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Coming Out and Social Acceptance: Understanding LGBTQ Veterans' Minority Stressors

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Walden University

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Conrado Martin

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Walden University
2025

Abstract

Coming Out and Social Acceptance: Understanding LGBTQ Veterans' Minority

Stressors

by

Conrado "CJ" Martin, MSW

MSW, The Ohio State University, 2022

BSW, The Ohio State University, 2018

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Social Work

Walden University

August, 2025

Abstract

This quantitative study explored the experiences of LGBTQ veterans residing in Ohio, examining the relationship between the coming out process, social acceptance, and minority stress. Lesbian, gay, bisexual, trans, and queer (LGBTQ) military veterans face higher rates of minority stressors, resulting in higher rates of suicidal ideation and mental health issues, which impact healthcare practices that affirm their identity. Discrimination, microaggressions, coming out, identity disclosure, and social belonging were identified as key contributing factors. Guided by Meyer's minority stress theory, the study aimed to assess whether levels of outness, and identification with the LGBTQ community correlated with experiences of minority stress.. Participants anonymously completed four validated survey instruments: the Outness Inventory (OI), Identification and Involvement with the Gay Community Scale (IIGCS), Measure of Gay-Related Stressors (MOGS), and Depression, Anxiety, and Stress Scale. Data analysis employed multiple linear regression to examine predictive relationships between identity-based, structural, and psychological variables and reported minority stress. Additionally, the study assesses the extent to which military rank and psychological distress predicts minority stress. Findings highlight the need for improved mental health support, inclusive policy development, and culturally responsive care for LGBTQ veterans.

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Dedication

This study is dedicated this dissertation to the LGBTQ veteran community in recognition of the importance of continued research that advances equity and inclusion with the field of social work. I also dedicated this work to my family, friends, and colleagues, whose unwavering support has shaped me into the researcher I am today. Without their encouragement, the journey to earning my PhD would be far more difficult.

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Chapter 1: Introduction to Study

Previous research has examined various aspects of the lesbian, gay, bisexual, transgender, and queer (LGBTQ) veteran community. However, limited studies have focused on identifying correlations between the coming out process and social identity, particularly regarding satisfaction with outness, minority stressors, and community connectedness. Disclosing one's sexual orientation or gender identity is coming out (Appleby & Anastas, 1998; Stanton, 2012). Gender is a social construct that assumes binary-directed behaviors.

Ramirez and Pax Galupo (2019) defined minority stress as excess stress experienced by members of marginalized social groups due to their minority status and disconnection from dominant social environments and values. Given the daily stressors experienced by minority groups, it is crucial to recognize the historical impact of macro-level policies such as Don't Ask, Don't Tell (DADT), which was in effect from 1994 to 2011.

More than 1 million veterans identify as LGBTQ, many of whom have experienced social rejection and stigma influenced by the US military's ban on openly lesbian, gay, bisexual, or transgender service members (Sherman et al., 2014). This study will contribute to positive social change by identifying individual stressors that affect LGBTQ veterans' sense of community and connectedness and informing policies and programs that affirm their identities. This chapter includes the background of the study, problem statement, purpose, research questions, hypotheses, theoretical framework, and significance.

Background

Due to the repeal of DADT, LGBTQ service members can no longer be discharged based on their sexual orientation. This shift allowed for more inclusive military policies (Alford & Lee, 2016). However, the long-term negative impacts of DADT on the mental health of LGBTQ veterans remains evident. Historically, the military did not formally exclude or discharge homosexual service members, although acts such as sodomy were criminalized as early as the Revolutionary War (Spieler & Kaplowitz, 2020).

Subsequent policies, including the Respect for Marriage Act signed by President Biden, have furthered inclusivity by recognizing same-sex marriage while balancing religious liberty concerns (Laycock, 2023). Following the Supreme Court's ruling in *Obergefell v. Hodges* (2015), same-sex marriage was legalized nationwide, allowing the Department of Defense to extend equal benefits to same-sex couples. Despite these advancements, LGBTQ service members continue to face challenges, such as difficulties coming out to unit leaders and disclosing their healthcare needs.

While prior research has primarily focused on posttraumatic stress among veterans, there has been little exploration of relationships between coming out, social acceptance, and minority stressors. Additionally, there is a gap in research involving the intersectionality of mental health concerns affecting LGBTQ veterans via tools such as the Outness Inventory (OI), Identification and Involvement with the Gay Community Scale (IIGCS), Measure of Gay-Related Stressors (MOGS), and Depression, Anxiety, and Stress Scale-21 (DASS-21). Using these instruments, the study aim's to provide a

deeper understanding of LGBTQ veteran experiences and inform the development of inclusive workplace policies, equitable mental health practices, and affirming social spaces.

Problem Statement

LGBTQ individuals experience higher rates of suicidal ideation and mental health concerns. This study involved enhancing understanding of how social acceptance and the coming out process can contribute to new supportive practices and services that are aimed at reducing minority stressors for LGBTQ veterans. Military-related stressors may exacerbate mental health challenges and impact LGBTQ veterans' sense of belonging within military communities.

LGBTQ individuals are more likely to experience day-to-day discrimination than their heterosexual counterparts, increasing the likelihood of psychiatric morbidity (Ramirez & Paz, 2019). Furthermore, LGBTQ veterans facing high levels of internalized homophobia may seek support from LGBTQ communities, yet their ability to do so depends on the availability of safe spaces. Rogers et al. (2021) found that internalized homophobia can mediate the relationship between minority stressors and suicidal ideation, highlighting the importance of fostering inclusive environments for LGBTQ veterans.

Purpose of the Study

The purpose of this quantitative study was to identify correlations between social acceptance and the coming out process for LGBTQ veterans who are facing minority stressors. Livingston et al. (2019) stated that high rates of interpersonal and institutional

discrimination may compound the effects of trauma and military stressors on LGBTQ veterans. They led to barriers to accessing treatment in both military and civilian contexts. Findings from this study will contribute to social work research by informing mental health practices and workplace policies that support LGBTQ veterans.

Additionally, this study will assist future researchers in the field who are working with LGBTQ veterans in terms of understanding minority-related factors negatively impacting their daily lives. The U.S. Bureau of Labor Statistics (2024) stated that overall employment of social workers is projected to grow 7% from 2022 to 2032, faster than the average for all occupations, and roughly 63,800 openings for social workers are projected each year on average over the decade. Thus, findings from this study could significantly inform a rapidly expanding area of social work practice focused on LGBTQ veteran communities.

Military stressors for LGBTQ veterans compounded by interpersonal and institutional discrimination can lead to elevated psychological stressors and mental health concerns. Combat exposure is the strongest predictor of mental health problems among deployed military personnel; however, many factors beyond combat contribute to increased prevalence, including preexisting health problems and adjustment difficulties (Evans et al., 2019). Recognizing historical negative impacts of anti-LGBTQ policies on LGBTQ veterans further supports the need for research that explores specific needs of this population.

Guided by the minority stress theory, the study aimed at examining different levels of minority stress impacted by the coming out process, perceived level of

community connectedness, and mental health status. The study utilized two multiple linear regression models to address two research questions. Two independent variables: social acceptance, as measured using the IIGCS, and the coming out process, measured using the OI. The second model included military rank and psychological distress as measured using the DASS-21 as predictors. The dependent variable for both models was minority stress, which was measured via final scores on the MOGS. Descriptive variables included time in service, gender, age, geographical location, sexual orientation, rank, and race.

Research Questions and Hypotheses

Research questions are as follows:

RQ1: Is there a correlation between the coming out process and social acceptance impacting LGBTQ veterans facing minority stressors?

H₀1: There is no correlation between social acceptance and the coming out process impacting LGBTQ veteran minority stressors.

H_a1: There is a significant correlation between social acceptance and the coming out process, impacting LGBTQ+ veteran minority stressors.

RQ2: To what extent does military rank and psychological distress predict minority stress among LGBTQ veterans?

H₀2: There is no statistically significant predictive relationship between military rank and psychological distress and minority stress among LGBTQ veterans.

H_a2: Military rank and psychological distress significantly predict minority stress among LGBTQ veterans.

Theoretical and/or Conceptual Framework for the Study

Meyer's minority stress theory is that sexual and gay minority (SGM) mental health disparities can largely be explained in terms of unique and distinct stressors resulting from hostile homo/bi/transphobic cultural as well as social and institutional structures (Marshall et al., 2008; Russell & Fish, 2016, as cited in Iacono, 2019). This theory posits that LGBTQ-specific forms of discrimination and microaggressions disproportionately affect the mental health of SGMs (Iacono, 2019). This theory was used to understand factors impacting LGBTQ veterans dealing with minority stressors as identified by SGMs. Using a minority stress theory lens, there is an opportunity to explore further intersections between coming out and social identity for LGBTQ veterans facing minority stressors related to social acceptance and rejection.

Nature of the Study

For this research project, a basic quantitative methodology was used. This was intended to provide readers and future researchers with data-driven results to further explore LGBTQ outness and social acceptance. Through a quantitative approach, survey data were collected from LGBTQ veterans through Facebook, LinkedIn, and local organizations serving this population to identify significant correlations. This methodology also supports research questions to clarify and identify correlations between the coming out process and perceptions of social acceptance.

Definitions

In this study, the following terms were used:

Community Connectedness: Convergence of individual desires to belong to larger collectives, establish mutually influential relationships with those collectives, satisfy individual needs, be rewarded through their collective affiliation, and construct shared emotional connections (Whitlock, 2007).

Gender Expression: Desired external appearance as it relates to social expectations and norms of femininity and masculinity (Kinitz et al., 2021).

Gender Identity: Deeply felt internal and individual experience involving gender, including personal sense of the body. Gender identity may be entirely male or female or may operate outside the male/female binary (Kinitz et al., 2021)
Nonbinary: Those whose identity falls outside of or between male and female identities, experience both male and female identities at different times, or do not experience or want to have a gender identity at all (Monro, 2019).
Sexual minority: Person who identifies as LGBTQ or a member of another group whose sexual identity or orientation differs from the majority (Ogburn, 2020).

Sexual Orientation: Identity in terms of gender or genders to which people are sexually attracted, such as heterosexual or homosexual. (Anderson, 2021).

Assumptions

I assumed correlations existed between social acceptance and coming out processes for LGBTQ veterans experiencing minority stressors. This assumption may reflect my identity as a sexual minority and past experiences with limited support from mental health providers and unit leadership. Another assumption was LGBTQ sexual minorities experience negative comorbidity. I assumed possessing dual identities while

serving could contribute to increased levels of minority stress, thereby exacerbating mental health concerns. Additionally, I assumed participants had varying perceptions of social acceptance. Finally, I assumed that participants' responses to the data collection instruments would reflect variation in descriptive factors influencing their scores. ,

Scope and Delimitations

This study focused on LGBTQ veterans and was designed to examine relationships between outness, minority stress, community connection, and psychological distress using a quantitative approach. To be eligible for participation, individuals were required to: (a) be at least 20 years old, (b) identify as part of the LGBTQ community, (c) hold veteran status in the United States Armed Forces, and (d) currently reside in the state of Ohio. Additionally, participants must have completed a minimum of three years in the one of the following branches: Army, Navy, Air Force, Marines, Coast Guard, Space Force, Air National Guard, and Army National Guard. Additionally, participants were required to reside in the state of Ohio at the time of data collection. These criteria were selected to ensure consistency in military experience, enhance access to localized LGBTQ resources, and maintain regional relevance while still allowing for diversity in service branches and demographic background. These delimitations were intentional choices made by the researcher to maintain a manageable scope, enhance study feasibility, and align with the study's recruitment strategy and theoretical framework.

This quantitative study included 47 individuals to explore predictors of minority stress among LGBTQ veterans. The scope of this study involved examining relationships between the coming out process and social acceptance and the impacts of structural and

psychological factors, specifically military rank and mental health distress, on experiences involving minority stress. The study utilized two multiple regression models to assess these relationships.

Factors considered when measuring these predictors, including participants' level of outness, community identification, military rank, and psychological distress. The study aim's to provide a deeper understanding of how LGBTQ veterans navigate social identity and systemic stressors related to their minority stress experiences. Additional descriptive variables, such as gender identity, age, time in service, and geographic location, were also examined. This quantitative study explored the experiences of LGBTQ veterans residing in Ohio, examining the relationship between the coming out process, social acceptance, and minority stress. Participation was solely volunteer based and was collected through social media, newsletters, and community organizations, which may have influenced the racial and ethnic composition of the final sample. However, efforts were made to capture a diverse participant group to explore how the coming out process and social acceptance may differ based on intersecting identities. Delimitations were necessary to manage the scope of data collection while allowing for meaningful patterns to emerge within the sample.

Limitations

Researchers bias can present a limitation in studies involving marginalized populations, as personal assumptions or experiences may inadvertently influence interpretation. To help mitigate this risk, a quantitative design was selected to emphasize

standardized data collection and objective analysis, thereby reducing the potential for subjectivity in interpreting results.

Another limitation of this study is the use of a self-selected, convenience sample recruited through online platforms and LGBTQ-focused organizations. This recruitment method may have introduced selection bias, as participants who are more open about their sexual orientation or gender identity may have been more likely to engage in the study. As a result, the findings may not fully represent the experiences of LGBTQ veterans who are less connected to community resources or who are not publicly out.

Summary

Chapter 2 includes a literature review regarding the coming out process, sexual minority stressors, social acceptance, federal workplace discrimination, and historical policies that negatively impacted LGBTQ military veteran populations, as well as what may cause them to experience higher rates of minority stressors during this process. A three-lens typology was explored to enhance understanding of this process. Chapter Three includes a detailed explanation of the quantitative methodology and addresses the utilization of the OI, IIGCS, MOGS, and DASS-21. Chapter 4 includes information about participants, descriptive factors, themes, research questions, and hypotheses. Finally, Chapter 5 includes the next steps for future researchers based on study findings, limitations, and implications for social change.

Chapter 2: Literature Review

The purpose of this literature review is to examine and synthesize existing research related to the experiences of LGBTQ veterans, particularly in relation to the coming out process, social acceptance, and minority stress. This chapter provides a theoretical and empirical foundation for the study by reviewing literature that informs the research questions and supports the use of Meyers's Minority Stress Theory as the guiding framework. Key areas of focus include LGBTQ identity development, military cultural norms, post-service reintegration, mental health disparities, and the role of intersectionality in shaping outcomes for LGBTQ veterans. The chapter begins with an overview of the literature search strategy, followed by a detailed discussion of the theoretical framework, relevant historical and policy contexts, and key findings from recent research. Gaps in literature are also identified to justify the need for the current study.

Literature Search Strategy

To identify relevant literature for this study, several databases were consulted with a focus on LGBTQ veteran populations. The following databases were utilized to ensure the study maintained accurate reporting: SocINDEX with Full Text, SAGE Journals, Academic Search Complete, Federal Policy Journals, and the Social Work Database. In addition, LGBTQ-focused dissertations that were available through the Walden University Library were examined to support current study. Search terms were: *LGBTQ*, *LGBTQIA*, *LGBTQIA+*, *intersectionality*, *LGBT resilience*, *Don't Ask Don't Tell (DADT)*, *minority stress theory*, *LGBT coming out*, *LGBTQ service member*, and

sexual minorities. Reference lists of from key articles and dissertations were used as additional relevant sources. In addition to these strategies, the researcher consulted with their dissertation chair to explore additional avenues for collecting up-to-date scholarly literature. Most sources in this study were published between 2019 and 2024, with some seminal sources from earlier to provide historical context and support longitudinal understanding of the topic. Literature involved central themes such as social acceptance, coming out processes, workplace discrimination, sexual minority stressors, microaggressions, and mental health concerns affecting LGBTQ veterans.

Minority Stress Theory

For this study, the minority stress theory was used to explore minority stressors and may also explain how perceived or actual affirmative responses to coming out may affect SGMs' mental health. The minority stress theory postulates health disparities among LGBT veterans, including elevated rates of posttraumatic stress disorder (PTSD), may be attributable to disproportionate exposure to anti-LGBT prejudice, discrimination, and victimization (Hendricks & Testa, 2012; Meyer, 2003). Prejudice and discrimination LGBTQ individuals experience could increase mental health issues within this minority group (Alessi, 2014). Meyer proposed the minority stress theory to explain relationships between stressors that are experienced by LGBTQ individuals stemming from beliefs and actions of dominant groups related to sexual orientation, as well as resulting mental health challenges that are faced by these minority populations. Cohen et al. (2021) stated unique stressors create invalidating environments that place SGM individuals at increased

risk for psychiatric morbidity. LGBTQ face adversity involving microaggressions, discrimination, and minority stressors.

Livingston et al. (2019) stated microaggressions involve subtle forms of everyday discrimination that can trigger past trauma, intensify emotional responses, and contribute to cumulative psychological distress over time. Tran et al. (2023) defined microaggression as “commonplace daily verbal, behavioral, or environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative slights and insults toward members of oppressed groups. The LGBTQ veteran population was oppressed due to DADT policies, which directly reduced opportunities for LGBTQ members to serve in the military. Though microaggressions are different for everyone based on their lived experiences and trauma responses, they correlate with mental health stressors for minorities.

Mallory and Sears (2013) reported that discrimination against LGBTQ individuals in public sector employment is widespread and occurs at rates comparable to those in the private sector, based on an analysis of discrimination complaints filed with administrative agencies. Livingston et al. (2019) stated examples of systemic discrimination included being investigated, demoted, or discharged from the military due to known or assumed LGBTQ identities, as well as having to lie about sexual orientation and gender identity to get into the military. Concealment efforts, though typically undertaken to avoid judgement, discrimination, or victimization from others (Duncan et al., 2019), often have insidious effects, including reduced feelings of self-authenticity—defined as living in alignment with one’s true identity – and declines in overall well-

being, alongside increases in depression, anxiety, and suicidality (Huang & Chan, 2022; Livingston et al., 2019; Meyer, 2003).

Literature Review

LGBTQ History

Throughout history, the LGBTQ community has faced systemic discrimination, leading to advocacy movements focused on securing equal rights. One pivotal moment occurred on June 28, 1969, which was the beginning of the Stonewall Uprising. This event was a series of protests by the LGBTQ community against mistreatment by police officers at the Stonewall Inn, a local bar in Greenwich Village, New York City (. At the time, homosexuality was considered a criminal offense in many states, leading to systemic oppression. It was not until the *People v. Onofre* case in 1980 that same-sex relationships were legalized in New York. This case decision is noteworthy because it constitutes the first judicial victory for advocates of sexual freedom for homosexuals in a case in which homosexual acts were directly in issue. However, the word homosexual did not appear in majority, concurring or dissenting opinions (Katz, 1982). This decision marked a milestone for LGBTQ rights, although it was not directly associated with military policies.

LGBTQ veteran communities may experience higher levels of mental health concerns due to barriers involving unit integration. In 1993, the DADT policy was enacted, allowing sexual minorities to serve in the military; however, they were required to remain closeted (McNamara et al., 2020). Since this community has experienced institutional discrimination, microaggressions, and trauma throughout time, including

during the DADT era, explaining and evaluating the impact of social acceptance and coming out will support future research in terms of understanding needs of this community.

Additionally, LGBTQ populations have dealt with community crises that caused them to feel disconnected from communities due to negative public opinion when learning about the LGBTQ community, including during the human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) crisis. AIDS seemed to manifest the threat gay men had already posed to the survival of White American heterosexual families in the era of post-Stonewall gay liberation (Duckles, 2021). The AIDS crisis included the entire LGBTQ community, causing societies to blame homosexual activities between same sex couples for not being in nuclear families, thus going against heteronormativity. Heteronormativity is a term which is used to interrogate supremacy of White, cisgender, heterosexual and gender-conforming discursive identities (Duckles, 2021). Through historical texts and the creation of macro level policies, there are underpinnings to heterosexuality and heteronormativity, which does not include the representation of the LGBTQ community. According to Duckles (2021), “the axiomatic identification of AIDS as a sign and symptom of homosexual behavior reconfirms the passionately held view of ‘the family’ as a uniquely vulnerable institution” (p. 53) (Duckles, 2021). Ramos and Burnett (2022) stated since 1981, politicians and public health officials, falsely believing AIDS was a gay disease, targeted gay neighborhoods as epicenters for disease and crime. This caused detrimental impacts, causing U.S. citizens to believe homosexual individuals created this disease, thus causing psychological

distress for sexual minority community members who felt discriminated against, including LGBTQ veteran communities.

In prior history, the LGBTQ community did not have access to LGBTQ-specific treatment or support from the VHA, causing significant health disparities for this group. More recently, LGBTQ veterans' community members have had an opportunity to gain support from the Veterans Health Administration (VHA). Since the creation of this supportive program, the Department of Veterans Affairs (2022) still notes that the LGBTQ Veteran population has been identified as a minoritized group experiencing healthcare disparities often due to stigma and discrimination. Although the VHA has begun these new initiatives, negative experiences from the VHA may still cause veterans to feel uncomfortable speaking with a provider due to the DADT policy. An early online survey of 356 lesbian, gay, and bisexual veterans found that less than half (45.5%) of respondents reported lifetime VHA use, and 25.6% acknowledged avoiding some VHA services because of worry about discrimination (Kauth & Barrera, 2019). The importance of understanding VHA's support to counteract these concerns correlates with this study to further community understanding of the need to support this population and to explore new ways of affirming healthcare and community practices in reducing mental health and minority stressors.

LGBTQ Discriminatory Policies

Historically, anti-LGBTQ policies have created a military environment conducive to military sexual harassment and assault of LGBTQ sexual minorities (Booth et al., 2011; Brown & Jones, 2015, 2016, as cited in Ramirez & Sterling, 2017). Between 1941

and the late 1980s, approximately 100,000 male and female service members received discharges related to their non-heterosexual identity and/or behavior, averaging 1,500 to 2,000 per year (Berube, 1990 as cited in Ramirez & Sterzing, 2017). In the 1980s alone, Bailey (2013) found that 17,000 homosexual and lesbian active-duty personnel were discharged from the U.S. military, ending the careers of many highly trained and essential service members (Dietert & Dentice, 2023). Additionally, 13,369 service members were discharged between 1993 and 2010 under the policy of DADT, which permitted lesbians, gay, and bisexual LGBTQ individuals to serve in the U.S. military if they agreed to conceal their non-heterosexual orientation (Bailey & Barbota, 2011; Shane, 2009, as cited in Ramirez & Sterzing, 2017).

To this day, LGBTQ veterans are negatively impacted by new policy creations that do not take into consideration LGBTQ connectedness and the complexities of this population. The understanding of DADT directly aligns with this study to further explore the negative impacts of macro-level discriminatory policies that are affecting LGBTQ veterans. Utilizing quantitative data collection tools, LGBTQ veterans in this study who have experienced discrimination through policies will provide a different insight into their coming out process as well as their perception of social acceptance to their prior units and community.

Based on the historical impact of discriminatory policies, LGBTQ veterans may conceal their sexual orientation to prevent negative experiences while serving in the military. The importance of history as it relates to this study is to show the long-term efforts and struggles that the LGBTQ community has experienced throughout time. This

concern has been around for decades, preventing LGBTQ community members from living authentically. For this study specifically, LGBTQ veterans to live with fear of internal bias while coming out, directly impacts their perception of social acceptance while serving in the military. This thought-provoking fear has the potential to directly impact the mental health of service members who are looking for additional support from peers or their unit.

Political moves throughout presidential terms have caused long-lasting effects to minority populations. Through President Barack Obama's leadership, both he, the United States House of Representatives, and Senate voted to repeal DADT that was also referred to now as Don't Ask, Don't Tell, Don't Pursue, Don't Harass (DADTDPDH) (Dietert & Dentice, 2023). The costs of these anti-LGBTQ military policies are profound, with the U.S. military spending \$193.3 million from 2004 to 2009 to train and replace LGBTQ military personnel discharged under DADT (O'Keefe, 2011), as cited in Ramirez & Sterzing (2017). Since the repeal of DADT, continued research and understanding of policies directly associated with gender have missed the opportunity to include transgender service members because of the direct tie to gender identity. Some transgender people deviate from norms and roles that traditionally align with the gender binary, which can be described as a specific target population. Understanding the gender binary community is essential to an equitable society that welcomes all walks of life. The grand challenge of "advancing long and productive lives" for trans and non-binary people must be contextualized with the pervasive violence targeting those who exist outside of

the gender binary and must include a focus on dismantling the gender binary and decentering cisnormativity (Kroehle et al., 2020).

One step in creating a more inclusive environment was a policy change which was directly tied to President Barack Obama's second term, the legalization of same-sex marriage. However, prior to this decision, some states had decided to legalize same-sex marriage. In 2003, Massachusetts became the first state in the U.S. to provide this right, thirty-five other states slowly followed suit, and finally, in a landmark ruling on June 26, 2015, the U.S. Supreme Court legalized same-sex marriage in all 50 states and the D.C. (Wang et al., 2022). Support for recognition of marriage between same-sex couples increased sharply in the 1990s (Adamczyk & Liao, 2019), was more favorable than unfavorable by 2010 (Baunach, 2012), and gained majority approval by 2014 (Compton, 2015; Twenge & Blake, 2021), shortly before the US Supreme Court ruling that made marriage equality a reality for all in the US (Kaufman et al., 2022). The ruling was in favor of same-sex marriage, but still, there is a percentage of individuals that do not support this decision due to the original constitution.

Most recently, affirming LGBTQ policies have been created, including program initiatives for LGBTQ veterans. These new policies intersect with this study to allow for a more inclusive and equitable society supporting the development of LGBTQ veteran populations. For some VHA facilities, identifying an LGBT Veteran Care Coordinator (VCC) was their first LGBTQ-focused initiative, whereas other VHA facilities had a history of LGBTQ-focused activities that spanned decades (e.g., LGBT workgroups, annual events, community outreach) (Valentine et al., 2021). Though the VHA has made

efforts, workplace environments are a consideration that is not directly associated with VHA programming. Thus, the understanding of LGBTQ workplace experiences, including policies, tailored training, and readiness groups, can support and uplift LGBTQ veterans over their lifespan.

LGBTQ Workplaces

Workplace inclusion occurs when employees perceive a workplace climate that values all employees and treats them fairly with dignity and respect (Yu & Lee, 2023). Changes in policies not only impact marriage but also impact the opportunities for a safe and inclusive work environment for LGBTQ community members. LGBTQ workforce inequality may manifest not only as formal discrimination in hiring, promotion, and wages documents in prior research (e.g., Badgett 1995; Tilcsik, 2011; Anteby & Anderson, 2014), but also likely as systemic informal degradations of the quality of LGBTQ employees' day-to-day work experiences (Cech & Rothwell, 2020). In a study conducted by Wang et al., 2022, the authors stated that though many organizations are adopting inclusive workplace policies, LGBTQ employees continue to report incidents of discrimination and harassment in the workplace, which impact their psychological well-being and performance (King et al., 2017; Van Laer, 2018, as cited in Wang et al., 2022). By electing to have more inclusive policies, LGBTQ service members have an increased opportunity to experience equitable workplace practices as a minority and have the perceived ability to receive the same treatment as their heterosexual service members. Wang et al. (2022) stated that LGBTQ individuals constitute only about 7 percent of the U.S. population thus a small minority in the workplace; ensuring their rights can still

create value for everyone by creating a progressive and inclusive workplace where every employee receives fair treatment. McNamara et al. (2021) conducted a meta-analysis for their study, which discussed how LGBTQ employees perceived supportive work relationships, which had the most significant effect on LGBTQ employee attitudes and reduced psychological strain, while formal policies about LGBTQ staff had the least effect. Increased supportive relationships in the workplace can directly influence retention rates and mental health concerns that LGBTQ veterans constantly face. Specifically for the military, contractual obligations can directly cause sexual minority service members identifying within the LGBTQ community to feel “stuck” when not provided adequate support.

LGBTQ Inclusive Workplace Policies

An element that can assist in developing inclusive practices and protection for LGBTQ sexual minority service members is to integrate this group as a protective class. In a study completed by Steiger and Henry (2020), the researchers explored Fortune 500 companies and pro-diversity policies, and they explored the LGBTQ community as a protected class. Reviewing these policies, the authors aimed to examine how non-discrimination policies interact with LGBTQ community members while controlling for U.S. region and industry sectors. Steiger & Henry (2020) stated that despite progress with same-sex marriage, LGBTQ employment discrimination, and the Bostock v. Clayton County ruling, no national law has yet extended protected-class status to LGBTQ persons. The Bostock v. Clayton County outlined the decision for a company to allegedly fire an employee days after disclosing their sexual orientation as gay (Supreme Court,

2019). Though the initial hearing was dismissed, the second hearing proceeded based on the violation of Title VII Pp. 4-33.

Title VII makes it “unlawful... for an employer to fail or refuse to hire or to discharge any individual, or otherwise, to discriminate against any individual... because of such individual’s race, color, religion, sex, or national origin.” 42 U.S.C 200e-2(a)(1).

Cech & Rothwell (2020) analyzed 2015 survey data, which included more than 300,000 federal employees from 28 agencies. The study found that LGBTQ workers fare worse than their non-LGBTQ colleagues in the same organizations on measures of perceived treatment, workplace fairness, and job satisfaction. These findings support the understanding of LGBTQ sexual minority stressors that directly impact employee satisfaction scores as an identifying veteran. By integrating “safeguards” and protective policies, LGBTQ veterans have a newfound opportunity to feel they receive fair treatment throughout their military service. Safeguards are new policies, standard operating practices, and employment development opportunities focused on diversity, equity, and inclusion. This issue can also be dependent on the development processes that LGBTQ veterans go through, including their coming out processes and openness to their sexual orientation.

LGBTQ Outness and Coming Out

In a study completed by Thuillier et al. (2021) the researchers aimed to explore the links between different dimensions of perceived workplace discrimination (i.e. perceived heterosexist events, workplace climate toward LGBTQ employees,

organizational policies against discrimination) and disclosure of one's homosexuality at work among 234 lesbians and gay employees. According to the Department of Veterans Affairs, 2022 report, based on data from the 2013-2018 National Health Interview Survey (total respondents n=180,861), the National Center for Health Statistics has estimated that 435,000 Veterans would self-report as LGBTQ, or about 2% of the noninstitutionalized Veteran Population (McGirr, Jones, & Moy, 2021). This figure underscores the importance of the current study in contributing valuable information to this underrepresented population, with the potential to support long-term positive change. Further exploration of coming out and self-reporting may illuminate service gaps experienced by veterans and emphasize the importance of fostering community connection when a veteran achieves their sense of social acceptance.

As stated above, understanding the direct link between workplace discrimination, sexual orientation, and inclusive policies can shed light on harmful elements impacting this underrepresented population. Coming out and openness about one's sexual orientation can enhance comfort levels when discussing basic needs with military leadership and mental health providers. Openness is associated with decreased feelings of isolation and stress and increased confidence and positive self-regard among LGBTQ service members (Van Gilder, 2017, as cited in McNamara et al., 2021).

On the other hand, when coming out experiences are met with rejection or judgment, sexual gay minorities typically suffer a variety of adverse physical and

mental health outcomes (Baiocco et al., 2020; Rosati et al., 2020, as cited in Skidmore et al., 2024). Veterans who are met with rejection or judgment can directly impact the cohesion of a military unit when experiencing war-time minority stressors. Minority stress, defined by Correro et al. (2022), was reported as exposure to specific stressors because of one's marginalized identity. Comorbidity also impacts veterans as they identify as an LGBTQ community members. At the same time, they are identifying as a veteran but act independently, creating higher levels of minority stress in different circumstances. This could include experiencing discrimination as an LGBTQ community member outside of the workplace and in a non-workplace environment. Additionally, this could include veterans identifying as black, Indigenous, and people of color (BIPOC). Research has found that higher perceived acceptance of one's LGBTQ identity in the unit was associated with a decrease in posttraumatic stress, anxiety, and depression symptomatology (McNamara et al., 2021).

LGBTQ Minority Stressors are a key indicator for this study, as the LGBTQ veteran population experiences different lived experiences than heterosexual veterans. Sexual minority veterans experience minority stressors, which can result in elevated levels of emotion dysregulation, anxiety, depression, and suicidality (Cohen et al., 2021).

Timmins et al. (2020) stated that to combat these concerns, affirming healthcare practices are necessary to support this population and ensure that all aspects of care are considered. Minority stressors can also be considered either

“distal” or “proximal,” meaning distal stressors are external events and conditions such as victimization and discrimination, as well as those of a lower intensity and more subtle nature, known as “microaggressions.” In contrast, proximal stressors constitute the minority individuals’ cognitive processes, self-concepts, coping mechanisms, and other behaviors that contribute to their distress, including self-stigma, concealment, and expectations of rejection.

Among these elevated levels, LGBTQ veterans may also face exposure to homophobia, heterosexism, discrimination, and threats of sexual disclosure, among others. Thus, these unique stressors can lead to adverse health concerns, increase vulnerability to victimization, and elevate abuse perpetration (Reyes et al., 2023). As studies have shown, minority stressors directly impact the psychological process of LGBTQ veterans. This study will expand on minority stressors, measuring overall stressors, community connectedness, rank, and the perception of their social acceptance/disclosure.

LGBTQ Mental Health

LGBTQ veteran mental health continues to be an area of ongoing research, with a focus on understanding the unique minority stressors and adverse impacts experienced by this population. Livingston et al. (2019) state that veterans experience higher rates of trauma exposure and posttraumatic stress disorder (PTSD) symptoms compared with nonveteran populations (lifetime PTSD prevalence: 11-30% vs. 7-8%). Moreover, rates of trauma exposure and PTSD are higher among veterans who identify as lesbian, gay, bisexual, and transgender compared with non-LGBTQ veterans. This study identifies that

LGBTQ individuals are represented through all branches of the military, whether that be in the Army, Navy, Air Force, Marines, Coast Guard, Space Force, or reserve/guard units that experience different levels of minority stressors as a sexual minority.

Meyer's To better understand the relationship between psychological distress and minority stress, this study utilizes the Depression, Anxiety, and Stress Scale (DASS-21) to measure mental health symptoms. Psychological distress is a central component of the broader minority stress framework and may amplify the effects of stigma and discrimination. According to Meyer's Minority Stress Theory, both internalized, and external stressors contribute to elevated mental health concerns, particularly among LGBTQ individuals with intersecting marginalized identities (Meyer, 2003; Valentine et al., 2021).

Minority stressors experienced by LGBTQ veterans are closely linked to the culture of military units, highlighting the distinction between inclusive, affirming environments and those perceived as unwelcoming or unsafe for this population. Ramirez and Sterzing (2017) suggest that rather than focusing solely on the illnesses and deficits of LGBTQ sexual minorities, mental and behavioral health services should incorporate the everyday acts of strength, resilience, and resistance present within both LGBTQ civilian and military cultures. This approach can help facilitate identity integration processes essential to improved well-being, particularly when seeking support from external providers such as the VA or other mental health professionals.

The VHA has attempted to find opportunities to support the LGBTQ community by creating the LGBTQ Veteran Care Coordinator Program in 2016. The program

required every VHA facility to appoint at least one clinical staff member to serve as an LGBTQ VCC (Valentine et al., 2021). Through this program, the hope was to provide LGBTQ veteran members with an assigned individual to support their needs, which may be different and/or unique from the majority of the veterans' receiving services that do not identify within the LGBTQ community. Though these efforts are great overall, some LGBTQ veterans still feel disconnected, as stated previously in this study.

Kauth et al. (2019) completed a small, mixed-methods study of 58 LGBTQ veterans at two VHA hospitals conducted in 2012. Of these veterans, 36% described their VHA facility as somewhat or very unwelcoming, and 80% viewed hurtful/rejecting experiences in the military as a significant barrier to LGBTQ veterans seeking care at VHA facilities (Sherman, Kauth, Shipherd, & Street, 2014). These data points assist in explaining the perceptions of LGBTQ veterans facing difficulty with military integration, as the majority of this group has experienced a negative lived experience from their time serving in the military. This directly ties into the current study, as exploring the coming out process and perception of social identity can assist in explaining whether social acceptance and coming out processes can positively or negatively correlate with minority stressors. By examining minority stressors associated with LGBTQ veterans, this study will provide additional context to the VHA on how to best support this population through program development and affirming healthcare practices. Valentine et al. (2019) support this claim by stating that although these seem like micro-level changes rather than systemic, these changes help create an affirming and welcoming healthcare

environment for LGBTQ individuals who look for visual cues of ‘safety’ when entering spaces where they might anticipate rejection or mistreatment.

Military Integration

Visualizing military integration as an LGBTQ service member, one must understand the military culture they are joining. Military culture has customs, rules, expectations, and language that affect a service member’s daily life (Meyer, 2015, as cited in Cole, 2020). In essence, service members are recreating their lives to tailor themselves to the standard processes of military cultures. When joining the military, service members forfeit aspects of their identity – i.e., their choice of dress, the right to free speech, the right to a trial by jury – and to follow strict rules and regulations (Burek, 2018, as cited in Cole, 2020). As an LGBTQ service member, it may be challenging to adjust to a culture that historically has not supported LGBTQ community members. Suppose these individuals do not receive support from their units or build interpersonal relationships with other service members. In that case, they may be subject to higher rates of minority stressors impacting their overall mental health.

In a study completed by McNamara et al. (2021), the group included 248 active-duty LGBTQ service members, utilizing a mixed-method study including a survey, and 42 individuals completed an in-depth interview. Military members identifying within the LGBTQ veteran community often face concerns with acceptance throughout the coming out process, directly impacting their overall mental health. Through this study, the researchers could further their understanding by running a regression analysis to evaluate and identify the differences in outness by demographics and military traits; a thematic

analysis of qualitative data contextualizes these findings (McNamara et al., 2021). The participants from their study indicated their use of disclosure to fellow service members to build social supports to buffer anti-LGBT stigma (Meyer, 2003; Petronio, 2002, as cited in McNamara et al., 2021). McNamara et al. (2021) expand on this discussion in their study by reflecting on the importance of interpersonal relationships and how these specific interactions can influence the comfort levels of LGBTQ veterans disclosing their sexual orientation. Interpersonal relationships allow a feeling of connectedness to communities one may identify.

One aspect to consider is identifying social acceptance in a working environment throughout the coming out process. Working in a militarized environment can cause trauma based on the lived experiences of combat and wartime. The combination of operating within militarized environments and feeling unwelcome among peers in one's unit can contribute to a sense of dissatisfaction and alienation for LGBTQ individuals. Livingston et al. (2019) report that LGBTQ veterans may be exposed to the same types of military trauma (e.g., combat exposure, traumatic loss of comrades in arms, military sexual trauma) and high-impact stressors (e.g., enforced separation from loved ones) as their non-LGBTQ veteran counterparts. Recognizing the traumatic impact of being away from loved ones in an unsafe environment while taking into consideration the microaggressions causing individuals to feel unwelcome or equal can negatively impact the mental health of an LGBTQ veteran.

How gender is socially constructed determines policies that positively or negatively select groups of individuals (Dietert & Dentice, 2023). For this study, it is

important to understand the difference between gender identity and gender expression. Gender expression considers individuals' adherence to "feminine," "androgynous," or "masculine" appearance, behaviors, and/or traits (Tabler et al., 2021). As stated above, gender identity is considered the deep personal inner sense of oneself. A person's gender identity is independent of their birth-assigned sex, may shift and change over time and contexts, may combine both traditionally male and female gender roles, or maybe neutral and not easily or viably able to be determined (Australian Government, 2019; Human Rights Campaign 2020; Losty & O'Connor, 2018; Trans Student Educational Resources, 2020, as cited in Jarret & Anderson, 2023).

Focusing on dismantling the gender binary provides an opportunity for transgender and non-binary individuals to be represented. Through increased representation, macro-level changes—such as inclusive policies—can support the development and wellbeing of transgender individuals by promoting trauma-informed care and acknowledging the distinctions between mental health stressors and contributing factors. Additionally, representation allows individuals from the LGBTQ community to feel seen, heard, and understood, directly supporting their connection to their community within military units. By measuring individual perceptions of the coming out process and social acceptance indicators, this study offers valuable insights for future researchers seeking to support the LGBTQ community and develop initiatives to reduce minority stressors.

For some individuals, the coming out process can be a positive step toward a more authentic and comfortable life. However, others may encounter discrimination and

a sense of not belonging across various environments due to factors such as lifestyle, age, sexual orientation, and gender identity or expression. Conversely, the coming out process has historically been associated with adverse reactions, including stigma, rejection, and discrimination. For most LGBTQ service members, coming out is complex; Van Gilder (2017) described “strategic self-disclosure” to other service members even after the DADT repeal, along with cautious “strategies of openness (McNamara et al., 2020). Skidmore et al. (2024) reported in their study that sexually gay minorities in environments where they are uncertain if others will respond positively to them may also experience increased stress, anxiety, and vigilance in preparing to come out (Timmins et al., 2018), with many ultimately choosing to continue to conceal their identity. Strategically thinking through coming out processes for LGBTQ veterans can cause anxiety, a mental health concern due to the unknown reaction the veteran may face from their inner groups or sub-groups. Specifically, studies have shown that coming out to inner groups (family and friends) can be more inclusive to the individuals' coming out processes. Many times, these positive outcomes are a direct result of the conversations sexual gay minorities have with their parents and siblings (Baiocco et al., 2015; Rosati et al., 2020; Willoughby et al., 2008, as cited in Skidmore et al., 2024).

On the other hand, coming out processes can alleviate the psychological stressors when faced with adversity. The coming out process can often support the mental health and wellbeing if supported by individuals who are open to the LGBTQ community. Coming out often begins with close family or friends; however, sexual minority individuals typically continue the process throughout their lives in various ways, such as

attending events with partners or sharing on social media (Skidmore et al., 2024). Coming out can support a positive view of oneself after recognizing the resilience it takes to go through this individual process. Coming out can also lead to myriads of other positive outcomes, such as increased self-esteem and decreased anger and depression when it occurs in settings where sexual minorities feel safe and hold more autonomy, such as close friends or family (Legate et al., 2012, as cited in Skidmore et al., 2024). Though the process can be mentally taxing for a lot of military veterans identifying as a member of the LGBTQ community, continued research is required to understand how to alleviate the stressors behind these decisions.

McNamara et al. (2021) focused on understanding the military career intentions of LGBTQ service members; the group focused on 544 active-duty service members who completed a survey. The study found that one in three transgender service members plan to leave the military upon completion of their service commitment, compared with one in five cisgender LGBTQ service members and one in eight non-LGBTQ service members (McNamara et al., 2021). Although emerging evidence indicates that some LGBTQ sexual minorities perceive their co-workers as supportive, a sizable group reports continued victimization, harassment, and fear of disclosing their LGBT identity (McNamara et al., 2021). Military veterans identifying with the LGBTQ community consistently face a feeling of “unknown” due to the political climate of today’s society. Currently serving transgender service members do not face discharge under the Biden Administration; however, that could change with the next presidential election (Dietart & Dentice, 2023).

Without solidified policies and action steps to protect LGBTQ service members, the LGBTQ veteran population will not be able to live their authentic lives without the thought of their rights being compromised, disrupting their military career. McNamara et al. (2021) also found that LGBTQ service members were twice as likely as non-LGBTQ service members to be undecided about their military career path after controlling for confounding variables. This also directly impacts the retention rates of military personnel serving their country. McNamara et al. (2021) state that some LGBTQ service members report continued victimization and fear of disclosing their LGBTQ identity, which can affect the retention of LGBTQ personnel serving in the military. Specifically, in a study completed by Ahuja et al. (2019), the researchers state that 26% of transgender people had been physically assaulted, and 16% had been raped in the military. Experiencing physical assault in any form can cause a higher level of mental health distress. Transgender veterans were also more than 10% likely to have depression, suicidal ideation, suicide attempts, PTSD, and severe mental illnesses like psychosis, alcohol abuse, tobacco abuse, and obesity (Brown & Jones, 2015, as cited in Ahuja et al., 2019). Additional mental health risk factors for LGBTQ service members include high rates of substance abuse, a stigma regarding their sexuality, sexual harassment, and victimization (Meadows et al., 2015; Johnson et al., 2015; Matarazzo et al., 2014, as cited in Cole, 2020).

Thought-provoking fears caused by social discrimination can impact psychological distress in LGBTQ veterans, causing higher rates of mental health concerns. A large meta-analysis completed by Evans et al. (2019) revealed that the risk of

depression and anxiety was more than one and a half times greater among LGBTQ individuals when compared with heterosexual individuals (King et al., 2008, as cited in Evans et al., 2019). When LGBTQ veterans face heightened levels of secrecy and concealment, this may cause a lack of social integration and communication with their leadership and their health care providers to enhance their feeling of belonging. LGBTQ individuals often experience the pressure of concealment throughout their lives, and when compounded by minority stressors during military service, this can lead to heightened levels of mental health concerns.

In addition to challenges related to sexual identity disclosure, LGBTQ veterans may experience differences in minority stress based on structural factors such as military rank. Officers may face additional visibility, responsibility, and institutional pressure that shape their stress experiences differently than enlisted members (Kauth et al., 2019). These rank-based disparities are important to examine, as they may influence the extent to which LGBTQ veterans feel supported, safe, or vulnerable while serving in their roles. Moreover, a leadership position may require individuals to conceal parts of their identity to maintain authority or avoid professional scrutiny, potentially intensifying internalized stress. Conversely, enlisted service members may experience more frequent peer-level discrimination or microaggressions due to their proximity to day-to-day unit interactions. Understanding how rank intersects with identity is key to uncovering nuanced pathways of minority stress within military structures.

Three Lens Typology

Understanding the LGBTQ coming out process and the associated risk factors as a community can allow for continued expansion of LGBTQ research and community integration for veteran minorities. Sexual and gender minorities in environments where they are uncertain if others will respond positively to them may also experience increased stress, anxiety, and vigilance in preparing to come out (Keating & Muller, 2020; Timmins et al., 2018), with many ultimately choosing to continue to conceal their identity (Duncan et al., 2019, as cited in Skidmore et al., 2024). Through this three-lens typology, the authors focus on three distinct ways to understand the process that LGBTQ community members face when coming out. Throughout the remainder of this study, the three-lens typology can be considered as a systematic approach to understanding different variables of the coming out process.

In their study, Sandler (2022) reported in their study a three-lens typology associated with the coming out process when viewing this issue from a macro level. The author created a three-lens typology, a tool based on the systemic categorization of over 700 coming out studies and writings published in English over the last 50 years – ranging from May 1971 to July 2021 – within more than 35 disciplines (Sandler, 2022). The first lens consists of the different social institutions in which individuals come out. The second lens includes whom the individual comes out to, the third lens focuses on the content of individual coming out. In simpler terms, these three lenses focus on ‘coming out in’, ‘coming out to’, and ‘coming out as’, which adds to current conceptual understanding of ‘coming out into’ and ‘coming out of’ (Sandler, 2022). Further exploration of these three

lenses allows researchers to understand from multiple points of view the determination of an individual's outness and how the process for them specifically may be negatively influenced by outside determinants.

As stated above, the first lens focuses on 'coming out in' and can be viewed by focusing on the different social institutions in which individuals come out, such as family or workplace (Sandler, 2022). As a minority service member, coming out in a military setting during the era a veteran is serving can have a positive or negative experience, depending on the viewpoints of the unit. This includes differences between rural and urban-based military units. Additionally, coming out in the military, as stated above in this study, had negative implications of being discharged from the military based on their sexual orientation.

The second lens continues this conversation by focusing on 'coming out to,' which can be viewed as to whom individuals come out, including parents, siblings, employers, and work colleagues (Sandler, 2022). Skidmore et al. (2024) supported this claim by stating that the participants in their study indicated that they found it helpful to approach coming out by being selective with who they come out to, preparing before conversations (e.g., rehearsing the conversation, anticipating questions), and decreasing pressure on themselves by coming out in their own way (e.g., phone calls, in-person, social media posts). Given the sensitivity of the topic and the potential mental health impact of adverse reactions, it is essential to deepen the understanding of how the coming out process directly affects sexual minority LGBTQ veterans. Furthering these

understandings will also assist future researchers in identifying additional gaps in which LGBTQ veterans need support, throughout the coming-out process.

The final lens, also noted as the third lens, provides the context of ‘coming out as,’ which can be viewed as the content of individuals’ coming out, namely the group, identity category, or label that they are claiming as their own (Sander, 2022). Individuals can decide how they would like to come out depending on their sexual expression and sexual identity. Through sexual expression and sexual identity, the individual may perceive themselves in different ways not controlled by outside factors (i.e., policies), causing them to fit into a mold that may not be inclusive to the community. Due to discrimination and negative encounters (e.g., the expectation of rejection), specifically, the transgender and non-binary community (TGNB) may have more difficulty regulating their emotions and feel more socially isolated (Fernandez-Rouco et al., 2019). During the coming out process, individuals are at risk for a multitude of concerns, such as anxiety, isolation, and depression (Baams, Grossman, & Russell, 2015; Kosciw, Greytak, Diaz, & Bartkiewicz, 2014; Meyer, 2003; Vaughan & Waehler, 2010, as cited in Ali & Lambie, 2019). McNamara et al. (2021) focused on outness patterns for LGBTQ service members and stated that LGBTQ service members consider past experiences of disclosure when determining when they “come out” to others; this finding highlights the importance of responding to disclosure with competence (i.e., nonjudgemental, supportive, and providing requested guidance). With the historical negative impact to the LGBTQ community serving in the military, coming out may be more difficult when not knowing what the outcome could be from their assigned unit or social groups. Harassment and

discrimination in the workplace also directly tie in with satisfaction with outness and social identity. When transgender and non-binary people are supported as their authentic selves in an inclusive and affirming workplace, they report greater job satisfaction and productivity (Drydakis, 2017, as cited in Kroehle et al., 2020).

As a military veteran, it is imperative to be ready for combat, and this also means being psychologically ready for stressful situations; it is part of the job. According to findings by Kroehle et al. (2020), understanding an individual's level of social acceptance and coming out process may be directly linked to job satisfaction and a sense of belonging. However, since the repeal of DADT, evidence has shown that LGBTQ service members disclose their identity at higher rates. In the lifelong cycle of coming out, continuous intrapersonal and interpersonal pressures may evoke negative emotions such as anxiety, loneliness, isolation, fear, anger, resentment, shame, and guilt (e.g., Ali, 2017; Ali & Barden, 2015; Kosciw et al., 2014; Vaughan & Waehler, 2010, as cited in Ali & Lambie, 2019). However, for most LGBTQ service members, coming out is complex; Van Gilder (2017) described "strategic self-disclosure" to other service members even after DADT repeal, along with cautious "strategies if openness" (Kroehle et al., 2020). Coming out resources and support are essential for LGBTQ veterans as they navigate unpredictable reactions from individuals who may hold differing belief systems and struggle to separate personal views from creating a safe and inclusive environment.

Community Connectiveness

LGBTQ veterans may seek acceptance during the coming out process from both peers and affiliated institutions, which can significantly influence their sense of

connection to the broader LGBTQ community. In a study conducted by Salfas et al. (2019), the researchers analyzed data utilizing the Identification and Involvement with the Gay Community Scale (IIGC) with 371 gay and bisexual men in New York City, where they found that linear regression models adjusting for potential confounding factors, showed that community involvement was significantly associated with better mental health outcomes. Although these findings may be viewed as limited due to gay and bisexual men being the chosen population, it is important to note that having a sense of connection to the LGBTQ community can combat mental health or psychological distress. This is also supported by Griffin et al. (2022), who state that a sense of community can buffer against adverse mental health outcomes in lesbian, gay, bisexual, transgender, and queer (LGBTQ) individuals. Throughout this study, the authors focused on recognizing the impact of community and how community involvement can support the LGBTQ community through intentional efforts. Valid measurement of this construct can better inform research, assessment, and intervention designed to promote well-being in this population (Griffin et al., 2022).

In addition to these findings, the authors found that throughout their study connectedness would often mediate the relationship between internalized homonegativity and psychological distress, such that internalized homonegativity was associated with lower community connectedness. Community involvement may confer a feeling of belonging, a shared emotional connection with other men, and a fulfillment of their needs – a sense of community that we expect to be associated with positive outcomes (McMillian & Chavis, 1986, as cited in Reed & Miller, 2016). It is important to note that

perceptions are a key indicator when discussing community since not all individuals will have the same experience but may not be a sexual minority. By utilizing a quantitative approach and measuring individual perceptions, the study will have a limited bias since the results will be scored based on the individual's view of community, mental health, minority stressors, and military-related stressors.

For this study, the use of the IIGC will provide an understanding of the correlation between coming out processes, social identity, and the perception of this community regarding social acceptance as an LGBTQ veteran. The development of this study will also attempt to include all aspects of the LGBTQ community to ensure that perceptions of gender identities and sexual orientation are considered. Specifically for this study, the findings will support a continued effort to create health equity for the LGBTQ community as well as affirming healthcare that reduces psychological and mental health concerns experienced by the LGBTQ community.

Summary and Conclusions

The intent of the above section was to understand if there were significant correlations between the coming out process and social acceptance impacting minority stressors of LGBTQ veterans. LGBTQ communities face higher rates of suicidal ideation and mental health concerns when faced with compounding stressors from the military due to being minorities. Through this quantitative exploration, LGBTQ veteran communities will have new opportunities through military institutions to experience equitable and affirming practices that assist them with feeling welcome and connected within their communities. Equitable and affirming practices within military institutions may also

contribute to the early identification and treatment of symptoms related to mental distress, such as anxiety, depression, or isolation.

The study sought to expand the literature by examining not only identity-based factors such as outness and community connection and institutional and psychological factors such as military rank and psychological distress. By including these variables in a second regression model, this study provides a more comprehensive view of the factors that contribute to minority stress among LGBTQ veterans, thereby informing the development of holistic, identity-affirming support strategies. Integrating both internal and external sources of stress can yield more information about mental health disparities in sexual minority populations (Meyer, 2003). This approach allows for comparing psychosocial factors that may interact in complex ways, leading to deeper insights regarding resilience and vulnerability within this population. Understanding these dynamics is essential to shaping policies, healthcare practices, and community interventions that affirm and protect LGBTQ veterans throughout their lifespan.

Chapter 3: Research Method

The purpose of this quantitative study was to examine the relationship between the coming out process, social identity, and experiences involving minority stressors among LGBTQ veterans. The study also explores how structural and psychological factors, specifically military rank and psychological distress, predicted minority stress. Through this exploration, the study will explore the role of intersectionality as it relates to community connectedness and mental health. Chapter 3 includes the research design, rationale, recruitment procedures, participant criteria, ethical considerations, and data collection instruments. The role of the researcher and potential limitations are also discussed.

Research Design and Rationale

A sample of 47 LGBTQ veterans residing in the state of Ohio was used to examine the relationship between the coming out process, social acceptance, and minority stress. A non-experimental, regression-based quantitative design was employed, as it was suitable for investigating both naturally occurring associations and predictive relationships among variables where experimental control or manipulation was neither feasible nor ethical. This design allowed for identifying of relationships among key variables without manipulation. Correlational designs are ideal for capturing associations as they exist in real life, especially when working with marginalized populations whose experiences cannot and should not be altered in controlled settings. According to Devi et al. (2022), correlational research involves exploring connections between variables without interference, making it possible to identify patterns and trends within specific

populations. This study meant exploring intersections of identity, community, and psychological outcomes for LGBTQ veterans within the context of their lived experiences.

In addition to its methodological strengths, this approach also presented practical advantages. This allowed for timely data collection, minimized risks of participant attrition, and did not require extended commitment typically associated with longitudinal studies. Moreover, it ensured participants could share their experiences safely and confidentially through standardized self-report measures, which aligns with ethical best practices for researching vulnerable groups.

For this study, the following research questions and hypotheses were used:

RQ1: Is there a correlation between the coming out process and social acceptance impacting LGBTQ veterans facing minority stressors?

H₀1: There is no correlation between social acceptance and the coming out process impacting LGBTQ+ veteran minority stressors.

H_a1: There is a significant correlation between social acceptance and the coming out process, impacting LGBTQ+ veteran minority stressors.

RQ2: To what extent do military rank and psychological distress predict minority stress among LGBTQ veterans?

H₀2: There is no statistically significant predictive relationship between military rank and psychological distress and minority stress among LGBTQ veterans.

H_a2: Military rank and psychological distress significantly predict minority stress among LGBTQ veterans.

Quantitative research employs numerical data collected via structured and standardized instruments, experiments, and surveys to maintain objectivity, ensure replicability, and support generalizable conclusions (Lim, 2024). I used validated tools to assess minority stress, community connectedness, outness, and mental health distress. This provided a reliable framework for analyzing how different identity-related experiences shape mental health outcomes among LGBTQ veterans.

Methodology

A quantitative methodology was employed using four validated survey instruments: the Outness Inventory, the Identification and Involvement with the Gay Community Scale, the measure of Gay-Related Stressors, and the Depression, Anxiety, and Stress Scale. These tools were selected to address research questions and assess outness, minority stress, community involvement, and psychological distress. However, it is important to note that the OI, MOGS, and IIGCS were initially used for samples primarily composed of gay men and lesbian women. As such, their applicability to other groups within the LGBTQ spectrum, including bisexual individuals and transgender persons, may be limited. This potential limitation should be considered when interpreting study findings, especially regarding generalizability across diverse LGBTQ identities. The OI was used to understand the degree to which individuals were open about their sexual orientation or gender identity. According to DeLong et al. (2023), this disclosure is shaped by societal heteronormative expectations and can vary across personal and professional domains. The IIGCS assesses the level of social connectedness within the LGBTQ community, which, for this study, was interpreted as a reflection of social

isolation or community belonging. The DASS-21 measured psychological distress through three subscales, with participants rating their experiences over the past week using a four-point Likert scale. This tool was used to address RQ2.

Lastly, the MOGS measures 10 different domains of stress, including discrimination, family conflict, work-related bias, and HIV/AIDS stigma (Lewis et al., 2001). Together, these tools supported my exploration of how the coming out process, social acceptance, and psychological distress are associated with minority stress. In addition to examining correlations, a secondary regression analysis was ran to explore the predictive power of structural (military rank) and psychological (distress as measured by the DASS) factors on minority stress. To enable this analysis, categorical variables such as military rank and race were dummy-coded, allowing for their inclusion in the regression model. This expanded approach ensures that both interpersonal and institutional factors influencing LGBTQ veterans' experiences with minority stress were adequately addressed.

Population and Procedures for Recruitment, Participation, and Data Collection

This study focused on LGBTQ veteran populations who served a minimum of three years in the U.S. Armed Forces, including the Army, Navy, Air Force, Marines, Coast Guard, Space Force, Air Guard, or Army National Guard, and who currently reside in Ohio at the time of the study. To be eligible for this research project, participants were required to be at least 20 years old, identify as part of the LGBTQ community, hold veteran status, and currently live in Ohio. Recruitment occurred through digital platforms and partnerships with local community-based organizations serving LGBTQ individuals.

Specifically, recruitment efforts leveraged Facebook veterans' groups, LinkedIn, and LGBTQ-focused organizations that shared the study through public newsletters and pages. This strategy allowed for access to a broad cross-section of LGBTQ veterans while also minimizing geographic barriers. A snowball sampling approach was employed, with participants encouraged to share the survey with eligible friends and peers, further supporting recruitment efforts in hard-to-reach veteran communities.

All data collection occurred via a secure online survey platform. Participants were presented with an informed consent form and then directed to complete the survey, which included demographic questions and four validated instruments: the Outness Inventory, Identification and Involvement with the Gay Community Scale, Measure of Gay-Related Stressors, and the Depression, Anxiety, and Stress Scale. These tools allowed for the exploration of individual-level factors, including coming out experiences and mental health, as well as community-level engagement. Due to the secondary analysis involving testing predictive relationships using military rank and psychological distress, participants were also asked to indicate their rank during service and to complete the DASS scale. Responses were collected anonymously to protect confidentiality, and survey data was reviewed only after Institutional Review Board approval was granted.

Sampling and Sampling Procedures

This study employed a nonprobability purposive sampling method to recruit LGBTQ veterans residing in Ohio. The final sample consisted of (N=47), all self-identifying as LGBTQ and reported having served at least three years in a branch of the United States military. This sampling method was chosen due to the specificity of the

target population and the challenges associated with accessing LGBTQ veterans through traditional means. To enhance the diversity of the participant pool, recruitment efforts were designed to reach individuals across different branches of service, racial backgrounds, gender identities, sexual orientations, and military ranks. Although the sample was limited to veterans living in Ohio, using online platforms and partnerships with community organizations helped promote inclusion and reach individuals from varied socioeconomic and service backgrounds.

Due to limited access for LGBTQ veterans across broader geographic areas, a snowball sampling approach was implemented to supplement outreach. This method encouraged participants to share the study with peers who met the eligibility criteria, expanding the sample through trusted social networks. Prioritizing the inclusion of diverse racial and ethnic backgrounds ensured that the findings reflected the intersectional experiences of LGBTQ veterans.

Instrumentation and Operationalization of Constructs

This study utilized four validated survey instruments to measure key variables related to LGBTQ veterans' experiences of minority stress: the Outness Inventory (OI), the Identification and Involvement with the Gay Community Scale (IIGCS), the Measure of Gay-Related Stressors (MOGS), and the Depression, Anxiety, and Stress Scale (DASS). These tools were chosen for their relevance to the research questions and their prior use in LGBTQ population studies.

The study examined both correlational and predictive relationships. For RQ1, the independent variables were (a) outness measurement by OI and (b) community

connectedness, measured by the IIGSC. The dependent variable was minority stress, measured by the MOGS. For RQ2, the independent variables were military rank (a categorical variable, dummy coded as 0 = enlisted, 1 = officer) and psychological distress, measured by DASS. The dependent variable remained minority stress for the second research question.

In addition, descriptive variables such as gender identity, age, branch of service, sexual orientation, years of service, and race were collected. Race was recorded in a binary variable analysis (0=non-minority, 1= minority), and a decision noted as a limitation due to its potential to obscure within-group differences. All of the scales chosen used Likert-style responses, enabling the application of multiple linear regression and Pearson correlation analysis to assess the strength and direction of relationships among the variables. Variables having categorical levels are ubiquitous in the social and behavioral sciences, especially in survey research (Dillon et. al., 1983).

The OI is an 11-item questionnaire designed to assess how openly sexual minorities disclose their sexual identity to others (Rickard & Yancey, 2018, as cited in Mohr & Fassinger, 2000). The OI scale was used to understand the degree to which others are aware of one's sexual orientation or gender identity and represent a culturally specific experience for sexual and gender minority individuals, given societal norms of heteronormative discriminatory practices (Campbell et al., 2019; Floyd & Bakeman, 2006; Floyd & Stein, 2002; Janssen & Scheepers, 2019; and Lefevor et al., 2022, as cited in Delong et al., 2023). The Outness Inventory (OI) measures the degree to which individuals disclose their orientation across three distinct domains: family, religion, and

the world at large. These domains reflect varying social contexts in which disclosure may occur. An average score across these domains is calculated to yield an overall outness score. The OI has been widely used in LGBTQ research to examine the extent of sexual identity disclosure and its relationship to psychological well-being, identity development, and minority stress.

The IIGCS is an eight-item instrument used to assess perceived levels of identification and involvement in the gay community. For this study, the IIGCS measured social isolation as it related to lack of access to the LGBTQ community. The IIGCS assessment tool was used to identify the social integration of LGBTQ veterans and how these correlates to social identity for individuals' experiencing a lack of affirming care services and resources. Community connectedness is defined as the convergence of individuals' desires to belong to a larger collective, establish a mutually influential relationship with the collective, satisfy their individual needs and be rewarded through their collective affiliation, and construct a shared emotional connection (Whitlock, 2007, as cited in McMillan, 1996; McMillan & Chavis, 1986). Among sexual minorities, LGBTQ individuals' connectedness to a community that is like others is important in understanding involvement, identity, and related health outcomes (Frost & Meyer, 2012).

The MOGS is a 70-item instrument measuring different types of stressors for sexual minorities. It consists of 10 subscales: family, family reaction to lovers, violence, misunderstanding, work discrimination, general discrimination, visibility from friends and family, visibility from the public, HIV/AIDS, and sexual orientation conflict (Lewis et al., 2001, as cited in Rickard & Yancey, 2018). The benefit of this data collection tool

is the multiple areas that are incorporated within the tool, which will provide an in-depth view of gay-related stressors that LGBTQ veterans may face.

The last data collection tool is the Depression, Anxiety, Stress Scale. The Depression, Anxiety, and Stress Scale focused on understanding three key elements: anxiety, depression, and stress. The anxiety subscale measured physical arousal symptoms, panic attacks, and fear. The stress subscale measured individual stressors, while the depression subscale included symptoms usually associated with negative mood. The participant rated these items using a 4-point Likert scale (0= did not apply to me at all to 3= applied to me very much or most of the time), with higher scores indicating greater negative or anxious affect. The use of this measurement tool supported the understanding of depression, anxiety, and stress of LGBTQ veterans within the control group as one of the independent variables.

Data Analysis Plan

This study employed a quantitative data analysis strategy using IBM SPSS Statistics Version 29.0.2.0 (2020) to examine the relationships among coming out, social acceptance, psychological distress, military rank, and minority stress. A total of 47 participants who met the inclusion criteria completed the survey instruments, and their responses were downloaded for analysis. The analysis proceeded in several stages to align with the study's two research questions and associated hypotheses. First, descriptive statistics were generated to summarize participant demographics and key variables. This included frequencies, percentages, means, and standard deviations for age, gender, race,

military branch, and years of service, from respondents who met the inclusion criteria, which were listed above in this study.

To address research question 1 – whether there is a correlation between the coming out process and social acceptance impacting minority stress among LGBTQ veterans- a Pearson correlation analysis was conducted. This test examined the relationships between scores on the Outness Inventory, Identification and Involvement with the Gay Community Scale, and the Measure of Gay-Related Stressors.

All variables were assessed for assumptions of linearity, normality, and multicollinearity before proceeding with regression. The decision to include military rank and psychological distress as theoretical alignment with Minority Stress Theory and preliminary bivariate analyses informed predictors. Statistically significant was evaluated at the $p < .05$ level. The results of both correlation and regression analyses are presented in Chapter 4, with further interpretation and implications for social change discussed in Chapter 5.

Threats to Validity

As with all research, this study was subject to potential threats to validity that could impact the interpretation and generalizability of the results. The primary concerns stemmed from the use of self-report measures. Since participants independently completed online surveys, the study relied on their accurate recall and honest reporting. Social desirability bias or misunderstanding of questions may have affected responses. Another consideration was construct validity. While the four instruments used are widely used and validated in LGBTQ and mental health research, they have not been explicitly

normed on LGBTQ veteran populations. This may limit the precision of how well these tools capture the constructs of interest (e.g., outness, community connection, or psychological distress) for this specific subgroup.

External validity was also a consideration. The study was geographically limited to LGBTQ veterans currently residing in Ohio, which may limit the generalizability of findings to broader populations of LGBTQ veterans in other states or regions. Factors such as cultural attitudes, access to affirming services, or military culture may differ across geographic areas, influencing results. The small sample size (N=47) may have also impacted statistical power, particularly for detecting small to moderate effects in regression models. Additionally, while the sample was racially and gender diverse, the decision to collapse race into “minority” and “non-minority” for statistical modeling may have obscured important subgroup differences. This was noted as a limitation in both the methods and discussion chapters. Lastly, while using a cross-sectional design provided a snapshot of relationships among variables, it limits the ability to conclude causality. Although regression was used to explore predictive relationships in research question two, temporal order cannot be confirmed. A longitudinal or experimental design would be required to establish directionality more clearly.

Ethical Procedures

Ensuring ethical procedures are maintained is imperative for a structured research project; thus, this study followed the guidelines established by the Institutional Review Board (IRB). IRB approval was obtained before any data collection began. All procedures prioritized confidentiality, informed consent, and voluntary participation.

Once formal approval was obtained, participants were recruited through public postings in LGBTQ-focused veterans' groups on social media platforms, as well as through community organizations and newsletters. Participating individuals were presented with digital informed consent forms that clearly outlined the purpose of the study, the voluntary nature of participation, the established time commitment, and potential risks and benefits. Only those who agreed to the consent could proceed with the survey. To further protect participant anonymity, no identifying information was collected. The survey was administered through a secure online platform that did not record names, email addresses, or IP addresses. Responses were downloaded and stored on a password-protected USB drive accessible only by the researcher. Once data analysis was complete, all datasets were encrypted and stored securely for five years, per university policy, before being permanently deleted.

Given the sensitive nature of topics such as mental health and identity disclosure, participants were reminded that they could skip any question or exit the survey at any time without penalty. Although no direct psychological harm was anticipated, a resource list of LGBTQ – affirming mental health services and crisis support hotlines was provided at the end of the survey in case participants experienced discomfort during or after participation. By adhering to these ethical procedures, the study aimed to create a respectful, affirming, and safe experience for LGBTQ veterans while maintaining integrity in the research process.

Summary

Chapter 3 includes an overview of the methodology that was used to investigate relationships between coming out, social acceptance, psychological distress, military rank, and minority stress among LGBTQ veterans. I described the quantitative design, sampling procedures, and validated instruments to capture relevant data. Both research questions and their associated hypotheses were presented to clarify correlations between identity-related variables and minority stress as well as predictive roles of military rank and psychological distress. I used the OI, IIGCS, MOGS, and DASS-21. Each tool was described in detail. Recruitment and data collection procedures were outlined, emphasizing participant confidentiality and ethical considerations. Lastly, I discussed the data analysis plan, including descriptive statistics, correlation testing, and multiple regression modeling.

Chapter 4 includes findings from these analyses and results regarding LGBTQ veteran's well-being and minority stress. These results will help inform future research, policies, and practices that are aimed at supporting the mental health and inclusion of LGBTQ individuals in military and veteran communities. Additionally, interpretations of the impact of psychological distress and rank lead to new insights regarding how institutional and personal factors contribute to minority stress. This understanding can be a foundation for targeted interventions and affirming practices for veteran support systems.

Chapter 4: Results

The purpose of this quantitative study was to identify if there were correlations between social acceptance and the coming out process impacting minority stressors of LGBTQ veterans in Ohio. A quantitative survey design was used to examine whether the independent variables – identification and involvement with the gay community, outness, and level of depression, anxiety, and stress – served as predictors of minority stress. The study was guided by the following research questions and corresponding hypotheses:

RQ1: Is there a correlation between the coming out process and social acceptance impacting LGBTQ veterans facing minority stressors?

H₀1: There is no correlation between social acceptance and the coming out process impacting LGBTQ+ veteran minority stressors.

H_a1: There is a significant correlation between social acceptance and the coming out process, impacting LGBTQ veteran minority stressors.

RQ2: To what extent do military rank and psychological distress predict minority stress among LGBTQ veterans?

H₀2: There is no statistically significant predictive relationship between military rank and psychological distress and minority stress among LGBTQ veterans.

H_a2: Military rank and psychological distress significantly predict minority stress among LGBTQ veterans.

Chapter 4 includes an overview of the data collection process, reliability testing, bivariate correlations, and results of the two multiple regression models focused on social acceptance and coming out, as well as psychological distress and structural factors. This

study explored how identity, mental health, and military-related characteristics relate to experiences of minority stress among LGBTQ veterans in Ohio. By structuring the analysis around two research questions, the study offers a more nuanced understanding of the internal and external factors that contribute to minority stress in this population. Data Collection

The data collection period lasted 65 days, beginning on December 20, 2024, and concluding on February 25, 2025. All data were collected through online platforms and partnerships with community-based organizations, who posted the study to their public online community boards and newsletters to gain traction. A snowball recruitment method was employed during the data collection phase, encouraging participants to share the study link within their networks. This approach resulted in 47 completed surveys from LGBTQ veterans residing in Ohio. Because of the snowball method, a traditional response rate could not be calculated, as the total number of individuals who received the survey is unknown.

47 LGBTQ+ veterans completed the survey, and no missing data were identified, resulting in a final sample size of 47 participants. While the data set was complete, the relatively small sample size may have limited statistical power of analyses, particularly for RQ1, which yielded smaller effect sizes. As a result, there was an increased risk for Type II errors, where real effects may not have been detected. This limitation should be considered when interpreting nonsignificant findings, and future research with a larger sample size is recommended to validate results. The mean age of respondents was 40.47 ($SD = 12.814$), while the mean years of service was 9.40 years ($SD = 6.375$). The

majority of respondents identified as White/Caucasian (70.2%), and 30% who identified as non-White were Hispanic or Latino/a/x (2.1%), Black/African American (21.2%), Native American or Indigenous (2.1%), and multiracial/biracial (4.3%; see Table 1).

Nearly half ($n = 22$, 46.8%) of respondents reported their sexual orientation as gay, and 36.2% ($n = 17$) identified as lesbian. Participants also identified as bisexual ($n = 5$, 10.6%) and transgender/nonbinary/asexual ($n = 3$, 8.5%). Service representation included the Army ($n = 26$, 55.3%), Navy ($n = 10$, 21.3%), Air Force ($n = 8$, 17.0%), Marines ($n = 2$, 4.2%), Coast Guard ($n = 1$, 2.1%). While no participants reported serving in the Space Force, 59.6% ($n = 28$) reported prior service in a National Guard or reserve position. Regarding rank, 87.2% ($n = 41$) were enlisted service members, and 12.88% ($n = 6$) were officers. In terms of discharge status, 29.8% ($n = 14$) reported having been formally discharged, 25.5% ($n = 12$) did not resign their contracts, 8.5% ($n = 4$) were retired, and 36.2% ($n = 17$) reported they were still serving in the military.

Unlike many previous studies that focused on limited sexual identity categories or specific branches of military service, this study intentionally incorporated a broader range of LGBTQ identities, service experiences, and mental health considerations. In doing so, research is better positioned to investigate how community involvement, openness, psychological distress, and military rank may predict minority stress among LGBTQ veterans. This study examined the coming out process among LGBTQ veterans using a broader and more inclusive participant pool. Participation was open to individuals representing the full spectrum of LGBTQ identities to ensure diverse and representative insights into veteran experiences. To streamline data analysis, race was categorized into

two groups – minority and nonminority – while acknowledging the limitations and nuance lost through this form of simplification. A key gap in earlier research is lack of information regarding the collective identity and lived experiences of LGBTQ veterans as marginalized groups within military cultures. By incorporating social and structural predictors of minority stress, this study deepens existing literature using Meyer’s theory.

Table 1

Participant Demographic Characteristics

Category	N	%	M	SD
Age	47	-	40	12..81
Years of Service	47	-	9.56	6.472
Race/Ethnicity				
White	33	70.2%		
Black	10	21.2%		
Multi-racial/bi-racial	2	4.3%		
Native American or Indigenous	1	2.1%		
Hispanic or Latino/a/x	1	2.1%		
Rank				
Enlisted	41	87.2%		
Officer	6	12.8%		
Branch				
Army	26	55.3%		
Navy	10	21.3%		
Air Force	8	17.0%		
Marines	2	4.3%		
Coast Guard	1	2.1%		
Sexual Orientation				
Lesbian	17	36.2%		
Gay	22	46.8%		
Bisexual	5	10.6%		
Transgender/Nonbinary/Asexual	3	6.4%		
Geographical Location				
Rural	7	14.9%		
Urban	40	85.1%		

Veteran Status		
Still Serving	17	36.2%
Other Discharge	14	29.8%
Retired	4	8.5%
Did-Not Re-Sign Contract	12	25.5%
National Guard Reserve Component		
Yes	28	59.6%
No	19	40.4%

Results

Reliability Analysis

Cronbach's alpha reliability analysis was conducted using four primary data collection instruments. The alpha coefficient for the MOGS was .977, indicating good reliability (Table 2). The alpha coefficient for the Depression Anxiety Stress Scale was .950, indicating good reliability (Table 4). The alpha coefficient for the Outness Inventory was .842, indicating good reliability (Table 3). The alpha coefficient for the Identification and Involvement in the Gay Community Scale was .673, indicating borderline internal consistency (Table 5). While this value falls slightly below the commonly accepted threshold of .70, it remains within an acceptable range for social work research (Taber, 2018). Differences in response formats between items affected the scales' reliability; however, efforts to standardize scoring did not significantly increase in internal consistency. Despite this, the scale was retained due to its theoretical relevance and alignment with prior research. Overall, all instruments demonstrated acceptable to excellent reliability within this study's sample of LGBTQ veterans.

Table 2*Reliability Statistics: MOGS*

Cronbach's Alpha	N of items
.977	69

Table 3*Reliability Statistics: OI*

Cronbach's Alpha	N of items
.842	13

Table 4*Reliability Statistics: DASS-21*

Cronbach's Alpha	N of items
.950	21

Table 5*Reliability Statistics: IGCS*

Cronbach's Alpha	N of items
.673	8

Preliminary Analysis: Test of Assumptions

Tests for normality, homoscedasticity, linearity, and multicollinearity were conducted during the preliminary analysis phase of this study to ensure that the data met the necessary assumptions for multiple linear regression analysis. Normality was assessed

using Q-Q plots, as shown in Figure 4.1, and the Shapiro-Wilk test, while homoscedasticity was examined through a scatterplot of standardized residuals against standardized predicted values, as referenced in Figure 4. Linearity was evaluated using scatterplots of the independent variables against the dependent variables, and multicollinearity was assessed through the Variance Inflation Factor (VIF) and tolerance statistics.

The normality assumption was assessed using Q-Q plots (Figure 1) and the Shapiro-Wilk test. The Shapiro-Wilk test confirmed that the *Measure of Gay-Related Stressors* was non-normal, $W(47)=0.92$, $p = 0.13$. The initial histogram for the Measure of Gay-Related Stressors showed a right-skewed distribution, violating the normality assumption. A log transformation was applied to correct this, which showed a more normal distribution. Additionally, the Q-Q plot indicates that the standardized residuals align more closely with the normality line, supporting the normality assumption.

Homoscedasticity, or the assumption that the variance of residuals remains constant across predicted values, was tested using a scatterplot of standardized residuals vs. standardized predicted values. As shown in Figure 2, the residuals appear randomly dispersed, supporting the assumption that variance remains consistent across predicted values. The absence of a funneling pattern suggests that heteroscedasticity is not present in the current dataset.

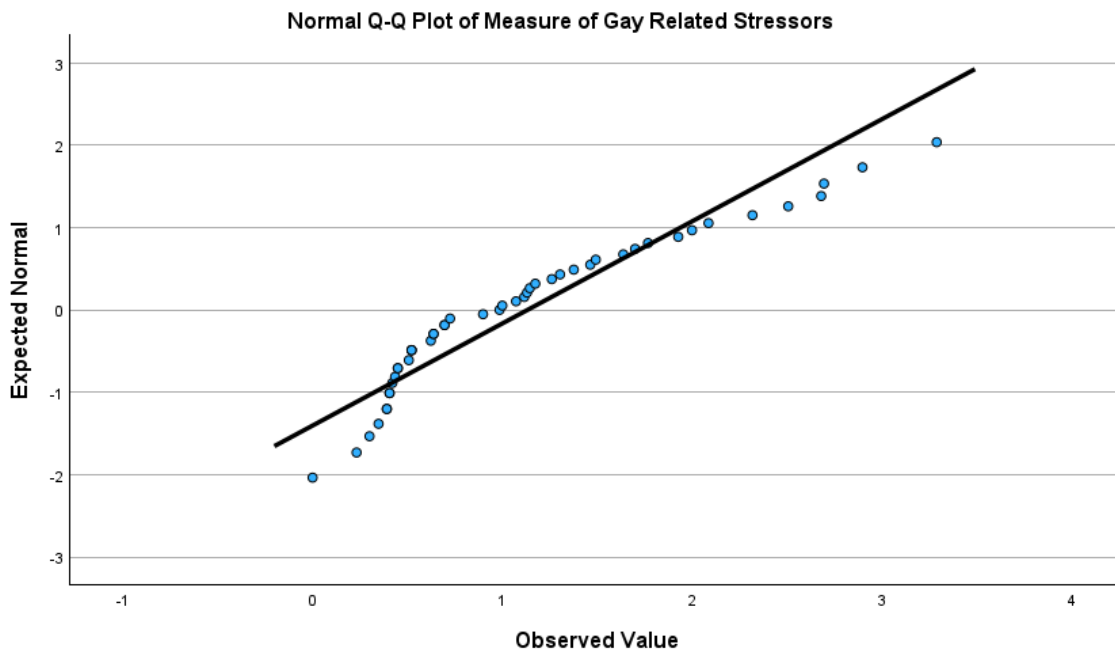
The assumption of linearity was also tested using scatterplots between each independent variable and the dependent variable, Measure of Gay-Related Stressors. The visual inspection of these scatterplots confirmed that the relationships between the

independent variables, outness inventory, identification, and involvement with the gay community scale, and log transformation of the Measure of Gay-Related Stressors were approximately linear. No significant non-linear trends were observed, supporting the assumption that a linear relationship existed between the predictors and the outcome variable.

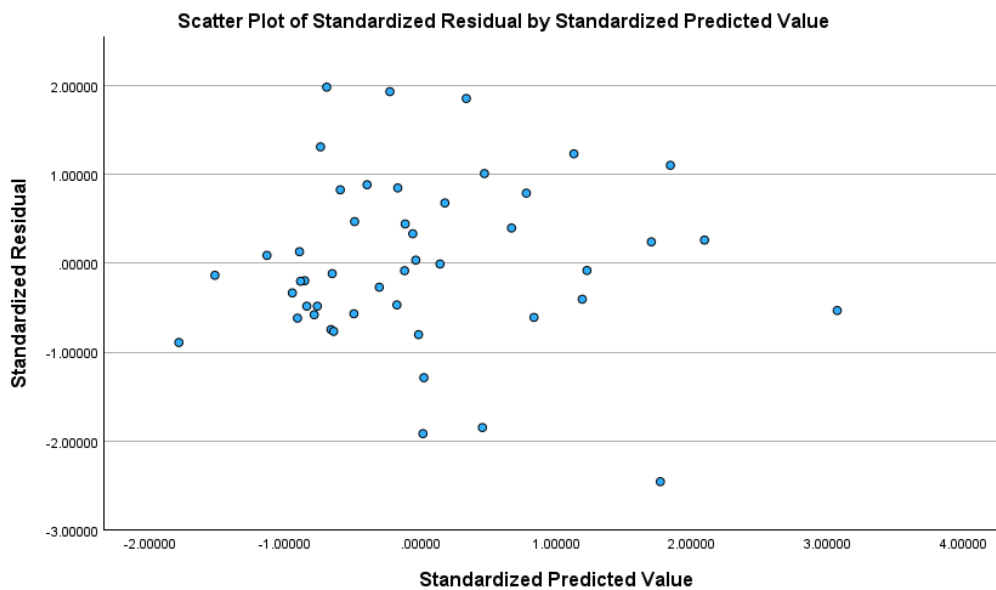
Multicollinearity was assessed using the regression model's VIF and tolerance values. VIF values for all predictors ranged between 1.12 and 2.45, remaining well below the cutoff of 10, indicating no multicollinearity concerns, meaning that each independent variable contributed uniquely to the model without excessive correlation with other predictors. The results indicated that all VIF values were below ten, and all tolerance values exceeded .10. Based on these assumption tests, the data met the conditions for multiple regression analysis. The transformed dependent variable, the *Measure of Gay-Related Stressors*, was used in all subsequent analyses to satisfy the normality assumption. Additionally, the assumptions of homoscedasticity, linearity, and multicollinearity were met, ensuring the validity and interpretability of the regression analysis.

Figure 1

Normal Q-Q Plot for MOGS

**Figure 2**

Scatterplot of Standardized Residuals Versus Predicted Values



Bivariate Analysis

Before conducting the primary multiple regression analysis, Pearson's correlation coefficients were examined among the key continuous variables: Outness Score, Identification and Involvement in the LGBTQ community, and the log-transformed Measure of Gay-Related Stressors (See Table 6). The correlation between outness and minority stress was negative, $r = -.254$, $p = .096$, suggesting a trend in which greater outness is associated with lower minority stress. However, this relationship did not reach statistical significance. Similarly, the correlation between LGBTQ community involvement and minority stress was positive, $r = .239$, $p = .118$, indicating a non-significant trend toward higher stress with greater involvement.

The correlation between outness and community involvement was weak and non-significant ($r = .088$, $p = .567$), suggesting that these two identity-related variables operate independently within the sample. Although none of these correlations were statistically significant at the $p < .05$ level, the observed trends aligned with theoretical expectations and prior research, providing a rationale for including both predictors in the multiple regression model.

Lastly, categorical variables such as military rank and race were dummy coded before conducting the multiple regression analysis to allow for inclusion in the model. Military rank was coded as 0 = enlisted and 1 = officer. Race was consolidated in a binary variable, coded as 0 = non-minority and 1 = minority. This approach allowed for meaningful comparison while simplifying the model. However, it may limit the ability to

detect differences among specific racial or ethnic subgroups, which is noted as a limitation of this study.

Table 6

Pearson Correlations Among Key Variables for Primary Regression Model

<i>Variable</i>		<i>Measure of Gay Related Stressors</i>	<i>Outness Inventory</i>	<i>Identification and Involvement with the Gay Community Scale</i>
Measure of Gay Related Stressors	Pearson	1	-.254	.239
	Correlation		.096	.118
	Sig. (2-tailed)			
	N	44	44	44
Outness Inventory	Pearsons	-.254	1	.088
	Correlation			.567
	Sig. (2-tailed)	.096		
	N	44	45	45
Identification and Involvement with the Gay Community Scale	Pearsons	.239	.088	1
	Correlation			
	Sig. (2-tailed)	.118	.567	
	N	45	45	45

Regression Model 1: Social Variables

Multiple linear regression was conducted to determine whether perceptions of the coming out process and social acceptance predict minority stress among LGBTQ veterans in Ohio. This model addresses RQ1 and tests whether these social identity variables significantly contributed to variance in minority stress. This model examined associational relationships between social identity variables and minority stress. The independent continuous variables used for this model were perceptions of the coming out process and identification and involvement with the gay community scale. The two

variables represent openness about one's identity and perceived community connection, grounded in social aspects of LGBTQ identity and relevant to Meyer's Minority Stress Theory.

The mean scores of the outness inventory scale ($M=4.9$, $SD=.97$) ranged from 2.3 to 7.0. Higher scores reflected greater outness about one's LGBTQ identity across multiple domains, including family, friends, military peers, veteran support networks, and the broader community contexts. The mean scores for the identification and involvement with the gay community scale ($M=2.9$, $SD=.66$) ranged from 1.375 to 4.250, where higher scores indicated a stronger connection to the LGBTQ community, such as participation in LGBTQ spaces, social networks, and advocacy efforts. In comparison, lower scores suggested limited community involvement or identification. This model assessed whether these two social variables – outness and LGBTQ community involvement significantly predicted minority stress among the study participants. The findings provide insight into how LGBTQ veterans navigate identity and community and how these experiences shape their exposure to minority stress.

Primary Analysis: Model Summary, ANOVA, and Coefficients

The multiple linear regression analysis results indicated that the combined predictors – perceptions of identification and involvement with the LGBTQ community and the coming out process – significantly predicted minority stress scores among LGBTQ veterans $F(2, 44) = 5.41$, $p = .008$ (see Table 8). The model explained 19.7% of the variance in minority stressors (Table 7), indicating a medium effect size based on

Cohen's (1988) guidelines of R² effect sizes, where 2% is small, 13% is medium, and 26% and above is significant.

Further examination of the coefficients table (Table 9) revealed that both predictors were statistically significant. Specifically, outness was negatively associated with minority stress ($B=-0.051$, $SE = 0.021$, $\beta = -0.322$, $t=-2.375$, $p = .022$), suggesting that greater openness about one's identity is linked to reduced experiences of minority stress. Conversely, identification and involvement with the LGBTQ community were positively associated with minority stress ($B=0.078$, $SE=0.031$, $\beta = 0.335$, $t= 2.468$, $p = .018$), suggesting that those more deeply connected to the LGBTQ community reported higher levels of minority stress (Table 9).

Unexpectedly, increased involvement in the LGBTQ community predicted more significant minority stress. One possible explanation is that greater involvement may heighten exposure to systemic discrimination, intra-community conflict, or greater awareness of societal marginalization. As both predictors reached statistical significance, the null hypothesis for RQ1 was rejected. These findings support the broader assertion that factors related to social acceptance, including openness and community involvement, play a key role in shaping minority stress among LGBTQ veterans in Ohio.

These results align with Meyers's (2003) Minority Stress Theory, which proposed that external stressors (e.g., discrimination and marginalization) and internal processes (e.g., concealment, shame) jointly influence the mental health of LGBTQ individuals. Outness is a buffer against stress, while community involvement may reflect resilience and increased vulnerability due to social and political stressors. This duality reinforces

the complexity of the LGBTQ veteran experience and highlights the layered nature of minority stress.

Table 7

Model Summary Table for Minority Stressors Using the OI and IIGCS

<i>R</i>	R Square	Adjusted R Square	Std. Error of Estimate
.444	.197	.161	.14134

Table 8

ANOVA Table for Minority Stressors Using the OI and IIGCS

Model	SS	df	MS	<i>F</i>	<i>p</i>
Regression	.216	2	.108	5.410	.008
Residual	.879	44	.020		
Total	1.095	46			

Table 9

Coefficients Table for Minority Stressors Using the OI and IIGCS

Model	Unstandardized Coefficients <i>B</i>	Coefficients Std. Error	Standardized Coefficients Beta	<i>t</i>	Sig
(Constant)	.322	.135		2.381	.022
Outness Inventory	-.051	0.21	-.322	-2.375	.022
Identification and Involvement with the LGBTQ Community	.078	0.31	.335	2.468	.018

Regression Model 2: Structural and Psychological Variables

A second multiple linear regression model was conducted to evaluate whether structural and psychological factors – specifically military rank and mental health distress

– predict minority stress among LGBTQ veterans in Ohio. A predictive regression model was conducted to determine whether military rank and psychological distress predicted minority stress. This analysis aligned with RQ2 and sought to explore the impact of both systemic hierarchy (rank) and individual mental health burden on the experience of minority stress. The overall model was statistically significant, $F(2,44) = 18.77, p < .001$, and accounted for 46.0% of the variance in minority stressors (Table 10). According to Cohen's (1988) guidelines, this represents a large effect size, suggesting a strong predictive relationship between the independent and dependent variables. The ANOVA results (Table 11) further confirm that the regression model significantly improved the prediction of minority stress over a model with no predictors.

As shown in Table 12, both predictors – military rank and psychological distress – were statistically significant. Military rank was positively associated with minority stress ($B = 0.14, SE = 0.05, \beta = .314, t = 2.84, p = .007$), indicating that officers reported higher levels of minority stress than enlisted participants. Additionally, psychological distress was strongly and positively associated with minority stress ($B=0.144, SE = 0.03, \beta = .604, t=5.45, p < .001$), indicating that higher levels of psychological distress were strongly associated with higher minority stress.

Further examination of the coefficients (see Table 12) revealed that both independent variables – military rank and mental health distress (DASS-21) – were statistically significant predictors of minority stress. Specifically, rank was negatively associated with minority stress ($B = -0.144, SE = 0.051, \beta = -.314, t = -2.835, p = .007$), indicating that participants holding officer status reported lower levels of minority stress

compared to those who were enlisted. In addition, mental health distress was also positively associated with minority stress ($B=0.144$, $SE=0.026$, $\beta=.604$, $t=5.454$, $p < .001$), highlighting a robust connection between elevated distress and increased minority stress.

These results support the rejection of the null hypothesis for RQ2. They suggest that structural and psychological elements – holding an officer rank and experiencing higher levels of anxiety, depression, or stress – contribute significantly to the experience of minority stress among LGBTQ veterans. These findings also reinforce Meyer’s Minority Stress Theory (2003), which emphasizes the interplay between environmental pressures (e.g., rank-based power structures) and internalized stressors (e.g., psychological distress) in shaping outcomes for marginalized groups. Notably, higher rank may not protect LGBTQ veterans from minority stress. In some cases, it may exacerbate it – perhaps due to greater visibility, isolation at higher leadership levels, or increased responsibility without adequate support.

Table 10

Model Summary Table for Minority Stressors Regressed on Rank and Depression, Anxiety, Stress Scale

R	R Square	Adjusted R Square	Std. Error of Estimate
.678	.460	.436	.11591

Table 11

ANOVA Table for Minority Stressors Using Rank and the DASS-21

Model	SS	df	MS	F	p
Regression	.504	2	.252	18.765	<.001
Residual	.591	44	.013		
Total	1.095	46			

Table 12

Coefficients Table for Minority Stressors Using Rank and DASS-21

Model	Unstandardized Coefficients B	Coefficients Std. Error	Standardized Coefficients Beta	t	Sig
(Constant)	.161	.029		5.587	<.001
Rank	.144	.051	.314	2.835	.007
Depression, Anxiety, and Stress	.144	.026	.604	5.454	<.001

Summary

This chapter includes the results of two multiple linear regression models examining predictors of minority stress among LGBTQ veterans in Ohio. The first model addressed RQ1, focusing on social variables, specifically outness and connections to the LGBTQ community. The model was statistically significant, with $F(2,44) = 5.41$, $p = .008$, and explained 19.7% of the variance in minority stress. Outness was negatively associated with minority stress, suggesting greater openness about one's LGBTQ identity may be a protective factor ($B = -0.05$, $p = .022$). Conversely, greater identification and involvement within the LGBTQ community was associated with higher minority stress ($B = 0.08$, $p = .018$), which may reflect increased exposure to systemic discrimination or

intracommunity pressures. These findings support the rejection of H_01 and acceptance of H_{a1} , indicating that social acceptance variables significantly shape minority stress experiences among LGBTQ veterans. Together, they suggest that social acceptance factors such as openness and perceived community connection shape how LGBTQ veterans experience minority stress.

The second regression model was used to address RQ2, examining whether structural and psychological variables, specifically military rank and mental health distress, predicted minority stress among LGBTQ veterans. Regression analysis revealed a significant predictive relationship between officer rank and minority stress. This model also yielded statistically significant results, with $F(2,44) = 18.77$ and $p < .001$, accounting for 46.0% of the variance in minority stress, indicating a large effect. Both predictors emerged as statistically significant: higher military rank ($B = 0.14, p = .007$) and more significant mental health distress ($B = 0.14, p < .001$) were positively associated with increased minority stress. These findings suggest officers may experience elevated minority stress compared to enlisted personnel, which reinforces the role of mental health distress as a substantial predictor of stress among LGBTQ veterans thus rejecting the null hypothesis and accepting the alternative hypothesis.

Together, these two regression models underscore the multifaceted nature of minority stress related to identity-based, structural, and psychological variables. Results align with Meyer's minority stress theory, which highlights how external discrimination, internalized stigma, and systemic factors intersect to shape mental health outcomes for marginalized groups. In this sample, outness and psychological distress emerged as

meaningful indicators of stress levels, while community involvement and military rank were potentially overlooked sources of stress.

Chapter 5 includes findings in the context of the study's theoretical foundation, particularly examining how LGBTQ identity, military culture, and minority stress intersect. A further exploration of the current study's practical and policy implications, and limitations, including modest sample size, reliance on self-reporting, and choice of design, while offering recommendations for future research and action. This study also emphasizes the need to strengthen mental health services, veteran programming, and inclusive military policies to better support the diverse and complex needs of LGBTQ service members and veterans.

Chapter 5: Discussion, Conclusions, and Recommendations

The purpose of this quantitative study was to examine whether social acceptance and the coming out process influence minority stress experienced by LGBTQ veterans in Ohio. Findings from Model 1 confirmed correlational associations between outness, community identification, and minority stress, aligning with Meyer's theory of proximal and distal stressors. This study also aimed to determine whether military rank and psychological distress served as additional predictors of minority stress within the LGBTQ veteran population. Grounded in Meyer's Minority Stress Theory, the research explored how internal and external factors influence the experiences of LGBTQ veterans as they navigate their identities during and after military service. A quantitative multiple linear regression analysis was conducted using survey responses from 47 LGBTQ veterans to assess how their variables interact.

This chapter includes a comprehensive interpretation of findings about previous research. Results indicate that perceptions of outness and identification and involvement with the LGBTQ community significantly impact minority stress levels. Additionally, military rank and mental health distress emerged as strong predictors of minority stress. These findings align with existing literature on LGBTQ veterans as well as the structural and psychological stressors this population faces.

To guide this research, the following research questions were developed:

RQ1: Is there a correlation between the coming out process and social acceptance impacting LGBTQ veterans facing minority stressors?

H₀1: There is no correlation between social acceptance and the coming out process impacting LGBTQ+ veteran minority stressors.

H_a1: There is a significant correlation between social acceptance and the coming out process, impacting LGBTQ+ veteran minority stressors.

RQ2: To what extent do military rank and psychological distress predict minority stress among LGBTQ veterans?

H₀2: There is no statistically significant predictive relationship between military rank and psychological distress and minority stress among LGBTQ veterans.

H_a2: Military rank and psychological distress significantly predict minority stress among LGBTQ veterans.

Following the interpretation of findings, this study addresses several limitations, including the small sample size, the cross-sectional design, and the inherent challenges of capturing lived experiences through a quantitative approach using self-reported survey data. Recommendations for future research include longitudinal studies, expanded participant demographics, and qualitative approaches to gain deeper insights into the unique challenges LGBTQ veterans face while serving in the military.

Finally, the practical implications of these findings are explored, particularly as they relate to veteran services, military policy, and mental health interventions aimed at supporting LGBTQ service members and veterans. These insights contribute to a growing body of knowledge that is aimed at improving inclusivity, support systems, and policy developments for LGBTQ veterans facing discrimination, microaggressions, and

inequitable practices, forcing individuals to have enhanced minority stress factors impacting their daily functioning.

Interpretation of the Findings

The purpose of this study was to examine the relationship between the coming out process and social acceptance as predictors of minority stress among LGBTQ veterans. In addition, this study examined whether structural and psychological variables – specifically military rank and mental health distress – predict elevated levels of minority stress. Key findings are interpreted in relation to the literature reviewed in Chapter 2 and grounded in Meyer’s Minority Stress Theory. A multilinear regression analysis supported alternative hypotheses for both research questions. For RQ1, results indicated that outness was negatively associated with minority stress, suggesting greater openness about one’s LGBTQ identity may serve as a protective factor. Higher levels of identification and involvement with the LGBTQ community were positively associated with minority stress, potentially reflecting increased exposure to discrimination or community-level conflict.

About RQ2, the second regression model demonstrated that both military rank and mental health distress were statistically significant predictors of minority stress. Veterans holding officer status reported higher levels of minority stress than enlisted members, which may be attributed to increased visibility, pressure, or isolation in leadership roles. Additionally, greater psychological distress was strongly associated with higher levels of minority stress.

These findings both affirm and complicate Meyer's minority stress theory. Minority stress arises from external sources (e.g., discrimination, stigma) and internal processes (e.g., concealment, internalized homophobia), leading to adverse mental health outcomes among SGMs. The negative correlation between outness and minority stress reinforces that concealment contributes to distress. However, the findings indicated that greater involvement in the LGBTQ community was associated with higher levels of minority stress. . Rather than solely serving as a protective factor, community involvement may expose veterans to identity-based tensions, microaggressions within the LGBTQ community, or increased visibility that reactivates trauma. These complexities suggest that internal community dynamics and intersectional role demands can also function as unique stressors, particularly for LGBTQ veterans navigating institutional, social, and personal recovery.

Higher levels of LGBTQ community involvement were associated with increased minority stress. While this may initially seem counterintuitive, several alternative explanations should be considered. First, internalized stress mechanisms may be activated when LGBTQ veterans engage with community spaces that highlight identity-based disparities or past traumas, which can unintentionally resurface psychological distress. Second, community fragmentation within LGBTQ spaces – such as racial, gender, or class-based divisions may prevent veterans from feeling fully affirmed or included, leading to a heightened sense of marginalization. Lastly, LGBTQ veterans who are highly involved in community efforts may experience role strain, particularly when they are seen as leaders or advocates. The emotional labor involved in supporting others while

managing personal experiences of stigma may compound overall stress levels. These findings suggest that greater community connection does not always equate to reduced stress and highlight the need for inclusive, trauma-informed, and intersectional approaches within LGBTQ veteran-serving organizations.

The positive correlation between officer rank and minority stress suggests that higher-ranking LGBTQ veterans may face unique structural and psychological burdens. These may include increased visibility, pressure to conform to heteronormative military norms, and the need to conceal identity to maintain authority or avoid scrutiny. Veteran support services, including the Department of Veterans Affairs and LGBTQ-serving organizations, should explore leadership-specific programming. This could include confidential peer mentorship circles, officer-focused group counseling, or career coaching that addresses identity-related stress in hierarchical structures. These interventions would provide affirming spaces for LGBTQ officers to navigate dual identities while supporting their continued leadership development.

Similarly, the finding that greater LGBTQ community involvement was associated with higher levels of stress reveals important implications for mental health practice. Mental health providers must go beyond assuming that community engagement is always beneficial. Instead, they should assess the emotional dynamics within community interactions and explore whether individuals face internalized stigma, role strain, or exclusionary experiences. Outreach efforts should focus on fostering authentic, low-pressure community building and integrating trauma-informed approaches into LGBTQ group therapy settings. By addressing the complex realities of LGBTQ veteran

experiences in community spaces, practitioners can better tailor treatment and promote improved mental health outcomes.

Together, these findings provide a multifaceted view of how identity, structural role, and psychological well-being interact to shape minority stress in LGBTQ veterans. They highlight the complexity of coming out and community involvement – not as inherently protective or harmful, but as a context-dependent experience influenced by external environments and internal states.

Outness and Minority Stress

The regression analysis indicated higher outness scores were significantly associated with lower minority stress ($B = -0.051$, $p = .022$). This finding suggests that LGBTQ veterans who are open about their sexual orientation or gender identity tend to experience lower levels of minority stress. Previous findings, such as McNamara et al. (2021), found that outness was a protective factor against minority stress experienced by LGBTQ veterans. Prior research has found that the concealment of one's identity within the LGBTQ community is a significant stressor due to the fear of discrimination, professional repercussions within military culture, and isolation (Goldbach & Castro, 2016; Moradi, 2009). The negative association found in this study supports the notion that greater openness (outness) may reduce secrecy-related stress and facilitate access to LGBTQ-affirming identity enrichment groups or social support networks.

While outness may serve as a protective factor in many contexts, its impact may depend on the environment in which it occurs. As discussed in Chapter 2, being openly LGBTQ in unsupportive military or veteran environments may lead to increased

exposure to discrimination, career limitations/barriers, and social exclusion (Katz-Wise & Hyde, 2012). Future research could explore whether the benefits of outness differ based on military branch, deployment history, length of service, or geographical locations, particularly in rural versus urban areas where support systems may differ.

These findings align with Meyer's Minority Stress Theory (2003), which suggests that concealing one's LGBTQ identity contributes to chronic stress and psychological distress. In this study, higher levels of outness were associated with reduced minority stress, potentially due to decreased internal conflict and increased access to supportive networks. While this relationship appears beneficial, it is important to note that the coming out process can also be a stressor, especially when not met with acceptance or affirmation. Thus, while outness may mitigate some aspects of minority stress, it does not entirely eliminate the complex challenges LGBTQ veterans may face.

LGBTQ Community Involvement and Minority Stress

While outness was associated with lower levels of minority stress, the results showed that greater identification and involvement in the LGBTQ community were associated with higher minority stress ($B=0.078$, $p=.018$). This finding suggests that although LGBTQ community involvement can offer social support, it may also expose individuals to additional stressors, such as increased visibility and vulnerability to discrimination. One possible explanation is that deeper involvement in LGBTQ spaces can heighten awareness of systemic inequities, microaggressions, policy discrimination, and collective trauma – all of which may contribute to elevated stress levels. (Frost & Meyer, 2009). Furthermore, LGBTQ veterans who engage in advocacy or community

activism may experience emotional exhaustion or burnout as a result of confronting these systemic injustices (Russel & Bohan, 2016). Community participation, though empowering, can come at the cost of continuous emotional labor and increased exposure to hostile environments.

In addition, LGBTQ veterans may struggle with balancing military identity and LGBTQ community identity, leading to internal conflict and identity stress (Ramirez et al., 2019). This tension may stem from the military's historical exclusion of LGBTQ individuals and the lingering stigma around LGBTQ identities in some veteran spaces. These dynamics were also echoed by Harper et al. (2022), who found that many LGBTQ veterans report feeling disconnected from both traditional military culture and civilian LGBTQ communities, which further intensifies their sense of marginalization. The findings that greater LGBTQ community involvement is associated with higher minority stress may reflect the cumulative impact of both distal and proximal experiences. Rather than community involvement offering unqualified protection, it may, in some contexts, magnify awareness of discrimination and reinforce feelings of social marginalization, thereby exacerbating stress.

Military Rank and Minority Stress

The regression analysis indicated that military rank was a significant predictor of minority stress among LGBTQ veterans ($B=0.144$, $p=.007$), with officers reporting higher levels of minority stress than enlisted personnel. While this finding may initially seem counterintuitive, given that officers hold higher status, autonomy, and access to institutional resources, it suggests that the visibility and expectations associated with

leadership roles may contribute to elevating stress levels. It is also important to note that the sample was predominantly composed of enlisted personnel, so interpretation should be made with caution.

Officers often carry greater responsibility to embody military norms and uphold institutional expectations, which can create additional pressures, particularly for those whose identities diverge from traditional military values (Sevelius et al., 2020). For LGBTQ officers, disclosing one's identity may feel especially risky due to concerns about maintaining authority, professionalism, and cohesion within the chain of command (Goldbach & Castro, 2016). These individuals may face both overt and subtle resistance to LGBTQ inclusion at leadership levels, further amplifying stress.

Officers may experience greater exposure to institutional barriers and resistance to LGBTQ inclusion at leadership levels, leading to increased stress (Brown et al., 2019). Enlisted soldiers may have less pressure to uphold institutional expectations, allowing for more flexibility in their identity expression. However, this study supports findings from Harper et al. (2022), who reported in their study that LGBTQ officers often experience heightened stress due to leadership responsibilities and greater exposure to military bureaucracy.

Mental Health Distress and Minority Stress

The strongest predictor of minority stress in this study was mental health distress ($B=0.144$, $p<.001$), yielding a statistically significant association. This finding confirms prior research linking LGBTQ identity-related stress to adverse mental health outcomes (Goldbach & Castro, 2016). LGBTQ veterans historically have faced heightened risks for

depression, anxiety, PTSD, and suicidal ideation compared to their heterosexual and cisgender counterparts (Meyer, 2003). Minority stress, which includes discrimination, internalized stigma, and identity concealment, has been linked to worse mental health outcomes in multiple studies (Ramirez et al., 2019). The current study extends these findings by demonstrating that higher levels of psychological distress significantly correspond to increased minority stress among LGBTQ veterans.

Meyer's Minority Stress Theory, as previously explained, outlines that LGBTQ individuals experience chronic stress due to external discrimination and internalized stigma, both of which contribute to poor mental health outcomes. When compounding both experiences during war zones and those outside of them, negative minority stress directly affects long-term mental health concerns for this population. The significant findings between the Depression Anxiety and Stress Scale and minority stressors found in this study support this theory that LGBTQ veterans with higher levels of depression, anxiety, and stress report greater experiences of minority stress due to cumulative exposure to external discrimination and internalized struggles (Frost & Meyer, 2009). Prior research has also demonstrated that internalized homophobia, hypervigilance, and fear of disclosure are directly linked to mental health struggles among LGBTQ military personnel and veterans (Goldbach & Castro, 2016). The findings of this study affirm that psychological distress is not only a consequence of minority stress but also a key predictor, supporting the need for trauma-informed interventions and mental health support systems tailored to LGBTQ veterans. These results underscore the importance of

continued advocacy for inclusive mental health policy and service delivery that address both military-related trauma and LGBTQ identity-based stress (Harper et al., 2022).

Limitations of the Study

To ensure that the study is interpreted correctly, acknowledging the limitations of the study is essential to provide transparency and understanding of the application to the broader LGBTQ veteran population. Though the findings are important insights into the relationship between outness, LGBTQ community involvement, military rank, mental health distress, and minority stress, several limitations should be considered. These include sample size and generalizability, recruitment methods, reliance on self-reported data, the study's cross-sectional nature, limitations of the survey instruments, and potential confounding variables related to military experiences, which differ from person to person.

Additional limitations of this study include self-selection bias due to snowball sampling techniques. Participants who chose to engage with this research may have had heightened interest in LGBTQ issues or strong connections to veteran communities, possibly skewing the data towards those with more salient experiences of minority stress. Another limitation involves the use of self-report measures, which are susceptible to response biases such as social desirability or inaccurate recall, especially when discussing sensitive topics like identity, mental health, and discrimination. Lastly, the cross-sectional design of this study limits casual inference, as data were collected at a single point in time. Future longitudinal studies are needed to explore how minority stress evolves and

how changes in community involvement, mental health, or military policy may impact LGBTQ veteran's lived experiences.

Sample Size and Generalizability

One of the primary limitations of this study is its small sample size (N=47), which may limit the generalization of the findings. While prior studies on LGBTQ veterans have used comparable sample sizes (McNamara et al., 2021), a larger, more diverse participant pool would enhance the depth of these findings. Given that participants were drawn only from the state of Ohio, the results may not fully capture the experiences of LGBTQ veterans in other states or regions across the United States or internationally from those currently deployed. Research has indicated that regional cultural differences, political climates, and access to LGBTQ-affirming healthcare and military services influence minority stress experiences (Ramirez et al., 2019).

Additionally, the demographic distribution of the sample presents challenges in making broader conclusions about all LGBTQ veterans. Though racial and ethnic diversity was accounted for by categorizing/dummy coding the participants in minority and non-minority groups, other intersectional factors such as gender identity, disability status, and combat experience were not fully explored. However, if these factors were explored, the findings could show a difference between the predicted levels of outness, identification, and involvement impacting LGBTQ veteran stressors. Prior research has demonstrated that transgender veterans face distinct minority stressors compared to cisgender LGBTQ veterans (Sevelius et al., 2020). This study had a low number (N=4) of transgender identities. This may have also been impacted by the new presidential

administration coming into office during the middle of this study, disrupting transgender service members and veterans from feeling safe to participate.

Recruitment Methods

An important limitation of this study involves the recruitment methods used. All 47 participants were recruited through online platforms, including Facebook veteran groups, LinkedIn, and public-facing posts and newsletters shared by community organizations. While this strategy enabled broad reach and efficient data collection, it introduces an external threat to validity by potentially excluding individuals without reliable internet access or who are not active in online veterans or LGBTQ communities. Consequently, the sample may overrepresent veterans who are more socially connected, more “out,” or more engaged with the LGBTQ-specific support systems.

Additionally, because participation was voluntary and self-selected, there is the potential for response bias. Individuals experiencing higher levels of minority stress, stronger identification within the LGBTQ community, or greater motivation to share their experiences may have been more likely to participate. To strengthen future research, incorporating diverse recruitment strategies, such as in-person outreach, collaboration with veteran service organizations, and paper-based surveys, may help to increase representation and reduce bias.

Delimitations were also present in the study’s design. Recruitment was intentionally limited to LGBTQ-identified veterans who had completed service in a branch of the U.S. military, excluding heterosexual participants. Additionally, the study was conducted using only quantitative survey methods and self-report measures, which

narrowed the focus of data collection but aligned with the study's research questions and methodological framework. These boundaries were set to ensure coherence between the conceptual framework and the study's analytical approach.

Self-Reported Data and Potential Bias

The study also relied on self-reported survey data, which presents inherent limitations related to recall bias, self-perception, and social desirability bias (Podsakoff et al., 2012). Participants may have overreported or underreported their levels of outness, LGBTQ community involvement, or minority stress due to personal interpretation of the questions or a desire to align with perceived social expectations. Prior studies have found that LGBTQ individuals in military settings may be reluctant to disclose specific experiences due to fears of stigma or repercussions (Goldbach et al., 2014). Although confidentiality measures were in place, it is possible that some participants altered their responses based on comfort levels or prior negative experiences with disclosure while serving in the military. This could have also been impacted by the most recent attack on LGBTQ service members from the Trump administration, resulting in participants not feeling comfortable disclosing their sexual identity.

Cross-Sectional Research Design

Since this study utilized a cross-sectional design, meaning that the data was collected at one specific time rather than tracking changes over time, it allows for efficient data collection and analysis. However, it does not establish causality (Tabachnick & Fidell, 2019). For example, while the results indicated that higher outness scores were associated with lower minority stress, it remains unclear whether increased

outness directly reduces stress or if individuals with lower stress levels feel safer being out. The significant relationship between mental health distress and minority stress aligns with prior research (Moradi, 2018), but the directionality of this relationship cannot be confirmed. Higher minority stress may contribute to worsened mental health, or individuals experiencing greater mental health distress are more likely to report experiencing minority stress.

Survey Instrument Limitations

The survey tools used in this study, Outness Inventory, Identification and Involvement with the Gay Community Scale, Depression, Anxiety, Stress Scale, and Minority Stress Scale, have all been validated in previous research. However, it is important to acknowledge that they may not fully capture the nuanced experiences of LGBTQ veterans (Mohr & Fassinger, 2000).

Since the Outness Inventory primarily focuses on disclosure across different social domains such as family, work, social circles, and institutions, it does not account for contextual factors specific to military culture. LGBTQ veterans may have unique disclosure concerns related to unit cohesion, chain of command, and post-service reintegration that are not addressed by traditional outness measures (Ramirez et al., 2019). Similarly, the Identification and Involvement with the Gay Community Scale measures LGBTQ community involvement but does not differentiate between online engagement, in-person activism, or information social support networks in which these participants could be involved.

Finally, the Depression, Anxiety, Stress Scale effectively measures mental health distress. However, it does not assess military-specific stressors, such as combat exposure, deployment trauma, or post-service adjustment challenges, which have been studied to show that they can be difficult for individuals who have been deployed. Thus, integrating military-specific mental health assessments along with the Depression Anxiety Stress Scale may provide a more comprehensive understanding of stress-related factors among LGBTQ veterans (Goldbach et al., 2014).

Limitations Related to Military Rank and Branch

After examining the research question, this study included military rank as a predictor variable. Rank revealed that officers experience significantly higher minority stress than enlisted personnel. However, the size contained significantly more enlisted members (N=41) than officers (N=6), which may limit the strength of this finding. If a larger sample of officers and enlisted personnel were conducted, this would allow for a more nuanced analysis of how rank influences stress and identity management in military contexts, whether they are in a National Guard component or not. The Office of the Deputy Assistant Secretary of Defense for Military Community and Family Policy (2021) reported that the Active Duty force has 4.7 enlisted personnel for every one officer, the Air Force has the lowest ratio of enlisted members to officers (one officer for every 4.1 enlisted personnel), while the Marine Corps has the highest ratio of enlisted members to officers (one officer for every 7.4 enlisted personnel). Though this study examined military rank, it did not account for branch-specific cultural differences that can be experienced. Previous research has shown that the experiences of LGBTQ military

personnel vary significantly across the Army, Navy, Air Force, Marines, and Coast Guard, with some branches demonstrating greater acceptance and policy changes than others (Goldbach & Castro, 2016).

Recommendations

As previously stated, the findings of this study provide valuable insights into the experiences of LGBTQ veterans and the factors influencing minority stress, specifically focused on the roles of outness, LGBTQ community involvement, military rank, and mental health distress. While this study contributes to understanding minority stress among LGBTQ veterans, several areas based on the limitations section provide further recommendations for investigation and application. This section outlines recommendations for future research, policy, and programmatic changes that could benefit LGBTQ veterans experiencing minority stressors.

Expanded Sample Size and Diversity

The current study was limited to 47 LGBTQ veterans in Ohio, which restricts the generalizability of the findings. Future research should aim to recruit a larger and more diverse sample, ideally through multi-state or national recruitment efforts. Expanding the participant pool would enhance statistical power and allow subgroup analyses to explore differences across dimensions such as race, gender identity, sexual orientation, military branch, and combat experience. Given the intersectional nature of minority stress, it is important to include greater representation of racially and ethnically diverse participants, particularly Black, Hispanic/Latino/a/x, Asian American, Native American or

Indigenous, and multi-racial LGBTQ veterans, to understand better how the experience of minority stress may differ across these groups.

Additionally, future studies should intentionally seek to increase the participation of transgender, nonbinary, and bisexual veterans, whose perspectives are often underrepresented in research. Further exploration of variables such as time of service (e.g., pre- vs post–Don’t Ask, Don’t Tell repeal), combat experience, and branch-specific culture may provide deeper insight into the varying contexts that shape minority stress. An intersectional approach – particularly examining how overlapping marginalized identities (e.g., being both LGBTQ and a person of color) influence stress outcomes – would contribute to a more nuanced and inclusive understanding of minority stress among LGBTQ veterans.

Longitudinal Studies to Establish Causality

Since the study focused on a cross-sectional design, it limits its ability to determine cause-and-effect relationships over time. While the results indicate significant correlations, they do not confirm whether minority stress leads to greater mental health concerns or if mental health distress increases perceptions of minority stress. Future studies could track LGBTQ veterans over a long period to assess whether changes in outness, mental health, or community involvement influence minority stress levels. Goldbach and Castro (2016) state that repeated measures and time-series analyses could help understand how minority stress evolves post-service, particularly as veterans reintegrate into civilian life. Since mental health distress was not included in the research question, future researchers could examine whether mental health distress leads to greater

perceived stress or if minority stress elevates psychological distress. Researchers could also examine whether access to LGBTQ-affirming mental health services through community agencies or the Veterans Association mitigates minority stress over time.

Lastly, future research should consider utilizing a longitudinal or mixed-method study design to understand better how minority stress unfolds over time among LGBTQ veterans. These approaches can offer deeper insight into potential causal pathways between social acceptance, mental health, and minority stress, allowing researchers to move beyond cross-sectional associations. A longitudinal design would examine how experiences evolve across different stages of life, military service, and societal policy shifts. Mixed-method approaches could enrich the data by capturing the lived experiences behind the numbers. Findings from such studies could ultimately inform the development of targeted interventions and evidence-based policies that create safer, more affirming environments for LGBTQ veterans. It could provide a clearer picture of how LGBTQ veterans' experiences change over time, providing a better intervention strategy and policy guide that creates safe spaces for the LGBTQ veteran population.

Branch-Specific Research on LGBTQ Military Experiences

As previously stated, this study examined military rank but did not consider differences between military branches. Prior research suggests that LGBTQ experiences vary across several branches due to differences in culture, leadership styles, and levels of LGBTQ inclusivity (Ramirez et al., 2019). Future studies could compare LGBTQ inclusion, discrimination, micro-aggressions, and support structures across the Army, Navy, Air Force, Marines, Coast Guard, and Space Force, including the differences

between National Guard components and active duty. Through this strategy, researchers could examine whether certain branches foster more accepting environments, leading to lower minority stress levels. Based on each branch, specific policies, leadership training, and inclusion programs could be examined to identify the positive or negative effects on LGBTQ veteran mental health outcomes. Given the predictive power of psychological distress and military rank, future interventions should consider structural dynamics in treatment planning. In addition to these recommendations, future researchers could explore whether LGBTQ veterans who served in more traditional conservative branches, such as the Marines and Army, experience greater minority stress compared to those in more inclusive environments, such as the Air Force or Navy. Through these suggestions, researchers could provide more insight into branch-specific experiences, where intervention efforts are most needed to support LGBTQ veterans for long-term support, thus reducing minority stressors and mental health distress.

Qualitative and Mixed Methods Approaches

Though this study utilized a quantitative methodology, the lived experiences of LGBTQ veterans cannot be fully captured through survey instruments alone. Quantitative research provides only statistical insights, but qualitative methodology narratives offer deeper personal perspectives on how LGBTQ veterans navigate identity, discrimination, inequities, and support systems in their own words. Future researchers could include interviews to explore how LGBTQ veterans experience and cope with minority stress in different military and post-service contexts, which were not captured in this study. Using quantitative and qualitative methodologies could provide a mixed-method design to

combine statistical data with personal narratives, offering a more comprehensive understanding of minority stress (Creswell & Creswell, 2018). Dealing with mental health distress often comes with strategies to maintain coping and protective factors. Investigations of these predictors could provide more clarity regarding minority stressors. This technique could also include social support from local organizations or VA healthcare experiences to assist with shaping minority stress perceptions. By including qualitative and quantitative methods, future research could provide a richer, more holistic understanding of LGBTQ veterans lived experiences supported by a longitudinal process.

Practical Recommendations Policies and Veteran Mental Health Services

The study found that mental health distress was the strongest predictor of minority stress, highlighting the need for LGBTQ-inclusive mental health interventions in daily life. Correlational findings suggest that fostering safe environments for identity disclosure may reduce minority stress. Sevelius et al. (2020) reported that many LGBTQ veterans struggle to find providers who understand both military and LGBTQ identity-related stressors, leading to underutilization of mental health services, which are often provided. A recommendation for the Veterans Health Administration would be to develop LGBTQ-specific mental health programs, similar to the LGBTQ Veteran Care Coordinators, but expand the programs to address minority stress and military trauma. Increasing mental health provider training could also increase the impact of support to combat minority stress, LGBTQ identity, and intersectional challenges experienced by minority LGBTQ veterans across the nation. A strategy to support this initiative could include improved access to peer support groups and identity-affirming therapy models

that help veterans navigate both military and LGBTQ experiences (Goldbach & Castro, 2016). In tandem, VA healthcare facilities could implement clear policies to protect LGBTQ veterans from discrimination.

Military Rank-Specific Interventions

Since the findings indicate that officers reported significantly higher minority stress than enlisted personnel, considering the limitations of the study, specific interventions per rank level could provide a high level of support to reduce minority stressors. To address rank-based disparities, unit leadership could implement leadership cultural competency training that fosters inclusion among senior ranks and develops mentorship programs, pairing LGBTQ officers or enlisted members with experienced mentors to assist in navigating military leadership through their own identity. By acknowledging the unique challenges faced by LGBTQ officers and enlisted members, targeted interventions to reduce stress and improve leadership across the board would foster inclusive practices.

Cultural competency training could also be a supportive measure for VA providers. Many LGBTQ veterans avoid seeking mental health care due to fears of discrimination or past negative experiences with the VA healthcare system (Blosnich et al., 2013). Thus, improving provider competency can increase trust, accessibility, and transparency for LGBTQ veterans. The VA could mandate LGBTQ cultural competency training for mental health providers, ensuring that mental health professionals are trained on minority stress theory to understand better how identity-related stress impacts LGBTQ veterans' daily functioning. Additionally, the VA could expand outreach programs that

actively engage LGBTQ veterans, reducing stigma, increasing awareness of applicable resources, and normalizing the intersectionality of identity and military service.

In conclusion, this study provides in-depth knowledge to the growing body of research for LGBTQ veterans facing minority stressors, but further research and institutional changes are needed. Implementing these recommendations for future research and practical applications through policy and program enrichment could bridge the gap for LGBTQ veterans. Over time, these strategies could increase retention rates among LGBTQ veterans and create an environment that individuals want to enlist or commission into.

Implications

This study aimed to generate knowledge that contributes to positive social change by improving the experiences of LGBTQ veterans through a quantitative methodology supported by statistical data. The findings provide insights that have the potential to drive change at multiple levels, such as individual, organizational, societal, and policy. This section will discuss how these findings can be applied to enhance inclusivity, inform mental health services, and promote equitable policies to support LGBTQ veterans. Additionally, methodological and theoretical frameworks will be addressed to support positive changes applicable to this population.

The finding that higher officer rank is associated with increased minority stress carries important implications for veteran-serving institutions and leadership development programs. Officers may experience pressure to conform to traditional leadership norms or suppress identity disclosure, resulting in internalized stress.

Institutions like the Department of Veterans Affairs and military-connected nonprofits should consider developing peer mentorship circles and confidential support programs specifically for LGBTQ officers. These programs can reduce isolation, support professional development, and allow for identity affirmation within high-responsibility roles. Leadership readiness programs that integrate inclusive policy discussions and culturally responsive training can also help reduce stigma at the organizational level.

In addition, the finding that greater LGBTQ community involvement correlated with increased stress underscores the need for nuanced approaches to mental health care and outreach. Rather than assuming that community engagement is universally protective, providers should explore the emotional labor and potential role strain associated with deep involvement in advocacy or identity-based spaces. Mental health professionals and community-based providers should be trained to assess the quantity and quality of community involvement while integrating trauma-informed practices into group settings. Outreach strategies that promote low barrier, affirming connections without expectations of activism may offer relief to LGBTQ veterans experiencing burnout or emotional fatigue.

These practical implications also reinforce and expand upon Meyer's Minority Stress Theory. While the theory accounts for both distal and proximal stressors related to stigma, concealment, and internalized oppression, this study highlights how institutional roles (such as officer rank) and intra-community dynamics (such as pressures within LGBTQ spaces) can serve as unique and underexplored sources of minority stress. These findings suggest a need to broaden the application of the theory to better account for

complex identity negotiations within hierarchical or high-expectation environments.

Expanding the theoretical framework to include leadership-specific stress and role strain within marginalized communities may deepen future interventions that support LGBTQ veterans across varied social locations and life stages.

Positive Social Change at the Individual Level

At the individual level, the findings provide LGBTQ veterans with a better understanding of how factors like outness, community involvement, military rank, and mental health distress impact their experiences, increasing minority stressors. This empowers LGBTQ veterans, recognizing the impact of outness and community engagement on stress levels. Veterans can make more informed decisions about identity disclosure and social support systems provided by community organizations and VA healthcare centers. The study also identifies the strong relationship between mental health distress and minority stress, reinforcing the importance of how affirming mental health care can reduce minority and mental health stressors. By collecting this data, the need for LGBTQ-inclusive veteran services can encourage veterans to advocate for their own mental health needs, identify affirming healthcare providers, and utilize their peer support groups, including family, institutions, and community advocacy efforts. Through greater self-awareness, education, and access to support, individual LGBTQ veterans can make more informed choices about navigating identity, mental health, current service experiences, and post-service life.

Positive Social Change at the Organizational Level

At the organizational level, this study highlights the importance of military and veteran-serving organizations providing or implementing LGBTQ-inclusive practices to reduce minority stress. The VA could use this data to identify increased expansion efforts to address LGBTQ veteran needs, supporting them through affirming healthcare models and cultural competency training. Through the creation of mentorship programs, LGBTQ veterans could be provided with a strategic approach that directly reduces the ongoing retention issues that military units face by creating safe spaces for all identities that come into each unit, regardless of the branch they serve. If these initiatives were created and maintained, there could be an increase in satisfaction from LGBTQ veterans who have been faced with minority stressors, thus creating a longer investment of time for veteran members who fall within these community identities.

Positive Social Change at the Policy Level

A policy reform could enhance the rights, protections, and well-being of LGBTQ veterans and service members. Military and veteran institutions could strengthen and enforce non-discrimination policies to ensure LGBTQ veterans are protected from bias in healthcare, military ranking, employment, and leadership opportunities, while being their authentic selves and embracing their identities. Outside of military units, healthcare dedicated to veteran care could improve military health policies to prioritize culturally competent care and reduce identity stressors. Lastly, leadership representation could be a driving factor in supporting enlisted and non-officer-related positions. Increased representation of LGBTQ veterans in policymaking roles can help inform future policies,

challenge institutional biases, and improve service accessibility. Including LGBTQ representation in leadership opportunities within the VA, Department of Defense, and veteran-serving organizations could promote long-term systemic change. Through these intentional efforts, policymakers could reduce barriers to healthcare, improve workplace protections, and promote greater inclusivity for LGBTQ veteran identities.

Methodological Contributions

As previously stated, this study utilized a quantitative, multi-linear regression approach to examine the correlation between outness, LGBTQ community involvement, military rank, mental health distress, and minority stress. This methodological choice provides important insights into best practices and challenges when studying LGBTQ veteran populations. Since the study used the Outness Inventory, the Identification and Involvement in the Gay Community Scale, and the Measure of Minority Stressors, these instruments have been previously used in LGBTQ psychology and social science research; however, their application to LGBTQ veteran populations remains limited. The study validates these measures within a military and veteran culture and context, helping future researchers refine assessment tools.

Theoretical Contributions: Minority Stress Theory

The findings of this study enhance Meyer's Minority Stress Theory by extending its application to LGBTQ veterans, a group that faces unique stressors related to both military and LGBTQ identities. The findings offer new insights into how traditional minority stress constructs function within the military-veteran context, regardless of one's identity. Meyer's Minority Stress Theory suggests that LGBTQ individuals

experience additional stress due to external discrimination, internalized stigma, and expectations of rejection (Meyer, 2003). By examining coming out patterns, as well as identification and engagement with the LGBTQ community, this study bolsters the theoretical framework by demonstrating that mental health distress is strongly linked to minority stress among LGBTQ veterans. Since prior research has shown that LGBTQ veterans experience higher rates of depression, anxiety, PTSD, and substance use disorders than non-LGBTQ veterans, this study reinforces these findings. It builds upon literature for future researchers. Furthermore, this study offers a fresh perspective on LGBTQ veterans and their unique challenges, which can be further explored and elaborated on. Additionally, the research contributes to understanding the role of military rank in minority stress, suggesting that rank could be studied independently within this population.

Conclusion

This study confirms that LGBTQ veterans experience minority stress at the intersection of identity, rank, and mental health, requiring urgent attention in both policy and practice. Through a quantitative multi-linear regression analysis, supported by a sample of 47 LGBTQ veterans, the research examined whether outness, LGBTQ community involvement, military rank, and mental health distress predict minority stress, framed within Meyer's Minority Stress Theory. The findings contribute to minority stress scholarship, potential policy reform, mental health service delivery improvements, and social change efforts.

The study addresses two central research questions. The first focused on whether social acceptance and the coming out process predict minority stress. Findings showed that outness was significantly associated with lower levels of minority stress, while LGBTQ community involvement was unexpectedly associated with higher stress. These outcomes support the acceptance of the alternative hypothesis for RQ1 and rejection of the null, aligning with prior research showing that identity concealment contributes to psychological distress. However, they also highlight that LGBTQ community engagement may, in some cases, increase awareness of discrimination and societal inequities, suggesting a more nuanced relationship between community connection and stress.

The second research question examined whether structural and psychological factors – specifically military rank and mental health distress- serve as predictors of minority stress. Results revealed that officers reported significantly higher stress than enlisted members and that psychological distress was the strongest predictor of minority stress in the model. These results extend the application of Minority Stress Theory, revealing how psychological vulnerability and structural military hierarchies intersect with LGBTQ identity to influence well-being.

This study expands the application of Meyer's Minority Stress Theory to a unique and underserved population. It provides new insights into how officer rank, psychological distress, and community involvement intersect to shape stress experiences for LGBTQ veterans, highlighting both vulnerabilities and opportunities for support. Using validated

instruments with this population also lays the groundwork for future measurement and policy intervention.

Based on these insights, Minority Stress Theory may benefit from expanded frameworks incorporating military-specific experiences, such as command expectations, deployment stressors, and post-service reintegration challenges. Developing a more tailored understanding of LGBTQ veterans' experiences will allow for interventions that are both identity-affirming and culturally competent. This study provides strong empirical evidence that minority stress remains a significant challenge for LGBTQ veterans and offers a new path forward. Addressing mental health disparities, improving policy protections, and developing inclusive programming across military and veteran services can reduce the burden of minority stress and promote greater well-being for this community. These efforts are especially vital for LGBTQ veterans serving in high-risk environments, where mental clarity and resilience are essential. This research serves as another steppingstone for continued advocacy, policy reform, and future research, reinforcing that LGBTQ veterans deserve equal access to affirming services, culturally competent care, and institutional recognition that reflects their lived experiences and contributions to national service.

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Appendix A: OI Approval

From: Jonathan Mohr (he/him) <jmohr@umd.edu>
Sent: Monday, April 1, 2024 9:25 AM
To: Conrado Martin <conrado.martin@waldenu.edu>
Cc: Tom A. McLaughlin <thomas.mclaughlin@mail.waldenu.edu>
Subject: Re: Outness Inventory - Access

Dear CJ,
Thanks for your interest in using the OI for your interesting dissertation study. You have permission to use the measure for your work, and, in fact, any person can use the measure without permission for research purposes. There's a short handout on the measure with items and scoring instructions on my [lab website](#).

Best wishes with your work!
Take care,
Jon Mohr

On Sun, Mar 31, 2024 at 10:48 AM Conrado Martin <conrado.martin@waldenu.edu> wrote:
Hi Dr. Mohr,

My name is CJ Martin and I am PHD candidate at Walden University. I am reaching out to receive approval to use the Outness Inventory for my upcoming dissertation titled: Coming Out and Social Identity: LGBTQ Veterans Seeking Community Resources. I plan on utilizing the Outness Inventory (OI) as well as another data collection instrument called the Identification and Involvement with Gay Community Connectedness to run a Mutiple linear correlation between variables to see the intersectionality between the two tools and provide a further understanding on how to best support LGBTQ veterans.

If you have any questions or there is another person to reach out to, please let me know as this is all new for me.

Best,
CJ Martin, MSW

Appendix B: DASS-21 Approval

 Peter Lovibond <p.lovibond@unsw.edu.au>
To: Conrado Martin
Cc: Tom A. McLaughlin

 Fri 9/27/2024 6:16 PM

 **Flagged**

Dear Conrado,

You are welcome to use the DASS in your research. You can download the questionnaires (including translations in certain languages) and scoring key from the DASS website www.qsv.unsw.edu.au/dass/. Please also see the FAQ page on the website for further information.

Best regards,
Peter Lovibond

From: Conrado Martin <conrado.martin@waldenu.edu>
Sent: Friday, 27 September 2024 6:57 AM
To: Peter Lovibond <p.lovibond@unsw.edu.au>
Cc: Tom A. McLaughlin <thomas.mclaughlin@mail.waldenu.edu>
Subject: Depression, Anxiety, Stress Scale - 21 - Requested Approval

You don't often get email from conrado.martin@waldenu.edu. [Learn why this is important](#)
Good afternoon!

My name is CJ Martin and I am a PHD student (soon) candidate at Walden University. I am reaching out to receive approval to use the Depression, Anxiety, Stress Scale - 21 for my upcoming dissertation titled: Coming Out and Social Acceptance: Understanding LGBTQ Veteran Minority Stressors. I plan on utilizing the Depression, Anxiety, Stress Scale - 21 as well as three additional survey methods to answer the below research question:

RQ1: Is there a correlation between coming out processes and social acceptance impacting LGBTQ veteran minority stressors.

I have been approved for my proposal and I need to add an appendix illustrating the approval from the creators of the survey tools I will be using.

I plan on running a multi-linear correlation to identify the correlation between two independent variables and one dependent variable.

Independent: Perceptions of social acceptance and minority stressors
Dependent: The coming out process

Thank you for your consideration!