

Mental Health of Transgender Veterans of the Iraq and Afghanistan Conflicts Who Experienced Military Sexual Trauma

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ABSTRACT

“Little is known about military sexual trauma (MST) in transgender veterans. To address this gap, we examined archival data regarding transgender veterans from the Iraq and Afghanistan conflicts. There were 332 transgender veterans treated at the Veterans Health Administration between 2000 and 2013 (78 men, 254 women; mean age 33.86 years), with most being non-Hispanic White. Transgender status and mental health conditions were identified using the International Classification of Diseases, 9th Revision (ICD-9; World Health Organization, 1980) codes and chart review. Men and women were analyzed separately, using contingency tables and χ^2 testing for categorical variables and t tests for continuous variables. Likelihood of having a mental health condition and MST were examined using logistic regression. Among the 15% of participants who experienced MST, MST was associated with the likelihood of posttraumatic stress disorder, adjusted OR = 6.09, 95% confidence interval (CI) [1.22, 30.44] and personality disorder, OR = 3.86, 95% CI [1.05, 14.22] for men and with depressive, OR = 3.33, 95% CI [1.12, 9.93], bipolar, OR = 2.87, 95% CI [1.12, 7.44], posttraumatic stress, OR = 2.42, [1.11, 5.24], and personality disorder, OR = 4.61, 95% CI [2.02, 10.52] for women. Implications include that medical forms should include gender identity and biological gender and that MST treatment should be culturally competent.”

RESEARCH HIGHLIGHTS

- Little is known about the mental health and experiences of transgender veterans who served during the Iraq and Afghanistan conflicts. Using data from 332 Veterans Health Administration (VHA) records, the researchers sought to better understand the relationship between identifying as transgendered, military sexual trauma (MST), and mental health disorder (e.g. post-traumatic stress disorder (PTSD), depression, personality disorder).
- Findings indicate that transgender veterans have a high prevalence of MST. Among transgender veterans treated at the VHA, 15 percent reported a MST (20% of transgender men and 14% of transgender women). There is an association between MST and certain mental health ailments for both transgender men and women veterans. However, the association for some mental health disorders or issues, such as PTSD was stronger among transgender women.
- Transgender male veterans who experienced MST were about twice as likely to be diagnosed with PTSD and 1.35 times more likely to be diagnosed with a personality disorder than transgender male veterans who did not experience a MST. Transgender women veterans who experienced MST were 3.33 times more likely to be diagnosed with a depressive disorder, 2.42 times more likely to be diagnosed with PTSD, and 4.61 times more likely to be diagnosed with a personality disorder.
- Compared to the overall sample of veterans, transgender veterans are more likely to experience MST and a co-occurring mental health disorder. More efforts are needed to reduce MST among transgender service members and veterans.



IMPLICATIONS

FOR PRACTICE

Transgender veterans should continue seeking comprehensive care that addresses their physical, mental, and emotional wellbeing. Transgender veterans who have experienced a military sexual trauma (MST) should discuss their trauma history with a trained mental health counselor or professional. It might be beneficial to discuss with a mental health counselor and a primary care physician (PCP) the development of goals and next steps. Transgender veterans should collaborate with their clinicians to determine supportive, evidence-based, and culturally competent treatments to address MST. PCPs should work with their transgender veteran clients to recommend a counselor that will best suit the preferences and needs of the veteran. PCPs should be open with their transgender veteran clients, discussing diagnoses and treatment options. Considering transgender veterans have a high prevalence of MST, PCPs should assess their veteran clients for MST and mental health concerns using standard diagnostics. Considering PTSD and depression are associated with MST, health care providers should familiarize themselves with early detection and intervention plans. Health care community centers should consider facilitating a positive healing process for by offering community counseling and support groups to both veterans and civilians who may want to receive support from their peers.

FOR POLICY

The Department of Defense (DoD) might continue prioritizing the reduction of MST among service members. The DoD might also explore strategies to reduce MST among transgender service members. The DoD might continue its efforts to reduce gender identity stigmas among service members. Considering the personal effects of experiencing a MST, the DoD might continue exploring how the psychological needs of service members can be best served. Placing more emphasis on the psychological wellbeing of service members who have experienced a MST could reduce premature separation. The Department of Veterans Affairs (VA) might continue researching the effectiveness of evidence-based MST treatments among transgender veterans. The Veterans Health Administration (VHA) might consider expanding its medical forms to include a demographic field that allows veterans to self-identify their sexual orientation/identity. Including this field could help VA providers identify at-risk veterans. The VA might continue efforts to better inform veterans of the resources available to them. Federal and state policymakers might continue developing and implementing policies that are culturally competent and foster overall well being.

FOR FUTURE RESEARCH

With limited research on military sexual trauma (MST) among transgender veterans, the current study begins to address gaps in the literature and spearheads the way for additional valuable research on the topic. However, this progress does not come without limitations. VHA records include a "sex" field which reports birth gender but is without a self-identified gender category. As a result, transgender veterans who did not self-identify might have been excluded from the study data. More research is needed on self-identification and appropriate use of International Classification of Diseases, 9th Revision (ICD-9) codes as a measure of transgender as a classification. Future studies on transgender veterans should utilize data that includes self-rated identity as a variable. Response bias may be present in the study when reporting trauma exposure and mental health symptoms. Future data collection and research should include contacting veterans who do not receive care at VHA sites. Future research should examine how race, gender, and veteran minority status and MST interact with the association found in this paper. More research is needed on the effectiveness of current MST treatments for transgender veterans.

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