

Evaluating the Needs of Female Student Service Members and Veterans

in Higher Education

by

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Honors Thesis

Appalachian State University

Submitted to the Department of Psychology in partial fulfillment of the requirements for

the degree of

Bachelor of Art

December 2017

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Abstract

Increasing numbers of military service members are now reintegrating into higher education. This transition yields many challenges, leaving the student service member/Veteran at higher risk for poor mental health, substance abuse, and lack of social support. Females may have unique needs when pursuing higher education. This study evaluates 18 female student service members and Veterans after completing a survey indicating the importance and personal likelihood to use resources at on-campus Student Veteran Centers. Results suggest that the respondents find mental health, substance abuse, and sexual assault resources to be most important, but respondents reported that they were more likely to personally utilize on-campus conveniences such as quiet study space, an information desk, and free printing. Results suggest there may be underlying stigma associated with military member help-seeking behavior in university settings.

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Evaluating the Needs of Female Student Service Members and Veterans
in Higher Education

A substantial number of military Veterans across the United States are enrolling in higher education. Today, approximately two million combat Veterans are returning from their time in service and pursuing collegiate degrees using the Post-9/11 GI Bill financial benefits (Buechner, 2015). These service members, who have served in Iraq, Afghanistan, or other locations, attend a wide array of university types and may have a preference for four-year public institutions over competing two-year colleges. In 2007, undergraduates with military experience represented about 4 percent of the student body population in postsecondary education (Hawn, 2011). According to Student Veterans of America, most of the student service members/Veterans (63.8%) attend a private nonprofit sector four-year university. Public or proprietary institutions ranked the next most popular type with 21.6% of student Veterans enrolled in these universities (Cate, 2014). Although the military population represents a relatively small percentage of the total undergraduate pool, the increasing number of enrolled Veterans and the differing needs of these students warrants specific attention.

Student Veterans experience a significant transition as they face the many changes in their new environment. In higher education, even subtle differences can compound to create an overwhelming adjustment. Student service members may also find themselves embarking in an identity shift as they settle into a new routine (Tomar & Stoffel, 2014). Students transition from a strict schedule to an environment requiring time management amidst increased flexibility. These students may seek more stability to embrace the new lifestyle. Studies show that when a person feels deeply embedded in their social environment, they are more likely to stay at their institution and fully engage in extracurricular programs and academia (Allen, 2008). In a similar way, when

these students start to integrate into campus and find ownership in their projects and campus commitments, they feel a sense of empowerment and purpose at their school.

Mental Health and Substance Use Challenges

Veteran students often have completed a full military enlisted term and are older than many of their classmates. Their military experience required them to be self-disciplined to support their perspective field of work, and this self-discipline may carry over to their civilian lives. Despite their experience and motivation, student Veterans face unique challenges after leaving the service to pursue academics. One of the more prevalent struggles for these students is distress and dysfunction resulting from mental health issues. According to Borsari et al. (2017), approximately 46% of a returning Veteran sample considered suicide at some point in their past, and 20% reported suicidal thoughts accompanied by a specific plan for an attempt. This population suffers from a high prevalence of thoughts of self-harm and frequently needs additional resources to cope with their unique situations and experiences. Students within this population who have been victims of military sexual trauma or have experienced pre-military sexual abuse may have an increased risk for suicidal intent (Bryan, Theriault, & Bryan, 2015).

Trauma-related impairment is particularly salient among student Veterans. The prevalence of post-traumatic stress disorder (PTSD) rates in returning service members is high. In a large study of 60,000 Iraq and Afghanistan Veterans, 13% screened positively for PTSD (Reisman, 2016). Borsari (2017) discusses other studies indicating that the rate can be as high as 20% to 30% of returning Veterans. According to Reisman and Borsari, these percentages translate to more than 500,000 troops in the U.S. military who served within the past 13 years have been diagnosed with PTSD. Veterans with psychological disorders due to combat experiences may request special accommodations within the classroom to reduce the impact of

the symptoms (Borsari, 2017). Flashbacks or vivid memories may interfere with a student service member's ability to attend to and encode information. Additionally, few other students can relate to what they are going through and it may be challenging to stay present during the course.

Another prevalent problem for the student Veteran population is substance abuse, as this population is at greater risk of abusing drugs and alcohol. Student service member/Veteran drinking is highly associated with mental health concerns (Barry, Whiteman, & Wadsworth, 2014). In comparison to civilian students, the Veteran student population was positively linked to problem drinking, psychosomatic symptoms, and PTSD symptoms. A strong positive relationship exists between PTSD symptoms and binge drinking lasting longer than 2 weeks (Widome, Laska, Gulden, Fu, & Lust, 2011). Widome et al. (2011) suggested student Veterans also had higher levels of heavy episodic drinking and alcohol-related risky behaviors than their civilian peers. These behaviors include fighting, riding in a car with an intoxicated driver, and unprotected sex. Alcohol may be used as a maladaptive coping strategy as return returning Veterans attempt to cope with the hardships of service. For example, although male students typically binge drink more frequently than female students, studies show that female Veterans were more likely to report problematic drinking than female civilians (Barry 2012). Results from an alternative study suggested that student Veterans were less likely to use marijuana products than their traditional student classmates, but were more likely to use cigarettes and smokeless tobacco (Widome, Laska, et al., 2011). Many Veterans are prescribed medications for psychological and physical symptoms, but misuse and diversion are problematic and scarcely monitored. Thus, despite a lack of extant research, student Veterans may be at an increased risk for the abuse of drugs and alcohol.

Social Support

Over the years, a social gap has emerged between the civilian population and the armed forces. Some argue that it has threatened the effectiveness of the military and civilian interaction (Feaver & Kohn, 2000). Hawn (2011) suggests this separation may result from military members becoming more politically conservative than average Americans, and in turn, civilians becoming more resistant to military culture. While the division seems to be widening in the current political era, there may be tangible ways universities can bring the two groups together. By encouraging higher Veteran enrollment in college classrooms, the interaction between the groups will become more frequent. This interaction may be beneficial to both parties, as they will begin to accept one another and be more open minded towards one another's experiences (Byman, 2007). Military members are traditionally isolated from the civilian population because they have had a community of only military members for the most recent part of their lives.

In 2011, Hawn found that while students' self-perception of knowledge about the armed services had increased after participating in a class consisting of civilian students and students with military experience, they felt that it is more difficult for non-service members to understand the experiences of the military members. This can be explained by the perception that while their own knowledge increased as a result of interaction, they understand more clearly from the classroom that civilians without these interactions may not understand the military citizen experience. Hawn (2011) also acknowledges that civilian students may be psychologically overwhelmed by in-class contributions of the service members. Young and with limited life experiences, the civilian students listen to stories in which their classmates may have killed someone or may have seen friends perish and the intensity may be too much to bear.

Differing levels of maturity may also lead to complicated social connections. Student Veterans experience a lack of student community support (Romero et al, 2015). They report challenges associated with socially connecting with traditional students, who most likely have not established their vocational, social, or family roles. Traditional students may seem more like “children” rather than peers. The challenges faced by the student Veteran population go beyond social interaction and may also manifest in the classroom. Negative consequences may include high levels of anxiety, PTSD symptoms, and high levels of depression, which may be exacerbated by increased social isolation (Romero et al., 2015). The military personnel returning from Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) must be monitored due to their increased risks. According to Allen (2008), the odds of service members and Veterans staying enrolled in particular university is dependent upon academic success and perceived social connectedness with their peers and community. Creating larger barriers of separation and isolation may further harm these student service members psychologically.

Research also demonstrates the presence of interpersonal difficulties between students and their Veteran classmates. Romero (2015) states that student service members in college are more likely to engage in avoidant coping compared to nonveteran classmates. The student Veterans often block out adverse experiences and ignore their negative emotions. Their student peers scarcely understand their coping process and this creates an even great barrier for social interactions. After deploying, if service members are unable to transition into a positive social environment comprised of people who care for them and push them toward success, their psychological symptoms force them to search for new means of coping.

Female Veterans

Many military members face challenges when integrating into higher education, but female Veterans may need extra resources. In 2009, about 284,000 female Veterans used their Montgomery GI Bill benefits through the end of the year, representing 19% of the total women Veteran population. More than 80 percent of women Veterans used their benefits for undergraduate or junior college educational purposes, while about 12 percent used these benefits to pursue graduate-level education (National Center for Veterans Analysis and Statistics, 2011). However, there is minimal information and data available regarding the female student service member/Veteran population, despite comprising a significant portion of Veterans returning to school and potentially having needs that differ from those of their male counterparts. Not only do they face gender pay disparities in the workforce and higher risk for sexual harassment and violence on campus than their male counterparts, but they carry their military experience in these areas as well. In a scholarly review, Cucciare (2013) concluded that female Veterans are more vulnerable to disorders relating to substance use than women in the general population. He further argues that the escalated risk can be traced to their service in the US military and the additional traumatic exposure they may have experienced in their career.

Further, female student Veterans may be at an increased risk for trauma-related impairment due to the high incidence of military trauma. In 2011, the National Center for Military Affairs conducted a survey of the Veterans who have sought beneficial health care. Of those who responded to the survey, 1 in 4 women and 1 in 100 men indicated they had experienced military sexual trauma. These experiences may result in a higher risk of substance abuse and social isolation. Screening and intervention efforts that evaluate each female's situation on a case-by-case basis may reduce alcohol-related problems and alcohol use disorders.

This population is lacking specific resources to assist their academic success as well as exploratory research to validate the necessity for these resources.

Research reveals the needs of military female Veterans and currently active service members in higher education. According to Barry (2015), student Veterans not only need to perceive relative social support, but they also must receive that support throughout their academic pursuits. Student service members and Veterans experience psychological challenges that demand care and attention. Moreover, Barry (2012) found that females in college environments reported significantly more psychosomatic symptoms than their male counterparts. The effects of these symptoms often affect health, academic achievement, and interfere with normal daily functioning.

Student Veteran Resource Centers (SVRC) are becoming more common on college campuses. These centers may offer study spaces, student service member resources, and points of contact for questions and assistance. Some universities even offer specific classes on campus taught by veteran staff on how to utilize military resources, manage finances, search for civilian jobs, and other practical skills. There is great potential for SVRCs to become important resources in promoting success in female student Veterans. This is an important population to study as their needs appear to be somewhat different than their male counterparts. The centers could link females to essential resources like sexual trauma care, social support, and group therapies. Moving forward, they may include specific female health benefits and resources to improve the transition into civilian life.

The purpose of this study is to determine which resources female student service members desire most at their colleges. The survey will allow female Veterans to voice their preferences and provide feedback to inform SVRCs' services for female student Veterans. We

hypothesize they will find resources specific to their gender, female sexual assault resources, childcare, and social interactions within their communities, to be important to their well-being and academic success. We hypothesize the students will desire these resources at the SVCs on their campuses.

Method

Participants and Procedure

The Institutional Review Board at Appalachian State University approved all procedures. To seek a convenience sample of female Veteran students, an email invitation was sent to Veteran representatives located mid-sized public universities. The survey was remained open for three weeks and two reminder emails were sent to the Veteran representatives at the schools. Eighteen universities were contacted and six responded. A Veteran representative on campus were asked to forward the email to the enrolled female Veterans to administer a brief online survey. The online survey began with a consent form and the participants were informed that all responses were anonymous. The participants were asked to rate their satisfaction with Veteran services on campus as well as state their degree of importance for different categories. The survey took approximately 5 minutes to complete. After completion of the survey, participants were thanked for their time. No compensation was provided for participating.

Twenty-seven students initiated the survey, but those who completed less than 80% of the survey were excluded from the study. Thus, 18 completed surveys were retained for analysis. Out of all the participants, 5.6% of the students were between the ages of 18-22, 16.7% of the students were between the ages of 22-25, 50% of the students were between the ages of 25-30,

and 27.8% students were older than 30. Approximately 22.2% of the students had GPAs between 3.7-4.0, 27.8% of the students had GPAs between 3.4-3.69, and 50% of the students had GPAs between 3.0-3.39. The survey requested academic status and found 5.6% of the students were in their first year, 61.1% of the students were juniors, 16.7% of the students were seniors, and 16.7% of the students were graduate students. Considering each military branch, 44.4% of the students served in the Navy, 22.2% served in the Army, 27.8% served in the Air Force, and 5.6% served in the National Guard. Approximately 83.3% of the students were inactive, while the remaining 16.7% were in the National Guard or Reserves. Approximately 78% of the students identified as white, and the remaining participants identified as Hispanic, Latino, or other. The online survey consisted of 51 questions and took approximately 5-10 minutes to complete. The survey began with a consent form before showing the questions (see Appendix). The participants did not receive any payment or reimbursement for their participation.

Measure

To develop questions regarding Veteran-specific services on campus, I researched three campus Student Veteran Centers and noted all of the services provided by each. After eliminating redundancies, a total of 19 different services were identified across the sites. Participants rated the importance of having access to each of the 19 resources. The questions addressed the issues of on-campus conveniences (e.g., private study areas, free printing, coffee), mental health and substance abuse resources, social support, and specific female health resources. This section gauged the student's view of importance of resources such as a Veteran Student Center on campus, support staff, social support, and a Veteran community. The question structure allowed the participants to select responses on a 5-point Likert-type scale between 1 (extremely important) and 5 (not at all important). One university offered two Veteran-specific

courses; one on navigating Veterans benefits in higher education and one incorporating study skills and strategies for academic success. Thus, respondents were asked to rate the importance of their university providing a course that explains how to utilize Veteran benefits and the availability of Veteran-specific academic supports using a scale Likert. Both of these questions utilized a response scale ranging from 1 (not at all important) to 100 (extremely important).

The next section of the survey asked respondents how likely they would be to use each of the 19 resources outlined in the previous section. Participants chose their response on a 5-point Likert-type scale of 1 (very likely) to 5 (very unlikely). The questions assessed the same main concepts of on-campus conveniences, mental health, substance abuse, social support, and women's health resources as the previous section.

Results

Out of all the participants, only 33.30% were currently a member of their campus Student Veteran Association. Participants rated importance for having access to referrals to specialty mental health services highest ($M = 1.67$, $SD = 1.28$). Participants also rated importance of a Veteran-specific information desk ($M = 1.72$, $SD = 1.02$), access to a quiet study space ($M = 1.83$, $SD = 1.51$), access to or a referral for substance abuse services ($M = 1.89$, $SD = 1.23$), access to sexual assault-related resources ($M = 1.89$, $SD = 1.53$), and campus support staff dedicated to Veterans' issues ($M = 1.94$, $SD = 1.26$). Participants indicated that social support from peers ($M = 2.89$, $SD = 1.53$) and a strong Veteran community ($M = 2.72$, $SD = 1.41$) were least important. See Table 1 for a complete list of ratings of all the resources. The average rating for the importance of offering a course on study skills and academic strategies ($M = 60.78$, $SD = 40.48$) indicating respondents rated it as slightly important, or an importance of 61 out of 100.

The average rating for the importance of offering a course explaining Veteran benefits was moderately important ($M = 69.94$, $SD = 34.48$).

Of the resources identified, results indicate that the participants would be most likely to utilize a quiet study space ($M = 1.89$, $SD = 1.49$), an information desk ($M = 1.94$, $SD = 1.35$), and free printing ($M = 2.0$, $SD = 1.50$). The female student Veterans were statistically least likely to use substance abuse peer support groups ($M = 3.17$, $SD = 1.54$), substance abuse services ($M = 3.06$, $SD = 1.55$), or marital/family therapy ($M = 2.94$, $SD = 1.73$). A complete list of ratings of likelihood to use resources can be found in Table 2.

Discussion

The results of this study showed that respondents found resources such as mental health and substance abuse treatments to be most important in campus Veteran Centers. They also indicated the importance of sexual assault resources as well as a few other conveniences such as an information desk and a quiet study space. Although our hypothesis was supported in the category of sexual assault resources as the respondents stated these were on of the most important resources for a campus, the other resources were not rated as important. Social support, gender-specific resources, and childcare were not rated as very important or likely to be used by the respondents. The female Veterans and student service members did not seem to show a specific preference for or interest in female-specific resources. Although these therapeutic resources for assistance were rated as very important, a later section of the survey suggested that the female Veterans would not be likely to use these services. They found campus conveniences such as a quiet study space, an information desk in the Student Veteran Center, and free printing to be more suited to their current needs at their respective universities. Approximately one third of the respondents were involved in the affairs of their campus Student Veteran Center, but

found courses navigating military benefits and academic success to be moderately important when answering the survey. Although the respondents indicated they were less likely to use specific resources, the data show they still warrant some importance as their averages were in the middle-range of the scale.

The main categories the survey addressed were based upon evaluation of current Student Veteran Centers at universities across the country and prior research. The general categories of mental health and substance abuse needs, social support, and specific female health resources represent some of the major needs in this female population. The respondents' score of importance for the academic course are consistent with previous studies suggesting that Veterans returning to higher education need both social and academic support to feel connected to their community (Barry 2015). Similarly, research conducted by the National Center for Military Affairs in 2011 revealed a staggering percentage of sexual assault within the female service member population. This aligns with the respondents' position of the importance of sexual assault resources in the Student Veteran Centers, even if they did not feel as though they personally would need access to those resources at this time.

Mental health issues within military populations seems extraordinarily high; one recent study found that 45% of a military sample had considered suicide to some degree (Borsari et al., 2017). Barry (2012) suggested that female Veterans and Student Service members were more heavily linked to binge drinking than their civilian counterparts. Respondents in the current study agreed with the importance of mental health and substance abuse resources, but once again, felt as though they were not in current need of these resources.

Results revealed that respondents see an importance for mental health, sexual assault, and substance abuse resources, but show a very low indication that they would use these resources.

One explanation for these results may relate to a form of stigma within the military population, specifically the females. Rates of these traumas and problematic behavior are very high and create a perceived need within the population. One study showed that there are elements of self and public stigma in military settings (Wade et al., 2015). For example, Wade et al. (2015) suggests military members fear that other members will stigmatize them for seeking needed care and this might interfere with promotions, upcoming deployments, or future job opportunities. They feel as though it may be best to keep pressing forward without addressing the current issues they face. Wade et al. (2015) also suggests there is a strong culture of associating weakness with utilizing necessary resources.

Another study suggests that men in the military who seek services are likely to be stigmatized during their pursuit for health and the judgment becomes more intense as their levels of distress increase (Heath, Seidman, Vogel, Cornish, & Wade, 2017). As work stressors increase along with the stigma, they may be less likely to seek help when they need it most urgently. Recent studies focus attention on masculinity, but there is scarce research available on how women who have served or are serving in the military handle the help-seeking stigma. Females may experience setbacks that influence their perceived level of stigma associated with pursuing healthy resources to benefit their mental or physical states.

The current study has several limitations that must be considered. First, the participant pool was small and the majority of the respondents identified as Caucasian. The respondents were invited from mid-sized universities and the sample may not be generalizable to the national population of female Veterans. There was no way to track how many Veteran representatives at the universities forwarded the survey to their students because not all of them responded to the original email. Once the email was forwarded, the survey may have been a challenging avenue to

reach student Veterans and service members due to the high volume of survey inquiries they typically receive on a weekly basis.

The study was cross-sectional, meaning that we did not follow the participants through their career or through their time as students attending college. We are unable to conclude that these issues are unique to the female service member and Veteran population because we did not compare them to their male counterparts. Finally, this study does not reveal the student Veteran/service member population's differences from the Veterans who decided not to attend higher education after serving in the military. Without this comparison, it is challenging to make statements suggesting that any of our findings are unique to the female Veteran and the student service member population.

Future studies would benefit from utilizing a longitudinal design following a larger sample of female Veterans throughout their higher education career, while comparing them to the male student service members/Veterans. If research could discover what resources this population actually uses, the study may reveal more about their personal preferences apart from their indications on our survey.

The culture of the military must change to reduce the amount of stigma associated with seeking resources for mental health, substance abuse, and sexual assault. The current culture inhibits individuals from seeking help and could lead to future issues. Finally, comparing the female and male student service member/ Veteran population to civilian students would provide an important comparison and would highlight the specific needs of the student Veteran population.

The present study evaluated the needs of a small sample of female student Veterans and service members across the country and revealed some important information for the Student

Veteran Centers on campuses. To support the military members who pursue higher education, specifically women, we must devote time to future studies to learn the specific needs they have for resources on campus and how their universities can most effectively support them.

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Table 1

Ratings of the Importance of Resources being Available through Student

Scale	Mean	SD
Access/Referral to Mental Health Services	1.67	1.28
Information Desk	1.72	1.02
Study Space	1.83	1.51
Sexual Assault-Related Resources and Services	1.89	1.53
Access/Referral to Substance Abuse Services	1.89	1.28
Mental Health Peer Support Groups	1.94	1.47
Academic Tutoring	2	1.57
Group Therapy	2.11	1.41
Free Printing	2.11	1.37
Substance Abuse Peer Support Groups	2.17	1.47
Marital/Family Therapy	2.22	1.4
Transportation to Medical Appointments	2.33	1.37
Free Coffee	2.67	1.53
Group Therapy (separating gender)	2.67	1.33
Snack Bar	2.72	1.57

 $N = 18$

Table 2

Ratings of Participants' Likelihood to Use Resources if Available

Scale	Mean	SD
Study Space	1.89	1.49
Information Desk	1.94	1.5
Free Printing	2	1.5
Snack Bar	2.17	1.54
Academic Tutoring	2.28	1.57
Free Coffee	2.44	1.65
Group Therapy	2.5	1.54
Mental Health Peer Support Groups	2.5	1.62
Access/Referral to Mental Health Services	2.5	1.62
Sexual Assault-Related Resources and Services	2.61	1.58
Group Therapy (separating gender)	2.67	1.57
Transportation to Medical Appointments	2.72	1.53
Marital/Family Therapy	2.94	1.73

Access/Referral to Substance Abuse Services	3.06	1.55
Substance Abuse Peer Support Groups	3.17	1.54

N = 18

Appendix A

Q1

This survey is designed to collect data to best serve the student veteran population seeking higher education.

Consent to Participate in Research

Information to Consider About this Research

Student Veterans in Higher Education

Principal Investigator: Abigail J. Nichols, Honors Student Department: Psychology

Contact Information: *John Paul Jameson, Faculty Advisor*

222 Joyce Lawrence Lane

Boone, NC 828-262-2272 x424

jamesonjp@appstate.edu

You are being invited to take part in a research study about student Veterans. The research involves completing a survey. The survey will take approximately 5 minutes to complete. If you take part in this study, you will be one of about 300 people to do so. By doing this study we hope to learn how universities can best serve the Veteran population on their higher education journey. The research is being conducted by a student and faculty advisor at Appalachian State University. You will be asked to answer a few questions about your experience as a student veteran as well as resources that you would like to see available on your campus in support of Veterans.

You cannot volunteer for this study if are under 18 years of age.

What are possible harms or discomforts that I might experience during the research?

To the best of our knowledge, the risk of harm for participating in this research study is no more than you would experience in everyday life.

What are the possible benefits of this research?

There may be no personal benefit from your participation but the information gained by doing this research may help others in the future by helping researchers to identify the best resources for student veterans so universities can implement them.

Will I be paid for taking part in the research?

We will not pay you for the time you volunteer while being in this study.

How will you keep my private information confidential?

This study is anonymous. That means that no one, not even members of the research team, will know that the information you gave came from you.

Who can I contact if I have questions?

The people conducting this study will be available to answer any questions concerning this research, now or in the future. You may contact the Principal Investigator at 828-262-2272, extension 424. If you have questions about your rights as someone taking part in research, contact the Appalachian Institutional Review Board Administrator at 828-262-2692 (days), through email at irb@appstate.edu or at

Appalachian State University, Office of Research and Sponsored Programs, IRB Administrator, Boone, NC 28608.

Do I have to participate? What else should I know?

Your participation in this research is completely voluntary. If you choose not to volunteer, there will be no penalty and you will not lose any benefits or rights you would normally have. If you decide to take part in the study you still have the right to decide at any time that you no longer want to continue. There will be no penalty and no loss of benefits or rights if you decide at any time to stop participating in the study. If you decide to participate in this study, let the research personnel know. A copy of this consent form is yours to keep. Appalachian State University's Institutional Review Board has determined this study to be exempt from IRB oversight.

Q2 What is your gender?

- Male (1)
 - Female (2)
-

Q3 What is your age range?

- 18-22 (1)
- 22-25 (2)
- 25-30 (3)
- 30+ (4)

Q4 What is your current GPA range?

- 3.7-4.0 (1)
- 3.4-3.69 (2)
- 3.0-3.39 (3)
- 2.5-2.99 (4)
- Below 2.49 (5)

Q5 What is your current academic status?

- First year (1)
 - Sophomore (2)
 - Junior (3)
 - Senior (4)
 - Graduate student (5)
-

Q6 What branch of military did you serve during your previous term?

- Marine Corps (1)
 - Navy (2)
 - Army (3)
 - Air Force (4)
 - National Guard (Army/Air) (5)
 - Coast Guard (6)
-

Q7 What is your current military status?

- Active (1)
- National Guard (2)
- Reservist (3)
- Inactive (4)

Q8 Ethnicity origin (or Race). Please specify your ethnicity.

- White (1)
- Black or African American (2)
- American Indian or Alaska Native (3)
- Asian (4)
- Native Hawaiian or Pacific Islander (5)
- Hispanic or Latino (6)
- Other (7)

Q9 How important is it that you have access to:

	Extremely important (1)	Very important (2)	Moderately important (3)	Slightly important (4)	Not at all important (5)
A dedicated Veterans Center (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Presence of a strong Veteran Community (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social support from peers on campus (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Campus support staff dedicated to Veterans' issues (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q10 How important is it that the following resources are offered through your Veteran Center?

	Very Important (1)	Somewhat Important (2)	Neither Important nor Unimportant (3)	Somewhat Unimportant (4)	Very Unimportant (5)
Free printing (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Free Coffee (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A snack bar (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
An information desk (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quiet study space (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Group Therapy (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Group Therapy separating men and women (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Academic tutoring (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance abuse peer support groups (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health peer support groups (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access/Referral to specialty mental health services (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access/Referral to substance abuse services (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Transportation to medical appointments (e.g. VA Medical Centers) (13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual assault-related resources and services (14)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marital/Family therapy (15)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q11 How likely would you be to utilize the following resources if offered through your Veteran Center?

	Very Likely (1)	Somewhat Likely (2)	Neither Likely nor Unlikely (3)	Somewhat Unlikely (4)	Very Unlikely (5)
Free printing (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Free Coffee (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A snack bar (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
An information desk (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quiet study space (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Group Therapy (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Group Therapy separating men and women (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Academic tutoring (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance abuse peer support groups (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health peer support groups (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access/Referral to specialty mental health services (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access/Referral to substance abuse services (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Transportation to medical appointments (e.g. VA Medical Centers) (13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual assault-related resources and services (14)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marital/Family therapy (15)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q12

Are you currently a member of a Veteran Association at your University?

- Yes (1)
- No (2)
- No, but I would like to be more involved (3)

Q13 Please rate your personal degree of importance for each resource listed below

0 10 20 30 40 50 60 70 80 90 100

A University course that provides information on how to navigate military benefits (1)	
A coed sports team with fellow student veterans on campus (2)	
University funded child care during class hours (3)	
A University course that provides assistance in being successful in higher education (4)	

Q14 Please rank the community outreach events on a scale of 1-6. A score of 1 would be the most desirable activity and 6 would be an activity you would be least likely to participate in.

- Sporting games/tailgates (1)
 - Bowling (2)
 - Family Friendly movie night in the Veteran Center (3)
 - Community Service: Visiting a nursing home, soup kitchen, trail clean up, etc. (4)
 - Fitness Groups (5)
 - Artist Groups (painting, pottery, writing workshops) (6)
-

Q15 What is your overall comfort level at your university? (0 is very uncomfortable and 100 is very comfortable)

Extremely comfortable Moderately comfortable Slightly comfortable Neither comfortable nor uncomfortable Slightly uncomfortable Moderately uncomfortable Extremely uncomfortable

0 10 20 30 40 50 60 70 80 90 100

Select level of comfort: (1)



Q16 Do you feel as though your university provides veterans access to women's health resources?

- Definitely yes (1)
 - Probably yes (2)
 - Might or might not (3)
 - Probably not (4)
 - Definitely not (5)
-

Q17 Do you feel as though the civilian student population adequately respects you inside and outside of the classroom?

- Definitely yes (1)
 - Probably yes (2)
 - Might or might not (3)
 - Probably not (4)
 - Definitely not (5)
-

Q18 Please use this space to describe any further feedback of your experience as a student veteran.



INSTITUTIONAL REVIEW BOARD

Office of Research Protections
ASU Box 32068
Boone, NC 28608
828.262.2692
Web site: <http://researchprotections.appstate.edu>
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Federalwide Assurance (FWA) #00001076

To: Abigail Nichols
Psychology
CAMPUSEMAIL

From: Monica Molina, IRB Associate Administrator

Date: 9/27/2017

RE: Notice of IRB Exemption

STUDY #: 18-0024

STUDY TITLE: Evaluating the Needs of Female Veterans Returning to Higher Education

Exemption Category:

This study involves minimal risk and meets the exemption category cited above. In accordance with 45 CFR 46.101(b) and University policy and procedures, the research activities described in the study materials are exempt from further IRB review.

NOTE: Please remove the contact information for the IRB from your consent form. Since this research is deemed exempt, the IRB does not provide oversight for this study.

All approved documents for this study, including consent forms, can be accessed by logging into IRBIS. Use the following directions to access approved study documents.

1. Log into IRBIS
2. Click "Home" on the top toolbar
3. Click "My Studies" under the heading "All My Studies"
4. Click on the IRB number for the study you wish to access
5. Click on the reference ID for your submission
6. Click "Attachments" on the left-hand side toolbar
7. Click on the appropriate documents you wish to download

Study Change: Proposed changes to the study require further IRB review when the change involves:

- an external funding source,
- the potential for a conflict of interest,
- a change in location of the research (i.e., country, school system, off site location),
- the contact information for the Principal Investigator,
- the addition of non-Appalachian State University faculty, staff, or students to the research team, or
- the basis for the determination of exemption. Standard Operating Procedure #9 cites examples of changes which affect the basis of the determination of exemption on page 3.

Investigator Responsibilities: All individuals engaged in research with human participants are responsible for compliance with University policies and procedures, and IRB determinations. The Principal Investigator (PI), or Faculty Advisor if the PI is a student, is ultimately responsible for ensuring the protection of research participants; conducting sound ethical research that complies with federal regulations, University policy and procedures; and maintaining study records. The PI should review the IRB's list of PI responsibilities.

To Close the Study: When research procedures with human participants are completed, please send the Request for Closure of IRB Review form to irb@appstate.edu.

If you have any questions, please contact the Research Protections Office at (828) 262-2692 (Robin).

Best wishes with your research.

Websites for Information Cited Above

Note: If the link does not work, please copy and paste into your browser, or visit <https://researchprotections.appstate.edu/human-subjects>.

1. Standard Operating Procedure #9:

<http://researchprotections.appstate.edu/sites/researchprotections.appstate.edu/files/IRB20SOP920Exempt%20Review%20Determination.pdf>

2. PI responsibilities: <http://researchprotections.appstate.edu/sites/researchprotections.appstate.edu/files/PI20Responsibilities.pdf>

3. IRB forms: <http://researchprotections.appstate.edu/human-subjects/irb-forms>

CC:

John Jameson, Psychology