



## **2021 LMHPCO Conference VA Task Force Education Session**

**Title:** LGBT Veterans in End-of-Life Care: Unique Needs & Experiences

**Presenter:** Mandy Anderson, LMSW

LMSW, Heart of Hospice-Northeast

**Presenter Credentials:** Masters in Social Work (2019) Louisiana State University

Masters in Business Administration with Human Resources Certification  
(2017) University of Phoenix

**Collaboration:** Research assistance provided by Louisiana State University Interns for Heart of Hospice-Central, Kourtney French Garcia (Graduate April 2021) and Cody Deshotel (Pending Graduation August 2021)

**Previous Presentations:** Previous Overview Presentations of Findings were shared with the following Organizations upon determining direction for this specific topic:

- National Hospice & Palliative Care Organization's We Honor Veterans Partnership Call July 8, 2021
- San Diego Hospice & Veteran Partnership Virtual Call July 22, 2021

**Overview:** This presentation is intended to present unique health concerns, psychosocial considerations, resources, and organizations dedicated to the experiences of LGBT Veterans. Though some of the direct information does transcend the experiences of LGBT Veterans into the civilian experiences of LGBT individuals, the presentation is intended to be inclusive for hospice & palliative care providers. Areas of interest will include:

- Health Concerns
- Trauma Informed Care
- Advance Directives
- VA Coordinated Care
- Community Resources
- LGBT Veteran Organizations

**Statistical Resources:** All statistics were provided through collaboration with the Department of Veterans Affairs LGBT & Related Sexual Identities recommended websites and sources along with research conducted by the team through peer reviewed sources. All sources are included in the presentation in addition to the following bibliography for additional reading and further verification. The presenter does welcome sources, feedback on this presentation, or recommendations for future presentations through email ([amanda.anderson@heartofhospice.net](mailto:amanda.anderson@heartofhospice.net)).



### **Section I: Presentation Bibliography**

- Carey, C. & Hinrichs, K.L.M., (2021) The impact of intersectional stigma on health outcomes: The case of an older lesbian veteran. *The Journal of Gay & Lesbian Social Services*.  
<https://doi.org/10.1080/10538720.2021.1875348>.
- Cartwright, C. & Hughes M. (2015) Lesbian, gay, bisexual and transgender people's attitudes to end-of-life decision-making and advance care planning. *Australas J Ageing*. 2015 Oct;34 Suppl 2:39-43. doi: 10.1111/ajag.12268. PMID: 26525446.
- DAV interview with Dr. Michael KAUTH, director of the LGBT health Program, VHA. (2019).  
<https://www.dav.org/learn-more/news/2019/dav-interview-with-dr-michael-kauth-director-of-the-lgbt-health-program-vha/>. Retrieved March 23, 2021.
- Kauth, M.R., Barerra, T.L., & Latini, D.M. (2019). Lesbian, gay, and transgender veterans' experiences in the veterans health administration: Positive signs and room for improvement. *Psychological Services* (16)1, 346-351.
- McNutt, B. & Yakushko, O. (2013). Disenfranchised grief among lesbian and gay bereaved individuals. *Journal of LGBT Issues in Counseling* (7)1, 87-116.  
<https://doi.org/10.1080/15538605.2013.758345>.
- Ruben, M.A., Livingston, N.A., Berke, B.S., Matza A.R., Shipherd J.C. (2019). Lesbian, gay, bisexual, and transgender veterans' experiences of discrimination in health care and their relation to health outcomes: A pilot study examining the moderating role provider communication. *Health Equity* 3(1), 480-488.
- Ruel, E., & Campbell, R. (2006). Homophobia and HIV/AIDS: Attitude Change in the Face of an Epidemic. *Social Forces*, 84(4), 2167-2178. Retrieved July 14, 2021, from <http://www.jstor.org/stable/3844494>
- USC Susanne Dworak-Peck School of Social Work (2021). A brief history of LGBT military policy and improving acceptance, integration and health among LGBT service members.  
<https://dworakpeck.usc.edu/news/brief-history-of-lgbt-military-policy-and-improving-acceptance-integration-and-health-among>



U.S. Department of Veterans Affairs. (2020) Veterans with lesbian, gay, bisexual and transgender (LGBT) and related identities. <https://www.patientcare.va.gov/LGBT/index.asp>. Retrieved from Google, February 6, 2021.

### ***Section II: Statistical Detail & Resources***

Retrieved from U.S. Department of Veterans Affairs. (2020, February 6) *Veterans with lesbian, gay, bisexual and transgender (LGBT) and related identities*. <https://www.patientcare.va.gov/LGBT/index.asp>

**“LGBT and related identities” is an inclusive term for sexual and gender minorities. – All can be treated.**

Available Health Care Services:

- Hormone treatment
- Substance use/alcohol treatment
- Tobacco use treatment
- Treatment and prevention of sexually transmitted infections/ PrEP
- Intimate partner violence reduction and treatment of aftereffects
- Heart health
- Cancer screening, prevention, and treatment

The veteran determines the term that is correct for them to be called.

### **Transgender Veteran Care**

All VA facilities are required to provide care to transgender Veterans or pay for services in the community.

LGBT Veteran Care Coordinator (VCC)

How can I get transition-related care at the VA?

- Apply for VA health care – VA form 10-10EZ
- Once enrolled, provided primary care doctor will submit a consult for counseling services to discuss transition or evaluation for hormone therapy
- If already with VA, ask for a referral to mental health/behavioral health evaluation for gender dysphoria

Health risk of LGTG Community

Research shows the transgender identity is about 5 times more common among Veterans than non-Veterans.

Female Veterans: Transgender Female Health Care

- Come out to your health care provider
- Hormone treatment



- Mental health – depression, anxiety, PTSD, and other mental health problems affect transgender Veterans at higher rates than non-transgender Veterans.
- Chronic stress
- Substance Use/Alcohol
- Tobacco Use – 1800-QUIT-BET
- Sexually Transmitted Infections (STIS)
  - HIV/AIDS – Transgender women who have sex with men are at increased risk of HIV infection
  - Hepatitis Immunization and Screening – immunization can help two of the three (Hep A & B)
  - Human Papilloma Virus (HPV) – Possibly cause increased rate of anal cancer
- Cancer
- Fitness (Diet and Exercise)
- Body image issues common – including bulimia or anorexia, obesity
- Heart Health
  - More likely than non-transgender women to have high blood pressure, increased risk of heart disease, heart attack, or congestive heart failure
- Intimate Partner Violence (IPV) – Military sexual trauma (MST) is the term used by the VA to refer to experiences of sexual assault or repeated, threatening sexual harassment that a Veteran experience during her military service. Transgender female Veterans are more likely to experience MST than non-transgender Veterans.
- Older Transgender Women – experienced stigma, discrimination and violence at higher rates than non-transgender women.
- Older transgender women who needs assistance may experience discrimination in nursing homes or community living centers or life in fear of that discrimination.
  - VHA has policies in place to prevent older transgender women and families in VA from enduring this discrimination
- Kidney Disease
  - Use of feminizing medications may worsen kidney disease

#### Male Veterans: Transgender Male Health Care (see above except where noted)

- Come out to your health care provider
- Hormone Treatment
- Mental Health
- Substance Use/Alcohol
- Tobacco Use
- Sexually Transmitted Disease



- HIV/AIDS
- Hepatitis Immunization and Screening
- Human Papilloma Virus (HPV)
- Cancer – cervix, breast tissue
- Fitness (Diet and Exercise)
  - Anabolic steroids and certain supplements can be dangerous
- Heart Health –
- Intimate Partner Violence (IPV)
- Older Transgender Men
- Kidney Disease – use of testosterone can worsen

#### Female Veterans: Lesbian and Bisexual Care

- Come out to your health care provider
- Mental health – depression, anxiety, PTSD, and other mental health problems affect transgender Veterans at higher rates than non-transgender Veterans.
  - § Chronic stress
- Substance Use/Alcohol
- Tobacco Use – 1800-QUIT-BET
- Sexually Transmitted Infections (STIS)
  - HIV/AIDS – Transgender women who have sex with men are at increased risk of HIV infection
  - Hepatitis Immunization and Screening – immunization can help two of the three (Hep A & B)
  - Human Papilloma Virus (HPV) – Possibly cause increased rate of anal cancer
- Breast, Ovarian, Cervical, and Uterine Cancer –
  - Higher risk factors for breast cancer due to not having children or having children later in life, being overweight, and excessive alcohol use.
  - Higher risk factors for certain gynecological cancers compared to heterosexual women due to smoking, less use of birth control pills, and overweight
  - Lesbian and bisexual women are less likely to get mammograms and routine pap smears or pelvic exams
- Fitness (Diet and Exercise)
  - Lesbian women are 25% more likely to be overweight or obese compared to heterosexual women
- Heart Health
  - More likely than non-transgender women to have high blood pressure, increased risk of heart disease, heart attack, or congestive heart failure



- Intimate Partner Violence (IPV) – Military sexual trauma (MST) is the term used by the VA to refer to experiences of sexual assault or repeated, threatening sexual harassment that a Veteran experience during her military service.
- Older Transgender Women – experienced stigma, discrimination and violence at higher rates than non-transgender women.
  - Older transgender women who needs assistance may experience discrimination in nursing homes or community living centers or life in fear of that discrimination.
  - VHA has policies in place to prevent older transgender women and families in VA from enduring this discrimination

U.S. Department of Veterans Affairs. (2020, February 6) *Veterans with lesbian, gay, bisexual and transgender (LGBT) and related identities*. <https://www.patientcare.va.gov/LGBT/index.asp>

### **Brief Report Highlights from Lesbians, Gays, and Transgender Veterans utilizing the services of the VHA**

- Research information reveals the results of 218 participants responding to an online survey.
- The results of the survey concluded, 69% of the participants were enrolled in VHA and had used VHA services recently.
- Of the participants, 1% said they avoided using the VHA facilities for fear of discrimination.
  - From a previous study conducted in 2004, 25% avoided using the VHA facilities showing an increase in a more welcoming environment for LGBT veterans.
- 64% described their VHA facility as somewhat or very welcoming.
- 59% of lesbian, gay, and transgender VHA users had disclosed their sexual orientation to some or all providers.

Kauth, M.R., Barerra, T.L., & Latini, D.M. (2019). Lesbian, gay, and transgender veterans' experiences in the veterans health administration: Positive signs and room for improvement. *Psychological Services (16)*1, 346-351

### **Pilot Study LGBT Veterans Experiences of Discrimination in Health Care**

- Participants were 47 LGBT veterans who completed measures related to past health care experiences, experiences of discrimination in health care, perceptions of provider



communications, and measures of anxiety, depression, post-traumatic stress disorder, and alcohol/tobacco use.

- The majority of LGBT veterans reported experiencing LGBT-based discrimination in health care, which was associated with higher rates of tobacco use and less comfort in disclosing their LGBT identity to providers.

Ruben, M.A., Livingston, N.A., Berke, B.S., Matza A.R., Shipherd J.C. (2019). Lesbian, gay, bisexual, and transgender veterans' experiences of discrimination in health care and their relation to health outcomes: A pilot study examining the moderating role provider communication. *Health Equity* 3(1), 480-488.

## History of the LGBT Military Policy

### The End of the “Don’t Ask, Don’t Tell” Era

- **1982:** The U.S. Department of Defense (DoD) releases a policy stating that “homosexuality is incompatible with military service.” Between 1980 and 1990, an average of 1,500 military service members are discharged annually on the basis of sexual orientation.
- **1988:** The results of a joint report conducted by the DoD and the Defense Personnel Security Research in Education Center reinforce the findings of a 1957 report claiming that gay and lesbian individuals enlisted in the armed forces pose no significant risk to security (which had previously been the rationale for barring gay individuals from enlisting in the military).
- **1993:** President Bill Clinton signs the “Don’t Ask, Don’t Tell” policy, barring openly gay and lesbian American citizens from military service—while prohibiting harassment of all “closeted” military service members.
- **2011:** Clinton’s “Don’t Ask, Don’t Tell” policy is repealed by the Obama administration.

### Increased LGBT Military Representation



- **2015:** Secretary of Defense Ash Carter announces that the Military Equal Opportunity policy has been modified to include gay and lesbian service members.
- **2016:** The Senate confirms Eric Fanning as secretary of the Army, making him the first openly gay secretary of a U.S. military branch.

## The Modern Revolution: Transgender Military Rights

- **Spring 2015:** Between April and July, a number of transgender service members—including Sgt. Shane Ortega, Airman Logan Ireland and Jamie Lee Henry, both a major and a doctor in the Army Medical Corps—come out publicly, garnering major media attention.
- **July 2015:** Secretary of Defense Carter issues a directive, which says that no service member can be discharged on the grounds of gender identity without approval from the Secretary of Defense for Personnel and Readiness.
- **July 2017:** President Trump announces that "the United States Government will not accept or allow transgender individuals to serve in any capacity in the U.S. Military," citing potential increases in medical costs as the driving factor behind the decision.
- **December 2017:** A second federal judge rules against Trump's transgender military ban. The Department of Justice continues to appeal the ruling.
- **March 2018:** Trump rescinds his previous policy in favor of a new policy denoting that "transgender persons with a history or diagnosis of gender dysphoria—individuals who the policies state may require substantial medical treatment, including medications and surgery—are disqualified from military service except under certain limited circumstances."

USC Susanne Dworak-Peck School of Social Work (2021). A brief history of LGBT military policy and improving acceptance, integration and health among LGBT service members. <https://dworakpeck.usc.edu/news/brief-history-of-lgbt-military-policy-and-improving-acceptance-integration-and-health-among>

- In the US, there are an estimated 1.5 – 3 million older adults who identify as LGBT
  - o Approximately 1 million gay and lesbians American veterans.
- Study is taken from 31 in-depth interviews with lesbians in the Rocky Mountain Region.
  - o Research from paper is intended to represent older lesbian population due to lack of information available.
- Stress from living under stigma and discrimination can result in early deaths
- Physical and mental health disparities among LGBT older adults are of significant concern since the majority of health issues appear later in life.
- Statistics related LGBT adversity:
  - o 82% have been victimized because of their perceived sexual orientation or gender identity
  - o 64% have been victimized 3 or more times.



- o Nearly 4 out of 10 LGBT adults have completed suicide at some point during their lives
- Discrimination is experienced:
  - o employment and housing, which impacts economic security
  - o LGBT have little or no confidence that medical personnel would treat LGBT individuals in old age with dignity and respect.
    - § Negative experiences in medical field affect follow-up care
- Triple minority status of older lesbian – Women are twice unseen due to combined forces of patriarchy and fascination of youth, PLUS lesbian = triple invisible minority
  - o Triply oppressed: Race, ethnicity, closeted, childless, poor, homelessness, or a dishonorable military discharge

Carey, C. & Hinrichs, K.L.M., (2021) The impact of intersectional stigma on health outcomes: The case of an older lesbian veteran. *The Journal of Gay & Lesbian Social Services*. <https://doi.org/10.1080/10538720.2021.1875348>.

## **LGBT Veterans Advocacy Group**

*American Legion Alexander Hamilton Post 448* –  
· Predominately LGBT Veterans

*AVER – American Veterans for Equal Rights*

- Veterans service organization
  - o Chapters across America – offers safe place for veterans to honor their pride in their country.
- American Veterans for Equal Rights is the oldest and largest chapter-based, all-volunteer national Lesbian, Gay, Bisexual, and Transgender (LGBT) Veterans Service Organization in the United States, and the nation’s only LGBT VSO recognized by the Veterans Administration
- Worked to overturn military discriminatory ban against LGBT service
- Advocate for LGB service members as a protected class in the Military Equal Opportunity (MEO) Program. This provides LGB access to unit level MEO officers who can provide direct and immediate support in cases of harassment or discrimination.
- Transgender did not benefit from DADT repeal. AVER is working to insure they will serve honorably beside other members of the military
- Central focus – have same-gender American marriages legally recognized. The Defense of Marriage Act (DOMA) denies equal pay for equal service to the honored

United States Marines, soldiers, sailors, airmen, and coast guardsmen who are legally married to same-gender spouses.



According to the Congressional Budget Office report Costs of Military Pay and Benefits in the Defense Budget dated November 2012, benefits account for approximately two thirds of overall military compensation. Many of these benefits, including health care, housing allowances, joint deployment options, life insurance, survivors' benefits, education assistance through the GI Bill, burial benefits, moving expenses, and family support for deployed spouses, are denied by the Defense of Marriage Act to married gay and lesbian service members, their spouses, and their children.

· Many LGBT Veterans received less-than-honorable discharges because of their sexual orientation or gender identity, both under DADT and prior polities.

- o Unjustly denied VA benefits
- o These discharges can be upgraded, but the process is complex, slow, and cumbersome.
  - § AVER works to help LGBT navigate process
  - Concerned with PTSD, Traumatic Brain Injury, veteran's unemployment, suicide rates, Military Sexual Trauma
- o Pairs young PTSD Veterans with older PTSD Veterans who have suffered

*MMAA – Modern Military Association of America - <https://modernmilitary.org/>*

- Modern Military Magazine

*Swords to Plowshares*

*Transgender American Veterans Association - <http://transveteran.org/>*

*AAMC – The Camouflage Closet: LGBT Veteran Educational Resource*

- <https://www.aamc.org/what-we-do/diversity-inclusion/lgbt-health-resources/videos/lgbt-veterans>
- Documentary
- Trauma and Recovery of 9 Veterans
- Guilty until proven innocent – fear
- Military searched to find Veterans that were homosexuals – Get feeling it was a witch hunt.
  - o Mental issues from investigations
  - o Dark cloud over Veterans – Why would you be somewhere you are not wanted? Careers ended early.
- Issues of collusion – Higher officers setting up younger soldier for rape



- Violated by people they trusted –
- Couldn't tell each other their sexuality – Took away support group
- Feeling – never let your guard down.

Danielle Rosenfeld, LCSW - LGBT Veteran Care Coordinator - LM requesting a zoom meeting

DAV interview with Dr. Michael Kauth, Director of the LGBT Health Program, VHA

### **VA Training provided for caregivers -**

- Online - 6 or 7 online trainings available 24/7 on demand in the VA educational platform
- Same training available to community providers via VHATRAN public platform

*What does training focus on?*

- focused on clinical providers to raise their awareness on health disparities and how to treat the mental and physical health needs of LGBT veterans.
- A couple of them are broad and more general and geared to non-clinical staff so they have a greater sense of the diverse group of folks who come through our doors and how to treat them with respect, such as the clinic clerks the housekeepers in the hallway the people parking the cars in the parking lot.
  
- *Post-docotral psychology fellowships across the VA*
- 
- Intra-professional fellowships where psychologists in training can work across disciplines to treat LGBT veterans.

### **VA Transgender Support -**

- Transition pathway - possibilities
  1. part of social support group in VA or outside VA
  2. Socially transitioning -
  3. Starting hormone therapy
  4. Support documentation - change identity documents
  5. (VA Does not offer gender affirming surgery - prohibited by regulation from providing those surgeries or paying for them in the community.) However, VA does provide support letters for Veterans who seek these surgeries. VA works with surgeons to provide letters that help make the individual qualified to get these surgeries.



### **Action Available to LGBT Veterans**

- LGBT veterans, according to the research, come to the VA anticipating that they might experience discrimination.
- Many veterans view the VA and the Department of Defense as one and the same organization and believe the policies that were in effect in the military are in effect in the VA, **which is not true.**
- What does the VA do to address issues:
  - 1. ensuring that healthcare providers ask about sexual orientation and gender identity, and sexual health and social experiences which may involve exposure to violence at home or on the street.
  - 2. Assessing for the higher rates of health conditions that LGBT veterans might experience, including military sexual trauma; and then providing care to them within an affirming framework that recognizes that part of the contribution of these health conditions is living within an environment that stigmatizes who they are.

DAV interview with Dr. Michael KAUTH, director of the LGBT health Program, VHA. (2019, May 01). Retrieved March 23, 2021, from

<https://www.dav.org/learn-more/news/2019/dav-interview-with-dr-michael-kauth-director-of-the-lgbt-health-program-vha/>

### **Top Health Issues for LGBT Population**

Lesbian top health concerns:

1. Heart disease - exacerbated by physical inactivity, obesity, and smoking
2. Cancer -Lesbians are at significantly higher risk for developing breast cancer than heterosexual women. Risk factors for breast cancer among lesbians include fewer full-term pregnancies, fewer mammograms and/or clinical breast exams, and being overweight. Traditionally, lesbians and bisexual women have been less likely to bear children and, as a result, may not fully benefit from hormones released during pregnancy and breastfeeding. These hormones are believed to protect women against different types of cancers.<sup>2,3</sup> Lesbians have also been less likely to visit a doctor or nurse for routine screenings than heterosexual women. Routine screenings, such as Pap tests and mammograms, are critical to the prevention or early detection of breast, cervical, and other cancers among all women
3. Fitness



4. Obesity
5. injury/violence

Gay Men top health concerns:

1. Heart disease - exacerbated by tobacco and alcohol use
2. Cancer - prostate, testicular, colon
3. injury/violence
4. Fitness

U.S. Department of Health and Human Services Substance Abuse and Mental Health Services

Administration Center for Substance Abuse Prevention. (2012). *Top Health Issues for LGBT Populations Information & Resource Kit*. HHS Publication.

<https://store.samhsa.gov/sites/default/files/d7/priv/sma12-4684.pdf>

### **Issues related to not collecting SOGI data**

- Story of Esther - illustrates how care can be compromised at the end of life if an open discussion with patients about what and who matters most to them at the end of life, is avoided.
- Sampling of interview included lesbians 56-84 years of age, Esther was a participant from the survey
  - Esther's experience with her wife, Kathy of 33 years.
    - Limiting of time from health care professionals
    - Health professional avoiding discussion of emotional needs
    - Example of disenfranchised grief
  - Hospices do not routinely collect SOGI data
- 43% of respondents of a 2018 survey of 865 hospice professionals reported having directly observed discriminatory behavior toward LGBT patients



- Without the systematic collection of SOGI (sexual orientation and gender identity) data, LGBT communities are rendered invisible in the data that inform the design and delivery of health services, including end-of-life care.
- Forty percent of LGBT people aged 60–75 said their physician does not know their sexual orientation. Forty-six percent of transgender older adults reported being denied or provided inferior health care because of their gender identity
- In one survey, 75% of older LGBT adults felt forced to go back into the closet with entering long-term care

Carey Candrian, PhD, Kristin G Cloyes, PhD, MN, RN, “She’s Dying and I Can’t Say We’re Married?”: End-of-Life Care for LGBT Older Adults, *The Gerontologist*, 2020;, gnaa186, <https://doi.org/10.1093/geront/gnaa186>

**In one survey, 75% of older LGBT adults felt forced to go back into the closet with entering long-term care**

National Resource Center on LGBT Aging. (2016). Inclusive questions for older adults: A practical guide to collecting data on sexual orientation and gender identity. [https://lgbtagingcenter.org/resources/pdfs/Sage\\_CollDataGuidebook2016.pdf](https://lgbtagingcenter.org/resources/pdfs/Sage_CollDataGuidebook2016.pdf)

### ***Obergefell vs. Hodges Court Case***

State level bans against same-sex marriage licenses became obsolete in June 2015 when the U.S. Supreme Court ruled in *Obergefell vs. Hodges* that it was unconstitutional to deny same-sex couples the right to marry. The decision was an unprecedented step forward in the gay rights movement when the court ruled in a 5-4 decision that all states must recognize same-sex marriages under federal law.



“No union is more profound than marriage, for it embodies the highest ideals of love, fidelity, devotion, sacrifice, and family. In forming a marital union, two people become something greater than once they were. As some of the petitioners in these cases demonstrate, marriage embodies a love that may endure even past death. It would misunderstand these men and women to say they disrespect the idea of marriage. Their plea is that they do respect it, respect it so deeply that they seek to find its fulfillment for themselves. Their hope is not to be condemned to live in loneliness, excluded from one of civilization's oldest institutions. They ask for equal dignity in the eyes of the law. The Constitution grants them that right.” - From Justice Kennedy’s Obergefell vs Hodges decision

## **Sexual Orientation Disclosure, Concealment, Harassment, and Military Cohesion: Perceptions of LGBT Military Veterans**

<https://www.tandfonline.com/doi/full/10.1080/08995600903206453>

### **Intimate Partner Violence among Women**

*National estimates suggest intimate partner violence (IPV) rates are equal or higher among lesbian, bisexual, or questioning (LBQ)-identified women than heterosexual-identified women.*

*Women veterans are a population at high risk for IPV, yet the occurrence of lifetime and past-year IPV experiences by sexual orientation have not been examined in this population. Lifetime and past-year IPV experiences and current IPV-related posttraumatic stress disorder (PTSD) symptoms were assessed with validated screening measures as part of a 2014 web-based national survey of women veterans. Among 403 respondents, 9.7% (n = 39) identified as LBQ, and 90.3%*



*(n = 364) identified as heterosexual. When controlling for age, LBQ-identified women veterans were significantly more likely to report lifetime sexual and physical IPV and lifetime intimate partner stalking. In the past year, LBQ-identified veterans were twice as likely to endorse emotional mistreatment and physical IPV, and three times more likely to endorse sexual IPV, than were heterosexual-identified women veterans. However, sexual orientation was unrelated to IPV-related PTSD symptoms, when controlling for age, race, and number IPV forms experienced. IPV is prevalent among LBQ-identified women veterans, suggesting the need to understand the potentially unique contextual factors and health-care needs of this group.*

Christina M. Dardis, Jillian C. Shipherd & Katherine M. Iverson (2017) Intimate partner violence among women veterans by sexual orientation, *Women & Health*, 57:7, 775-791, DOI:

[10.1080/03630242.2016.1202884](https://doi.org/10.1080/03630242.2016.1202884)

### **Lesbian, gay, bisexual and transgender people's attitudes to end-of-life decision-making and advance care planning**

**Results:** Most respondents, particularly those identifying as female or transgender, preferred a partner to be their alternative decision-maker at the end of life should the need arise. Fifty-two per cent of respondents had spoken to this person about their wishes. Regarding legal options enabling end-of-life decision-making, 29% had an enduring power of attorney, 18% an enduring guardian and 12% an advance care directive.

Hughes M, Cartwright C. Lesbian, gay, bisexual and transgender people's attitudes to end-of-life decision-making and advance care planning. *Australas J Ageing*. 2015 Oct;34 Suppl 2:39-43. doi: [10.1111/ajag.12268](https://doi.org/10.1111/ajag.12268). PMID: 26525446.

### **Healthcare and End-of-Life Needs of Lesbian, Gay, Bisexual, and Transgender (LGBT) Older Adults: A Scoping Review**



<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6371094/>

Stinchcombe A, Smallbone J, Wilson K, Kortess-Miller K. Healthcare and End-of-Life Needs of Lesbian, Gay, Bisexual, and Transgender (LGBT) Older Adults: A Scoping Review. *Geriatrics* (Basel). 2017 Mar 16;2(1):13. doi: 10.3390/geriatrics2010013. PMID: 31011023; PMCID: PMC6371094.

## **Lesbian, Gay, Bisexual, and Transgender Patient Care: Medical Students' Preparedness and Comfort**

### **Abstract**

Phenomenon: Lesbian, gay, bisexual, and transgender (LGBT) individuals face significant barriers in accessing appropriate and comprehensive medical care. Medical students' level of preparedness and comfort caring for LGBT patients is unknown.

**Approach:** An online questionnaire (2009-2010) was distributed to students (n = 9,522) at 176 allopathic and osteopathic medical schools in Canada and the United States, followed by focus groups (2010) with students (n = 35) at five medical schools. The objective of this study was to characterize LGBT-related medical curricula, to determine medical students' assessments of their institutions' LGBT-related curricular content, and to evaluate their comfort and preparedness in caring for LGBT patients.

**Findings:** Of 9,522 survey respondents, 4,262 from 170 schools were included in the final analysis. Most medical students (2,866/4,262; 67.3%) evaluated their LGBT-related curriculum as "fair" or worse. Students most often felt prepared addressing human immunodeficiency virus (HIV; 3,254/4,147; 78.5%) and non-HIV sexually transmitted infections (2,851/4,136; 68.9%). They felt least prepared discussing sex reassignment surgery (1,061/4,070; 26.1%) and gender transitioning (1,141/4,068; 28.0%). Medical education helped 62.6% (2,669/4,262) of students feel "more prepared" and 46.3% (1,972/4,262) of students feel "more comfortable" to care for LG

BT patients. Four focus group sessions with 29 students were transcribed and analyzed. Qualitative analysis suggested students have significant concerns in addressing certain aspects of LGBT health, specifically with transgender patients. Insights: Medical students thought LGBT-specific curricula could be improved, consistent with the findings from a survey of deans of medical education. They felt comfortable, but not fully prepared, to care for LGBT patients. Increasing curricular coverage of LGBT-related topics is indicated with emphasis on exposing students to LGBT patients in clinical settings.

White W, Brenman S, Paradis E, Goldsmith ES, Lunn MR, Obedin-Maliver J, Stewart L, Tran E, Wells M, Chamberlain LJ, Fetterman DM, Garcia G. Lesbian, Gay, Bisexual, and Transgender



Patient Care: Medical Students' Preparedness and Comfort. *Teach Learn Med.* 2015;27(3):254-63. doi: 10.1080/10401334.2015.1044656. PMID: 26158327.

**Experiences of Trauma, Discrimination, Microaggressions, and Minority Stress Among**

**Trauma-Exposed LGBT Veterans: Unexpected Findings and Unresolved Service**

Gapsh[http://web.b.ebscohost.com/libezp.lib.lsu.edu/ehost/pdfviewer/pdfviewer?vid=4&sid=7fa](http://web.b.ebscohost.com/libezp.lib.lsu.edu/ehost/pdfviewer/pdfviewer?vid=4&sid=7fa836e1-d0f1-43dd-89ae-14d0151dcc3a%40pdc-v-sessmgr01)

**836e1-d0f1-43dd-89ae-14d0151dcc3a%40pdc-v-sessmgr01**