



Serving Veterans on Campus and their Intersectional Identities

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Introductions

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The Ohio State University

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Military & Veterans Services



Welcome!

- Culture of your campus
 - What is your role?
 - College counselor, faculty/staff, student...
 - Size of your campus?
 - Small, medium, large?
- In what capacity do you work with veterans?
- What is the culture on your campus around military?



What comes to mind when you think "mental health" and "veteran"?



Learning Objectives

- Examine the differences between **military culture and civilian/college culture** as well as the complications that arise for veterans during this **transition**.
- Discuss the various **intersectional identities** of veterans that are relevant to college counselors in practice and advocacy.
- Provide concrete **examples of veteran outreach** that can be applied to diverse campuses (e.g. community, small & large colleges)



Overview of Veterans and Military-Connected Students



Military Culture

- Language and communication (jargon, acronyms)
- Rank, hierarchies
- Fixed everyday living
- Cultural differences by branch
- “Warrior ethos” – leave no one behind, loyalty, commitment

Military Culture = Collective	Civilian Culture = Individualistic
<ul style="list-style-type: none">• “We”• Emphasis on group’s goals ahead of personal goals• Success measured by group achievement• Work = life (profession, vocation)	<ul style="list-style-type: none">• “I”• Emphasis on the individual, individual achievement• Success measured by individual achievement• Work = job (occupation)



Stressors in the Military

- Complexity of stressors
- Leadership failures, anticipation of combat, losses and deaths
- 52% had emotionally traumatic or distressing experiences while in the military
- 47% know or served with someone who was killed while serving



Mental Health Concerns

- Increasing in veteran population
 - 27% (2001) to 41% (2014) with mental health condition or SUD
- Underreporting due to stigma
- PTSD (up to 20%)
 - Compared to 8% in civilian population
 - Comorbid depression and anxiety
 - 75% flashbacks and nightmares
- Depression (~15%)
- Alcohol abuse (15%) and drug abuse (5%)



Mental Health Concerns

- Sleep
 - 5.6 hours/night (recommended 7-9)
 - 74% meet criteria for insomnia
- Traumatic brain injury (TBI)
 - Up to 20% of combat veterans
 - Sleep difficulties (80%)
 - Poor concentration (71%)
 - Irritability (66%)
 - Fatigue (64%)
 - Depression (63%)
 - Memory problems (59%)



Mental Health Concerns

- Suicide
 - 2nd leading cause of death among veterans
 - 2nd leading cause of death among college students
 - 20 deaths/day → 7,300 per year
 - 18% of all deaths by suicide
 - 8.5% of US population
 - Risk 22% higher compared to civilian population
 - Rates increasing
 - 24% from 1999-2014



Profile of the Military-Connected Student

- 96% of post-secondary institutions enroll student veterans
- Male (73-79%)
- Only 20% traditionally-aged (17-23 years)
 - Compared to 80% of civilian students
- First-generation students (62%)
- Have families (47% married, 47% have children)



Military-Connected Students

- Making several transitions at once
 - Military culture → civilian culture
 - Military/civilian culture → college culture
 - Is the university equipped to help? (PTSD, TBI, depression...)
 - Collectivist → individualistic
 - From a “mission/team” culture to “it’s about you”
 - Deployment/combat → civilian culture (very difficult)
 - Active duty while being a student
- Consequences
 - Loss of identity
 - Miss the shared purpose and camaraderie
 - Difficulty connecting with peers



Military-Connected Students and Mental Health

- 35% severe anxiety, 24% severe depression
- 46% significant PTSD
- More hostility and family distress compared to civilian students
- Suicidality
 - 46% ideation
 - Up to 35% have a plan
 - 10% think of suicide “often” or “very often”
 - 4% believe suicide is “likely” or “very likely”



Considering Intersectional Identities



Don't Ask Don't Tell (DADT)

- DADT implemented in 1993
 - "Policy Concerning Homosexuality in the Armed Forces"
 - "shall be separated from the armed forces" if
 - found to engage in homosexual acts
 - Identify as homosexual or bisexual
 - Marries or attempts to marry person of same sex
- "integration will negatively impact moral, cohesion, order"
 - Evidence to contrary – Canada, Germany, Israel, Sweden
- "Justified Discrimination" - 14,000 LGB service members discharged until DADT banned in 2011
 - Many still serve in silence



LGB in Military: Difficult to Measure

- 71,000 (2.2%) active or reserve – conservative estimate
 - 1.5% of men (42,000), 6.2% of women (29,000)
 - 45,000 LGB predicted to join following DADT repeal
 - Estimated more than 1 million LGB veterans
 - High number of LGB veterans enter higher education

Table 1. LGB personnel on active duty and in the guard/reserve.

		All	Men	Women
% LGB (among military personnel)	Active Duty	0.9%	0.6%	2.9%
	Guard/Reserve	3.4%	2.3%	8.7%
	Total Military	2.2%	1.5%	6.2%
# LGB	Active Duty	12,952	7,216	5,736
	Guard/Reserve			
	Ready Reserve	35,599	21,285	14,314
	Standby Reserve	636	380	256
	Retired Reserve	21,684	12,965	8,719
	Total Military	70,871	41,846	29,025



LGB Military-Connected Students: Experience on Campus

- Transitioning from military environment to college setting
 - Shift can be stressful, safety concerns, inclusive or intolerable
- College typically supportive and inclusive, however as of 2015:
 - Only 13% of colleges had LGB nondiscrimination policies (trans 6%)
 - Institutional support systems for LGBT students - less than 7% nationally
 - 1/3 of LGBT students and faculty consider leaving campus for safety and harassment concerns
- Discrimination in spite of zero tolerance policies in military and inclusive college environments
 - State, local, institutional laws
 - Heteronormativity and homophobia



LGB Military-Connected Students: Implications

- Trauma impacting academic success
 - War trauma and discrimination-based trauma
- Assumptions of heterosexuality of military-connected students
- Non inclusive nondiscrimination policies (institutionalized)
- Intersection of LGB and Veteran identities in regard to:
 - Increased risk for mental illness and suicide
 - Utilization of mental health resources on campus
 - Higher rates of smoking and substance use



Transgender Experience in the US Military

- Transgender ban in US military
 - Army Regulation 40-501 – medical fitness (1963)
- DoD's repeal of DADT
 - Exclusive focus on sexual orientation
 - Transgender service members not given equitable attention
 - Pathologizing transgender (DSM-V)
- Trans persons 2x as likely to serve in the armed forces
 - "flight into hypermasculinity" to fight or affirm gender identity
- Currently between 1,320 and 6,630 trans individuals serving in active duty

Harrison-Quintana, & Herman, 2013

Parco, Levy, & Spears, 2014

Palm Center, 2018



Transgender Ban in US Military

- 2016 – Repealed by Obama
 - Allowed service members access to funding for gender affirming surgery
- 2017 – Trump moves to reinstate
 - Financial argument
- 2019 – Supreme court votes 5-4 to uphold reinstatement
 - Legal injunctions ongoing
 - Projected healthcare costs are relatively low
 - Maximum budget increase of .02%
- Future uncertain





Transgender Military-Connected Students: Implications

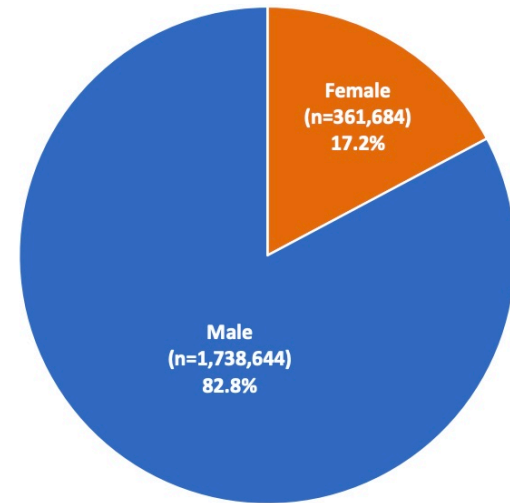
- Risk factors associated with transgender identities
 - Increased risk for substance use, depression, anxiety
 - Gender-based discrimination, victimization, rejection
 - 50%-64% report lifetime history of suicidal ideation; 30% attempt
- Intersection of military-connection and transgender
 - Remains classified as a medical and mental health disorder (no protections)
 - 'double edged' risk for suicide
 - Military policies that serve as a barrier to inclusion
 - Changing official documentation, obtaining appropriate medical services, medical standards, limited VA health services, etc.
 - Again, largely ignored by DADT repeal (transphobia and identity concealment)
 - Paucity of research on the intersection of these identities
 - Research is a challenge



Female Military-Connected Students

- US military dominated by hypermasculine culture; pressure to act more feminine, more masculine, or both
- Opposition to outwardly feminine traits
- Recent end to Ground Combat Exclusionary Policy
- Female vets on rise, male vets on decline
- Female gender - second class service members
 - Perpetuation of physical and sexual violence toward female service members
 - Military Sexual Trauma (MST, more on this later)

Gender in Totality of Military Force



Department of Defense, 2016



Male Military-Connected Students

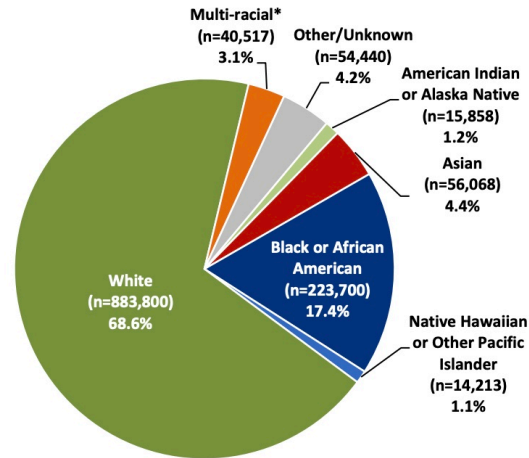
- Perpetuation of toxic masculinity
- Hypermasculine environment
- Military-connected men and eating disorders
 - Evidence of higher risk compared to civilian males
 - High standards for physical fitness
 - Military-related trauma and complex trauma (80% lifetime experience)
- Implications for suicide and risk assessment
 - About 97% of completed veteran suicides are male



Race and Ethnic Minorities in the Military

- 31.4% of active duty, 26.1% of reserve, 27.7% of veterans
- Underrepresented in the military
 - e.g. Hispanic men make up 17.1% of the civilian population, only 13.5% of active and reserve service members and 6.7% of veterans

Breakdown of Active Duty:



Department of Defense, 2016
Department of Veterans Affairs, 2016



Racial & Ethnic Identities for Military-Connected Students

- Intersection: racial/ethnic minority identity and military status
 - may impact utilization of mental health services, stigma about mental health, and help seeking attitudes
- Limited research on military-connected individuals of minority race/ethnicity...
 - Behavioral health utilization, stigma, help-seeking attitudes
 - Some evidence to show vet status may be a protective factor
 - higher utilization by ethnic/racial minority veterans compared to ethnic/racial minority civilians; utilization gap between white and ethnic/racial minority closes
 - More research needed to develop culturally appropriate mental health treatments and interventions for ethnic/racial minority veterans



Spirituality

- For many service members, spirituality/religiosity is an important aspect of their professional and personal identity
 - Evidence that spiritual and religious beliefs help service members cope with traumatic experiences and memories
 - When spirituality is ignored, there may be negative treatment outcomes for military-connected individuals who value those beliefs
- Questioning faith following traumatic experience
 - Difficult recovery process and prolonged use of behavioral health services
- Question of counselor competence:
 - Large consumer-reports style survey, people rated 'spiritual advisors' as more helpful than therapists

Drescher, Smith, & Foy, 2007

Miller, 2017

O'Rielly, 2004

Wester, 2009



Sexual Violence Survivors

- MST – “sexual assault or repeated, threatening sexual harassment that occurred while the veteran was in the military”
 - Approximately 75% of the survivors who reported sexual assault were junior enlisted service members (E1-E4)
- Unique characteristics of MST
 - Loss of identity – personal and professional
 - Specific types of self-harm behaviors
 - Retraumatization in an institutionalized culture (summative impact)
- Women in the military and women on college campuses remain two of the most at-risk groups for experiencing sexual assault and sexual harassment

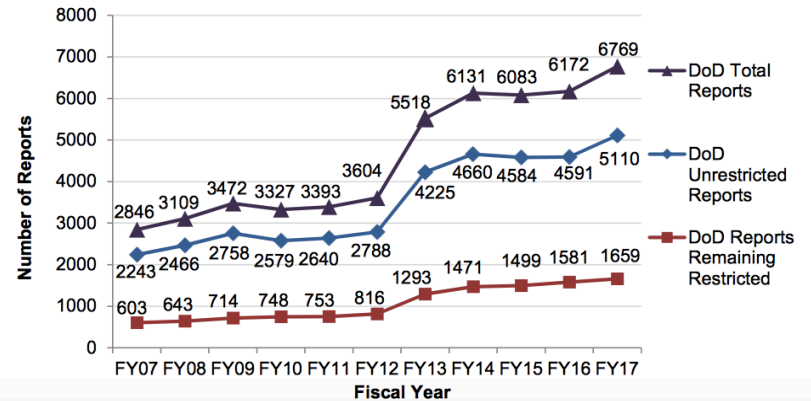
Brubaker, 2009; Northcut & Kienow, 2014; SAPR, 2017



Sexual Violence Survivors

Reporting Differences:

- **Restricted** – confidential report that does not trigger an investigation, but allows service member to access legal, medical, and counseling services
 - Cannot request expedited unit transfer
 - Cannot discuss the sexual assault with anyone in the unit
 - Cannot request a protective order
- **Unrestricted** – starts an official law enforcement investigation and notification of chain of command
SAPR, 2017; Northcut & Kienow, 2014



Treatment Implications:

- Assessment!
- Basic feeling identification
- Feminist theory
- Identity-rebuilding
- Building trust and safety within systems
- Medication alternatives
- Substance Abuse



Substance Abuse

- **Military's Zero Tolerance Policy**
 - Random drug-testing
 - Dishonorable discharges & criminal prosecution
 - Resulted in significantly lower levels of illicit drug use than in civilians
- **An “alcohol-soaked culture”**
 - Class VI – inexpensive alcohol sales
 - Toxic masculinity & binge drinking
- **Higher risk of developing substance use disorders**
 - Increased prescription rates for pain (“physical readiness” mentality)
 - Stigma on asking and receiving help (fear of negative consequences)
 - Lack of discussion on mental health and coping skills in the military
 - Experimentation with new drugs after leaving military



Substance Abuse

- Military-connected students
 - Tend to consume more alcohol and drink more frequently than civilian students
 - 92% of student veterans had consumed alcohol in a 3-month period
 - Of these students, 61% consume weekly or daily
 - Increased alcohol-related risk behaviors
 - Fighting, riding in car with intoxicated driver
 - Use of illicit substances (marijuana, prescription medication without medical supervision)
 - 19% using one or more in 3-month period



Student Veterans & Disabilities

- Student veterans are twice as likely to have a documented disability than their nonveteran student peers
 - Includes learning, motor, visual, and hearing disabilities
 - One in five combat veterans reported a disability compared with 1 in 10 nonveteran students
- Less familiarity with system and less likely to ask for accommodations
- Lengthy delays in receiving necessary VA documentation



Military-Connected Students & Families

- More likely to be married and/or have dependents than traditional college students
 - Often financially independent from their parents
 - Consider additional familial and financial responsibilities
- Rely heavily on family support, rather than peer support
 - However, military service members are often reluctant to discuss difficulties or trauma with family members
 - Many lose a large support system when they leave the military
- Frequent changes can often lead to distressed military families
 - Consider improving access for couples and family counseling



ROTC Students

- Reserve Officer Training Corps (ROTC) – college program designed to train students for future service in the military
 - Students must complete military science courses training, leadership ‘labs’, and field exercises and commit to serve as an officer in the military
 - All ROTC scholarship recipients are required to serve on Active Duty for 4 years following college graduation
 - Improved relationship between military and higher education
- Separation of ROTC students and student veterans
 - Military service members don't view ROTC as a part of the military
 - "I appreciate what they do, but it's just not on same level. It's kind of a like a fan club for the military."
 - Not considered ‘student veterans’ unless they have prior service



ROTC Students

- Considerations:
 - Still in 'pre-military stage' and have heightened concern about records that could affect enlistment or commission in the military
 - Similarity to student veterans' mental health trends (high stress, demanding schedules/instructors) - unique opportunity to equip service members with strong coping skills prior to entering the service
 - Less time to engage in social activities outside of ROTC, restricting identity development and interest exploration
 - Consider students' reasons for joining ROTC – scholarship money, parental influence, and/or past experience (JROTC)



What can we do?



Establish veteran-specific resources on campus

- 60% of military-connected students utilize these resources when available on campus
 - Only half of universities have these resources
- Student veteran organizations and groups
- On-campus veteran lounges
- Special training to on-campus counselors and personnel
- Office of Military & Veterans Services



Increase military cultural competence

- Research suggests limited military cultural competency associated with poor outcomes with military clients
- Recognize barriers to counseling
 - Stigma, trust (privacy/confidentiality)
- Learn important aspects of military culture
 - Language, terminology, slang, acronyms
 - Current events
 - Enlisted v. officer
 - Rank structure, chain of command
- Center for Deployment Psychology



Build your clinical arsenal

- Veteran ≠ pathology
- Assessing for suicidality
 - Access to weapons/means, safety planning, awareness of crisis resources
- Evaluate current medications and diagnoses with critical eye
- Effective practices in veteran community
 - Military values as strengths, cognitive interventions, MI, VA/DoD Clinical Practice Guidelines
- Family therapy
- Explaining confidentiality
- Prepare for challenges
 - “I shouldn’t complain because...”, shame, stigma toward help-seeking



Ask the important questions

- “What led you to join the military?”
 - Assessing for trauma prior to the military
- “What role did you play in the military?”
- “Are you still in touch with your military friends?”
- “How important is your veteran identity to you now?”
- “How did your time with the military end?”

- *When in doubt, ask!*



Outreach

- Can vary by campus size
 - Small – one student ambassador, student veteran organization
 - Large – student veteran organizations, funding for veteran-specific events, peer mentorship program...
- Partnership and collaboration on campus
 - On campus: Student Life, Veterans Office, Admissions, academic units...
 - Off campus: VA, Vet Center, clinicians with expertise in veterans issues
- Incorporate into existing outreach events
 - No need to reinvent the wheel!
 - For example, veteran-specific statistics at mental health fairs
- Creating an internship/associate position
 - Focus on developing relationships between counseling and military students
- Veteran-specific days
 - Campus acknowledgment
 - Veteran's Day



Regional Campus Events

OPERATION HALLMARK:
THANK A VETERAN

**FLAG RAISING CEREMONY
IN HONOR OF**



PATRIOT DAY

9/11/18 • 9:59 a.m.

IN FRONT OF MUNTZ HALL



UC Blue Ash College

**STUDENT VETERANS
FALL-IN LUNCHEON**

BATTLE OF THE
BRANCHES

BLOOD DRIVE

PARA-ART

WORKSHOP

Veterans will be teaching students how to use para-cord to make survival bracelets during Spring Fling.

The first 200 participants will walk away with a **FREE SURVIVAL BRACELET.**



Take Away: Intersectionality

Recall some of the intersections of identities that we have discussed today, how they might present in the counseling room, and how you might best address their needs. For example, how would you conceptualize the following client?:

Gloria is a 33-year-old female African American army veteran who describes herself as devoutly Christian. She has recently started graduate school, pursuing an MS in engineering. She identifies as bisexual, and has a wife (civilian) and a 2 year old daughter at home. Gloria was stationed overseas during her time in the army, and during that time she became a victim of military sexual trauma. Gloria endorses nightmares, insomnia, difficulty concentrating, low motivation, elevated alcohol use, and irritability with her wife and daughter. She has sought out help at your university counseling center to address these concerns.



In conclusion...

- Recognizing military as a unique culture
 - Has its own cultural norms, traditions, cultural aspects (language, rank, collectivist)
- Stressors and mental health prevalence
- Importance of intersectionality
 - “I’m a veteran, and I’m a...”
- **YOU can be an advocate on your campus!**
 - Even the “smallest” effort can make a huge impact
 - Don’t do it alone – partner with other advocates, students, veterans...



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*Thank you for being an advocate for
our military-connected students!*