Perceptions of family acceptance into the military community among U.S. LGBT service members: A mixed-methods study

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ABSTRACT

Introduction: Despite calls to increase representation of diverse family structures in military family research, little is known about the experiences of the families of lesbian, gay, bisexual, or transgender (LGBT) service members (SMs). Using minority stress theory and a mixed-methods design, this study considers LGBT SMs' perceptions of family acceptance within the military community. **Methods:** Survey data from 115 LGBT SMs who have a spouse or partner, a child or children, or both and qualitative data from 42 LGBT SMs who participated in semi-structured interviews were used. Demographic information, perceived family acceptance by the SM's unit, leadership, and duty station, and beliefs about the appropriateness of military services for LGBT families were examined. **Results:** Many LGBT SMs, in both quantitative and qualitative findings, felt their families were accepted, although many still perceived a lack of acceptance, particularly regarding appropriateness of military family support services. No differences in perceived family acceptance were noted across sexual and gender identity categories. LGBT SMs who reported lower acceptance were more likely to report concerns about their family's safety and the appropriateness of family support services, as well as increased physical and mental health symptoms. **Discussion:** These findings shed light on the experiences of LGBT military families and highlight both successes, with respect to inclusion, and areas for more scrutiny. Results raise particular concerns about supportive services that are perceived to be inappropriate for LGBT families. Evaluating LGBT families' use of supportive services, barriers to accessing services, and outcomes of these experiences should be prioritized.

Key words: acceptance, bisexual, diverse, gay, health, lesbian, LGBT, military community, military families, minority stress theory, transgender, U.S. military

RÉSUMÉ

Introduction : Malgré des demandes en vue d'accroître la représentation de structures familiales diversifiées dans les recherches sur les familles de militaires, on ne sait pas grand-chose des expériences des familles de membres du service militaire (SM) qui sont lesbiennes, gays, bisexuels ou transgenres (LGBT). À l'aide de la théorie du stress des minorités et d'une méthodologie mixte, la présente étude évalue les perceptions des membres du SM LGBT envers l'acceptation familiale au sein de la communauté militaire. **Méthodologie :** Les chercheurs ont utilisé les données d'un sondage auprès de 115 membres LGBT du SM qui ont indiqué avoir un conjoint ou un partenaire, un ou plusieurs enfants ou à la fois un conjoint ou un partenaire et un ou plusieurs enfants, de même que les données qualitatives de 42 membres LGBT du SM qui ont participé à des entrevues semi-structurées. Ils ont examiné l'information démographique, la perception d'acceptation de la famille par l'unité du SM, le leadership, le lieu d'affectation et les opinions quant à la pertinence du service militaire pour les familles LGBT. **Résultats :** Tant dans le volet quantitatif que qualitatif, de nombreux membres LGBT du SM trouvaient que leur famille était acceptée, mais bon nombre percevaient encore un manque d'acceptation, notamment pour ce qui est de la pertinence des services de soutien aux familles de militaires. Aucune différence n'a été constatée entre les catégories d'identité sexuelle ou de genre pour ce qui est de la perception d'acceptation familiale. Les membres LGBT du SM qui ont signalé une moins grande acceptation étaient plus susceptibles de déclarer des inquiétudes à l'égard de la sécurité de leur famille et de la pertinence des services de soutien aux

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familles, de même que des symptômes physiques et mentaux plus élevés. **Discussion :** Ces résultats jettent la lumière sur les expériences des familles LGBT dans les communautés militaires et font ressortir à la fois les réussites sur le plan de l'inclusion et les secteurs à surveiller. Ils soulèvent des préoccupations sur l'accès aux services de soutien qui sont perçus comme inappropriés pour les familles LGBT. L'évaluation du recours aux services de soutien par les familles LGBT, les obstacles à l'accès aux services et les résultats de ces expériences devraient être priorisés.

Mots-clés : acceptation, bisexuel, communauté militaire, diversité, familles de militaires, gay, lesbienne, LGBT, militaires des États-Unis, santé, théorie du stress des minorités, transgenre

LAY SUMMARY

There are approximately 16,000 families of lesbian, gay, bisexual, or transgender (LGBT) service members in the U.S. military, but very little is known about how accepted they feel in the communities in which they live. This study begins to address this question by considering the perspectives of LGBT service members, which they shared both in response to an online survey and in interviews. Findings suggest that many service members believe their spouses and families are accepted by their chain of command. However, a smaller but important group continued to express concerns about their family being accepted in their military community. Many service members appear concerned that family services available to them through the military are not appropriate for LGBT families. Altogether, this article highlights the need for more research to understand the well-being and needs of this group.

INTRODUCTION

There are an estimated 63,000-105,000 lesbian, gay, or bisexual (LGB) and 3,960 transgender service members (SMs) in the U.S. military.[1,2] Until the repeal of the Don't Ask, Don't Tell, Don't Pursue (DADT) policy in 2011, U.S. LGB SMs could not disclose their sexual orientation without risking discharge from military service. In 2016, the U.S. Department of Defense (DoD) lifted its restrictions on open transgender service, allowing transgender individuals to serve openly.[3] Although this policy was reversed from 2017 through 2021,[4] as of this writing, transgender SMs meeting certain psychological and physical requirements are able to serve openly and receive needed medical care.[5] Lesbian, gay, bisexual, and transgender (LGBT) SMs may experience adverse health outcomes, may face barriers to accessing health care, and are more likely than their cisgender and heterosexual colleagues to experience harassment, discrimination, and violence in the workplace.[6-9] As a result, many may be cautious about disclosing not only their identity but also their partners and families.[10-12] There may be as many as 16,000 LGBT families in the U.S. military.[13] Despite calls to increase representation of diverse families in research,[14] little is known about their experiences within the military community. Using a minority stress theory framework and a mixed-methods design,[15] this study considers LGBT SMs' perceptions of the acceptance of their families into the military community. Understanding the experiences of LGBT military families is critical because these experiences may affect the health of family members as well as the health, job performance, and retention of SMs.

Theoretical framework

Minority stress theory suggests that chronic exposure to stressors associated with minority status may contribute to increased distress experienced by members of the LGBT community, resulting in elevated risk of adverse health outcomes.[15,16] In the context of one's environmental circumstances and general stress exposure, the model outlines distal stressors, such as discrimination, as well as proximal stressors, including internalized homophobia.[15] For LGBT SMs, stressors may include negative events, such as victimization, and negative attitudes, including homophobia and transphobia.[9] Consistent with minority stress theory, empirical work emphasizes the importance of social support in coping with stressors.[12,17] Although immediate family may be an important source of social support, attenuating the impact of minority stress for LGBT SMs,[15] perceived rejection and identity concealment may impede provision of support, potentially exacerbating the effects of minority stress.[15] The tenets of this framework may also extend beyond SMs to LGBT family members, suggesting an increased likelihood of poor outcomes compared with non-LGBT families as a result of the added burden of stigma within the military community.[15] Research with civilian LGBT families is consistent with minority stress theory, suggesting an increased risk of poor health outcomes as a result of stigma and exclusion experiences in community settings.[15,18-23]

Military families

Military families are exposed to a unique set of stressors, including geographic mobility, a specific military

culture, family separation for training or deployment, or risk of injury or death to the SM.[1,24-27] The all-volunteer nature of the U.S. military has made prioritizing family well-being paramount;[1,28] problems at home can affect SM morale and retention,[29] interfere with job performance, and contribute to poor SM health outcomes.[30-32] Despite the unique constellation of stressors facing military families, most experience a healthy balance of low exposure to risk factors and access to sufficient protective factors, including social support from the military community,[33] that account for their capacity to respond to the stressors of military service. In contrast, increased risk and fewer protective factors are associated with poor health outcomes for a subset of military families, including distress, substance use, poor mental health, and family violence.[1,25,26,34]

LGBT military families

Minority stress theory suggests that LGBT families may experience greater risk exposure and limited access to protective factors. In addition to minority stressors, these families are more likely to be female headed, of minority race-ethnicity, and in interracial partnerships than non-LGBT military families.[13] Although married spouses of LGBT SMs and their children are now eligible for military benefits, including health care coverage, life insurance, housing allowances, and survivor benefits, some may still face perceived or experienced barriers to accessing services, including the families of transgender SMs who were, until recently, barred from serving openly.[35,36] Normative stressors that all military families face may be exacerbated in LGBT families. Frequent relocation may be more stressful for an LGBT family if they receive orders to leave a supportive community for one in which they may be less accepted.[13] LGBT military families may also have less access to social support within the military community. It has been noted that racial-ethnic minority families and families with less common configurations, such as single-parent households, can experience difficulty with integration and access to support from military communities.[37,38]

Current study

A recent consensus report called on the DoD to "take immediate steps to gain a more comprehensive understanding of the diversity of today's military families and their needs, well-being, and readiness to support service members."[1(p. 327)] However, a systematic review of military family mental health concluded that no identifiable quantitative studies of LGBT military families had been published to date.[1,14] To address this gap, this study provides a preliminary picture of LGBT military family experiences from the perspective of the SM. Considering limited information on this topic, a mixed-methods approach triangulates quantitative and qualitative findings and offers important context,[39] guided by four research questions:

1) What are the demographic characteristics of LGBT SMs with families?
2) Are there differences across sexual and gender identity groups regarding perceptions of family acceptance, safety, and access to appropriate services among LGBT SMs with families?
3) How do LGBT SMs describe acceptance of their families into the military community?
4) Do perceptions about family acceptance influence LGBT SMs' health and beliefs about services?

METHODS

This study is a secondary analysis of data collected in 2016-2018 as part of the DoD-funded Military Acceptance Project, which examined acceptance and integration of active-duty LGBT SMs and suggested that repeal of DADT, although monumental and much needed, did not uniformly build a climate of LGB inclusion in the military.[40] Data were collected during a period when transgender SMs could serve openly. In Phase 1 of this study, 42 LGBT SMs participated in interviews. In Phase 2, 544 SMs, including 248 who self-identified as LGBT, participated in an online survey. Because LGBT SMs can be difficult to reach,[9] participants were recruited through 1) an advisory panel, 2) the use of respondent-driven sampling, and 3) social media and other platforms to recruit SMs not out to others in their community.[41] If off duty, participants received a US$25 incentive for participation in either study phase and up to three US$10 incentives for recruitment of additional participants. Procedures were approved by the Human Research Protection Office of the U.S. military as well as the institutional review boards at the University of Southern California and the University of California, Los Angeles.

Qualitative data collection and analyses

In the original study, 90- to 120-minute semi-structured interviews were conducted with LGBT SMs via videoconference to explore topics including motivation to serve, experiences of acceptance, and health.[42] A life history calendar method was used in which a structured

visual timeline is employed to enhance the collection of retrospective qualitative data.[43] Interviews were transcribed and data managed with NVivo (version 12; QSR International, Burlington, MA).[42] For this study, 11 codes referring to the family members of LGBT SMs were extracted from NVivo and recoded separately by three researchers using reflexive thematic analysis.[44] Using an inductive latent approach, initial themes and sub-themes relevant to addressing research questions were identified and discussed by the research team and revised until agreement was reached.

Quantitative measures and analysis

Demographics

Respondents indicating a sexual minority identity (gay or lesbian, bisexual, or other), a gender minority identity (transgender male or trans man, transgender female or trans woman, genderqueer or gender non-conforming, or other), or both were considered to be LGBT. Among this group, respondents who indicated they were partnered (married or domestic partnership), had a child or children, or both were considered part of a LGBT family (N = 115). Data were also collected on race-ethnicity (recoded as white or non-white) and age in years (continuous).

Military service

Data were collected on service branch (air force, army, Marine Corps, navy, other), rank (enlisted or officer), and length of service in years (continuous). Deployment and combat history were represented dichotomously, reflecting having ever experienced either event (yes or no).

Health

Depression symptoms were assessed using the Patient Health Questionnaire-8 (PHQ-8),[45] which consists of eight items such as "little interest or pleasure in doing things" and "feeling tired or having little energy." Response options ranged from 1 (not at all) to 4 (nearly every day). Physical health was measured with the Patient Health Questionnaire-15 (PHQ-15),[46] which consists of 15 items measuring symptoms such as chest or stomach pain and difficulty sleeping that are rated on a 3-point Likert scale ranging from 1 (not bothered at all) to 3 (bothered a lot). Responses for both measures were summed to create composite scores. Internal consistency was excellent for the PHQ-8 ($\alpha = 0.93$) and good for the PHQ-15 ($\alpha = 0.86$).

Family acceptance

Two sets of five yes-or-no questions assessed perceptions of family acceptance since joining the military and in the past 30 days. These items included 1) "Some members of my unit are unwilling to acknowledge my spouse/partner," 2) "My spouse/partner is not welcome at unit functions," 3) "My leadership is unwilling to acknowledge my spouse/partner," 4) "It is unsafe for my family to live in my current duty location," and 5) "Military family support resources are not trained to meet the needs of LGBT families." Only participants who endorsed an item during their military career were presented with the same item assessing that perception in the past 30 days.

Quantitative analyses

Quantitative analyses examined demographics and health characteristics of LGBT SMs. In addition to considering responses to each individual item, exploratory factor analysis, using the principal axis factor method, suggested that perceived family acceptance items could be treated as a scale, with three of five acceptance items loading together. Because these items referenced only spouses or partners, the resulting scale ($\alpha = 0.81$) reflects partner acceptance, with a higher score indicating lower perceptions of acceptance. The remaining items (family safety and appropriateness of services) were examined separately. Analyses of variance examined differences in perceptions of partner acceptance across sexual and gender identity, demographic, and military categories; χ^2 tests assessed differences in perceived family safety and appropriateness of services across the same categories. Unadjusted linear and logistic regressions tested whether perceptions of partner acceptance were associated with 1) LGBT SMs' mental and physical health symptoms, 2) perceptions of family safety at current duty location, and 3) perceptions of appropriateness of family support services.

RESULTS

Quantitative results

Approximately two-thirds of LGBT SMs with families were white and aged 30 years on average, with most enlisted rank and nearly half serving in the army (Table 1). The majority were partnered (97.5%), and more than 20% reported having at least one child. A sizable subset exceeded clinical cut-points for clinically significant physical health symptoms (35.4%) and probable diagnosis of depression (23.7%).

Table 1. Sample demographics (N = 115)

Characteristic	No. (%)*
Race-ethnicity	
white	75 (65.2)
Non-white	40 (34.8)
Rank	
Enlisted	77 (67.0)
Officer	38 (33.0)
Sexual orientation	
Heterosexual or straight	13 (11.3)
Gay or lesbian	66 (57.4)
Bisexual	27 (23.5)
Sexual orientation not listed here	9 (7.8)
Gender identity	
Cisgender female	42 (36.5)
Cisgender male	37 (32.2)
Transgender female	18 (15.6)
Transgender male	17 (14.7)
Gender identity not listed here	1 (0.87)
Marital status	
Single, divorced, separated	5 (4.35)
Married, domestic partnership	110 (95.7)
Has a child or children	
No	90 (78.3)
Yes	25 (21.7)
Served in combat	
Decline to answer	1 (0.9)
No	29 (25.2)
Yes	46 (40.0)
Current branch of service	
U.S. Air Force	34 (29.6)
U.S. Army	53 (46.1)
U.S. Marine Corps	8 (7.0)
U.S. Navy	20 (17.4)
Ever deployed	
No	39 (34.2)
Yes	75 (65.8)
Length of service, y, mean (SD), range	8.5 (5.7), 1-24
Age range, mean (SD)	30.7 (6.5), 20-54
Physical health symptoms, mean (SD), range	8.5 (5.9), 0-26
Depression symptoms, mean (SD), range	5.3 (6.4), 0-24

* Unless otherwise indicated.

The majority of LGBT SMs reported that, since joining the military, their leadership was willing to acknowledge their spouse or partner (86.4%) and their spouse or partner was welcome at unit functions (88.1%; Table 2), although fewer felt their spouse or partner was acknowledged by their unit (68.3%). Most LGBT SMs reported that it was safe for their family to live in their current duty station (86.5%). About two-thirds endorsed perceptions that military family support resources were not trained to meet the needs of LGBT families (62.5%). Perceptions from the sub-sample who responded to questions regarding the past 30 days were poorer (Table 2), although caution should be applied because of low sample sizes (n = 12-59).

No differences were found in perceptions of acceptance by sexual or gender identity, demographic, or military categories (available from authors). Significant associations were found between lower perceived partner acceptance among SMs and poorer beliefs about the appropriateness of family support programs for LGBT families (OR 9.79; 95% CI, 2.20-43.53) and poorer perceptions of their family's safety at their current duty location (OR 1.9; 95% CI, 1.17-3.16). Significant associations between lower perceived partner acceptance and increased physical ($\beta = 1.88, p = 0.034$) and mental health symptoms ($\beta = 1.41, p = 0.040$) were also found among LGBT SMs.

Qualitative findings

Three major themes were generated from secondary analysis of interviews with LGB SMs regarding perceptions of their families' acceptance within the military community: 1) access to services, 2) military community support, and 3) assisted conception. Evidence from transgender participants regarding family acceptance was not identified; therefore, qualitative data represent the experiences of only LGB participants.

Access to services

Participants who discussed access to health care services for their spouses and children described largely positive experiences, although this differed for married versus unmarried partnerships:

> My wife and daughter have been able to get health care without a problem. [Wife] shows her ID card with my name on it and she doesn't get any kind of issue. She doesn't get any kind of hassle. She's had a pretty good experience.
>
> (Lucia, cisgender female, lesbian, navy, Latina)

Table 2. LGBT service members' perceptions of family acceptance since joining the military and in the past 30 days

Question prompt	N (%)	
	Since joining the military (N = 115)*	In the past 30 days (n = 12-59)*
Some members of my unit are unwilling to acknowledge my spouse/partner.		
No	69 (68.3)	15 (51.7)
Yes	32 (31.7)	14 (48.3)
My spouse/partner is not welcome at unit functions.		
No	89 (88.1)	7 (58.3)
Yes	12 (11.9)	5 (41.7)
My leadership is unwilling to acknowledge my spouse/partner.		
No	89 (86.4)	8 (61.5)
Yes	14 (13.6)	5 (38.5)
It is unsafe for my family to live in my current duty location.		
No	90 (86.5)	10 (71.4)
Yes	14 (13.5)	4 (28.6)
Military family support resources are not trained to meet the needs of LGBT families.		
No	36 (37.5)	18 (30.5)
Yes	60 (62.5)	41 (69.5)

* Only service members who responded yes to items regarding each experience during their entire military career (since joining the military) were presented with items regarding these experiences in the past 30 days.

> Health care has been great. And the only issue you have was with [us] not being married at the time and that was like our main reason for [getting married]. Slightly frustrating at times. It's like I can't take care of my own family being in the military. But, now everything is good. He's being taken care of.
>
> (Mat, cisgender male, gay, air force, Asian)

Military community support

Many participants reported positive experiences with their chain of command and colleagues in accepting and integrating their family members within the workplace:

> [Chain of command]'ve seen us out of context from the office. They recognize the last name and they're the first to say Oh, I work with your husband. So, it's unique. It's nice to know that they can say I work with your husband to another man and not bat an eyelash about it ... Our leaders ask us about the other. Oh, good morning, how is [husband] doing? ... They were just normal, human conversations that you feel more human at the end of the day.
>
> (Dante, cisgender gay male, air force, Latino)

> Everyone was super supportive ... I mean, me being married and openly talking about my husband in work settings has been great.
>
> (Dustin, cisgender male, gay, air force, Black)

A minority of quotes described negative or less inclusive experiences regarding acceptance of LGB families. More guarded perceptions were expressed of community-based services such as Family Readiness Groups (FRG) and Morale, Welfare, and Recreation (MWR) departments, which were seen as unwelcoming or focused on supporting different-sex families:

> The Family Readiness Group, which is basically all the spouses in the unit do fundraisers, get togethers, things like that ...I don't feel that the FRG has made it very welcoming for those of the same-sex couples.
>
> (Nick, cisgender male, gay, army, Asian)

> Everything that they have with MWR, that's family related or that's family-oriented, I wouldn't say that it's directed towards same-sex families ... I know that we don't go to a lot of stuff because ... we don't know any same-sex families that are gonna go. So it's probably even less of a reason that we're gonna go, because you still get looks ... I don't want [our daughter] to have to deal with that, just yet ... it's kind of hard to encompass everybody.
>
> (Lucia, cisgender female, lesbian, navy, Latina)

Others described more negative sentiment from colleagues because of their LGB identity. This included

the use of exclusionary terminology or assumptions made by colleagues. One participant described feeling unfairly targeted through disciplinary processes because of their relationship with their partner and rushed into formalizing their relationship to avoid impacts on career progression:

> I have to correct them now all the time and I say "No, my wife," so that is [an] aggravation point for me because everybody isn't married to a man. So stop saying that. It really aggravates me.
>
> (Donna, cisgender female, lesbian, army, Black)

> I'd say there were at least like one or two who just genuinely did not like that my husband and I were [working together]. They did write us up on numerous occasions for having an unprofessional relationship and got more people involved than needed to be ... we were put into a position, unfortunately, that cornered us and the only way to stop the nonsense was to rush our marriage. We would not have done it the way we did it so officially, if we had had the opportunity and time to plan it out.
>
> (Dante, cisgender male, gay, air force, Latino)

Assisted conception

Many participants discussed family planning and perceptions of the available military support for LGB families trying to conceive. Some described a lack of awareness of services or a perceived focus on assisted conception services for heterosexual couples, although others felt that the provision of assisted conception and adoption support was equivalent to that of heterosexual couples:

> One of the things that I think needs to kind of be looked into is when it comes to LGBT service members having children. Tricare doesn't cover, to my knowledge, unless you have fertility problems, they don't cover IVF or in vitro or anything like that and I think that would be beneficial because just because we're gay doesn't mean we don't want to have families.
>
> (Mary-Kate, cisgender female, lesbian, air force, white)

> The army will pay for any meds needed, as far as fertility medicine and all the testing. They don't pay for the sperm and they don't pay for the procedure. But, this is true for straight couples, too. So everything in regards to us, that can be reasonably is the same in the military, across the board. That is the same.
>
> (Betty-Jo, cisgender female, lesbian, army, white).

The lack of consideration for LGB couples was perceived as forcing them into adoption, regardless of their wishes for their own biological children. However, although the focus on heterosexual families was described as frustrating, it could be ameliorated by providers able to navigate these policies:

> As far as gay or lesbian couples, same-sex couples that lack the ability to have kids naturally, there isn't really anything for us to help us ... any sort of in vitro or surrogate support ... I don't think that there is any reason why we should be kind of pigeon-holed to adoption if we want anything. Everything else is geared towards heterosexual couples.
>
> (Millie, cisgender female, bisexual, air force, white)

> My provider knew that I had a wife and we were trying to get pregnant ... the criteria they set for referral is for a heterosexual married couple. So, she kind of had to modify it for us, like ok, we'll try with a donor for these many times and then we'll give you a referral.
>
> (Elena, cisgender female, lesbian, army, white)

DISCUSSION

This study explored LGBT SMs' perceptions of the acceptance of their families into the military community and the relationship between these beliefs and their health and perception of available services. Broadly, these results are encouraging; many LGBT SMs reported feeling that their families were accepted by their unit and leadership and were safe at their current duty location. These perceptions did not differ across sexual or gender identity categories, despite differences in policy that allow sexual minority SMs to serve openly, whereas most transgender SMs, historically, could not. Qualitative results triangulated quantitative findings and, although transgender perceptions were not represented, highlighted perceptions of acceptance of LGB families among military colleagues and the chain of command, particularly for legally married couples.

However, a sizable minority of LGBT SMs described experiences of exclusion, and many continued to report ongoing adverse experiences, even in the 30 days before survey completion. Nearly one-third expressed reservations about their unit's willingness to accept their partner. Qualitative findings emphasized that perceptions of acceptance were particularly salient for legally married LGB couples. Although there is pressure to marry among all military couples,[47] this finding

raises the possibility that there may be added pressure for LGB military couples to legitimize relationships, consistent with queer theorists who suggest that some LGBT individuals acclimate to the existing structures (i.e., marriage) to be accepted.[48]

More than 60% of respondents believed at some point during their military career that family support services did not meet the needs of their families, with the percentage increasing to nearly 70% in the preceding 30 days. Concerns about appropriate services were validated and expanded on in the qualitative results. Although the perspectives of transgender participants were not represented, participants reported that services did not represent LGB families, leading to avoidance of military community-based organizations rather than experience stigma or discrimination. Many participants described challenges related to assisted conception and perceived heteronormativity of military health care, such that same-sex couples wanting to start a family must independently craft their own path to becoming parents. The military health care program's website states that assisted reproductive services "must be medically necessary and combined with natural conception."[49] Terminology such as natural conception and the expectation of meeting this criterion implicitly discriminate against same-sex couples.

These findings illuminate the connection between experiences of partner and family acceptance and outcomes, including safety, service utilization, and physical and mental health. LGBT SMs who reported less acceptance of their partner had significantly greater odds of reporting that family support resources were not trained to meet the needs of their families and that it was unsafe for their family to live in their current duty location. Similarly, LGBT SMs who reported less acceptance of their partner were significantly more likely to report both physical and mental health symptoms. These findings are consistent with minority stress theory, which suggests that experiences of exclusion compound stressors leading to adverse outcomes, including barriers to service utilization and poor health. This framework emphasizes the role of social support in buffering against the adverse effects of increased stress resulting from stigma or discrimination. The exclusion of one's support system, in the form of the immediate family, may attenuate the positive effects of social support and could increase stigma and compound stress, leading to greater negative outcomes. Teasing out mechanisms through which poor perceived family acceptance affects LGBT SMs' well-being requires further study.

Strengths and limitations

This article represents, to the knowledge of the authors, the first attempt to characterize the experiences of LGBT military families using empirical data collected from LGBT SM. Access to both qualitative and quantitative data on this topic and the mixed-methods approach used here are strengths of the present effort. These findings should also be considered in light of several limitations. This study used nonprobability sampling and the analytical sample was small, so care should be taken when generalizing or drawing conclusions on the basis of the results. The sample size for some analyses was further restricted on the basis of skip patterns in the survey and missing data. Analyses involving physical health symptoms had a sample size of 58 because these questions included a response option of "not applicable," which many participants appeared to select rather than indicating that they were "not at all bothered" by each symptom. To be conservative, these responses were recoded as missing, accounting for a significant loss of data.

Despite the small sample size, results nevertheless indicated a significant relationship between partner acceptance and physical health symptoms; this relationship would likely be stronger in a larger sample. The small sample size may also have limited the ability to detect and describe differences in experiences across sexual or gender identity categories. Racial-ethnic categories were collapsed into white or non-white because of the small sample size, which restricted the capacity to adequately explore intersecting or unique experiences of race, sexuality, and acceptance. Moreover, data were collected from the SMs' perspective, so they may not represent the experiences of LGBT spouses and children. Finally, these data are cross-sectional; causality cannot be inferred.

Future research directions

The findings presented here are exploratory; they should be replicated and extended in a larger, representative sample of LGBT SMs, spouses, and children. Although these data offer insight into the health of LGBT SMs with families, information about the well-being of their spouses and children was not available. Similarly, the acceptance scale measured partner acceptance, which may be distinct from unique experiences of military children from LGBT families. Capturing the perspectives of spouses and children directly could provide insight into experiences about which SMs may have little knowledge. For example, how accepted do LGBT spouses and children feel during a deployment when the SM, who

may offer legitimacy in military circles, is overseas? In addition, longitudinal data could provide robust evidence regarding the connection between experiences of acceptance and health for members of the LGBT family and how these may differ across intersectionalities of racial-ethnic, sexual, and gender identity. Finally, results raise concerns about LGBT families' access to appropriate supportive services. Evaluating their use of services, barriers to access, and outcomes of these experiences should be prioritized.

Implications and conclusion

Considering limitations in current knowledge, care should be taken when proposing policy implications. However, these preliminary findings suggest that each service branch should, at a minimum, consider establishing a working group to examine barriers to well-being for LGBT military families. Moreover, use of inclusive language on intake and personnel forms would allow SMs, partners, and children to identify their sexual and gender identity and use their preferred pronouns. This step could begin to address barriers to accessing appropriate services as well as communicating a culture of acceptance and inclusion. The Veterans Health Administration has begun making this transition,[50] but similar shifts have yet to occur in active-duty settings. Ultimately, these findings represent a first effort to characterize the experiences of LGBT military families, highlighting successes with respect to inclusion as well as areas for further scrutiny and improvement. Most critically, more research is needed to understand the strengths and needs of LGBT military families.

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COMPETING INTERESTS

Kathleen A. McNamara affirms that the views expressed herein are those of the author and do not necessarily reflect the official policy or position of the U.S. Air Force, Department of Defense, or U.S. Government.

CONTRIBUTORS

Carl. A. Castro and Jeremy T. Goldbach led data collection with support from Kathrine S. Sullivan and Kathleen A. McNamara. All authors contributed to the conceptualization of research questions and data analysis strategy. Kathrine S. Sullivan, Jessica Dodge, Kathleen A. McNamara, Rachael Gribble, and Mary Keeling contributed data analysis. All authors contributed to interpretation of findings, writing, and critically revising the manuscript. All authors approved the final version submitted for publication.

ETHICS APPROVAL

The study protocol was approved by the University of Southern California, Los Angeles, California, United States.

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