific knowledge and/or experience with conditions unique to or most often found in military contexts. Further, the agencies seem to be unaware of resources for client referrals. It is interesting to note that there was no appreciable difference among agency responses based on geographical location, age of agency, or breadth of services offered.

The first section of this chapter describes the extent of agency participation. Then, the fifteen yes/no survey questions are divided into four groups: 1) service availability, 2) agency staff experience with military policy and personnel, 3) experience with common disorders due to military deployment, and 4) case treatment/disposition. The sixteenth and final question required a text response if the answer to question 15 was "yes." The answers to question 16 are included in Appendix D.

Agency Participation

At the beginning of this project, the population matching the criteria of lesbian focused mental health centers in the United States (excluding university or college health services, agencies providing referrals only, youth focused services, HIV/AIDS focused services, and individual practitioners) was understood to be twenty-seven. This was thought to be the whole population of agencies that met the criteria. However, three agencies were eliminated early on. One had ceased operations due to financial difficulties. A second had been a contracted provider for another agency which had taken back the services and now provided them directly. A third publicized services in its own name but in fact contracted with a nearby large research university to actually deliver the services.

Of the remaining twenty-four agencies, five chose not to participate in the research. The reasons given were uniformly that the agency in question did not see or know of any lesbian families with military servicemembers. These five agencies were contacted on a number of occasions to inform them that even this information would be useful to include in these findings, but this group opted not to complete the survey. Of this group, three are the only lesbian focused provider that can be identified in their regions. All five offer mental health services only. It is important to note that a few agencies with the same concerns did participate and submit completed surveys.

The nineteen completed surveys represent a seventy-nine percent return rate on the final *n* of twenty-four. This can be seen as very good for unsolicited survey return, or rather poor for a universe of only twenty-four subjects. The only strategy that wasn't tried to get complete data from the whole population was in-person interviewing which was not feasible.

Service Availability

The survey opens with two questions regarding the clients the agency is focused on serving. Both questions required a “yes” or “no” response. Question 1 asked: Does your program(s) currently provide services to lesbians and their families as a target category of clients? Question 2 asked: Does your program(s) currently provide services to military servicemembers/veterans as a target category of clients?

All stated that they provide services to lesbians and their families and target that group as a category of clients (question 1). In the unsolicited remarks, two respondents cautioned that they see couples and not families *per se*. None target servicemembers or veterans as a category of clients (question 2). One added that they do have some clients who are veterans. However, given the context that status would appear to be accidental.

Experience with Military Policy and Personnel

As a group, the questions concerning military policy and personnel scored the poorest, 24%. Question 4 (training in mental health issues arising out of military experience) did the best in the group, but still only received 36.80%. The remainder (questions 3, 5, and 6) received the lowest ratings (other than zero) in the survey as a whole. Questions 3 (experience with DADT) and 5 (military family issues) rated 21.10% each.

Most notably, besides the two questions which rated 0% (number 2 and 13), question 6 - “Do you have staff with knowledge of Veterans Administration policy ...?” – received the fewest “yes” responses for the entire survey, 15.80%. This finding indicates that only three respondents stated that they knew what the VA policy is.

Experience with Common Disorders

This group consisted of questions 7 through 12, all dealing with the most common disorders resulting from military deployment. The questions in this group began with: “Has your organization worked with the effects on families from common disorders resulting from military deployment, such as:” post-traumatic stress (question 7), traumatic brain injury (8), substance abuse (9), major depression (10), intimate partner violence (11), military sexual trauma (12).

Eighteen of the nineteen agencies answered all four of the questions in this group. One respondent answered “I don’t know” to all of the questions in this group and those answers were counted as “no.” One respondent commented on the group as a whole: “we work with nearly all of these categories, just not related to military deployment.”

Of all the questions in the survey, those asking for competencies in substance abuse (question 9) and major depression disorder (10) were answered “yes” most frequently, 77.80%. The next two highest ranked questions overall were also in this group: question 7 (PTSD) received 72.20%, and question 11(intimate partner violence) received 61.10%. Competencies in the disorders that are more frequently found in military situations than civilian, i.e., traumatic brain injury and military sexual trauma (questions 12 and 13), ranked much lower, 27.77%.

Case Treatment or Disposition

Questions 13 and 14 asked about the availability of group treatment for lesbian military families. This question was thought to be significant because organizing and promoting the support of other families in similar circumstances is by far the dominant modality offered by the military provided resources. None of the agencies provided support groups for lesbian military families (question 13). A few (21%) said they could refer a family to such a group (question 14).

Question fifteen asked if the agency would refer a lesbian military family to another provider, assumedly for treatment other than group. Over half of the agencies responded “yes”, indicating they would refer. These responses led to question 16, the only free-form text response in the survey, which asked “To whom [would you refer the family]?” All of the responses to this question can be seen in Appendix D. In general, the responses to question sixteen were indefinite, e.g. "if we know the resources", or of questionable utility, "a colleague working on base." The themes found in the responses to question 16 are covered in depth in the next chapter.

Summary

One of the questions that spurred me on to pursue this research was, “I wonder if the LGBT service providers know as little about the military’s needs as the military admits to knowing about the LGBT servicemembers’ needs?” The findings presented here would indicate that the answer to that is “yes.” The following chapter discusses the larger implications of that mutual not knowing.

CHAPTER V

DISCUSSION

This chapter presents a discussion of the salient connections among the findings, how this relates to the Literature Review in Chapter II, limitations inherent in the study, the significance of this research for clinical social work, possible actions that could improve the mental health services available to lesbian military families, and new questions raised in the course of the data collection and analysis.

This study was designed at the outset to look exclusively at the mental health needs of military families as delineated by the military, and to determine if lesbian focused mental health centers could meet those needs for families that were denied access to the military's mental service offerings. The survey instrument was designed to discover in as efficient a method possible the knowledge, competencies, and treatment options available in the known universe of lesbian focused mental health centers. Given that objective, the findings indicate that lesbian focused mental health centers are not able to replicate for lesbian families what the military says military families need.

What Can Lesbian-focused Mental Health Centers Treat?

Competency in the common disorders related to military deployment appears to be the strongest resource in the subject population. Perhaps because PTSD, substance abuse, and depression are also common in the general (non-lesbian, non-military) population, the resources to deal with them are more readily available. Intimate partner violence is also common in the general population, but did not seem to be as strong a competency as the top three.

It may be understandable that non-military mental health providers would not have worked with combat related trauma such as Traumatic Brain Injury and Military Sexual Trauma, the competency questions that received the lowest percentage of “yes” responses. However, not knowing that these are common disorders of military duty could lead to ineffective treatments for the disorders that did receive higher response rates.

Lack of Support from Families in Similar Circumstances

None of the respondents identify military individuals or families as a target category of clients. Neither can any respondent provide support groups for them. Four respondents state they can make referrals to such groups, although where these referrals might be was not explicitly asked.

Where Can Lesbian Military Families Go for Support?

The Mystery of the VA

The lowest percentage question, knowledge of VA policy towards lesbian families, becomes a cause of confusion at best when coupled with responses to other provider referrals. Compounding this is the providers’ deficit in military experience. Less than half the respondents indicated they had any staff with training on mental health issues arising out of military experience. Even fewer had experience with DADT and military families.

Looking at what respondents know about the VA and how they planned to refer lesbian military families offers an interesting avenue for further research. Of the three respondents who said they knew the VA policy towards lesbian families (question six), two answered question fifteen “no”, indicating they would not refer a lesbian military family to another provider, including presumably the VA.

The third respondent said they would refer, but did not name the VA in question 16. Instead, they said they would refer to the Servicemembers Legal Defense Network (SLDN) which is mentioned above in Chapter II, Literature Review. This organization's stated mission is to provide legal resources to servicemembers who are facing or have received a discharge from the military under DADT. It is not a mental health or social services agency. One other respondent who said they did not know VA policy also mentioned SLDN as a referral possibility in question sixteen.

Four respondents stated that they would refer the hypothetical family to the VA in question sixteen. None of these respondents answered "yes" to question six, thus indicating that they did not have knowledge of VA policy towards lesbian families. Presumably they did not know if the VA would provide services to such a client.

As shown in the Literature Review, the VA can and often does provide services to same-sex families on a par with all families the VA serves. The sole caveat for working with the VA is the sharing of records with the Department of Defense. So in actuality, the VA is one, perhaps the only, viable referral for most of these agencies. However, the respondents who said they did know the VA policy towards lesbian families did not say they would refer to the VA. Those who said they would refer, also said they did not have knowledge of the VA policy.

Other Responses to the Referral Question

The two respondents who stated they would refer lesbian military families to the Servicemembers Legal Defense Network (SLDN) indicate an awareness of the resources available to gay servicemembers. But, SLDN is not a mental health provider. It is possible that given SLDN's commitment to gay and lesbian servicemembers' legal issues, SLDN would have

a higher probability of knowing where to refer the family for mental health services even if they could not provide them directly.

The one respondent who stated they would refer a lesbian family to "a colleague working on base" indicates great faith in the confidentiality and competence of that individual as well an expectation of great courage on the part of the family seeking help.

Limitations of this Study

The currency of the issues raised in this study is one of its limitations. In the ten months this project has been in process DADT has been repealed (pending agreement by the military), legislation to repeal DOMA (Nadler, 2009) has been reintroduced in the U.S. House of Representatives. (Editorial, 2011) Gay and lesbian civil rights, including access to governmental services and benefits for same-sex families, are back on the political agenda after years of neglect. It is possible that the legal landscape for this study will be very different in short order.

Beyond the civil rights issues is the shifting military landscape. The United States is now engaged in three overt military actions (Afghanistan, Iraq, and Libya). The military has been in Iraq for almost ten years. Suicides in the active ranks and among recently discharged veterans are higher than ever. (McClatchy Newspapers, 2010) Interest in the topic of military mental health is justifiably elevated. Articles addressing mental health issues and the military continue to be published fast and furious. It is possible that some of the issues raised here will be seen in a different light very soon. It is possible that the military may not be able to meet the needs of even its officially recognized servicemembers and their families. (Stetka, 2011) If so, non-military agencies' lack of knowledge about servicemembers' mental needs will impact more than lesbian families.

Also, this study does not address the issue of resiliency in lesbian military families in comparison to legally assembled heterosexual families. It is conceivable that having overcome the stigma of claiming a lesbian identity better prepares such a family to overcome the challenges and demands of a military deployment. If so, the need for mental health services may not be as great as for the remainder of the population. Alternatively, lesbian families may have developed such resourcefulness that community based services that are not necessarily lesbian focused can be found to meet their needs. This study does not address that possibility.

The Significance for Clinical Social Work

The significance of this study to the field of social work is to gauge the preparedness of one sector of the civilian mental health delivery system to recognize and meet a need, established and documented by the military. The reason for this research and assessment is that there exists a population – the partners, spouses and children of lesbian servicemembers - that is officially invisible to the military and most other governmental services. This invisible population is subjected to the same stressors and traumas, and for the same reasons, that all military families experience. In essence, the military says this population needs these supports but also says that they will not be served through what the military offers.

It appears from the findings shown above that this population is also invisible to the LGBT community as a whole. In the uproar and mobilization over repealing onerous legislation that separates LGBT citizens from the rest of the U.S. population, the community has not sought to identify and understand those community members who have chosen to defy the discrimination rather than fight it overtly.

The insights gained from this study can be disseminated to civilian service providers and policy makers. When it is known if, how and where mental health support services are provided

for lesbian families involved in the military, those services can be promoted to those who need them. Alternatively, those services which are not available can be evaluated for development by interested agencies and clinicians.

Possible Actions to Improve Services for Lesbian Military Families

Information

The VA and the Department of Defense (DoD) publish a variety of very informative and well-presented pamphlets, brochures, and flyers for the purpose of disseminating information to clinicians working with military families and servicemembers. These include research and clinical practice data on the common disorders arising out of military deployment, and sources of help for individuals and families dealing with these problems. Non-military mental health providers who target all varieties of populations could be encouraged to seek or be sent a representative selection of these. Also, responsible parties can promote the availability of the publicly available websites covering military mental health matters.

Training

In the near future even the military's own resources may not be able to meet the mental health needs of its returning servicemembers. (Stetka, 2011) The VA, DoD, and other government agencies concerned with mental health issues might consider offering training in identifying and triaging mental health problems arising from military service. Encouraging clinicians to record military status/experience in psychosocial assessments may be a way to introduce a measure of awareness.

Ownership

It is arguable that one of the undesirable consequences of the all-volunteer military is the lack of responsibility felt towards servicemembers by the American public at large. It is also

conceivable that this allows the military greater flexibility in sending troops into combat in that consent of the public is not as difficult to achieve without a draft to concern them. This is all so much interesting argument. The fact remains that servicemembers and their families of all orientations and persuasions are harmed and suffer, some egregiously, through service to the country. And ownership of responsibility for that suffering should be a priority for American policy and funding decisions.

New Questions Raised by this Study

Where Do They Go?

A few lesbian military families get help at the VA after the servicemember is discharged. Active duty lesbian servicemembers and their families most likely do not get any mental health assistance in any official capacity from the military or the VA. Lesbian focused mental health centers serve very few if any of this population. Some of these centers don't really serve any families at all. Where do lesbian military families get help? Do they get help? Do they think they need help?

What is it Like to be an “Officially Invisible” Population?

Are there any analogues? Is it comparable to criminals hiding out, or illegal immigrants? How does the family and individuals in that family manage the identity and code shifting? Is the invisibility an advantage, a detriment, both? Is there a common culture?

Can We Learn from People who Disobey Policies in Order to do the Right Thing?

What does the experience of someone who defies discrimination by suppressing their identity tell us about human behavior and identity expression? This question is referred to very eloquently in G.D. Sinclair's work on the relationship between sexual identity and choice of a military career (Sinclair, 2008 and 2009) It is also touched on in K.B. Bonner's exploration of

the sociological concept of passing as a survival strategy for lesbian-identified women in the military. (Bonner, 2010). Both projects report qualitative findings supporting the idea that LGBT individuals enlist for the same reasons that others do. In addition, a minority of LGBT active servicemembers see themselves as proving the ability of LGBT people to serve with honor and often, distinction. They will tolerate hostile policy environments to claim full citizenship. The idea of military service as the ultimate mark of first class citizenship – an undeniable status that cannot be taken away – is touched on in a number of articles discussing women and African-Americans and their quests for inclusion in the military. James Burk posits that military service and qualifying for service is the key to full political participation. (Burk, 1995)

Is it Meaningful to Look at Group focused Health Care Providers?

Based on my research, this is the only study to look at lesbian focused mental health care providers as a group. There is some material on community-based providers, but not on the relationship of those providers to the communities they purport to serve. Given the current foment over health care on the national level, looking at service data and outcomes research from community base providers *relative to the communities they serve* could be informative.

Summary

Some lesbian servicemembers did not have families when they joined the military. Some did not have awareness of their orientation when they joined. Others, like many servicemembers, needed employment and joined with that priority. Still others had a strong desire to serve the country. Some were inspired to defend their homeland. However they came to be, I theorized that life is as unremarkable as possible for lesbian military families, and that such families make an effort to keep it so.

But I tend to think that at some point the inherent conflicts and contradictions of DADT, DOMA, and ENDA became important to these folks as they have to most LGBT people. If the

military's assessment of family needs holds for these families, these conflicts could become threatening to the continuation of the family itself. And that is when the questions asked by this study become important, even essential to survival. When who you are is a barrier to the help you need, what do you do? Denial is necessary to get through each day, but at some point being "officially invisible" shows its limitations.

There appears to be no viable alternative to the military in meeting the mental health needs of lesbian servicemembers and their families. Indeed, the most obvious option, lesbian focused mental health centers, is not even aware for the most part of the existence of these families, much less prepared to serve them. Clinicians' lack of knowledge about the VA as a referral possibility must be addressed as an option for these families.

Other Questions

This study is very small, but the issues uncovered here have the possibility of applying to many more situations. If lesbian focused mental health centers can't meet the needs of their military members, can other community based mental health centers be counted on to meet what the military knows are major mental health needs for any servicemembers? If only 50% of the veterans who need help go to the VA, where do the rest of them go? Do they go anywhere, or do they become larger public mental health problems down the line?

References

- Congressional Digest. (2010a, April). Don't Ask, Don't Tell Law. *Congressional Digest*, 89 (4), pp. 108-109.
- Congressional Digest. (2010b, April). Military Readiness Enhancement Act. *Congressional Digest*, p. 114.
- Congressional Digest. (2006). Military Recruitment and Retention. *Congressional Digest*, pp. 201-204.
- Congressional Record. (2009). *The Military Readiness Enhancement Act of 2009, H.R. 1283*. Retrieved from govtrack.us: <http://www.govtrack.us/congress/bill.xpd?bill=h111-1283>.
- Georgetown Journal. (2007). Recognition of same-sex marriage. *Georgetown Journal of Gender & the Law, 2007 Annual Review* , 683-745.
- U.S. Army. (2009). Retrieved October 17, 2010, from Army Family Readiness Group: <http://www.armyfrg.org/skins/frg/home.aspx?AllowSSL=true>.
- U.S. Congress. (2007). *ENDA H.R. 2015 [110th]: Employment Non-Discrimination Act of 2007*. Retrieved June 30, 2010, from govtrack.us: <http://www.govtrack.us/congress/billtext.xpd?bill=h110-2015>.
- U.S. Congress. (1996). *H.R. 3396*. Retrieved 01 18, 2011, from General Printing Office: http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=104_cong_public_laws&docid=f:publ199.104.
- About VA*. (n.d.). Retrieved March 05, 2011, from United States Department of Veterans Affairs: http://www.va.gov/landing2_about.htm.
- Anastas, J. (1999). *Research design for social work and the human services*. New York: Columbia University Press.

- Armstrong, K. B. (2006). *Courage after fire*. Berkeley CA: Ulysses Press.
- Associated Press. (2011, February 23). *Hawaii governor signs civil unions into law*. Retrieved March 05, 2011, from NPR: <http://www.npr.org/2011/02/23/134010231/hawaii-governor-signs-civil-unions-into-law>.
- Basham, K. K. (2008, March). Homecoming as safe haven or the new front: Attachment and detachment in military couples. *Clinical Social Work Journal: Special Issue on Attachment* , 83-96.
- Basham, K. K. (2004). *Transforming the legacy: Couple therapy with survivors of childhood trauma*. New York: Columbia University Press.
- Basham, K. K. (2008). Trauma theories. In J. F. Berzoff, *Inside out and outside in* (pp. 411-441). New York: Jason Aronson.
- Bonner, K. B. (2010). *Do lesbians in the military "pass" as heterosexual?* Thesis, Master of Arts, University of Maryland, Department of Sociology, College Park, MD.
- Burk, J. (1995). Citizenship status and military service: The quest for inclusion by minorities and conscientious objectors. *Armed Forces & Society* , 21 (4), 503-529.
- Burrell, L. D. (2003). Military community integration and its effect on well-being and retention. *Armed Forces & Society* , 30 (1), 7-24.
- Castro, C. (2009). Impact of combat on the mental health and well-being of soldiers and Marines. *Smith College Studies in Social Work* , 79 (3/4), 247-262.
- Chaumba, J. B. (2010). Trauma experiences and posttraumatic stress disorder among women in the United States Military. *Social Work in Mental Health* , 8 (3), 280-303.
- Columbia University Queer Health Task Force. (2007, 04 13). *DADT affects the healthcare of gay service members and veterans*. Retrieved 10 14, 2010, from Gaymilitarysignal.org: <http://gaymilitarysignal.org/070424columbiaqhtf>.

Committee on the Initial Assessment of Readjustment Needs of Military Personnel, Veterans, and Their Families. (2010). *Returning home from Iraq and Afghanistan: Preliminary assessment of readjustment needs of veterans, service members, and their families.*

Retrieved October 3, 2010, from The National Academies Press:

http://www.nap.edu/catalog.php?record_id=12812.

Damiano, C. M. (1999). Lesbian baiting in the military: Institutionalized sexual harassment under "Don't ask, don't tell, don't pursue". *Journal of Gender, Social Policy, and the Law* , 7, 499 - 522.

Dao, J. (2010, July 7). V.A. is easing rules to cover stress disorder. *The New York Times* , p. 8.

Department of Defense. (2008). *Military Community and Family Policy Program*. Retrieved October 13, 2010, from Military Homefront: www.militaryhomefront.dod.mil.

Department of Defense. (1994). *TITLE 1 Subtitle A PART II CHAPTER 37 § 654. Policy concerning homosexuality in the armed forces*. Retrieved June 30, 2010, from Cornell School of Law: <http://www.law.cornell.edu/uscode/10/654.html>.

Department of Defense. (1988). *Department of Defense directive NUMBER 1342.17 subject: Family Policy*. Retrieved October 13, 2010 from The Defense Technical Information Center (DTIC) Online Scientific and Technical Information Services:

<http://www.dtic.mil/whs/directives/corres/pdf/134217p.pdf>

Department of Defense. (n.d.). *Military spouse career advancement accounts*. Retrieved 01 18, 2011, from Military Onesource:

<https://www.militaryonesource.com/MOS/FindInformation/Category/MilitarySpouseCareerAdvancementAccounts.aspx>.

Department of Defense. (n.d.). *Military Community and Family Policy*. Retrieved 01 18, 2011, from Facebook.com: <http://www.facebook.com/home.php#!/MCandFP>.

Department of Defense Military Health System. (n.d.). *Transitional Assistance Management Program*. Retrieved 01 18, 2011, from Tricare: <http://www.tricare.mil/mybenefit/ProfileFilter.do;jsessionid=N2xc9cCs6gGyvWHc1tzRVlh5w2LH5JvJHQcvGx9lWlRn2M6gVGKR!-403361565?puri=%2Fhome%2Foverview%2FSpecialPrograms%2FTAMP>.

Editorial. (2011, 02 13). *In Defense of Marriage, for All*. Retrieved 04 01, 2011, from The New York Times: <http://www.nytimes.com/2011/02/14/opinion/14mon1.html>

EHRScope. (2009, April 15). *White House announces plan to integrate DoD and VA EHRs*. Retrieved October 6, 2010, from EHR Scope: <http://www.ehrscope.com/white-house-announces-plan-to-integrate-dod-and-va-ehrs>

Elliston, J. L. (2003, July 1). Hidden casualties: Epidemic of violence when troops return from deployment. *National resource center on sexuality* .

Embser-Herbert, M. (2007). *The U.S. Military's "don't ask, don't tell" policy: A reference handbook*. Westport CT: Praeger Security International.

Falcon, T. (1996). *Institutional oppression and resiliency: The experience of gay men and lesbians*. Northampton MA: M.S.W. thesis, Smith College School for Social Work.

Forgey, M. B. (2006). Patterns of intimate partner violence among married women in the military: Type, level, directionality and consequences. *Journal of Family Violence* , 21, 369-380.

- Fox, M. (2005, December 26). *Charles W. Socarides, Psychiatrist and Psychoanalyst, Is Dead at 83* . Retrieved March 05, 2011, from The New York Times:
http://www.nytimes.com/2005/12/28/nyregion/28socarides.html?_r=1.
- Garland, K. (2007). *An exploratory study of lesbian, gay, and transgender veterans of recent U.S. conflicts*. Northampton MA: M.S.W. thesis, Smith College School for Social Work.
- Gartrell, N. (1981). The lesbian as a "single" woman. *American Journal of Psychotherapy* , pp. 502-509.
- Gerschick, Z. (2005). *Secret Service: Untold stories of lesbians in the military*. Los Angeles: Alyson Books.
- Gibbs, N. (2010, 02 08). The war within. *Time* , p. 60.
- Grinnell, R.U. (2005). *Social work research and evaluation: Quantitative and qualitative approaches*. London: Oxford University Press.
- Gross, M. (2003, 04 29). Family life during wartime. *The Advocate* , pp. 42-45.
- Hartman, A. (2010, 10 20). Private correspondence. Northampton, MA.
- Hecht, E. (2008). Institutional inequality denying benefits to lesbian, gay, and bisexual veterans. *Human Rights: Journal of the Section of Individual Rights & Responsibilities* , 35 (2), 21-21.
- HRC. (2010). *Domestic partner benefits*. Retrieved October 17, 2010, from Human Rights Campaign: http://www.hrc.org/issues/workplace/benefits/domestic_partner_benefits.htm.
- Hukill, T. (2007). A peculiar version of friendly fire. *Progressive* , 71 (1), 17-20.
- Johnson, D. T. (2010). In service to our country. In L. D. Lockhart, *Domestic violence: intersectionality and competent practice* (pp. 268-285). New York: Columbia University Press.

- Katz, L. B. (2007). Women who served in Iraq seeking mental health services: Relationships between military sexual trauma, symptoms, and readjustment. *Psychological Services* , 4 (4), 239-249.
- Lieberman, J. (2010, 05 25). *The text of Lieberman's "don't ask, don't tell repeal*. Retrieved 12 20, 2010, from washingtonindependent.com:
<http://washingtonindependent.com/85609/the-text-of-liebermans-don-t-ask-don-t-tell-repeal>.
- Lindhorst, T. M. (2010). Outing the abuse. In L. D. Lockhart, *Domestic violence: intersectionality and competent practice* (pp. 232-267). New York: Columbia University Press.
- Lyon-Martin Health Services. (n.d.). *About Us*. Retrieved October 11, 2010, from Lyon-Martin Health Services: <http://www.lyon-martin.org>.
- Martinac, P. (2000). Employment, gag orders, & 'Don't ask, don't tell'. *Out!* , 127.
- Matsakis, A. (2007). *Back from the front: Combat trauma, love and the family*. Baltimore MD: Sidran Press.
- McClatchy Newspapers. (2010, 01 18). *Despite Efforts, Troop Suicide Rate Up*. Retrieved 04 01, 2011, from Military.com - Today in the Military:
<http://www.military.com/news/article/despite-efforts-troop-suicide-rate-up.html>.
- Mcfarland, R. (2006, March 29). *Statement of the Honorable Robert Mcfarland*. Retrieved October 6, 2010, from United States Department of Veteran Affairs:
<http://www4.va.gov/OCA/testimony/hac/smq1va/060329IT.asp>.
- Meezan, W. M. (2009). *Handbook of research with lesbian, gay, bisexual, and transgender populations*. New York: Routledge.

- Moradi, B. (2009). Sexual orientation disclosure, concealment, harassment, and military cohesion: perceptions of LGBT military veterans. *Military Psychology* , 21 (4), 513-533.
- Murphy, P. (2010, 12 14). *H.R.6520*. Retrieved 12 20, 2010, from Thomas.loc.gov:
<http://thomas.loc.gov/cgi-bin/query/z?c111:HR6520>.
- Nadler, G. (2009, 09 15). *H.R.3567 - Respect for Marriage Act*. Retrieved 04 01, 2011, from Open Congress: <http://www.opencongress.org/bill/111-h3567/text>.
- O'Bryan, W. (2005, 01 20). *Military Backup*. Retrieved 10 03, 2010, from metroweekly.com:
<http://www.metroweekly.com/news/?ak=1418>.
- Palmer, C. (2008). A theory of risk and resilience factors in military families. *Military Psychology* , 20 (3), 205-217.
- Parson, E. R. (1990). Post-traumatic psychocultural therapy: Integration of trauma and shattering social labels of the self. *Journal of Contemporary Psychotherapy* , 20 (4), 237-258.
- Petzel, R. (2010, August 30). Expansion of authority to provide mental services to families of veterans - IL 10-2010-013. *Under Secretary for Health's Information Letter*.
Washington, D.C.: Department of Veteran Affairs.
- Pittman, J. K. (2004). Internal and external adaptation in Army families: Lessons from Operation Desert Shield. *Family Relations*, Vol. 53, No. 3 (Apr., 2004), pp. 249-260.
- Rogers, T. E. (2003). Sexual minorities seeking services: A retrospective study of the mental health concerns of lesbian and bisexual women. *Journal of Lesbian Studies* , 7 (1), 127 - 135.
- Rounds, M. (2010, August). The principal challenge of realizing total force fitness: Changing our readiness culture. *Military Medicine* , 124-126.
- Rubin, A.B. (2008). *Research methods in social work*. Belmont CA: Thomson Brooks/Cole.

- Rudolph, D. (2008, 01 10). Family under fire. *Bay Windows*, pp. 5-5.
- Sinclair, G. D. (2009). Homosexuality and the military: A review of the literature. *Journal of Homosexuality*, 56 (6), 701-718.
- Sinclair, G. D. (2008). *Homosexuality and the U.S. military: A study of homosexual identity and choice of military service*. University of Texas at Arlington. Arlington TX: Faculty of the Graduate School, University of Texas at Arlington.
- Slone, L. F. (2008). *After the war zone: A practical guide for returning troops and their families*. Philadelphia: Perseus Books.
- Smith College School for Social Work. (2010). *Master's thesis: Thesis guidelines 2010-2011*. Northampton MA: Smith College School for Social Work.
- Smith, D. (2008). Active duty military personnel presenting for care at a gay men's health clinic. *Journal of Homosexuality* , 54 (3), 277-279.
- Snell, F. T. (2008). Veterans report reasons for seeking mental health treatment. *Archives of Psychiatric Nursing*, 22 (5), 313-314.
- Stetka, B. (2011). *At war with mental illness: Caring for troops and veterans : are community docs adequately trained?* Retrieved 04 01, 2011, from MedScape Today:
http://www.medscape.com/viewarticle/737039_7.
- Suris, A. L. (2008). Military sexual trauma: A review of prevalence and associated health consequences in veterans. *Trauma, Violence & Abuse* , 9 (4), 250-269.
- Turchik, J. A. (2010). Sexual assault in the U.S. military: A review of the literature and recommendations for the future. *Aggression and Violent Behavior* , 15, 267-277.
- Valente, S. W. (2007). Military sexual trauma: Violence and sexual abuse. *Military Medicine* , 172 (3), 259-262.

Westcott, K. S. (2007). Silent sacrifices: The impact of "don't ask, don't tell" on lesbian and gay military families. *Duke Journal of Gender Law & Policy* , 14 (2), 1121-1139.

WRAIR. (2010). *Battlemind Training II Final: Training materials to assist soldiers and family members' transition from the combat zone to the home zone.* (W. R. Research, Producer)
Retrieved June 29, 2010, from arfp.org: <http://www.arfp.org/skins/ARFP/>.

Yellow Ribbon. (2010). Retrieved October 3, 2010, from The Yellow Ribbon Program for those who serve and those who support: <http://www.yellowribbon.mil/>

Yeung, B. (2007). Left behind. *Advocate* , 988, 41-42.

Appendix A

A Sampling of Family Support Services Provided by the Military

All branches

1. Military OneSource is provided by the Department of Defense at no cost to active duty, Guard and Reserve (regardless of activation status) and their families. It is a virtual extension of installation services. <http://www.militaryonesource.com>
2. SpouseREADI – Resilience Education and Deployment Information. Telephone support to spouses for OEF/OIF, scheduled to begin testing in September 2010.
3. Blog.spouseclubs.com – An internet “web log” connecting U.S. military spouses worldwide.
4. Transition Assistance Management Program (TAMP) - free health care for 180 days provided to post-deployment eligible family members. <http://fhp.osd.mil>
5. Military Community and Family Policy Program website provides free counseling to families. This is the service that assigns Military and Family Life Consultants to every officially identified military family. www.militaryhomefront.dod.mil
6. Military Spouse Career Advancement Accounts (MyCAA) - The Department of Defense’s expanded program is now offering up to \$6,000 to military spouses who are interested in pursuing degree programs, licenses or credentials leading to careers in high growth, high demand portable career fields.
7. Yellow Ribbon Reintegration Program – community-based activities to welcome servicemembers back to their civilian lives.
8. Centers of Excellence for Psychological Health & Traumatic Brain Injury
9. Joint Services Support - <http://www.jointservicesupport.org/PHP/Default.aspx>

- a. Psychological help center for families
- b. Job search
- c. Benefits help, including state and county benefits
- d. Military community events

Army

1. www.armywell-being.org – an umbrella website including:
 - a. Armyfrg.org –family readiness group.
Website provides documents, photographs, and other information about unit activities and location. Also offers spouse Battlemind training.
 - b. Military Spouse Career Center – Career opportunities, training, and education
 - c. Strong Bonds - motto is “Stronger relationships mean a stronger Army.” This chaplain led program operates under the direction of unit Commanders to increase soldier and family readiness and includes marriage retreats, program for singles – “learn how to make good relationship choices.”
 - d. www.armywivesforums.com “Her guide for surviving His Deployment”
2. “One Army – One Family – One Team” program of services delivered through unit Commanders
 - a. Army Family Action Plan
 - b. Survivor Outreach Services
 - c. Family Team Building
 - d. Beneficiaries for Two savings plans
 - e. Army Strong Community Centers
 - f. Social media accounts and connections

- g. Fort Family (finance, emergency support)

Navy and Marines

1. Navy Lifelines - Quality of Life information and services to Active and Reserve Marines, Sailors, and family members. Fleet and family support programs with personal consultants - www.navylife .
2. <http://www.npc.navy.mil/Audiences/ForFamilies/>
 - a. Spouse Support/Relocation Assistance
 - b. Casualty Assistance: assistance for Navy families in times of need
 - c. Exceptional Family Member Program for family members with long term health care or special education needs
 - d. Suicide Prevention program and stress management tools
 - e. Pay, personnel and benefits eligibility and information
1. Marine Corps Family Teambuilding - educational resources and services to foster personal growth and enhance the readiness of Marine Corps families.
3. Navy & Marine Corps Relief Society - Financial, educational and other assistance to members of the Navy/Marine Corps, eligible family members, and survivors.
4. MFR MCCS - Provides Marines, Sailors, and families with resources, education, training, personal contacts, and services to manage the challenges of military service.

Air Force

1. <http://www.af.mil/yoaff/index.asp> - Year of the Air Force Family
 - a. Sexual Assault Prevention and Response Program
 - b. FitFactor
2. Family Readiness Program - <http://www.afrc.af.mil/>

Appendix B

Survey Letter

Dear LGBT mental health provider,

Are mental health agencies which target the lesbian community prepared to provide services to lesbian military servicemembers and their families? This inquiry is motivated by the military's own stated need to provide for the mental health of its servicemembers' families while also adhering to the policy of "Don't ask, don't tell" and the Defense of Marriage Act.

I am researching agency policies and practice across the country. The following survey questions have been formulated based on the information available from the military on what it considers pertinent to the needs of military families and what the military itself offers to families of servicemembers.

Please accept my thanks in advance for your help. You can indicate your agency's capacities by circling or underlining the yes or no response next to each item.

You may add anything you wish at the end of survey, but know that additional information is not solicited. Quotes may be used if offered, but will not be attached to identifying information. No individual or agency will be identified in the published research.

Please return your completed survey to me,

[personal data deleted]

Again, thank you. Please feel free to contact me for additional information, resources, or to be informed of the data results.

Appendix C

Survey for Lesbian Focused Mental Health Centers

Does your program(s) currently provide services to:

Lesbians and their families as a target category of clients?	yes	no
Military servicemembers/veterans as a target category of clients?	yes	no

Do you have staff with:

Military experience under the “Don’t ask, don’t tell” policy?	yes	no
Training on mental health issues arising out of military experience?	yes	no
Training on military family issues?	yes	no
Knowledge of Veterans Administration policy toward lesbian families?	yes	no

Has your organization worked with the effects on families from common disorders resulting from military deployment, such as:

Post-traumatic Stress (PTSD)	yes	no
Traumatic Brain Injury (TBI)	yes	no
Substance Abuse	yes	no
Major Depression (MDD)	yes	no
Intimate partner violence	yes	no
Military sexual trauma	yes	no

Do you have support groups for lesbian military families?	yes	no
Can you make referrals to such a group?	yes	no

Would you refer a lesbian military family to another provider?	yes	no
--	-----	----

To whom? _____

Appendix D

Text responses to Survey Question Sixteen

As this was a text questions, all answers are listed *verbatim*.

- a. "if we know the resources"
- b. "we would see them here because we would not know of other resources that exist in the community"
- c. "a colleague working on base"
- d. "if any of the above mental issues presented at [name deleted], supervisor and/or training would be provided to the MFT Trainees/Interns."
- e. "Service Members Legal Defense Network"
- f. "Would need to identify a family therapist within their network. We are associated with a network of providers that do family therapy in their practices."
- g. "I'd have to search for it a bit. Not sure, but if they didn't want to work with us I'd refer out. We have two staff members who are police officers, and a lesbian military couple would possibly go to one of them. Though not military themselves, their departments are paramilitary in structure."
- h. "Not sure of to whom. It would be very helpful to know of agencies with this particular expertise."
- i. "SLDN"
- j. "possibly, if indicated"
- k. "We would most likely refer the family to the VA"

- l. "The only resource we are aware of is the VA Medical Center in [deleted]. We know a few LGBT identified/supportive staff at that facility. As a staff, we have mental health professionals who are qualified to work with trauma but not specific to military deployment. We are LGBT-specific and have worked with veterans but do not consider LGBT veterans to be a specialty due to very few number of LGBT people who have openly-served in the military."
- m. "no one available"
- n. "maybe the VA where there are some LGBT therapists"
- o. "Depends - probably not but we do not know of any resources except VA"
- p. "Would try but would not know who to refer to"