Eastern Michigan University
DigitalCommons@EMU

Master's Theses and Doctoral Dissertations

Master's Theses, and Doctoral Dissertations, and Graduate Capstone Projects

2020

# Post-military service coping behaviors of student veterans

Benjamin Wilson

Follow this and additional works at: https://commons.emich.edu/theses

Part of the Criminology Commons

## Recommended Citation

Wilson, Benjamin, "Post-military service coping behaviors of student veterans" (2020). *Master's Theses and Doctoral Dissertations*. 1026.
https://commons.emich.edu/theses/1026

This Open Access Thesis is brought to you for free and open access by the Master's Theses, and Doctoral Dissertations, and Graduate Capstone Projects at DigitalCommons@EMU. It has been accepted for inclusion in Master's Theses and Doctoral Dissertations by an authorized administrator of DigitalCommons@EMU. For more information, please contact lib-ir@emich.edu.

Post-Military Service Coping Behaviors of Student Veterans

by

Benjamin Wilson

Thesis

Submitted to the Department of Criminology

Eastern Michigan University

in partial fulfillment of the requirements

for the degree of

MASTER OF ARTS

in

Criminology and Criminal Justice

Thesis Committee:

Brian Sellers, PhD, Chair

Grigoris Argeros, PhD

July 3, 2020

Ypsilanti, Michigan

# Dedication

This paper is dedicated to all the veterans who have been or are currently struggling with past or current experiences. Without my personal experiences and the experiences of those whom I have had the privilege to serve alongside with, this paper would not have been possible. I can only hope this paper will help professionals better help our veterans with their physical and psychological needs.

Acknowledgments

I would personally like to thank my advisors Prof. Sellers and Prof. Argeros for their dedication in helping advise myself on the completion of this thesis. I would additionally like to thank Dr. David Fielder for his analytical help as well as Chad Kryzminski for his grammatical and professional help. Without these individuals this paper would not have been possible, their help is greatly appreciated. Lastly I would like to thank every veteran that took the time to complete the survey needed to complete this paper, without each and every one of those individuals this effort would have been for nothing.

Abstract

The purpose of this paper was to examine the relationship between post-military service stress reactions and subsequent coping behaviors among military veterans at Eastern Michigan University (EMU). The analytical approach was based on Agnew's general strain theory, which contends that individuals turn to unhealthy or illegitimate coping mechanisms to deal with pain, whether that be physical or psychological. Data was gathered in the form of a survey of student veterans using both dichotomous and Likert-scale questions designed to assess both their level of post-service stress and coping mechanisms with emphasis on identifying post-traumatic stress disorder (PTSD) type conditions. PTSD assessment was based partially on a checklist of indicators from the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.). A total of 34 military veterans responded to the survey, 26 identified as "male," and eight as "female". We found in our survey that overall individuals do turn to illegal or unhealthy means as a way of coping with whatever pain they may have experienced or currently still are experiencing. The primary coping mechanisms that appeared from our research were tobacco, alcohol, and other drug use, and while other coping mechanisms did appear, these were the most common. We also did not find a notable difference between men and women in terms of coping mechanisms or stress, though the female sample size was smaller than the male sample size, which could be a limitation to our data. One of the main findings from our analysis indicates that vulnerabilities to PTSD were not affected by whether or not a veteran served in combat, but rather if they were wounded or not. We also determined that stress was exhibited by most respondents regardless of whether they deployed overseas or not, meaning merely serving in the military created an atmosphere of extreme stress. Overall our most significant limitation was our number of respondents. Had we achieved our sample size goal, our data could have been even more revealing.

Nonetheless, we received some alarming responses from our data. This paper hopes to help EMU and the Veterans Administration better assist our veterans with their needs and issues.

Table of Contents

Dedication......ii

Acknowledgments......iii

Abstract......iv

List of Tables......vii

List of Figures......viii

Chapter 1: Introduction......1

Chapter 2: Methods......4

Measures and Analysis......5

Chapter 3: Results......7

Demographics......7

Trauma Status......9

Stress Reaction......10

Coping Behaviors......15

University Experience......17

Individual Observations......18

Chapter 4: Discussion and Conclusions......20

References......25

Appendix A: Survey Form......30

Appendix B: IRB Approval Letter......39

List of Tables

Table 1. Number of Survey Respondents by Sex and Branch and Component of the Military…………………………………………………………………………………..8

Table 2. Number of Respondents by Sex That Served in a Combat Designated Theater, Engaged in Battle, Were Wounded, Were Disabled, and Were Assigned (Acknowledged as Disabled) a Disability Rating by the Military……………………………………………..11

Table 3. Mean Response Score across 22 Stress Reactions by Combat Experience………...12

Table 4 Mean Response Score across 22 Stress Reactions by Wounding Versus Not Wounded…………………………………………………………………………………..13

Table 5 Mean Scores of 17 Different Coping Behaviors (Both Healthy and Unhealthy) Rated by Frequency of Use across Four Categories of Stress Levels Derived from Respondent Responses……………………………………………………………………………………16

Table 6 Survey Responses on If Veteran Students Are Using GI Benefits……………...…..18

List of Figures

Figure 1 Number of respondents by self-identified race and sex……………………………..9

Figure 2 Number of respondents by numbers of tours of duty overseas and by sex………...10

Figure 3 Linear regression between the age of veteran respondent and their stress ranking. The relationship is not statistically significant (P=0.758)………………………………...…16

# Chapter 1: Introduction

It is not difficult to understand the harsh realities that military life and the deployment experience can impose upon some soldiers mental fortitude. Not every veteran who develops post-traumatic stress disorder (PTSD) or depression turns to drug and alcohol abuse. Likewise, not every veteran that suffers from drug and alcohol dependencies has PTSD (National Center for PTSD, 2011). The two are not synonymous with each other.

To better understand this topic, it is essential to define PTSD. Hinton and Good (2016) define the symptomology of PTSD as the suffering from intensive, reoccurring memories or flashbacks of traumatic events. This symptomatology does not have to be combat-related either, a veteran can suffer PTSD from witnessing death or experiencing a sexual assault, for example. In another study, it was stated that "active duty veterans who were younger than 25 years had higher rates of PTSD and substance abuse disorder than their counterparts who were older than 40 (Sabella, 2012, p. 4). Sabella (2012) also describes how general PTSD rates for veterans returning from Iraq and Afghanistan for alcohol and drug abuse are high but even higher for those co-diagnosed with bipolar disorder and schizophrenia. Reich, Lions, and Cai (1996) examined the family history of veteran PTSD sufferers and concluded that a family history of trauma and depression made some veterans more vulnerable.

The reluctance of veterans to seek professional help may stem from a self-viewed stigma about being unable to cope on their own (Mittal et al., 2013). A study by Lorber and Garcia 2010) concluded that traditional masculine socialization inhibits veterans from seeking help with PTSD or depression, in that they view it as a weakness. It has already been documented that PTSD and substance abuse is common comorbidity (Brown & Wolfe,

1994). There is some evidence that social awareness of veteran PTSD is lowering the stigma, and improvements are being made in treatment (McNally, 2012). Holloway (2009) established connections between PTSD or the stigma of military life and integration difficulties for Vietnam veterans who became college students in their civilian-postwar life. It has been suggested that combat exposure is associated with aggression partly due to the reinforcement and modeling of violence in the military (Gimbel & Booth, 1994), and some researchers have found that combat exposure and PTSD symptoms have independent effects on aggressive behavior (Beckham, Feldman, Kirby, Hertzberg, and Moore (1997). As results from several previous studies suggest (Beckham et al., 1997; Jordan et al., 1992), treatment of PTSD symptoms may lead to a reduction in aggressive behavior among combat veterans.

The theoretical basis for our exploration of veteran's student life is based on Robert Agnew's general strain theory. Agnew (1985; 1992, 2006) theorizes that delinquency or crime results when individuals are unable to achieve their goals through legitimate channels. Such individuals may turn to illegitimate channels of goal achievement. Essentially, individuals turn to illegitimate means as a coping mechanism to achieve blockage of pain avoidance behavior. General strain theory is believed to be motivated by financial pressures and stresses (especially for males); however, research also indicates that negative stimuli or experiences in a person's life can also lead to a pattern of destructive behaviors (Agnew & White 1992; Bishopp & Boots, 2014; Hay & Meldrum 2010; Kerig, Becker, and Egan (2010); Maschi, Bradley, and Morgen (2008). From this theoretical basis, this study seeks to assess the degree to which stresses and possible traumatic experiences of veterans may reveal themselves as struggles with academic life as students. The basis for this approach was

successfully used in a study of the reintegration of Vietnam veterans to student life (Holloway, 2009).

Our measures for PTSD or PTSD-like behaviors of student veterans will constitute the strain mechanism component of the general strain theory, giving us the needed linkage to then assess any connection between trauma and PTSD with behaviors. Lack of reported negative actions by student veterans may reveal critical coping mechanisms for working through and resisting outcomes that would otherwise be predicted by general strain theory.

The recent extant literature lacks insight into what are the commonalities among sufferers of PTSD, predictive traits (if any), and more insight into precise reluctances by veterans to seek professional help. This study's guiding research question asks what the prominent coping mechanisms are for veterans, especially those exhibiting symptoms of PTSD, who are adjusting to reintegrating into college life after returning from service. The objectives of this study are to examine the relationship between post-military service stress reactions and subsequent coping behaviors among military veterans at Eastern Michigan University (EMU).

## Chapter 2: Methods

The basis for data gathering was through a survey questionnaire (see Appendix A) created and distributed online via the survey website allcounted.com. Approval from the University Human Subjects Review Committee at EMU was obtained before the recruitment of respondents and dissemination of the survey(see Appendix B). The survey was completed anonymously and confidentially to encourage more honest responses. Respondents were solicited by enlisting assistance from the Military and Veterans Affairs Office at Eastern Michigan University. To garner a larger sample size, participants were also invited from veteran's support groups, including, but not limited to, social media informal military groups.

Many of the items on the questionnaire used the Likert scale on the basis that it is a balanced scale of answer choices on both sides of a neutral opinion. A 6-point Likert scale also helps reduce certain assessment risks, which might occur from the deviation of personal decision-making (Chomeya, 2010, p. 4). This helped uncover various degrees of opinions on this topic and enabled statistical analysis. Some questions were a dichotomous *yes* or *no* response option.

The first part of the survey was 22 questions to attain specific demographics such as sex (gender), ethnicity, branch, duration, and years of service. Questions like these are vital to establishing subgroups, or 'strata,' from which to contrast the range of outcomes and to analyze the data correctly. Responses of years of service were used further to categorize respondents into three periods of recent military history: the Vietnam era (1955–1975), the Pre-9/11 era (1976–2001), and the Middle East Wars era (2002–present). The next 23 questions were used to assess degrees of service-related stress, such as anxiety or other forms of depression. The PTSD checklist for the (PCL-5) from the *Diagnostic and Statistical*

*Manual of Mental Disorders* (5th ed.) was used to develop these stress assessment questions without necessarily referring to PTSD. The PCL-5 allows for assessing PTSD symptoms over time. The PCL-5 also employs a 6-point Likert scale (0 = not at all; 4 = extremely) and thus highly compatible with this survey design.

The mean score of responses for the stress-related assessment questions was used to develop a new post-survey of overall stress rank. That numeric rank was, in turn, used to assign the respondent to a stress category of “Low” (mean $< 2$), “Moderate” (mean = 2-3), “Substantial” (mean = 3-4), and “Extreme” (mean $\geq 4$). These stress categories can be inferred to express the probability of PTSD status in terms of the likelihood the respondent has PTSD or exhibits PTSD symptoms. Some analyses then used these stress categories as strata. The next 19 questions were used to assess coping strategies, both healthy and unhealthy. Lastly, the remaining six items intended to gauge the respondent’s opinions or feelings on their experience (thus far) on becoming part of the EMU campus community (as a veteran).

**Measures and Analysis**

Initial assessment questions were used to distinguish between veterans and service members who have experienced stressful situations, such as combat or multiple overseas deployments (tours), versus those who have not. Statistical controls for comparison will be derived from respondents who report little or no stressful experiences due to their military service. Those respondents, however, were still asked to reply to questions over stress-response behaviors as their degree of response helps provide a basis for comparison to those

who did report service-related stresses. Overall rates of nonmilitary (civilian) practices from the literature are also used as a further baseline comparison or as reference points.

The objectives of this analysis are addressed by exploring problematic feelings and relating them to reported strains and stresses consistent with the general strain theory. This also sets up the ability to examine coping mechanisms (both positive or healthy and negative or unhealthy) that are reported by respondents. Those may include healthy behaviors such as therapy, exercise, and faith practices and harmful such as alcohol, drugs, and promiscuity, etc. It is recognized that some veterans may have endured service-related stresses yet report no adjustment challenges. Their reported behaviors may constitute unrecognized coping behaviors, and they will be a demographic or strata of interest.

Analysis began with data mining to explore relationships and commonalities among demographics and strata, self-assessed stress levels and adjustment issues, coping mechanisms used, or not used. Questions also sought to determine the extent the respondent received counseling.

Bivariate and multivariate analyses are used to examine the relationships between variables measured in the survey questionnaire. For this research, 6-point Likert scale items are appropriate because this research facilitates the assessment of not only opinions but intensity. Mean response is derived for many of these questions enabling testing among demographic strata. The data is statistically analyzed using t-tests for comparison of means, and the nonparametric test Kruskal-Wallis or parametric analysis of variance (ANOVA) is used to examine significant differences between multiple demographic groups. The relationship between numeric stress rank and age is explored by linear regression. Outcomes

were reviewed from as many different demographics as reasonably possible, depending on sample sizes and statistical power. Statistical testing was performed with SPSS software (Ver. 25 IBM Corp. 2017) with a significance threshold of P at 0.05.

# Chapter 3: Results

## Demographics

A total of 34 military veterans responded to the survey, of which 28, or 82%, provided complete survey responses while 6, or 18%, provided incomplete answers. Of the respondents, 76% (26) identified as "male," and 24% (8) as "female." All eight female respondents provided complete survey responses, while 77% of males provided complete surveys. All branches of the military were among the respondents (Table 1). Respondents spent an average of 27.8 minutes completing the survey. One respondent did not indicate a branch.

The average age of male respondents was 32.5 years old (range 18–50) and 36.0 years old for females (range 26–53). Six different self-identified races were represented by respondents (Figure 1). Of the respondents, 92% were from the modern era of the Middle East Wars (Iraq and Afghanistan), and 8% were from the Pre-9/11 period (1976-2001). There were no respondents from the Vietnam War era or before.

Table 1

*Number of Survey Respondents by Sex and Branch and Component of the Military.*

| | | Branch | | | | | |
|---|---|---|---|---|---|---|---|
| Sex | Component | Air Force | Army | Navy | Marines | Coast Guard | Total |
| Male | Active Duty | 1 | 7 | 2 | 4 | 0 | 14 |
| | National Guard | 7 | 2 | 0 | 0 | 0 | 9 |
| | Reserves | 0 | 2 | 0 | 0 | 0 | 2 |
| Female | Active Duty | 1 | 1 | 3 | 1 | 1 | 7 |
| | National Guard | 0 | 1 | 0 | 0 | 0 | 1 |
| | Reserves | 0 | 0 | 0 | 0 | 0 | 0 |
| | Total | 9 | 13 | 5 | 5 | 1 | 33 |

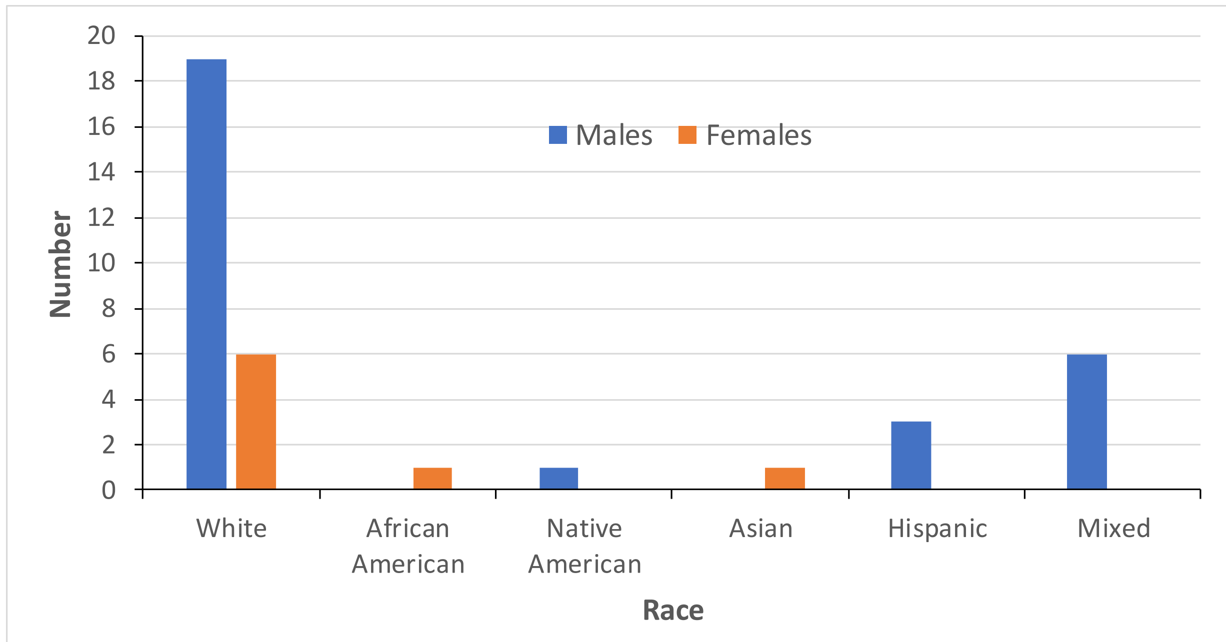


*Figure 1*. Number of respondents by self-identified race and sex.

Of male respondents, 38% were married for at least part of the time while serving, and 75% of female respondents were also married at least part of the time while serving. Married at the time of discharge was 32% of males and 50% of females. At the time of the survey, 42% of male respondents indicated being married while 62% of females were married. Of the respondents, 12% of males reported having no specific home to return to upon discharge from the military, but all female respondents indicated having a home to return to.

**Trauma Status**

Of the male respondents, 84% indicated having at least one tour of duty overseas, and 50% of female respondents (Figure 2).

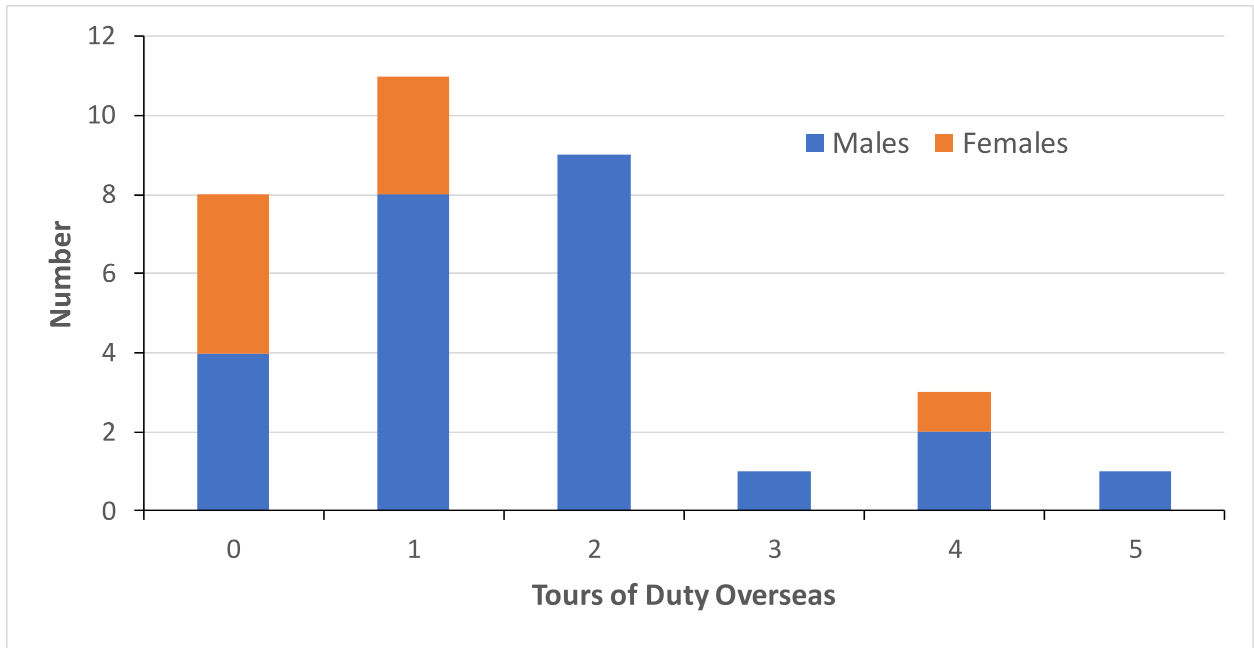


*Figure 2.* Number of respondents by numbers of tours of duty overseas and by sex.

A substantial proportion of respondents have engaged in combat and experienced physical consequences of either wounding or lasting disability, likely reflecting the era of service during the wars in the Middle East. Nearly half (46%) of respondents engaged in combat while serving, and 56% of all respondents served in theaters of conflict at some point during their service (Table 2). Almost 60% of respondents indicated a lasting disability stemming from their service. Of the males, 27% were physically wounded.

**Stress Reaction**

There were no significant differences between survey respondents for stress reactions between those reporting having experienced combat and those not having experienced conflict (Table 3). It appears that stress reactions were about the same among veterans, regardless of their combat experience.

Table 2

*Number of Respondents by Sex That Served in a Combat Designated Theater, Engaged in Battle, Were Wounded, Were Disabled, and Were Assigned (Acknowledged as Disabled) a Disability Rating by the Military.*

| Experience | Males | Females | Total |
|---|---|---|---|
| Combat theater | 18 | 1 | 19 |
| Engage in Combat | 13 | 0 | 13 |
| Wounded | 7 | 0 | 7 |
| Disabled | 15 | 5 | 20 |
| Assigned Disability | 14 | 6 | 20 |

Table 3

*Mean Response Score across 22 Stress Reactions by Combat Experience.*

| Stress reaction | Combat | Noncombat | Significance (P) |
|---|---|---|---|
| Disturbing unwanted memories | 2.31 | 2.32 | 0.985 |
| Disturbing dreams | 2.08 | 1.95 | 0.744 |
| Flashbacks | 1.92 | 1.84 | 0.828 |
| Triggered emotionally | 2.38 | 2.37 | 0.971 |
| Triggered physically | 1.92 | 2.11 | 0.659 |
| Trouble remembering | 1.69 | 1.78 | 0.805 |
| Self-doubt | 2.69 | 2.83 | 0.795 |
| Blaming | 2.00 | 2.44 | 0.419 |
| Negative feelings | 2.23 | 2.78 | 0.277 |
| Loss of interest | 2.31 | 2.82 | 0.319 |
| Feeling distant | 2.77 | 3.06 | 0.593 |
| Lack of positive feelings | 2.46 | 2.71 | 0.671 |
| Anger issues | 2.15 | 2.76 | 0.270 |
| Hyperalert | 2.42 | 2.35 | 0.899 |
| Jumpy/startled | 2.08 | 2.18 | 0.843 |
| Difficulty concentrating | 2.67 | 2.88 | 0.666 |
| Difficulty sleeping | 2.75 | 2.35 | 0.446 |
| Difficulty nonmilitary friendships | 1.58 | 1.38 | 0.435 |
| GPA[1] | 4.25 | 4.13 | 0.680 |
| Experienced violence | 1.92 | 2.06 | 0.165 |

Table 3 continued.

| Stress reaction | Combat | Noncombat | Significance (P) |
|---|---|---|---|
| Become homeless | 2.0 | 1.81 | 0.194 |
| Depressed or anxiety | 1.75 | 1.56 | 0.390 |

[1] GPA scored as 1 = < 2.0, 2 = 2.1-2.6, 3 = 2.7-3.2, 4 = 3.3-3.7, 5 = 3.8-4.0
*Note.* Significance is the 'P' values based on independent t-tests of the means with variances equal. *P* values greater than .050 indicate ways are not significantly different. Numeric response options were 1 = not at all, 2 = a little bit, 3 = moderately, 4 = quite a bit, and 5 = extremely.

Far more significant than the experience of combat was if the veteran reports being wounded during their service. Eleven of the possible 22 stress reactions were statistically significantly higher for veterans who had been wounded compared to their not wounded counterparts (Table 4).

Table 4

*Mean Response Score across 22 Stress Reactions by Wounding Versus Not Wounded.*

| Stress reaction | Wounded | Not wounded | Significance (P) |
|---|---|---|---|
| Disturbing unwanted memories | 3.10 | 1.92 | 0.008 |
| Disturbing dreams | 2.80 | 1.64 | 0.003 |
| Flashbacks | 2.80 | 1.45 | <0.001 |
| Triggered emotionally | 3.40 | 1.91 | 0.001 |
| Triggered physically | 2.90 | 1.64 | 0.002 |
| Trouble remembering | 2.20 | 1.52 | 0.570 |
| Self-doubt | 3.30 | 2.52 | 0.169 |
| Blaming | 3.00 | 1.90 | 0.053 |

Table 4 continued.

| Stress reaction | Wounded | Not wounded | Significance (P) |
|---|---|---|---|
| Negative feelings | 3.10 | 2.29 | 0.121 |
| Loss of interest | 3.40 | 2.20 | 0.022 |
| Feeling distant | 3.70 | 2.55 | 0.036 |
| Lack of positive feelings | 3.50 | 2.15 | 0.019 |
| Anger issues | 3.60 | 1.95 | 0.002 |
| Hyperalert | 3.11 | 2.05 | 0.038 |
| Jumpy/startled | 2.78 | 1.85 | 0.056 |
| Difficulty concentrating | 3.22 | 2.60 | 0.237 |
| Difficulty sleeping | 3.56 | 2.05 | 0.004 |
| Difficulty nonmilitary friendships | 1.33 | 1.35 | 0.465 |
| GPA | 4.33 | 4.11 | 0.476 |
| Experienced violence | 1.89 | 2.05 | 0.140 |
| Become homeless | 1.89 | 1.95 | 0.794 |
| Depressed or anxiety | 1.22 | 1.84 | 0.004 |

[1] GPA scored as 1 = < 2.0, 2 = 2.1-2.6, 3 = 2.7-3.2, 4 = 3.3-3.7, 5 = 3.8-4.0
Note. Significance is the ‘p’ values based on Independent t-tests of the means with variances equal. P values greater than .050 indicate ways are not significantly different. Numeric response options were; 1 = not at all, 2 = a little bit, 3 = moderately, 4 = quite a bit, and 5 = extremely.

From these 22 stress reactions, respondents were categorized into four levels of response for further analysis. Of those, 47% (16 respondents) were in the “Low” stress response category,

29% (10 respondents) were in the "Moderate" stress response category, 15% (5 respondents) were in the "Substantial" stress response category, and 3% (1 respondent) was in the "High" stress category. Across all survey respondents, the mean stress category was Moderate. Stress category was the same for whether veterans had experienced combat or not (Moderate) or by sex (Moderate), but was different for those who had been wounded (Moderate) compared to those who had not (Low). The mean numeric stress rank (used for assigning stress category) was 2.91 for wounded veterans approaching the threshold (3.0) for the "Substantial" stress category. Lastly, examined was the mean numeric stress rank by the branch of the military. The values did not vary statistically significantly (ANOVA $p = .129$), meaning that stress rankings were about equal regardless of the branch of the service.

There was no difference in mean stress rank between male and female respondents ($p = .560$). Similarly, no relationship could be discerned ($p = .758$) between the age of respondents and stress rank by individual respondents (Figure 3).

**Coping Behaviors**

Respondents were questioned about 17 coping behaviors representing ten unhealthy and seven healthy coping responses. Five of the coping behaviors differed significantly across the stress categories (Table 5). Suppression of thoughts or physical reminders (triggers) increased across stress categories, as did risk-taking. Drug use also varied significantly with the moderate stress category exhibiting the highest incidence. Only one healthy behavior differed substantially across the stress category, with those experiencing the lowest level of stress also being the ones most using prescribed medication for depression or anxiety with lower levels of use as stress categories increased.

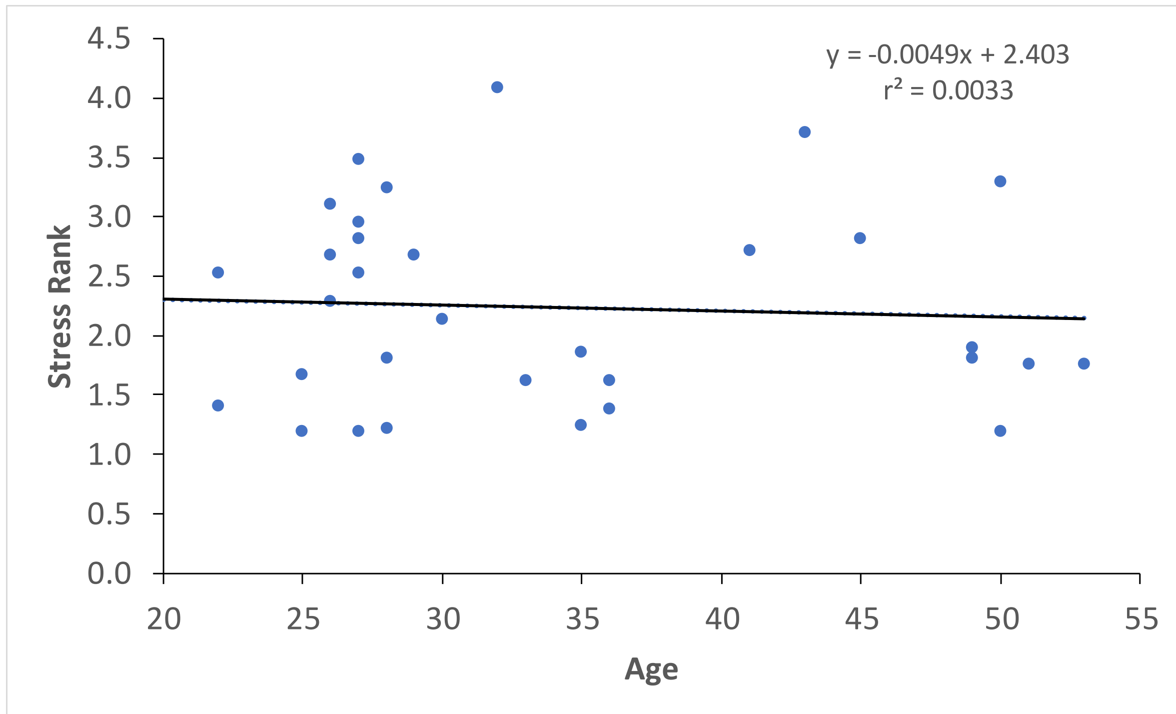

Figure 3. Linear regression between the age of veteran respondent and their stress ranking. The relationship is not statistically significant (p = .758).

Table 5

*Mean Scores of 17 Different Coping Behaviors (Both Healthy and Unhealthy) Rated by Frequency of se across Four Categories of Stress Levels Derived from Respondent Responses.*

| | Stress Category | | | | |
|---|---|---|---|---|---|
| Coping behavior | Low | Moderate | Substantial | High | Sig diff (P) |
| **Unhealthy** | | | | | |
| Avoiding thoughts | 1.67 | 2.90 | 4.00 | 4.00 | 0.009 a |
| Avoiding triggers | 1.33 | 3.00 | 3.80 | 4.00 | 0.006 kw |
| Risk-taking | 1.07 | 2.10 | 2.40 | 5.00 | 0.002 kw |
| Hide veteran status | 1.69 | 2.10 | 2.60 | --- | 0.124 a |
| Alcohol consumption | 2.38 | 3.10 | 2.80 | --- | 0.276 kw |
| Tobacco use | 1.77 | 1.40 | 2.00 | --- | 0.387 a |

Table 5 continued.

| | Stress Category | | | | |
|---|---|---|---|---|---|
| Coping behavior | Low | Moderate | Substantial | High | Sig diff (P) |
| Drug use | 1.31 | 2.70 | 2.00 | --- | 0.034 a |
| Caffeine dependence | 4.00 | 3.20 | 4.00 | --- | 0.209 kw |
| Gambling | 2.62 | 2.50 | 2.00 | --- | 0.785 a |
| Promiscuity | 1.38 | 1.30 | 1.40 | --- | 0.335 a |
| **Healthy** | | | | | |
| Exercising | 1.62 | 2.20 | 2.20 | --- | 0.155 a |
| Team sports | 2.00 | 2.00 | 2.00 | --- | --- |
| Practice religion | 1.85 | 2.50 | 1.80 | --- | 0.515 a |
| Peer support | 2.08 | 1.20 | 1.80 | --- | 0.389 a |
| Therapy | 1.92 | 1.70 | 1.20 | --- | 0.428 a |
| Med management | 1.92 | 1.50 | 1.20 | --- | 0.021 a |
| Confidant | 1.08 | 1.20 | 1.40 | --- | 0.408 a |

Note. Significant differences as indicated by the p value-based either on ANOVA (a) test of differences (when test criteria and assumptions were met) or by way of the nonparametric Kruskal-Wallis (kw) test when parametric assumptions were not met. Numeric responses for most questions were; 1 = not at all, 2 = a little bit, 3 = moderately, 4 = quite a bit, and 5 = extremely. Some questions were a yes ( = 1) or no ( = 2) numeric response (peer support, exercise, team sports, practice religion, therapy, med management, and confidant). Empty cells indicate insufficient response for that category.

## University Experience

Lastly, respondents were asked about their integration experience into the campus community at EMU. Typically, student veterans are more often than not enrolled using the

GI Bill benefit, but generally feel welcomed as part of the campus community and mostly don't feel judged for being a veteran (Table 6).

Table 6

*Survey Responses on if Veteran Students are Using GI Benefits*

| Sex | Using GI Benefits | Feel welcomed | Feel judged |
|---|---|---|---|
| Male | 1.52 | 3.19 | 1.85 |
| Female | 1.75 | 4.00 | 1.75 |

Note. If are currently using GI Benefits (yes = 1, no = 2), if they feel welcomed at EMU (1 = not at all, 2 = a little bit, 3 = moderately, 4 = quite a bit, and 5 = extremely), and if they ever feel judged for being veterans (yes = 1, no = 2).

**Individual Observations**

Respondent 8 was the only individual that ranked in the "High" stress category—a 32-year-old white male who spent eight years in the Air Force. We can see that they were married part of the time during their service but were divorced sometime before discharge. This respondent had two tours overseas and was wounded in combat and is disabled today. This respondent reported extreme response in practicing blaming others, having extreme self-doubt, being dominated by negative feelings, having a severe loss of interest, and experiencing intense feelings of isolation. They reported acute anger issues and risk-taking behaviors. The respondent did not complete the survey once the question entered the stressors category. As advised, the respondent discontinued if feeling too disturbed by the line of questioning. Consequently, we know nothing about their coping behaviors. This respondent is struggling and in need of support and is likely at risk for dropping out and possibly depressive related outcomes, including suicide.

Respondent 19 is the only woman to report having served in a combat theater. An African American, she served in the Air Force for seven years during the Pre-9/11 era, which likely means Operation Desert Storm, Kuwait liberation, and/or Operation Earnest Will. She did four tours overseas and was married the entire time. Based on her responses, Respondent 19 was categorized as "Low" stress. She did not engage in combat and reports she was not wounded or disabled but curiously indicates that the military has assigned her a disability status. The only stress responses she shows are some moderate loss of interest in her life and a mild feeling of isolation or distance in her relationships.

Two White female veterans were ranked in the "Substantial" stress category (Respondents 11 and 14). Respondent 14 did have one tour overseas (Respondent 11 had none), and both served in the current Middle East Wars era. Respondent 11 was in the Marines and Respondent 14 in the Navy. They are 26 and 28 years of age, respectively, and were unmarried. Both were in the military for five years, and both are disabled. Both respondents report feeling disturbed quite often and having bad dreams often. Both indicated that they were frequently reminded of stress or trauma during their service triggering reactions. They coped by actively avoiding reminders and triggers. Respondents indicated extreme feelings of self-doubt, blamed others, and are often dominated by negative feelings. They also report "Extreme" for being hyperalert and feeling "jumpy" and finds it hard to concentrate. Both respondents indicate that they are extreme users of alcohol and caffeine. It is unclear the source of this stress for these respondents, though it may trace back to their disability, which we do not know the nature of.

Respondent 24 is a 29-year-old White male who scored in the "Moderate" category of stress. He served six years in the Navy during the current Middle East Wars era. He has

married the whole time serving and remains married. He did a total of four tours overseas and engaged in combat but was not wounded. He self-reports as “disabled” but indicated he had not received a disability assignment from the military. Respondent 24 reports extreme feelings of isolation and difficulty with closeness in relationships. He says substantial self-doubt, loss of interest, and has trouble feeling positive. He finds it extremely hard to concentrate. Despite these problems, he indicates a very high GPA and low use of alcohol, tobacco, drugs, or even caffeine. He reports no trouble sleeping. He has been diagnosed with depression and sees a therapist and takes medication for it. Respondent 24 indicates that he can confide in his spouse as a resource.

These individual summations serve the purpose of humanizing individuals and helping the reader see past the means and scores to recognize how these traits and attributes combine to create the experience of individual veterans and their range of experiences.

## Chapter 4: Discussion and Conclusions

The findings from this study’s analysis indicate that vulnerabilities to PTSD were not affected by whether a veteran served in combat but was affected if they were wounded or not. This could have a multitude of meanings, but we will look to decipher a more specific reason. As discussed earlier, physical wounds are everlasting, while psychological trauma requires healing with rigorous therapy over time. It serves as a reminder to what happened, something that can cause anyone to lose touch with reality over time, that reality being what was experienced is over now. Secondary to this finding was another observation from our data. There is an excellent mean for stress rankings for almost all veterans, regardless of if they served overseas or not. The military is notorious for the mantra of breaking people down and building them up. The issue with the process of breaking down people is it can last entire

terms of service for some years upon years. Regardless of whether a veteran served overseas or not, the stressful nature of everyday life, the military forces onto service members can beat down the best of us. More specifically, what the data shows is that serving in the military creates residual stress, regardless of experiences or tours of duty. The Veterans Administration (VA) also indicates that most veterans are not completing 20 plus years of service and retiring, most veterans are instead offending their service after their initial contracts (US Department of Veterans Affairs, 2018). This could be as little as two years or as long six years. What this shows is that our data is indicative as to why so many veterans are not completing or signing further contracts to continue their military careers.

This study's analyses also indicated a high incidence of being members being disabled despite not being wounded in combat. Now, this can have a few different meanings. The VA defines disabilities as a multitude of ailments, physically, mentally, and psychologically. For example, someone can get injured during the beginning phases of basic military training and apply for a disability rating through the VA as a service-connected disability. A veteran being disabled does not necessarily mean being physically disabled. A veteran can be given a 100% disability rating for reasons such as experiencing combat or experiencing the loss of a fellow soldier in battle, despite not being injured themselves. The VA will deem this serious enough from a psychological standpoint to award said veteran 100% disability. In our survey, when we see veterans claiming disabilities but not being wound, ed this is likely what is being referred to.  There was little to no relationship between the stress categories and whether a veteran served in combat, but there was a strong relationship with veterans being wounded. This could form various reasons; one of them being every veteran is different. While simple in explanation, we will expound on this piece

further. No two veterans experience to combat the same way. Put two veterans in the same situation, they are out on patrol and run into an IED (improvised explosive device), it wipes out most of their convoy, but two veterans live. Both of those veterans will return home with vastly different experiences being taken from that incident. The number of veteran suicides exceeded 6,000 each year from 2008 to 2017, with the average number of veterans committing suicide every day to be around 20 (US Department of Veterans Affairs, 2018). While many veterans cannot handle the pressures of their experiences while in service, no two veterans are alike.

Regarding there being a healthy relationship in our stress test with veterans being wounded, it can be concluded that is because combat is an extremely stressful and traumatic experience (Boscarino, 1995). While psychological trauma is a factor in so many veteran suicides per the US Department of Veterans Affairs, so is the physical injury. Physical trauma resulting from combat can serve as an everlasting reminder of precisely what happened. This could cause the best of us to have our minds weakened over time, reminiscing over the times of what used to be, what you used to have before the military.

High caffeine use, tobacco, and alcohol consumption were the most top and most common measures of unhealthy coping. Drug use, promiscuity, and gambling did occur, but not to the extent of the other coping mechanisms. It is apparent that while in the military, caffeine, tobacco, and alcohol are used in extreme amounts, so this is no surprise that these behaviors continue as a type of coping mechanism even after military service. We also cited previously that younger veterans reported feeling more stress than older vets, as well as males being more prone to stress reactions less likely to seek help than females. Still, our analysis did not show either of those to be true. This could be a limitation to this survey

resulting from a limited sample size. The above also further proves our initial thought in which the general strain theory by Agnew would be a good indicator of unhealthy coping mechanisms. In other words, individuals turn to illegitimate channels to avoid blockage or pain.

Stress reactions among veterans depend vastly on how they view their own experiences. As it was indicated above, the suicide rate for veterans climbs every year. But according to our stress test, no two veterans take the same experience as the same. Every experience depends on the veteran. A hopeful feature lies within this information; veterans have the power to see their experiences in a different light. In our survey, we were able to see that many veterans that took our study indicated that they avoid thoughts regarding their stressors. Avoiding thoughts is a common theme among veterans who eventually explode in some manner, whether that be a violent outburst, risky behaviors, or those who pay the ultimate price, suicide. Explaining these phenomena further with past research is Davison et al. (2006). Davison and colleagues (2006) suggests that there is a phenomenon observed in aging veterans called LOSS (late-onset stress symptomology). LOSS is a hypothesized phenomenon in older veterans who experienced highly stressful combat events in early adulthood, functioned successfully throughout their lives with no chronic stress-related disorders, but then began to register increased combat-related thoughts, memories, and feelings sometimes, decades after their combat experiences.

More research suggests that thought avoidance is a significant symptom of combat-related trauma. Symptoms of PTSD include re-experiencing the traumatic event in thoughts, dreams, intrusive reminiscences, and flashbacks. Other symptoms can take the form of avoidance of ideas, places, people, or activities that could remind one of the traumatic events

Kaštelan et al., 2007). Spiegel et al. (2006) also indicate thought avoidance as a primary symptom of PTSD. Spiegel and colleagues (2006) further suggest that anniversaries of traumatic events can also trigger intense feelings among veterans. This is where the thought avoidance comes in, as indicated in our data. Our findings seem to compare almost identical to the research suggested throughout. Thought avoidance is a significant contributor to symptoms regarding PTSD.

There were several sections that respondents left incomplete. Some questions respondents skipped for reasons unknown. This could be they felt uncomfortable with specific questions. We did instruct our respondents to stop the survey immediately if they felt uncomfortable, so this could potentially be an indicator further proving the data, proof being that incomplete responses could be an indicator of an extreme stress reaction. Consequently, the findings of this analysis might be interpreted to be conservative and wholly representing the incidence of severe extreme stress reactions. Incomplete data did not affect the outcome as much as the number of total respondents. This survey was dispersed to all veterans who have or currently attend EMU. This survey was dispersed almost immediately into the semester, and we hoped that more people would respond before they got too busy with life and homework. The hope was to gain one hundred or more respondents. More numbers would have given us more data to compare, but the data speaks for itself, nonetheless. The total number of respondents was a limitation, but not limited enough not to give us enough data. Larger sample size would have given us a more accurate representation of the veteran population at EMU and how they handle their stressors and their indications of PTSD symptoms. As a veteran myself, this gave me access to the minds of the veterans we were sampling from. It made our survey more credible and hopefully made veterans feel more

forthcoming into responding. The respondents mostly described feeling welcome at EMU and not feeling discriminated against as veterans with different experiences and thought processes. Eastern Michigan University seemingly does an excellent job of reaching its veteran population in making them feel welcome and assisting them with whatever needs they may have according to the data.

Every one of our respondents was vitally important to the overall goal of this paper to better help those at EMU and those around us to better understand the problems that surround our veteran population, not just at EMU but in our country. Our survey was specially designed with the thoughts and feelings of the veterans we would be sampling in mind, to make them feel like not just a number, but a person, to better humanize our respondents. These respondents are real people, real veterans who deserve our compassion and understanding at every level possible.

## References


Agnew, R. (1985). A revised strain theory of delinquency. *Social Forces, 64*(1), 151-167

Agnew, R. (1992). Foundation for a general strain theory of crime and delinquency. *Criminology*, *30*(1), 47-88.

Agnew, R. (2006). *Pressured into crime: An overview of general strain theory*. Los Angeles, CA: Roxbury Publishing.

Agnew, R, & White, H.R. 1(1992). An empirical test of general strain theory. *Criminology*, 30, 475–499.

Beckham, J. C., Feldman, M. E., Kirby, A. C., Hertzberg, M. A. & Moore, S. D. (1997). Interpersonal violence and its correlates in Vietnam veterans with chronic post-traumatic stress disorder. *Journal of Clinical Psychology*, *53*, 859–869.

Bishopp, S. A., & Boots, D. P. (2014). General strain theory, exposure to violence, and suicide ideation among police officers: A gendered approach. *Journal of Criminal Justice*, *42*(6), 538-548.

Boscarino, J. A. (1995). Post-traumatic stress and associated disorders among Vietnam veterans: The significance of combat exposure and social support. *Journal of Traumatic Stress*, *8*(2), 317–336.

Brenner, L., Gutierrez, P., Cornette, M., Betthauser, L., Bahraini, N., & Staves, P. (2008). A qualitative study of potential suicide risk factors in returning combat veterans. *Journal of Mental Health Counseling*, 30(3), 211-225.

Brown, P. J., & Wolfe, J. (1994). Substance abuse and post-traumatic stress disorder comorbidity. *Drug & Alcohol Dependence*, *35*(1), 51-59.

Chomeya, R. (2010). Quality of psychology test between Likert scale 5 and 6 points. *Journal of Social Sciences*, *6*(3), 399-403.

Davison, E. H., Pless, A. P., Gugliucci, M. R., King, L. A., King, D. W., Salgado, D. M., Spiro, A. 111., … Bachrach, P.  (2006). late-life emergence of early-life trauma. *Research on Aging*, *28*(1), 84–114.

Gimbel, C., & Booth, A. (1994). Why does military combat experience adversely affect marital relations? *Journal of Marriage and the Family*, *56*, 691–703.

Haiken, M. (2013, February 05). Suicide rate among vets and active duty military jumps- now 22 A Day.

Hay, C., & Meldrum, R. (2010). Bullying victimization and adolescent self-harm: Testing hypotheses from general strain theory. *Journal of Youth and Adolescence*, *39*(5), 446-459.

Hinton, D. E., & Good, B. J. (2016). Introduction: Culture, trauma, and PTSD. In *Culture and PTSD* (pp. 1-50). University of Pennsylvania Press.

Holloway, K. M. (2009). Understandinthehe entry of the modern-day student-veteran through Vietnam-era theory. *Journal of Student Affairs*, *18*, 11-17.

IBM Corp. (2017). IBM SPSS Statistics for Windows, Version 25.0. Armonk, NY: IBM Corp.

Jordan, K. B., Marmar, C. R., Fairbank, J. A., Schlenger, W. E., Kulka, R. A., Hough, R. L., (1992). Problems in families of male Vietnam veterans with post-traumatic stress disorder. *Journal of Consulting and Clinical Psychology*, 60, 916–926.

Kaštelan, A. et al. (2007). Psychotic Symptoms in Combat-Related Post-Traumatic Stress Disorder. *Military Medicine*, 172(3), 273–277.

Kerig, P. K., Becker, S. P., & Egan, S. (2010). From internalizing to externalizing: Theoretical models of the processes linking PTSD to juvenile delinquency. *Post-traumatic stress disorder (PTSD): Causes, symptoms and treatment*, *33*, 78.

Litz, B. T., Stein, N., Delaney, E., Lebowitz, L., Nash, W. P., Silva, C., & Maguen, S. (2009). Moral injury and moral repair in war veterans: A preliminary model and intervention strategy. *Clinical Psychology Review, 29*(8), 695-706.

Lorber, W., & Garcia, H. A. (2010). Not supposed to feel this: Traditional masculinity in psychotherapy with male veterans returning from Afghanistan and Iraq. *Psychotherapy: Theory, Research, Practice, Training, 47*(3), 296-305.

McNally, R. J. (2012). Are we winning the war against post-traumatic stress disorder? *Science*, *336*(6083), 872-874.

Maschi, T, Bradley, C.A, & Morgen, K. (2008). Unraveling the link between trauma and delinquency: The mediating role of negative affect and delinquent peer exposure. *Youth Violence and Juvenile Justice*. 6(2),136–157.

Mittal, D., Drummond, K. L., Blevins, D., Curran, G., Corrigan, P., & Sullivan, G. (2013). The stigma associated with PTSD: Perceptions of treatment-seeking combat veterans. *Psychiatric rehabilitation journal*, *36*(2), 86.

National Center for PTSD. (2011, December 22). PTSD.va.gov.

Okoye, C. (2018). Post-traumatic stress disorder and the military. *Practicum Psychologia*, *4*(1).

Reich, J., Lyons, M., & Cai, B. (1996). Familial vulnerability factors to post-traumatic stress disorder in male military veterans. *Acta Psychiatrica Scandinavica*, *93*(2), 105-112.

Sabella, D. (2012). PTSD among our returning veterans. *American Journal of Nursing, 112* (11), 48-52.

Spiegel, D., Malchiodi C., Backos A., & Collie K. (2006). Art therapy for combat-related PTSD: Recommendations for Research and Practice. *Art Therapy*, *23*(4), 157–164.

Taft, C. T., Vogt, D. S., Marshall, A. D., Panuzio, J., & Niles, B. L. (2007). Aggression among combat veterans: Relationships with combat exposure and symptoms of post-traumatic stress disorder, dysphoria, and anxiety. *Journal of Traumatic Stress*, *20*(2), 135–145.

VA.gov: US Department of Veterans Affairs. (2018, September 14).

Appendix A: Survey Form

Survey questions and response options that were used to assess veteran and active duty students' experiences, feelings, and behaviors for analysis in this study. Question category in brackets.

WEBLINK AFTER SURVEY IS COMPLETED/EXITED: https://activeheroes.org/get-help/

ACTUAL LINK FOR TEST SURVEY:

https://www.allcounted.com/t?sid=s7f59l1l851hf&lang=en_US

1. What is your sex: __Male __Female __Intersex __Not listed____ or ___Prefer not to reply. [*Demographic*]
2. What is your current age: Blank Text Box [*Demographic*]
3. What is your race: __White ___Black/African American ___Native American or American Indian ___Asian/Pacific Islander __Mixed Race ___Not Listed___ or __Prefer not to reply. [*Demographic*]
4. What is your ethnicity: ___Hispanic ___Non-Hispanic ___Not listed____ or __Prefer not to reply. [*Demographic*]
5. What branch of the military did you serve in? ___Air Force, ___Army, ___Navy, ___Marines, ___Coast Guard [*Demographic*]
6. How many years did you serve in the military? Blank Text box [*Demographic*]
7. Are you currently serving in the military? __Yes __No [*Demographic*]

8. What component were you serving under? ___Active Duty, ___National Guard, ___Reserves [*Demographic*]
9. What Range of years did you serve? Blank text box [*Demographic*]
10. Were you married while serving? __ Yes __No __Part of the time __Prefer not to reply. [*Demographic*]
11. Were you married when you were discharged from the military? ___Yes ___No __Prefer not to reply. [*Demographic*]
12. Are you currently married? __Yes ___No [*Demographic*]
13. Were you ever deployed overseas? __Yes ___No [*Demographic*]
14. How many tours overseas did you serve? Blank Text box [*Demographic*]
15. Did you serve in a theater of combat? __Yes __No [*Demographic*]
16. Did you experience actual combat? (Defined as engaging with the enemy or experienced an attack)? __Yes ___No [*Demographic*]
17. Were you physically wounded in the line of duty? ___Yes ___No [*Demographic*]
18. Are you physically disabled as a result of your service? ___Yes ___No [*Demographic*]
19. Have you been assigned a disability rating through the VA (Veterans Administration)? __Yes ___No [*Demographic*]

The next 20 questions are going to be some problems people encounter as a result of experiencing something stressful. Please click the appropriate response for how much you have been bothered by that problem in the past MONTH.

20. In the past month, how much were you bothered by repeated disturbing and unwanted memories of the stressful experience? 1-Not at all 2-A little bit 3-Moderately 4-Quite a bit 5-Extremely [*Stress*]
21. In the past month, how much were you bothered by repeated, disturbing dreams of the stressful experience?
    1-Not at all 2-A little bit 3-Moderately 4-Quite a bit 5-Extremely [*Stress*]
22. In the past month, how much were you bothered by suddenly feeling or acting as if the stressful experience were happening again (as if you were back there reliving it)?
    1-Not at all 2-A little bit 3-Moderately 4-Quite a bit 5-Extremely [*Stress*]
23. In the month of mont,h how much were you bothered by feeling upset when something reminded you of the stressful experience?
    1-Not at all 2-A little bit 3-Moderately 4-Quite a bit 5-Extremely [*Stress*]
24. In the past month, how much have you been bothered by having strong physical reactions when something reminded you of that stressful experience (for example, heart pounding, trouble breathing, sweating)?
    1-Not at all 2-A little bit 3-Moderately 4-Quite a bit 5-Extremely [*Stress*]
25. In the past mon,th how much have you attempted to avoid thoughts, memories, or feelings related to the stressful experience?
    1-Not at all 2-A little bit 3-Moderately 4-Quite a bit 5-Extremely [*Unhealthy coping*]
26. In the past month,h how much have you tried to avoid external reminders of the stressful experience (for example, people, places, conversations, activities, objects, or situations)?

1-Not at all 2-A little bit 3-Moderately 4-Quite a bit 5-Extremely [*Unhealthy coping*]

27. In the past month, how much have you been bothered by having trouble remembering important parts of the stressful experience?

    1-Not at all 2-A little bit 3-Moderately 4-Quite a bit 5-Extremely [*Stress*]

28. In the past month, how much have you experienced strong negative beliefs about yourself, other people, or the world (for example, having thoughts such a: I am bad, there is something seriously wrong with me, no one can be trusted, the worperilousgerous)?

    1-Not at all 2-A little bit 3-Moderately 4-Quite a bit 5-Extremely [*Stress*]

29. In the past month, how much were you bothered by blaming yourself or someone else for the stressful experience or what happened after it?

    1-Not at all 2-A little bit 3-Moderately 4-Quite a bit 5-Extremely [*Stress*]

30. In the past month,h how much were you bothered by having strong negative feelings such as fear, horror, anger, guilt, or shame?

    1-Not at all 2-A little bit 3-Moderately 4-Quite a bit 5-Extremely [*Stress*]

31. In the past mon,th how much were you bothered by the loss of interest in activities you used to enjoy?

    1-Not at all 2-A little bit 3-Moderately 4-Quite a bit 5-Extremely [*Stress*]

32. In the past month, how much were you bothered by feeling distant or cut off from people?

    1-Not at all 2-A little bit 3-Moderately 4-Quite a bit 5-Extremely [*Stress*]

33. In the pas,t month how much were you bothered by having trouble experiencing positive feelings (for example, being unable to feel happiness, or have loving feelings for people close to you)?

    1-Not at all 2-A little bit 3-Moderately 4-Quite a bit 5-Extremely [*Stress*]

34. In the past month how much were you bothered by irritable behavior, angry outbursts, or acting aggressively?

    1-Not at all 2-A little bit 3-Moderately 4-Quite a bit 5-Extremely [*Stress*]

35. In the past month, how much were you bothered by taking too many risks or doing things that could cause you harm?

    1-Not at all 2-A little bit 3-Moderately 4-Quite a bit 5-Extremely [*Stress*]

36. In the past month, how much were you bothered by being 'super alert' or watchful or on guard?

    1-Not at all 2-A little bit 3-Moderately 4-Quite a bit 5-Extremely [*Stress*]

37. In the past month, how much were you bothered by feeling jumpy or being easily startled?

    1-Not at all 2-A little bit 3-Moderately 4-Quite a bit 5-Extremely [*Stress*]

38. In the past month how much were you bothered by having difficulty concentrating?

    1-Not at all 2-A little bit 3-Moderately 4-Quite a bit 5-Extremely [*Stress*]

39. In the past month how much were you bothered by having trouble falling or staying asleep?

    1-Not at all 2-A little bit 3-Moderately 4-Quite a bit 5-Extremely [*Stress*]

The next set of 12 questions is going to ask you about your reintegration experiences from the military in college life.

40. What year did you enroll at Eastern Michigan University, or what year did you resume school at EMU? Blank Text box [*Integration*]

41. Are you currently using your GI bill benefits? : ___Yes __No __Trying (having difficulties obtaining benefits) [*Integration*]

42. How easy or difficult have you found it to use your GI bill benefits at EMU (for example, documentation, enrolling, etc.) on a scale of 1-10 with one being no difficulties to 10 being extremely difficult? If you are not or have not used any benefits, then skip this question and leave blank: Actual scale rating from 1-10 option ___ [*Integration*]

43. Was enrolling in college your intended path after servi, ng, or is it something you decided after initial routes track working? ___Yes (Intended path) ___No (Decided after other initial routes attempted) [*Integration*]

44. Do you feel welcomed as a student at Eastern Michigan by other students and faculty?

    Answer on a scale of 1-5 with one being feeling very unwelcome to 5 being feeling extremely welcomed: Actual range arranged from 1-5 ___ [*Integration*]

45. Do you willingly share with others at EMU that you are a veteran? ___ Yes, always ___ Only sometimes, if it comes up ___Never [*Unhealthy coping*]

46. Have you ever felt judged or discriminated against at EMU for being a veteran? __Yes ___No __Unsure [*Integration*]

47. Have you had any difficulty or reluctance to keep up friendships with nonmilitary relationships? __Yes __No __ Unsure [*Stress*]

48. Have you sought to keep up relationships with other veterans you served with?

___Yes ___ No __Unsure [*Unhealthy coping*]

49. What is your major? Blank text box [*Demographic*]

50. Are you an Undergraduate or Graduate Student? __ Undergrad, __Graduate [*Demographic*]

51. What is your current cumulative GPA? [*Stress*]

The next and final 18 questions are going to ask you about your coping mechanisms when dealing with stressful experiences.

52. How often do you drink alcohol? Likert scale

1-Not at all 2-A little bit 3-Moderately 4-Quite a bit 5-Extremely [*Unhealthy coping*]

53. How often do you use tobacco products? Likert scale

1-Not at all 2-A little bit 3-Moderately 4-Quite a bit 5-Extremely [*Unhealthy coping*]

54. How often do you use drugs recreationally? Likert scale

1-Not at all 2-A little bit 3-Moderately 4-Quite a bit 5-Extremely [*Unhealthy coping*]

55. How often do you use caffeine-related products? Likert scale

1-Not at all 2-A little bit 3-Moderately 4-Quite a bit 5-Extremely [*Unhealthy coping*]

56. How much sleep do you typically get per day? ___0-2 hours ___3-5 hours ___6-8 hours __9 or more hours [*Unhealthy & healthy coping*]

57. How often do you gamble? (For example, lottery, online, casino) Likert scale

1-Not at all 2-A little bit 3-Moderately 4-Quite a bit 5-Extremely [*Unhealthy coping*]

58. How many sexual partners have you had in the past six months? ___ 0 __1-3 ___4-7 ___8-11 __12 or more [*Unhealthy coping*]
59. Have you experienced any violent encounters while at EMU (for example, fights,run-inss with the law, out of control arguments)? __ Yes __No __Unsure __Prefer not to reply [*Stress*]
60. Have you been homeless at any time or are currently homeless since being discharged from the military? __ Yes ___No __Unsure __Prefer not to reply [*Stress*]
61. Did you have a home to return too after being discharged from the military? (For example,e it could be your spouse, boyfriend/girlfriend, friend, grandparent, etc..)? __ Yes __No ___Unsure ___Prefer not to reply [*Demographic*]
62. Do you work out? (For example, lifting weights, running, walking, playing sports, etc..) __Yes __No __Unsure [*Healthy coping*]
63. Do you play sports recreationally or through EMU to include IM leagues? __Yes __No __Unsure [*Healthy coping*]
64. Do you attend any religious service (e.g., church, synagogue, mosque, etc.)? ___Yes __No ___Prefer not to reply [*Healthy coping*]
65. If you attend religious service, how frequently do you do so? __Daily __Weekly ___Monthly ___Couple times a year [*Healthy coping*]
66. Do you seek out the company of other veterans for emotional support? __Yes ___No ___Occasionally ___Unsure [*Healthy coping*]

67. Are you currently seeing a therapist or counselor? ___Yes ___No __I was but am not any longer __Prefer not to reply [*Healthy coping*]
68. Have you been diagnosed with depression or an anxiety disorder since returning from service? __Yes __No __Unsure __Prefer not to reply [*Stress*]
69. Are you on medication currently for mood, depression, or coping? Multiple choice: __Yes ___No __Unsure __Prefer not to reply [*Healthy coping*]
70. Do you have a trusted confidante? __Yes __No [*Healthy coping*]
71. If you have a trusted confidante, please describe that relationship? (Meaning someone close to you) __Parent ___Friend ___Spouse ___Intimate Partner __Clergy Member ___Other___ or __Prefer not to reply [*Healthy coping*]

Appendix B IRB Approval Letter

University Human Subjects Review Committee

Jun 13, 2019 12:08 PM EDT

Benjamin Daniel
Eastern Michigan University, Sociology Anthrop and Crimin

Re: Exempt - Initial - UHSRC-FY18-19-320 The Causes and Implications of Veterans with Drug and Alcohol Dependencies transitioning into College

Dear Benjamin Daniel:

The Eastern Michigan University Human Subjects Review Committee has rendered the decision below for The Causes and Implications of Veterans with Drug and Alcohol Dependencies transitioning into College. You may begin your research.

Decision: Exempt

Selected Category: Category 2.(i). Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording).
The information obtained is recorded by the investigator in such a manner that the identity of the human subjects cannot readily be ascertained, directly or through identifiers linked to the subjects.

Renewals: Exempt studies do not need to be renewed. When the project is completed, please contact human.subjects@emich.edu.

Modifications: Any plan to alter the study design or any study documents must be reviewed to determine if the Exempt decision changes. You must submit a modification request application in Cayuse IRB and await a decision prior to implementation.

Problems: Any deviations from the study protocol, unanticipated problems, adverse events, subject complaints, or other problems that may affect the risk to human subjects must be reported to the UHSRC. Complete an incident report in Cayuse IRB.

Follow-up: Please contact the UHSRC when your project is complete.

Please contact human.subjects@emich.edu with any questions or concerns.

Sincerely,

Eastern Michigan University Human Subjects Review Committee