

SHORT REPORT

My Life, My Story and Identity Disclosure among Transgender and Gender Diverse Veterans: A Program Evaluation

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Transgender and gender diverse individuals face minority stressors during and after military service, increasing risk for poor health outcomes. Identity disclosure may mitigate these consequences through improving access to healthcare. Yet, stigma may impede Veterans' self-disclosure, and providers may not inquire about identities, hindering necessary screenings and treatments. In this program evaluation, we examined a narrative medicine approach, "My Life, My Story," to discern whether storytelling invites identity disclosure. This program may facilitate improved person-centered care by increasing clinicians' awareness of Veterans' identities.

Keywords: gender identity; identity disclosure; narrative medicine; life story work; minority stress; prevention

Introduction

Don't Ask, Don't Tell (DADT), a federal law prohibiting LGBT people from serving in the United States military, was in effect for 18 years and led to the discharge of nearly 14,000 servicemembers.¹ Service under DADT was stressful for LGBT servicemembers as they were legally required to conceal their gender and/or sexual identities, and their military service was fraught with violence and harassment.²⁻⁵ Although DADT was repealed, structural barriers continue to stigmatize transgender and gender diverse (TGD) servicemembers and Veterans. These experiences exemplify minority stress (i.e., exposure to specific stressors because of one's marginalized identity).⁶ Consistent with a minority stress framework, exposure to discrimination and stigmatizing policies is expected to negatively impact TGD Veterans' health and wellbeing.⁷

The Veterans Health Administration (VA) is charged with providing healthcare to eligible Veterans. While general population estimates suggest that 0.4–0.6% of U.S. citizens identify as transgender, the VA serves a

preponderance of TGD individuals.^{8,9} As such, the VA is responsible for treating the health conditions that disproportionately affect TGD Veterans (e.g., HIV, suicide, trauma, depression).^{4,5,10,11} Unfortunately, stigma may impede access to healthcare, precluding preventative treatments and routine health monitoring.^{3,12,13} Relatedly, VA providers are reluctant to ask about the sexual orientation and gender identity (SOGI) of their patients.¹⁴ This tendency starkly contrasts with VA Directive 1341, which requires providers to address Veterans with the names and pronouns the Veteran uses.¹⁵ VA providers are increasingly encouraged to ask about SOGI using open-ended questions after attempting to create a safe context in which comprehensive, Veteran-centered care can be provided (e.g., flyers and posters with the slogan "Do Ask, Do Tell"). Efforts such as these are essential to reduce stigma and bias and to ensure affirming healthcare.

Identity disclosure in healthcare settings may be one method for reducing stigma and health disparities.^{12,16} In a recent meta-analysis, identity disclosure

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was associated with greater healthcare satisfaction, more routine healthcare use, better psychological well-being, and better self-reported health *among sexual minorities*.¹⁷ Trainings on how to directly ask Veterans their SOGI are available to VA staff via the Talent Management System. An alternative, novel approach to identity disclosure within the health setting is narrative medicine. With narrative medicine, active listening, story facilitation, and meaning making are used.¹⁸ My Life, My Story (MLMS) is an intervention rooted in narrative medicine in which a staff member conducts a life story interview with a Veteran, and together they generate a first-person narrative that is entered into the medical record.¹⁹ A recent evaluation showed VA staff read these stories, believed reading them was a good use of clinical time, and helped them provide better, more personalized care.²⁰ As such, MLMS may assist clinicians in providing gender-affirming healthcare.

TGD Veterans' experiences may not be adequately documented with traditional medical record documentation and clinical interviews. We sought to use MLMS with TGD Veterans to better understand their lives and, in doing so, determine whether this intervention may invite identity disclosure. Program evaluation questions were designed to ascertain transgender Veterans' views on identity disclosure and its relative importance to their healthcare.

Methods

Participants

This project was determined to be a nonresearch, quality improvement activity exempt from research and Institutional Review Board (IRB) review. This project sought to recruit sexual and gender minorities. Given difficulties recruiting cisgender LGB Veterans, we focused specifically on TGD Veterans. As such, one cisgender gay male was excluded from the final evalua-

tion. Participants were four Veterans seen by the Interdisciplinary Transgender Treatment Team (ITTT) at a VA in New England (Table 1). TGD Veterans may be referred to the ITTT for gender- or transition-specific services.

Materials

Program evaluation questions were adapted from prior program feedback, a survey of SOGI in primary care settings, and the specific goals of this project.^{21,22}

Procedure

New patients to the ITTT were informed of MLMS as an available service that could be completed via telephone ($n = 1$), videoconferencing ($n = 2$), or in-person appointment ($n = 1$). All participants provided written informed consent before participating. To complete the narrative, the interviewer (first author) asked Veterans semistructured questions to prompt the telling of their life story (e.g., Tell me about your childhood. What were some major turning points in your life?). Interviews lasted ~1 h. The interviewer typed responses verbatim, asked clarifying questions, and constructed a first-person narrative of ~1000 words. The interviewer attempted to capture the Veteran's voice and therefore did not modify narrative content. Redundant material was removed, and story elements were reordered chronologically. No audiovisual recordings were obtained.

Following completion of a draft, the interviewer read the story to the Veteran so that they could edit their story, provide approval before entry into the medical record, and make meaning of their life events. Stories were posted in a prominent location in the electronic medical record, and Veterans were provided hard copies of their story. After completing this process, the interviewer asked the program evaluation questions and encouraged Veterans to elaborate on their responses.

Table 1. Veterans' Demographic Characteristics

ID	Age (years) ^a	Sexual orientation ^b	Gender identity ^b	Sex assigned at birth ^b	Race/ethnicity ^a
MLMS 2	58	Lesbian, gay, or homosexual; bisexual	Female; MTF/transgender female/trans woman	Male	White/not Hispanic
MLMS 3	46	Lesbian	Female	Male	White/not Hispanic
MLMS 4	56	Bisexual	Female	Male	White/not Hispanic
MLMS 5	32	Bisexual	MTF/transgender female/trans woman; genderqueer, neither exclusively male nor female	Male	White/not Hispanic

^aData obtained from the medical record.

^bSelf-reported data; Veterans could select as many options as they wanted. ID, participant identification; MLMS, My Life, My Story; MTF, male-to-female.

Table 2. Veterans' Responses to Program Evaluation Questions

ID	The process of sharing my story was worthwhile	I disclosed my sexual orientation and/or gender identity while telling my life story	The interview questions felt relevant to my sexual orientation and/or gender identity	I think this information is important for my medical provider to know about me	I wished I had been directly asked about my sexual orientation and/or gender identity during the interview
MLMS 2	Agree	Yes	Strongly agree	Neutral	Disagree
MLMS 3	Strongly agree	Yes	Strongly disagree	Strongly agree	Neutral
MLMS 4	Agree	Yes	Agree	Strongly agree	Agree
MLMS 5	Strongly agree	Yes	Strongly agree	Agree	Neutral

Results

Quantitative data are displayed in Table 2. All participants agreed or strongly agreed that the process of sharing their stories was worthwhile. All Veterans disclosed their SOGI while telling their life stories. Most agreed or strongly agreed that the interview questions were relevant to their SOGI although one Veteran strongly disagreed with this sentiment. Most agreed or strongly agreed that their SOGI are important for their medical providers to know; one Veteran endorsed the neutral response for this item. Finally, for the item, "I wished I had been directly asked about my sexual orientation and/or gender identity during the interview," two of the four Veterans were neutral, one agreed, and one disagreed.

Discussions with the Veterans as they responded to the program evaluation questions revealed the importance of SOGI to Veterans' healthcare and clarified the variability across responses. All disclosed their SOGI because they viewed these characteristics as fundamental to who they are. MLMS2 said, "It's part of my life; it's part of my story." MLMS3 said, "I feel it is sort of integral into who I am." MLMS5 said, "I don't know how I could tell my life story without disclosing." Although the Veterans disclosed their SOGI without prompting, one believed that direct questioning would not have been relevant given that information was already documented in her medical record (MLMS4 said, "It's not like you needed to ask. You already had that information."), and one indicated that the question would not have fit with the storytelling process (MLMS3 said, "It wouldn't have bothered me [if you had asked], but it would have been out of place for me to be asked directly."). Finally, MLMS2 disagreed with the idea of direct questioning about SOGI: "I think it's up to the patient. I don't think it's a question that needs to be asked. If someone doesn't want to share it yet, then they shouldn't have to. A lot of people are afraid." She later clarified her response by saying, "If it's a part of their story, they should share it."

Discussion

This project sought to evaluate the MLMS program to determine its utility in inviting self-disclosure of SOGI. All Veterans self-disclosed their SOGI and reported the essentiality of their SOGI to their life narratives. Most stated this information is necessary for their medical providers to know and said MLMS was a worthwhile experience. The most notable range of responses related to being directly asked about their SOGI. Currently, VA healthcare policy requires self-identified gender identity to be recorded in VA medical documents.¹⁵ One Veteran reported a lengthy history of self-disclosure and noted that her SOGI are extensively documented. Another Veteran suggested that people should not be required to answer questions about their identity if they do not want to. VA policy includes a "choose not to answer" option for SOGI questions.¹⁵

The range of Veterans' qualitative responses demonstrates the importance of MLMS as a patient-centered intervention. That is, MLMS does not pressure Veterans to expose elements from their lives that they are uncomfortable disclosing. In fact, in the introduction to the intervention, Veterans are informed that they can discuss what they like and leave out what they like; one rationale for this instruction is to prevent triggering experiences for Veterans with PTSD. MLMS supports Veterans' disclosure of information they deem relevant to their life story and healthcare.

Many factors contribute to one's willingness to disclose their SOGI, let alone have the information documented in their medical record. Future lines of inquiry are necessary to better understand the antecedents of TGD Veterans' SOGI disclosures and to develop strategies for how providers should incorporate these identity factors in their treatments. Within the historical context of DADT, TGD Veterans may face significant pressure to stay silent. Our limited sample of TGD Veterans believed that their SOGI are important enough for their medical providers to know that they self-disclosed these identities and consented to their stories

being included as a part of their medical record. MLMS in the Veteran's record may foster the provision of healthcare consistent with the Veteran's self-identified gender identity and pronouns.

A recent meta-analysis supports the importance of sexual orientation disclosure to healthcare providers on both direct and indirect health outcomes.¹⁹ For example, disclosure was associated with greater healthcare satisfaction, more routine screenings and examinations, better psychological well-being, more routine healthcare use, and better self-reported health. These outcomes demonstrate the benefits of sexual identity disclosure in healthcare settings, which may be one approach to reducing health disparities. An important caveat is that gender identity disclosure is not the same as sexual orientation disclosure, and there are many factors that one must weigh when deciding how, when, and to whom they disclose their various identities. Additional research interrogating identity disclosure among TGD Veterans is essential to better understand these complex decisions. MLMS appears to be well suited to invite identity disclosure in a reasonable, nonobtrusive way, and it empowers the Veteran to choose whether they disclose their SOGI.

Limitations and implications

Initially, this project aimed to interview 10 LGBT Veterans recruited from a variety of clinics; however, over seven months, only four stories were completed, and all were referred from the ITTT. All participants were between 32 and 58 years old and identified as non-Hispanic white. Yet, participants reported an array of gender identities. The difficulty recruiting more Veterans with increased heterogeneity is likely multifactorial and may speak to relative invisibility resulting from stigmatizing policies (e.g., DADT), low rates of healthcare utilization secondary to harassment, and/or providers infrequently asking their Veteran patients about their SOGI.^{3,5,17} Having a specialty clinic that serves as a consultation-liaison service for TGD Veterans likely aided our completion of MLMS interviews; yet, this project's sample was limited and may not be generalizable to more diverse Veterans. Future attempts to reach marginalized persons may be most feasible within specialized clinics rather than general medical or mental health settings.

Prior implementation of MLMS focused on inpatient settings where Veterans were readily available for the interview and read-back, whereas we offered MLMS as an outpatient or telehealth intervention.²² While we attempted to schedule appointments when the Veteran would already be at the medical center, some appointments

were scheduled outside of the Veteran's routine clinical care. Because MLMS was developed to promote person-centered care, it need not be completed in person and could instead be completed over telephone or videoconferencing. Since more Veterans completed MLMS via telehealth, relative to in-person, we demonstrate the utility of this format and suggest practitioners interested in implementing MLMS consider telehealth options. This became especially salient starting March 2020 when nearly all face-to-face appointments were canceled due to the COVID-19 pandemic. Relatedly, MLMS may work well as an outreach service during the pandemic. It is a low cost, low technology, and accessible treatment that is rooted in evidence-based narrative medicine practices and has shown benefits in improving patient-provider relationships.^{19,20,22} We are unable to specify at present what provider variables contributed to the Veterans' self-disclosure. Future research is needed to directly examine the interaction of Veteran/provider factors.

Conclusion

LGBT groups may be disproportionately impacted by external minority stressors, such as cissexism and transphobia, which are theorized to negatively impact mental and physical health.⁶ With the history of DADT and the political climate regarding TGD servicemembers, some TGD Veterans may not spontaneously disclose their SOGI. Practitioners are encouraged to seek competency in TGD healthcare and to provide affirming services.¹⁵ To combat health disparities and promote resiliency, nontraditional approaches to LGBT health are needed. MLMS may serve as a useful tool to support identity disclosure in an affirming way among Veterans. Additional research is needed to understand the factors associated with identity disclosure (e.g., safety) and related outcomes (e.g., enhance patient-provider relationships, access to care).

Authors' Contributions

A.N.C. provided substantial contributions to the conception and design of this project; the acquisition, analysis, and interpretation of the data; and the writing and revising of critical intellectual content. He approves the final version of this document and agrees to be accountable for all aspects of the work. K.L.M.H. provided substantial contributions to the conception and design of this project; the interpretation of the data; and the writing and revising of critical intellectual content. She approves the final version of this document and agrees to be accountable for all aspects of the work. S.N. provided

substantial contributions to the conception and design of this project and the revising of critical intellectual content. She approves the final version of this document and agrees to be accountable for all aspects of the work.

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Disclaimer

This project was determined to be a nonresearch, quality improvement activity exempt from research and IRB review. Informed consent was provided by participants and was always secured in writing. The principles outlined in the Declaration of Helsinki were dutifully followed, and all procedures were in accordance with the Declaration of Helsinki as revised in 2013. An earlier version of this project including some, but not all, of these data was submitted, but not presented due to COVID-19, to the 2020 Harvard Psychiatry Research Day Poster Session. In addition, a portion of this project designed for Internal Medicine learners was presented during the Internal Medicine Grand Rounds in March 2020. The views expressed in this article are those of the authors and do not necessarily reflect the position or policy of the Department of Veterans Affairs or the United States government.

Author Disclosure Statement

There are no conflicts to disclose.

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References

- Gates GJ. Lesbian, Gay, and Bisexual Men and Women in the US Military: Updated Estimates. Los Angeles, CA: The Williams Institute, University of California-Los Angeles, 2010.
- Rood BA, Maroney MR, Puckett JA, et al. Identity concealment in transgender adults: a qualitative assessment of minority stress and gender affirmation. *Am J Orthopsychiatry*. 2017;87:704–713.
- Shipherd JC, Darling JE, Klap RS, et al. Experiences in the Veterans Health Administration and impact on healthcare utilization: comparisons between LGBT and non-LGBT women Veterans. *LGBT Health*. 2018;5:303–311.
- Mattocks KM, Kauth MR, Sandfort T, et al. Understanding health-care needs of sexual and gender minority Veterans: how targeted research and policy can improve health. *LGBT Health*. 2014;1:50–57.
- Livingston NA, Berke DS, Ruben MA, et al. Experiences of trauma, discrimination, microaggressions, and minority stress among trauma-exposed LGBT Veterans: Unexpected findings and unresolved service gaps. *Psychol Trauma*. 2019;11:695–703.
- Meyer IH. Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence. *Psychol Bull*. 2003;129:674–697.
- Hendricks ML, Testa RJ. A conceptual framework for clinical work with transgender and gender nonconforming clients: an adaptation of the minority stress model. *Prof Psychol-Res Pr*. 2012;43:460–467.
- Shipherd JC, Mizock L, Maguen S, Green KE. Male-to-female transgender Veterans and VA health care utilization. *Int J Sex Health*. 2012;24:78–87.
- Meerwijk EL, Sevelius JM. Transgender population size in the United States: a meta-regression of population-based probability samples. *Am J Public Health*. 2017;107:e1–e8.
- Cochran BN, Balsam K, Flentje A, et al. Mental health characteristics of sexual minority Veterans. *J Homosex*. 2013;60:419–435.
- Brown GR, Jones KT. Mental health and medical health disparities in 5135 transgender Veterans receiving healthcare in the Veterans Health Administration: a case-control study. *LGBT Health*. 2016;3:122–131.
- Ruben MA, Livingston NA, Berke DS, et al. Lesbian, gay, bisexual, and transgender Veterans' experiences of discrimination in health care and their relation to health outcomes: a pilot study examining the moderating role of provider communication. *Health Equity*. 2019;3:480–488.
- Simpson TL, Balsam KF, Cochran BN, et al. Veterans Administration health care utilization among sexual minority Veterans. *Psychol Serv*. 2013;10:223–232.
- Sherman MD, Kauth MR, Shipherd JC, Street Jr. RL. Communication between VA providers and sexual and gender minority veterans: a pilot study. *Psychol Serv*. 2014;11:235–242.
- Veterans Health Administration. VHA Directive 1341, 2018. Available at https://www.patientcare.va.gov/lgbt/va_lgbt_policies.asp Accessed July 15, 2021.
- Meyer IH. Resilience in the study of minority stress and health of sexual and gender minorities. *Psychol Sex Orientat Gend Divers*. 2015;2:209–213.
- Ruben MA, Fullerton M. Proportion of patients who disclose their sexual orientation to healthcare providers and its relationship to patient outcomes: a meta-analysis and review. *Patient Educ Couns*. 2018;101:1549–1560.
- Charon R. The patient-physician relationship. *Narrative medicine: A model for empathy, reflection, profession, and trust*. *JAMA*. 2001;286:1897–1902.
- Ringler T, Ahearn EP, Wise M, et al. Using life stories to connect Veterans and providers. *Fed Pract*. 2015;32:8–14.
- Roberts TJ, Ringler T, Krahn D, Ahearn E. The My Life, My Story program: sustained impact of Veterans' personal narratives on healthcare providers 5 years after implementation. *Health Commun*. 2021;36:829–836.
- Cahill S, Singal R, Grasso C, et al. Do ask, do tell: high levels of acceptability by patients of routine collection of sexual orientation and gender identity data in four diverse American community health centers. *PLoS One*. 2014;9:e107104.
- Nathan S, Fiore LL, Saunders S, et al. My Life, My Story: teaching patient centered care competencies for older adults through life story work. *Gerontol Geriatr Educ*. 2019; [Epub ahead of print]; DOI: 10.1080/02701960.2019.1665038.

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Abbreviations Used

DADT = Don't Ask, Don't Tell
 ID = participant identification
 IRB = Institutional Review Board
 ITTT = Interdisciplinary Transgender Treatment Team
 MLMS = My Life, My Story
 MTF = male-to-female
 PTSD = post-traumatic stress disorder
 SOGI = sexual orientation and gender identity
 TGD = transgender and gender diverse
 VA = Veterans Health Administration