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College Students with Military Affiliation: Perspectives on Creating Trauma-Informed Classrooms

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ABSTRACT

Students with military affiliation bring unique strengths and experiences to colleges and universities. However, this population of students may also need specific support and services to help them be successful in the classroom. Therefore, this pilot study explores which trauma-informed strategies and practices are perceived most important in the college classroom from a student perspective. Fifteen students with military affiliation were surveyed about their perceptions of trauma-informed classroom strategies and practices. Several strategies and practices were deemed as important, including participants' desire to know where to go on campus if they are having an issue with an instructor and participants' belief that faculty should not tokenize a student based on their identity. Results are discussed through the lens of trauma-informed care offered by the Substance Abuse and Mental Health Services Administration. Finally, we discuss the implications of results in terms of how these trauma-informed strategies and practices may impact faculty.

Keywords: trauma-informed; college classroom; students with military affiliation

In the United States, the Post-9/11 GI Bill, which is designed to help pay for education or job training for qualifying veterans and their family members, helped increase enrollment among students with military affiliation (Zhang, 2018). Specifically, the "main provision of the New GI Bill includes (a) full tuition and fees at in-state public schools, (b) a monthly housing allowance, and (c) up to US$1,000 a year for books and supplies" (Zhang, 2018, p. 86). Griffin and Gilbert (2015) reported that since the enactment of the Post-9/11 GI Bill in 2009, over 600,000 veterans have enrolled in higher education, and Phillips and Lincoln (2015) reported that enrollment among college students with military affiliation increased by 85% from the years 2005 to 2011. However, Zhang (2018) notes that the impact on enrollment of students with military affiliation was "much larger immediately after the bill's adoption and has waned in recent years" (p. 98).

Within the context of the United States, which is the focus of this literature review and present study, as of 2016, the most recent year of available data from the National Center for Education Statistics, the undergraduate student population included students who were Veterans (4.46%), Active Duty (1.5%), and Reserves or National Guard (0.15%) (National Center for Education Statistics, 2016b). For graduate students, the population included Veterans (5.09%), Active Duty (1.38%), and Reserves or National Guard (0.27%) (National Center for Education Statistics, 2016a). With the percentage of students with military affiliation among the college student population increasing, it is important to understand these students' needs, including the impact of trauma they may bring to the college classroom. To better support students in a setting that "positions the institution as a responsive learning partner" (Ford & Vignare, 2015, p. 23), colleges and universities can work to establish and maintain trauma-informed classrooms and campuses.

Research indicates that trauma and other adversities increase the risk that college students may develop mental health disorders and challenges (Karatekin & Ahluwalia, 2016), such as posttraumatic stress disorder (PTSD), depression, and substance use disorders (Anders et al., 2012; Boyraz et al., 2016). College students who have experienced trauma are also more likely to experience academic failure (e.g., Aruguete & Edman, 2019; Boyraz et al., 2013; Boyraz et al., 2016; Harrison et al., 2020). For example, Boyraz et al. (2016) found that participants who began college with higher levels of PTSD symptoms also demonstrated lower levels of effort, and Cate (2011) discussed how students with military affiliation who had symptoms associated with PTSD were eight times more likely to report difficulty focusing during classroom lectures. Breneman (2022) states that "though student veterans face many of the same barriers and traumas as other students, sometimes these may be exacerbated by the built environment and institutional culture, even unintentionally" (p. 128). Additionally, according to the Postsecondary National Policy Institute (2020), student veterans report similar graduation rates compared to the national average; however, they also report challenges in adapting to a university's physical learning environment (Alschuler & Yarab, 2018). They may have experienced diverse types of adversity. For example, college students with military affiliation, especially those with wartime service, commonly experience unique injuries, such as traumatic brain injury (TBI) and bone/muscle injuries, as well as symptoms of memory loss and confusion (DiRamio & Spires, 2009). Understanding

the impact of these injuries is important because Veterans with traumatic brain injury, for example, have an increased risk for suicide (Sokol et al., 2022). Moreover, the U.S. Department of Veterans Affairs (2022) reports that those who serve in the military could experience other issues associated with war, such as politics surrounding war, training accidents, and military sexual trauma, that potentially contribute to a PTSD diagnosis. Data from the U.S. Department of Veterans Affairs (2022) also reports that between 11% to 20% of veterans who served in Operations Iraqi Freedom and Enduring Freedom have PTSD each year, whereas Gulf War and Vietnam War veterans are diagnosed at 12% and 15%, respectively.

The medical conditions and mental health issues that students with military affiliation may face, in addition to the transition from the military to higher education, could present difficulties in the college classroom. First, the impact of a traumatic brain injury or a spinal cord injury could cause issues related to writing or computer tasks; there may also be challenges with sitting for long periods of time and commuting between classes (Hopkins et al., 2010). Dillard and Yu (2016) also discuss the culture shock that student veterans may experience when entering higher education: "Rather than obeying orders, students of higher education learn how to ask questions and how to challenge the status quo" (p. 182). Additionally, the learning environment is less defined in structure, which may make student veterans feel out of place (Ackerman et al., 2009; Dillard & Yu, 2016). Student veterans also may receive less emotional support (Whiteman et al., 2013), and they report lower levels of interactions with their instructors and peers who are not veterans (Falkey, 2016). Furthermore, they may even experience conflicts with instructors and peers based on differing views (Diramio et al., 2008; Whiteman et al., 2013). Next, Brown and Gross (2011) found that for students who are Active Duty, "access to supplemental instructional materials, the inability to respond in a timely manner, and difficulties with group work due to access issues all create instructional challenges" (p. 46). This is echoed by Rausch and Buning (2022), who found that their participants struggled with inflexible schedules that conflicted with military service.

Trauma and Trauma-informed Care

Although some students with military affiliation may have experienced PTSD, they may also have experienced other types of trauma. PTSD is defined in the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition, Text Revision (DSM-5-TR), as occurring when an individual has "exposure to actual or threatened death, serious injury, or sexual violence" (American Psychiatric Association [APA], 2022, p. 302). For traumatic experiences that are broader than those required for a PTSD diagnosis, the Substance Abuse and Mental Health Services Administration (2014) holds the following definition of trauma:

> ...trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being. p. 7

Moreover, as a responsive approach to trauma, trauma-informed care is rooted in six core principles outlined by the Substance Abuse and Mental Health Services Administration (2014): 1) Safety, 2) Trustworthiness & Transparency, 3) Peer Support, 4) Collaboration & Mutuality, 5) Empowerment & Choice, and 6) Cultural, Historical & Gender Issues. Even though there are six core principles, there is yet an agreed upon definition of what represents a trauma-informed or trauma-sensitive approach/system (Hanson & Lang, 2016; Maynard et al., 2017), particularly as there are distinct definitions of trauma from the Substance Abuse and Mental Health Administration and the DSM-5-TR. Varying systems of care have employed the principles of trauma-informed care with myriad approaches (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014). For example, Avery et al. (2021) discusses the varying approaches to trauma-informed practices in K-12 schools (e.g., National Child Traumatic Stress Network, Schools Committee, 2017). While K-12 schools might not have a standardized approach to implementing trauma-informed practices (Thomas et al., 2019), they have taken a more proactive and systematic approach to support students who have been impacted by trauma (Avery et al., 2021). Despite the resources available in K-12 schools, fewer exist for colleges and universities.

Traditionally, colleges and universities have employed a reactive approach to trauma (New England Board of Higher Education, 2020). Students who needed support received services on a one-on-one basis, such as mental health counseling. Although there is less guidance in terms of standardized, trauma-informed frameworks and resources for higher education than for K-12 schools, certain researchers have explored how colleges and universities might employ various components of trauma-informed approaches and strategies (e.g., Carello & Butler, 2014; Carello & Thompson, 2021; Davidson, 2017; Karatekin & Ahluwalia, 2016; Oehme et al., 2019; Sinski, 2012; Wells, 2023). For example, Davidson (2017) developed one of the only available lists of trauma-informed strategies and practices that faculty could implement in the classroom, which include checking in with students, preparing for significant anniversaries, identifying support systems, expressing unconditional positive regard, and maintaining high expectations and appropriate boundaries. Moreover, Wells (2023) found in a sample of both undergraduate and graduate students that they believed the following trauma-informed strategies or practices were most important: not tokenizing a student based on identity, showing students compassion and empathy in the classroom, focusing on building a healthy classroom environment, and knowing where to go if there is an issue with an instructor. However, the extent of the importance of individual strategies differed between undergraduate and graduate students.

Specifically for supporting students with military affiliation who are diagnosed with PTSD and traumatic brain injury, Sinski (2012) discusses strategies to avoid triggering students and making students feel unsafe, such as creating a calm and comfortable classroom environment, allowing for flexible seating, and recognizing the signs of stress in students. Additionally, Clark and Walker (2020) found that students with posttraumatic stress may have specific classroom seating preferences, especially for those exposed to military combat. Therefore, a focus on the college

classroom is important to consider for students with military affiliation to foster an environment of mutuality, belonging, and peer support (Breneman, 2022; Whiteman et al., 2013). For example, Breneman (2022) states that there could be a focus on the social environment, including "interactional engagement, events, and programming which emphasize belonging and an openness, striving for exchanges informed by cultural humility" (p. 130). To better inform lists of strategies and practices that can be implemented in the college classroom (Davidson, 2017; Knight, 2015; Sinski, 2012), we believe that hearing perspectives from students with military affiliation themselves could indicate which strategies and practices they think would best support them. Therefore, this pilot study focuses on students with military affiliation and their perspectives on which trauma-informed practices and strategies are most beneficial in the college classroom.

Present Study

Perspectives from students with military affiliation on their preferences for trauma-informed practices and strategies could help colleges and universities better serve this population. Because of the limited resources to guide higher education faculty on how to become more trauma-informed, this pilot study focuses on practices and strategies that faculty might employ to create a more trauma-informed classroom in support of students with military affiliation. The following research question is addressed: What are the perspectives of college students with military affiliation on how to create a trauma-informed classroom environment? A cross-sectional survey design was employed because this is a descriptive pilot study aimed to capture participants' perceptions of and preferences for trauma-informed practices (Creswell & Guetterman, 2019).

METHODS

Participants completed a modified version of the Student Perspectives on Creating Trauma-Informed Classrooms survey (Wells, 2023). As described in Wells (2023), the original survey was developed through a literature review of trauma-informed practices in higher education (e.g., Carello & Butler, 2014; Davidson, 2017; Knight, 2015) followed by a focus group of six students, a faculty member, and a student services at the host university staff member with expertise in trauma-informed care and/or trauma-informed practices in K-12 settings. The feedback from the focus group was used to draft a list of trauma-informed classroom strategies or practices that could be implemented in the college classroom. Finally, a field pretest of the survey was conducted with the focus group to review content and face validity.

The modified version of the survey used in the present study included 20 items on a Likert type scale (16 of these 20 items are from the original survey) and five demographic items (four items are from the original survey). Twelve of the 20 Likert type scale items comprised the variable of Trauma-informed Strategies or Practices in which participants rated the importance of each potential strategy or practice for in-person classroom environments. The remaining eight of the 20 Likert type scale items comprised the variable of Aspects of Campus in which participants rated the

extent of how trauma-informed the host university is. Modified items from the original survey included the removal of two items from the variable of Trauma-informed Strategies or Practices, the addition of two items in the variable of Aspects of Campus, and the addition of one demographic question.

Demographic items included year in college (i.e., first-year, sophomore, junior, senior, post-baccalaureate, master's student, Ed.S. [Educational Specialist] student, doctoral student, non-degree student, other, and prefer not to say), race (i.e., Asian, Black/African American, Native American or American Indian, Native Hawaiian or Other Pacific Islander, White/Caucasian, two or more races, or prefer not to say), ethnicity (i.e., Spanish, Hispanic, or Latino or prefer not to say), and gender (i.e., woman, man, non-binary, prefer to self-describe, or prefer not to say). Next, participants were asked for their military affiliation. Finally, it is important to note that the survey did not ask participants if they have personally experienced trauma, as we believed that asking participants to disclose this information without then being able to provide resources if warranted was not best practice.

Recruitment and Procedure

This study received Institutional Review Board approval from the host university, a small, private institution in an urban city in Kentucky. We employed criterion sampling to collect responses from students enrolled at the host university who have self-identified as having military affiliation. To recruit participants, we emailed all students enrolled at the host university who were designated as having military affiliation, including a description of the study, informed consent, and access to the survey. Data were collected online via Qualtrics in Spring 2022. There was no compensation, and participants could withdraw at any time.

Participants

There were 15 participants out of 119 students contacted for a response rate of 12.6%. For gender identity, nine identified as men and six as women. For race, four identified as Black or African American, ten identified as White, and one identified as Other. For ethnicity, one identified as having Spanish, Hispanic, or Latino origin, and 14 did not. For participants' year in school, four were in their first year, three were sophomores, four were juniors, two were seniors, and two were doctoral students. For military affiliation, one was Active Duty, five were National Guard, seven were Veterans, and two were Dependents.

Data Analysis

Descriptive statistics were calculated for rating scale items in Microsoft Excel. Because of the small sample size and lack of statistical power, we did not conduct inferential statistics. Results are then explored using the lens of trauma-informed care via SAMHSA' six core principles: 1) Safety, 2) Trustworthiness & Transparency, 3) Peer Support, 4) Collaboration & Mutuality, 5) Empowerment & Choice, and 6)

Cultural, Historical & Gender Issues (Substance Abuse and Mental Health Services Administration, 2014).

RESULTS

Participants rated trauma-informed classroom strategies or practices and perceptions of aspects on campus. Table 1 depicts strategies and practices for creating a trauma-informed classroom based on Likert scale ratings from 1 (strongly disagree) to 5 (strongly agree). Participants rated the following as most important for faculty to consider employing in the classroom: knowing where to go if there is an issue with an instructor (M = 4.92, SD = 0.28), not tokenizing a student based on identity (M = 4.80, SD = 0.41), giving students individualized, supportive feedback (M = 4.73, SD = 0.46), and focusing on building a healthy classroom environment (M = 4.67, SD = 0.62).

Table 1

Strategy or Practice *	*M*	*SD*
Showing students compassion and empathy in the classroom.	4.47	0.64
Building one-on-one relationships with students.	4.40	0.83
Focusing on building a healthy classroom environment.	4.67	0.62
Allowing for individualized plans for attending classes.	3.80	1.08
Allowing for individualized plans for submitting assignments.	4.00	1.00
Alerting students ahead of time if class topics could be triggering.	4.40	1.12
Promoting open dialogue between students and the instructor.	4.27	0.70
Giving students individualized, supportive feedback.	4.73	0.46
Describing what resources are available to students outside the classroom.	4.20	0.77
Recognizing the signs and symptoms of trauma in their students.	4.47	0.64
Not tokenizing a student based on identity (e.g., race/ethnicity, gender identity, military affiliation)	4.80	0.41
Knowing where to go if there is an issue with an instructor	4.92	0.28

* Participants rated strategies and practices on a Likert scale (1 = not at all important to 5 = extremely important).

When responding to aspects of the host university (see Table 2), participants indicated that professors/instructors (M = 2.93, SD = 1.03) are relatively as trauma-informed as staff members (M = 3.13, SD = 1.19) when comparing point estimates. Participants also indicated that the university had more resources available for students' safety (M = 4.27, SD = 1.03) than for student mental health (M = 3.87, SD = 1.13) and for students experiencing trauma (M = 3.13, SD = 1.13) when comparing

point estimates. Overall, participants indicated that the university was only moderately trauma-informed ($M = 3.07$, $SD = 1.03$).

Table 2

Aspect of Campus*	*M*	*SD*
Safety is a priority on our campus.	4.40	1.12
There are enough resources for student safety.	4.27	1.03
Mental health is a priority on our campus.	4.13	0.92
There are enough resources provided for student mental health.	3.87	1.13
There are enough resources provided for students experiencing trauma.	3.13	1.13
Professors/instructors are trauma-informed.	2.93	1.03
Staff members (e.g., academic advisors, resident advisors) are trauma-informed.	3.13	1.19
The host university is a trauma-informed institution.	3.07	1.03

*Participants rated aspects on a Likert scale (1 = strongly disagree to 5 = strongly agree).

DISCUSSION

The goal of this study was to understand the perceptions of students with military affiliation on how to create trauma-informed classroom environments. Participants rated various trauma-informed strategies and practices that faculty could implement in the classroom, and those that were rated most highly included knowing where to go if there is an issue with an instructor, not tokenizing a student based on identity, giving students individualized, supportive feedback, and focusing on building a healthy classroom environment. Core tenets of trauma-informed care (Safety; Trustworthiness & Transparency; Peer Support; Collaboration & Mutuality; Empowerment & Choice; Cultural, Historical & Gender Issues) guide our understanding of these strategies and practices.

For example, the tenets of Safety and Empowerment & Choice are employed for participants indicating that students want to know where to go if they have an issue with an instructor. If students do not feel safe or comfortable approaching their instructor, then they can be empowered by knowing who else on campus they should approach to discuss issues in the classroom; Knight (2015) also discusses how empowering students is a trauma-informed teaching practice. Additionally, the tenet of Safety is also indicated in the practice of not tokenizing a student based on identity. An example of tokenizing a student might be an instructor calling on a student with military affiliation to speak on behalf of all veterans on a topic, especially without prior consent. Being asked to represent an entire group may negatively impact a student's sense of safety and belonging, as students with military affiliation want to "mean more to a classroom than stories from their service" (Breneman, 2022, p. 131).

Instead of tokenizing students' identities, instructors can validate and normalize students' experiences in the classroom (Knight, 2015).

Giving students individualized supportive feedback is indicative of the core tenet of Trustworthiness & Transparency. Faculty might be able to develop a trusting relationship with students when they provide individualized feedback on assignments and progress with a focus on transparency on what the student needs to do to improve their performance. Davidson (2017) also notes how checking in with students is a trauma-informed teaching practice. Moreover, individualized feedback implicates the tenet of Empowerment & Choice by providing the student with specific guidance on their strengths and areas of improvement, helping students to make informed choices on how to improve their classroom performance. Finally, the strategy of focusing on building a healthy classmate environment reflects the tenet of Collaboration & Mutuality as well as Safety (Sinski, 2012). For example, having a healthy classroom environment includes creating a sense of safety and belonging for all students where they can collaboratively work with peers. Part of creating a sense of sense and belonging could include instructors expressing unconditional positive regard for their students (Davidson, 2017). Also, working with peers can help address the expressed sense of isolation or alienation that students with military affiliation may feel (Ford & Vignare, 2015). A healthy classroom environment could also increase the availability of Peer Support that students with military affiliation desire (Griffin & Gilbert, 2015); students with military affiliation often perceive that peer support is less available to them compared to students without military affiliation (Whiteman et al., 2013). Furthermore, despite students with military affiliation experiencing initial difficulties with coursework or assignment expectations (Ford & Vignare, 2015), participants rated allowing for individualized plans for submitting assignments second to last and allowing for individualized plans for attending classes as last among all strategies and practices. These results may indicate that while students with military affiliation may experience challenges with their coursework, they still want to be held to the same standards as their peers. This belief is also reflected by Davidson (2017), who describes how maintaining high expectations is a trauma-informed teaching practice.

Finally, participants also indicated that the host university had more resources available for student safety than for student mental health or for students experiencing trauma. These results may indicate that students with military affiliation perceive safety, mental health, and trauma as distinct issues requiring separate resources. Because participants rated the university as having the least resources available for students who have experienced trauma, this may indicate that participants believe that trauma requires more resources outside of those needed to address safety and mental health.

Limitations & Future Directions

Limitations include a small sample size at one university, both decreasing the generalizability of results to a broader population of students with military affiliation and limiting our ability for further statistical analysis. Specifically, we compared point estimates of students' responses but did not rely on statistical significance

testing because of the small sample size. While students may have rated items higher than others, we were not powered enough to detect a difference and cannot rule out that students rated items the same.

However, our pilot findings warrant further exploration, and we hope to replicate this study with an increased sample of students with military affiliation (e.g., conducting this study at a larger university or multiple universities). Further, we acknowledge that not all military affiliated students have experienced trauma, and our study included not only students who were Veterans, Active Duty, or National Guard but also Dependents. Future researchers could consider directly asking participants if they have experienced trauma and using this as a data point for additional analysis (e.g., differences of preferences for classroom strategies/practices for students with military affiliation who have experienced trauma compared to those who have not experienced trauma); researchers could also limit the type of military affiliation of participants (e.g., only Veterans, Active Duty, or National Guard). Finally, researchers could explore the implications of implementing the trauma-informed strategies and practices described, such as what training, resources, and support faculty may need to modify their teaching strategies and related classroom practices.

CONCLUSION AND IMPLICATIONS FOR PRACTICE

Participants in this study provided perspectives from students with military affiliation on which trauma-informed strategies and practices were most important in the college classroom. Certain ones, such as knowing where students can go if they have an issue with their instructor and instructors not tokenizing a student based on their identity, were rated most highly. This study's results align with prior research on recommended trauma-informed strategies and practices for other student populations (e.g., Davidson, 2017; Knight, 2015; Wells, 2023), indicating that the trauma-informed practices and strategies discussed in this study may be best practice for all students and not only for those with military affiliation. However, participants viewed student safety, mental health, and trauma as separate issues that require their own set of resources, which could serve as an area for future research. While students with military affiliation may perceive certain trauma-informed strategies and practices as most beneficial, results must also be considered as to how these recommendations may impact faculty who would implement the strategies and practices. For example, while faculty may already implement certain strategies, such as giving students individualized feedback, others may require more reflective work, such as faculty understanding how to not tokenize students based on their identity. Other practices might even require involving policies and support outside of the classroom, such as allowing students to have an individualized attendance plan. In addition to training on trauma-informed practices, faculty may benefit from reflecting on their current teaching practices, identifying what types of learners are in their classrooms, and considering how they might create a more inclusive atmosphere with the strategies highlighted in this study.

Finally, our participants provided a student perspective on how to create a trauma-informed classroom, and learning from students with military affiliation can help faculty, as well as the broader college and university, learn to be a more

responsive learning partner. To implement some of these strategies and practices in the classroom, colleges and universities may benefit from providing faculty with trauma-informed training as well as training specific to the needs of students with military affiliation, such as Green Zone training (Nichols-Casebolt, 2012). For example, training specific to trauma-informed practices might include teaching about SAMHSA's six core principles to a trauma-informed environment (SAMHSA, 2014), as well as highlighting certain resources that have been successful in the K-12 environment (e.g., National Child Traumatic Stress Network, Schools Committee, 2017) until more robust guidance is developed for higher education settings.

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