Female Veteran Experiences Survey

2019-2020 SURVEY RESULTS FOR CALIFORNIA COMMUNITY COLLEGES

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IRVINE VALLEY COLLEGE

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Executive Summary

The most recent National Veteran Suicide Prevention Annual Report (US Department of Veterans Affairs Office of Mental Health and Suicide Prevention, 2019) documented a suicide rate among female veterans of 16.8 per 100,000 –2.2 times higher than among non-veteran women. This sobering statistic is likely linked to the fact that female veterans are at a significantly greater risk of experiencing military sexual trauma (MST)[1] than their male counterparts (Wilson, 2018), thus putting these women at heightened risk of a number of mental health issues including depression, anxiety, and posttraumatic stress disorder (PTSD). These data collectively point to a clear need for research that identifies ways to support female veterans as they transition back to civilian life.

The California Community Colleges (CCC) serve approximately 80,000 veterans each year. In an attempt to meet their unique needs, 90 of the 115 CCC (78%) have dedicated Veterans Resource Centers (VRCs) to support their veteran student population, while others incorporate veteran supports into other student services areas. However, left unknown are what distinct challenges *female* veterans face and whether they may need differentiated supports to help them as they return to civilian life—assistance that CCC may be well positioned to provide. Leveraging funds from their statewide innovation grant, the Veteran Services Center at Irvine Valley College (IVC) sought to answer these questions.

In an attempt to gain a better understanding of the unique circumstances faced by female veterans across the CCC, the Research and Planning Group for California Community Colleges (RP Group) worked with personnel from IVC to develop and administer a survey for female veterans. This report presents data from over 200 female veteran CCC students focused on their mental health and general well-being, their experience transitioning back to civilian life, their knowledge and use of Veterans Affairs (VA) and college-provided support services, and their perceptions of their college's environment.

Well-being and Mental Health

Female veterans in the CCC face numerous hurdles as they transition back to civilian life. Food and housing insecurity are clear challenges, as nearly half (45%) of respondents indicated facing some form of food insecurity after transitioning out of the military, while over half (56%) faced some form of housing insecurity. There is also a dire need for mental health supports as female veterans transition back to civilian life. Nearly two-thirds of respondents indicated having a mental health diagnosis (e.g., depression, anxiety, PTSD), while 43% had considered suicide. Nearly two-thirds (64%) of respondents revealed that they experienced military sexual trauma, a higher rate than what is typically reported among female veterans broadly (Cichowski, Ashley,

[1] Experiences of sexual assault or repeated, threatening sexual harassment experienced while on federal active duty, active duty for training, or inactive duty training

Ortiz, & Dunivan, 2019; Kimerling, Gima, Smith, Street, & Frayne, 2007). However, over half (55%) indicated never having received counseling/support to deal with their MST. This low support rate is not tied to a lack of interest though, but rather a lack of knowledge of and/or access to these supports. Over two-thirds (68%) of respondents were unaware that they are eligible to receive free MST-related care.

Transition from Military to Civilian Life

Nearly two-thirds (66%) of respondents indicated participating in a transition class provided by the military before exiting, yet only one-third of participants found it helpful. When considering preferred supports upon transition, respondents most frequently listed housing as their highest priority, followed by education. Further, they were most likely to cite challenges connected to health care, employment, and finances upon transitioning back to civilian life.

Accessibility and Use of VA and College Support Services

Veterans across the country have access to the Veterans Health Administration (VHA) health care system that provides not only traditional health care services, but social and psychological support services as well. However, only 61% of survey respondents indicated ever having been enrolled in VHA care. When asked how likely they would be to use various VA and non-VA services if available, female veterans did not generally appear to prefer female-only VA services on or off campus over co-ed services. The exception here came with respect to MST-focused group therapy sessions, whereby female veterans were more likely to be interested in female-only MST-focused group therapy sessions than co-ed sessions (but were indifferent as to whether such sessions took place on or off campus). Sixty percent of respondents living with children indicated being likely to utilize childcare services.

Regarding access to veteran-focused supports, while the majority (87%) of female veterans reported utilizing their campus Veterans Resource Center (VRC), access to more targeted supports is limited. Only 13% indicated being involved in any sort of campus-based social support group for military women, with most indicating that such supports do not exist. That said, the demand is there, as two-thirds indicated they would access support groups on campus if they existed, and that they would like campus support with reintegration into civilian life. Other highly desired supports included legal assistance, a cross-community resource site (e.g., non-gender specific website for veterans) for veterans, dedicated counselors/therapists for female veterans, and MST counseling.

Perceptions of College Campus Environment

Almost two-thirds (63%) of participants indicated that their college understands the unique needs of serving student veterans. However, these students indicated a need for support that addresses the specific needs of *female* veterans, as only 30% agreed that their college understands their unique needs. When asked to describe what makes a college campus "veteran friendly," the most commonly mentioned theme was the presence of a robust VRC or

some other veteran-friendly space. Respondents also expressed the importance of college staff and counselors knowing military benefits and understanding the experiences of veteran students as central to a veteran-friendly campus.

Recommendations

The RP Group suggests that CCC administrators and policymakers focused on better serving the unique needs of female veterans attending California community colleges actively recognize the significant issues these women confront as they transition back to civilian life by:

- **Redesigning transition classes** to make them more meaningful and useful for female veterans
- **Collecting regular input from female veterans to ensure transition class content matches their needs** as they seek a smooth and effective return to civilian life
- **Helping female veterans address their most basic needs with respect to food and housing security**
- **Ensuring colleges are aware of the high rates of mental health diagnoses and MST among female veterans attending CCC** and are specifically understand their own female veterans' mental health needs
- **Providing female-focused activities, supports, and counseling, particularly on campuses enrolling victims of MST**; consider counselors explicitly trained to deal with military sexual trauma and female-only support groups
- **Strengthening awareness of free MST services** so survivors access and get the support they so clearly need
- **Developing partnerships with community-based organizations and agencies to offer female-focused supports**—including basic needs assistance and mental health and wellbeing services—both on campus and in the community to meet these veterans where they are with what they need

Introduction

The California Community Colleges (CCC) serve approximately 80,000 veterans each year. While females only make up approximately 9% of all veterans nationwide (National Center for Veterans Analysis and Statistics, 2017), they are more likely than males to enroll in college after leaving service, making up 27% of the national college-going veteran population (Duffin, 2019). Across the 115 CCC, 78% (*n* = 90) have dedicated Veterans Resource Centers (VRCs) to support their veteran student population while others incorporate veteran services into other student support areas. The presence of such supports is critical as the data are clear that veterans, specifically female veterans, face numerous challenges as they return to civilian life.

The 2019 National Veteran Suicide Prevention Annual Report (US Department of Veterans Affairs Office, 2019) reported a suicide rate among women veterans of 16.8 per 100,000 (2.2 times higher than non-veteran women). This sobering statistic is likely linked to the fact that female veterans are at much greater risk of experiencing military sexual trauma (MST) than their male counterparts (Wilson, 2018), thus putting these women at heightened risk of a number of mental health issues including depression, anxiety, and posttraumatic stress disorder (PTSD). These data collectively point to a clear need for research that identifies ways to support female veterans as they transition back to civilian life.

In an attempt to gain a better understanding of the unique circumstances faced by female veterans enrolled in CCC, the Research and Planning Group for California Community Colleges (RP Group) worked with personnel from Irvine Valley College (IVC) to develop and administer a survey in early spring 2020 for female veterans across the CCC. To preserve anonymity, IVC sent the survey to representatives at each college who then forward the survey to their female veterans. This report presents data from over 200 female veterans across California's community colleges[2] and provides insights into ways to better serve this student population.

In This Report

The RP Group aims for this report to give CCC administrators and policy makers focused on veterans' experiences a better understanding of the unique needs of female veterans in the system and provide insights about ways to further strengthen the support to this unique population. This report begins with an overview of the demographics of survey participants, including information about their mental health and well-being. The second section focuses on how female veterans experience the transition back to civilian life, while the third highlights female veterans' knowledge and use of Veterans Affairs (VA) and college supports services specifically for veterans. The fourth section focuses specifically on female veterans' perceptions of the college's environment. The report concludes with recommendations for California

[2] Students were not asked to provide the name of their CCC to preserve maximum anonymity. Therefore, we are not able to report the number of colleges within the CCC that are represented in the results.

community colleges generally, and their Veterans Resource Centers specifically, to better serve their female veterans.

Results

Survey Participant Profile

In total, 220 individuals completed the survey, of whom 204 (93%) indicated being female. Only those who indicated a female gender were then directed to the rest of the survey.[3] **Eighty-seven percent of survey participants were military veterans**, with another 11% serving, or having served, in the National Guard or a reserve component of the armed forces (see Figure 1a). Very few (3%) participants were active duty members of the armed forces. A near equal percentage of survey participants had experience in the Navy (28%) or Army (27%; see Figure 1b).

Figure 1a. Military Status

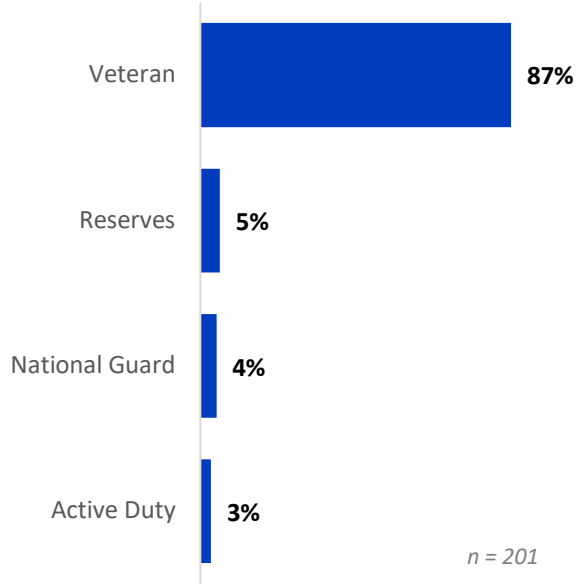
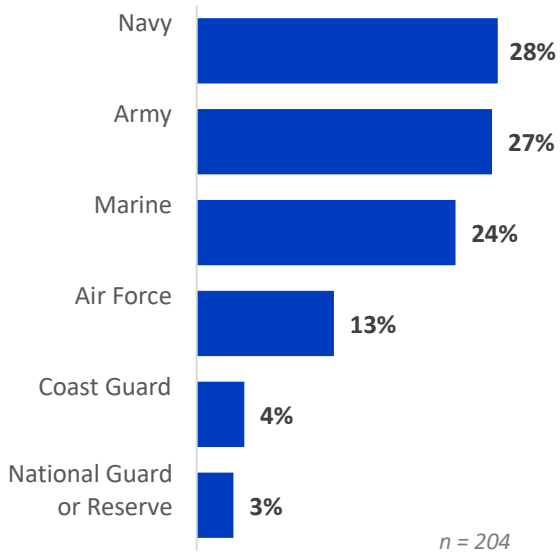


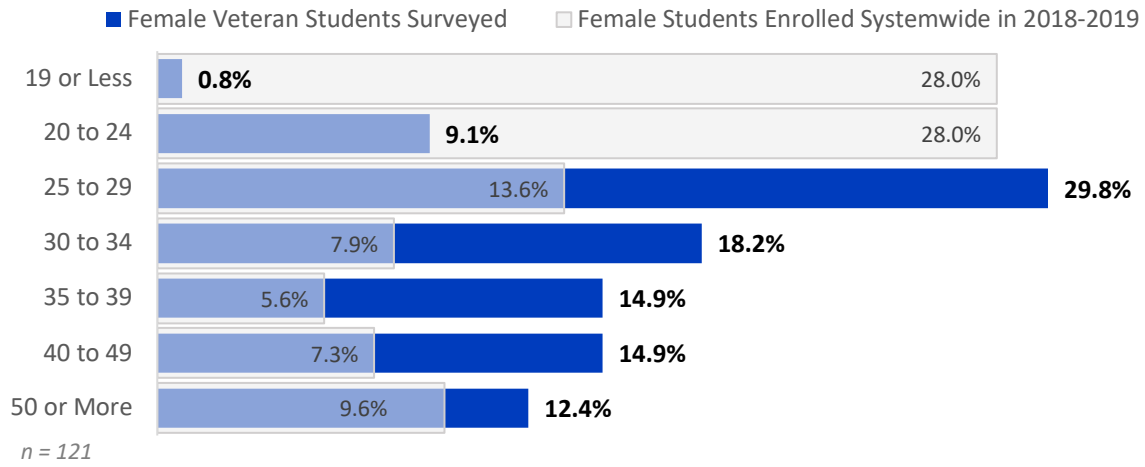
Figure 1b. Military Branch Association



[3] Of the 204 respondents who completed the survey, 35 only answered a few questions before exiting the survey. However, data are presented for all respondents regardless of the number of questions they answered.

The mean age of survey participants was 35 (median: 32). Over one-third of participants were aged 29 or younger, with the remaining two-thirds spread out over the older age groups (see Figure 2). Note though that only 121 respondents (59%) opted to include their age. Survey participants that provided their age were generally older than female students enrolled at a California community college in 2018-2019.[4]

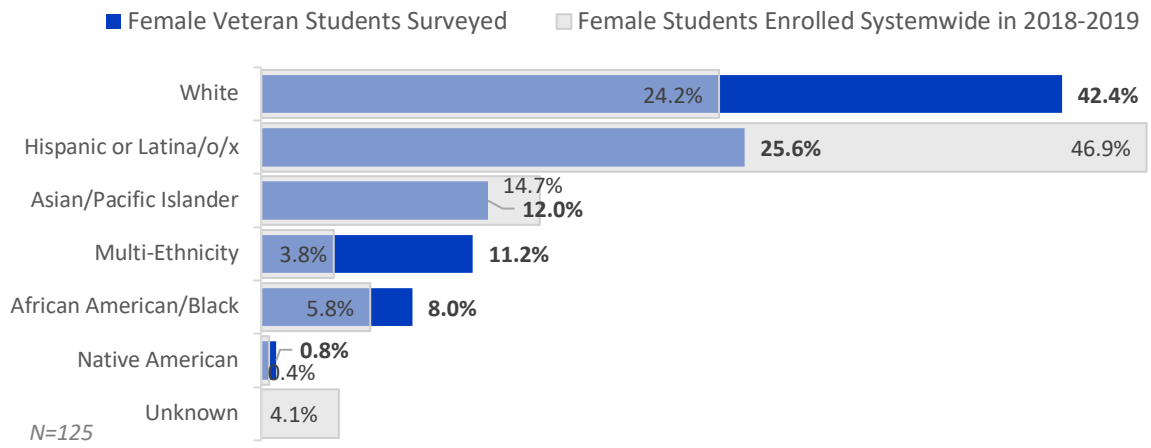
Figure 2. Age of Survey Participants Compared to Female Students in the CCC



While across the CCC approximately 24% of students identify as White,[4] **the majority of survey respondents (42%) identified as White**; over one-quarter (26%) identified as Hispanic or Latina/o/x, compared to 50% system wide (see Figure 3).

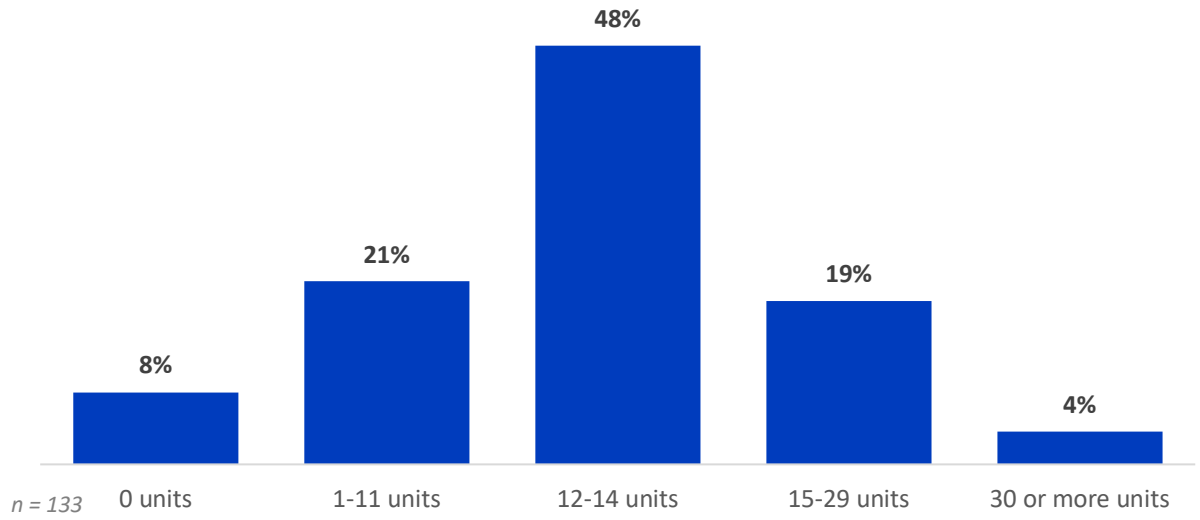
Figure 3. Race/Ethnic Group Categories of Survey Participants Compared to Female Students in the CCC

[4] Data obtained from the CCCCO Datamart (https://datamart.cccco.edu).



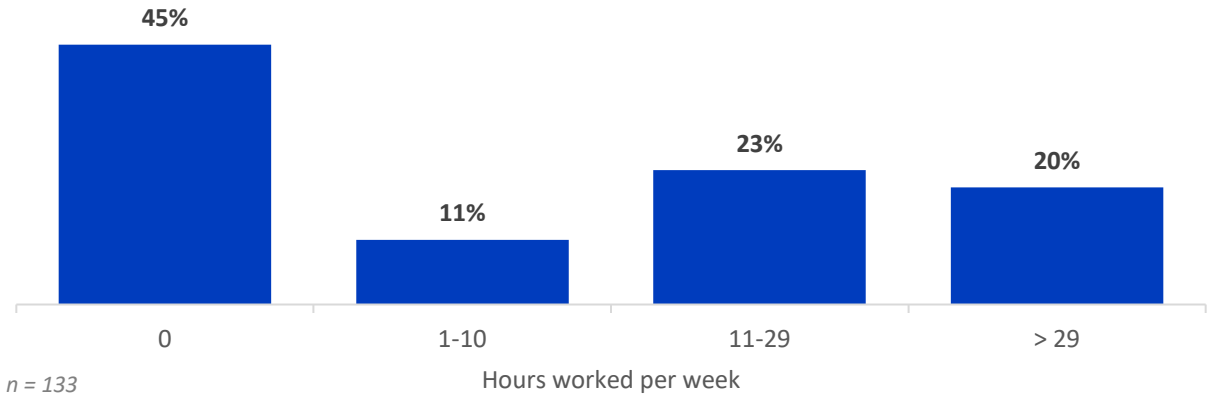
With respect to current CCC enrollment status, **71% of surveyed participants were enrolled in 12 or more units** in the surveyed semester, while 29% of participants were enrolled in fewer than 12 units (see Figure 4).

Figure 4. Number of Units Enrolled During Current Semester



During the semester surveyed, **55% of participants were employed**, though nearly two-thirds of employed participants were working fewer than 30 hours a week (see Figure 5).

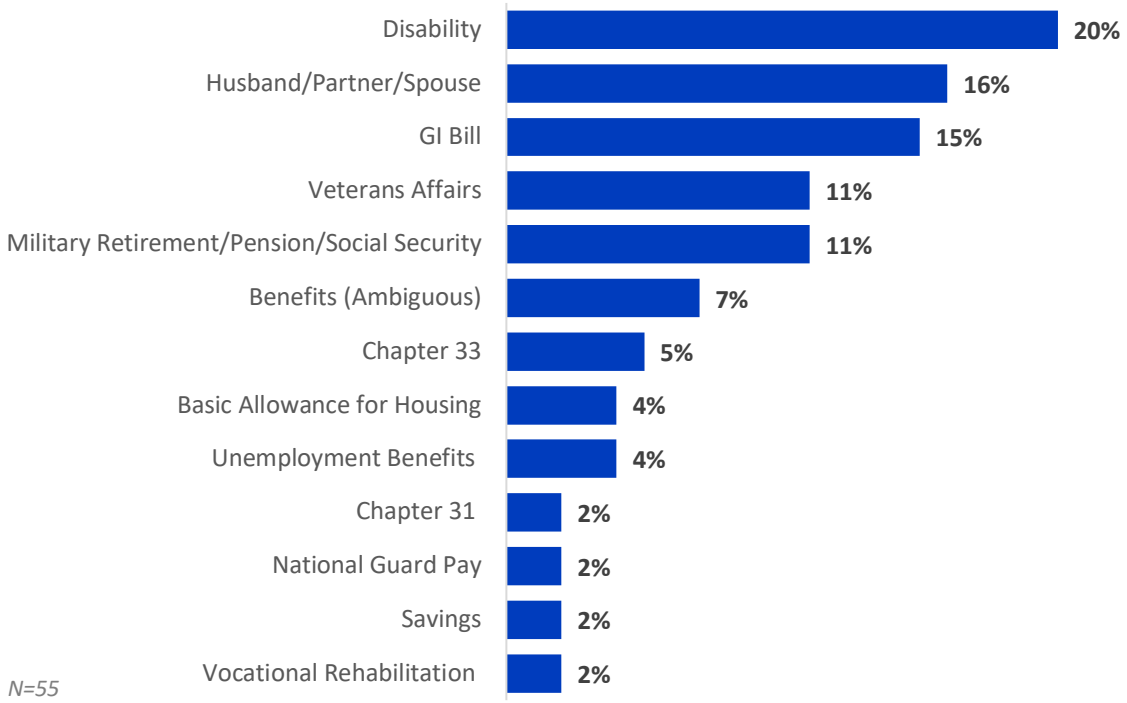
Figure 5. Hours Worked Per Week



n = 133

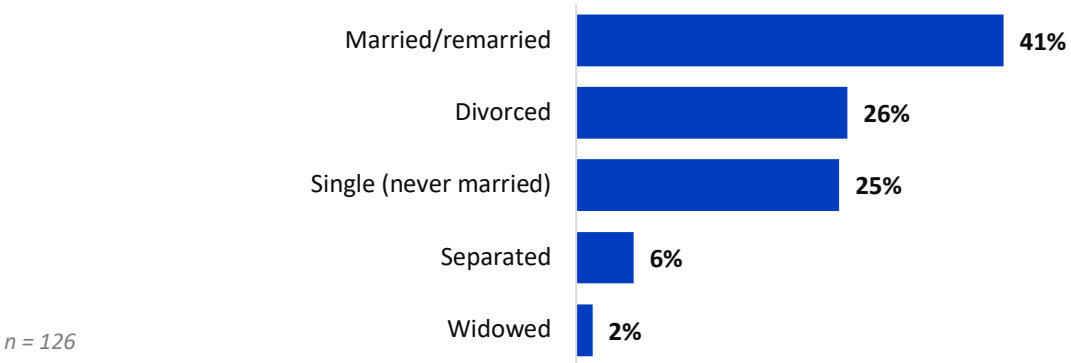
Figure 6 below shows that among those not employed, primary sources of income varied widely, though the most frequent sources included disability (20%), a partner (16%), or the GI bill (15%).

Figure 6. Primary Source of Income for Unemployed Female Veteran CCC Students



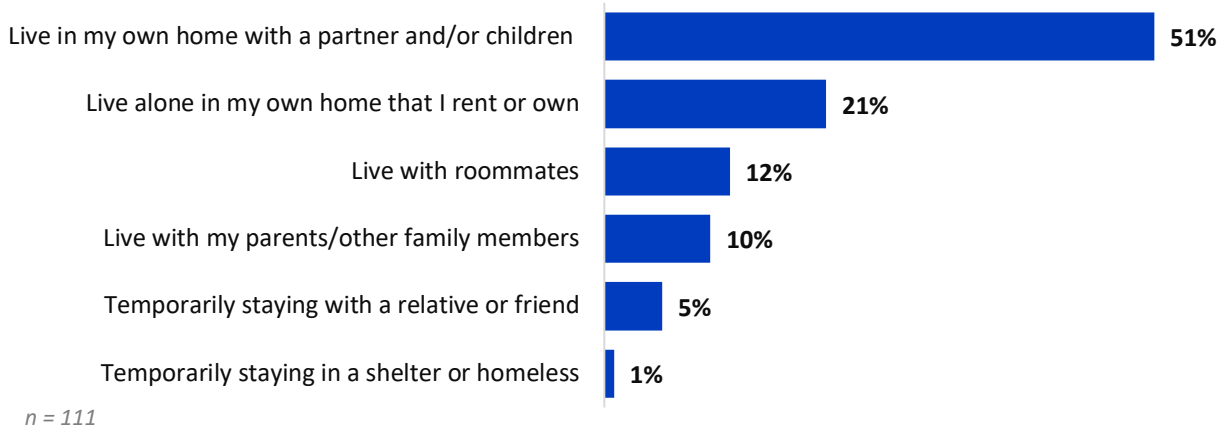
With respect to home life, 41% of survey participants indicated being married, while one-third were divorced, separated, or widowed, and one-quarter were single and had never been married (see Figure 7).

Figure 7. Marital Status



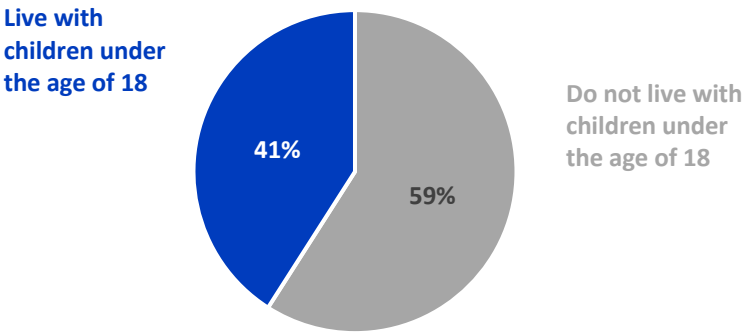
Over half of participants indicated living in their own home with a partner and/or children (see Figure 8); 41% indicated they are living with children under the age of 18 (see Figure 9).

Figure 8. Living Situation



n = 111

Figure 9. Living with Children



n = 127

Well-Being and Mental Health[5]

Food and Housing Insecurity

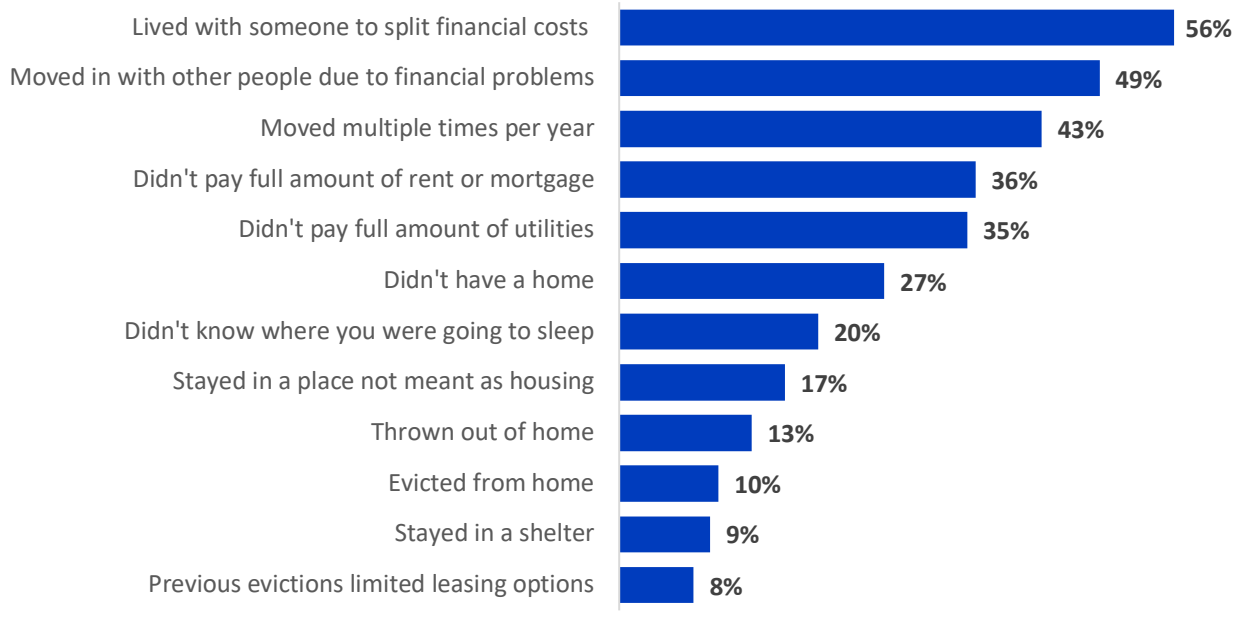
Food and housing insecurity are common challenges faced by CCC student veterans after transitioning to civilian life. As Figures 10 and 11 show, **45% of respondents face at least one form of food insecurity, while over half of respondents (56%) faced at least one form of housing insecurity since transitioning back to civilian life**. There were no significant differences between racial/ethnic groups.

Figure 10. Food (In)Security



n = 119 (participants could check all that applied)

Figure 11. Housing (In)Security



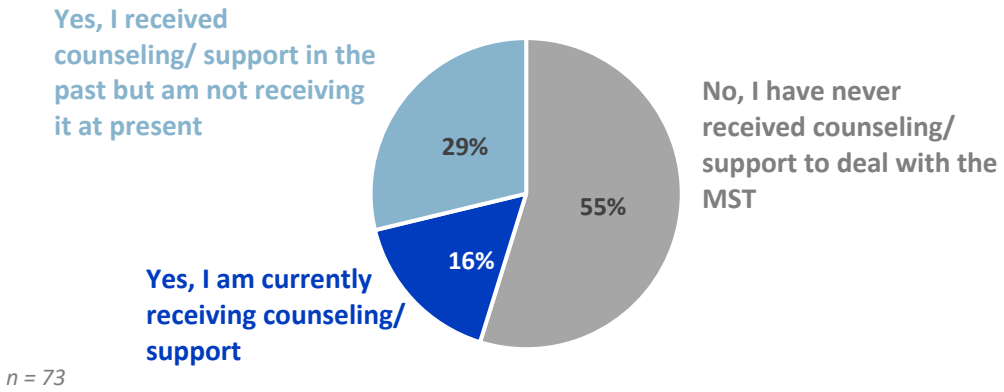
n = 119 (participants could check all that applied)

[5] Survey participants were able to skip this section of the questionnaire, therefore data are only provided for those who felt comfortable responding. Approximately 115 survey participants opted to answer this set of questions.

Military Sexual Trauma

As noted previously, female veterans are at much greater risk of experiencing military sexual trauma than their male counterparts. Various studies indicate that between 38% and 53% of female veterans experience MST (Wilson, 2018). The data from this study are even more sobering, with **64% of the 115 survey participants who responded to this question revealing that they experienced MST during their time in the military.** Unfortunately, of those reporting MST, **55% indicated that they have never received counseling/support to deal with their MST** (see Table 14). This result is especially unfortunate given that 82% of those who did indicate receiving counseling/support found such support either incredibly (18%) or somewhat (64%) helpful. No significant differences by race/ethnicity emerged with respect to the likelihood of having experienced MST.

Figure 12. Counseling for MST



Those who did not receive counseling/support for MST were given the opportunity to share what may have prevented them from receiving services. Of the 28 participants who responded:

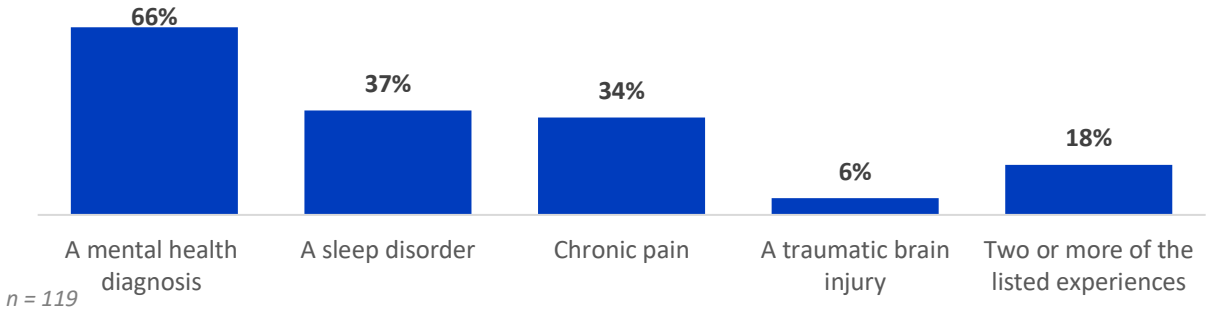
- 32% of participants (*n* = 9) indicated that they never reported their experience, and so presumably did not qualify for care. Reasons for not reporting MST included not knowing how, not wanting to, and resignation that the MST was unavoidable.
- 21% of participants (*n* = 6) indicated that they feared judgment and stigmatization if they reported, were made to feel guilty, or were implicated in the MST by supervisors.
- 11% of participants (*n* = 3) indicated they do not want to talk about and/or revisit the experience.
- 11% of participants (*n* = 3) indicated their participation in the support made available to them would not have been confidential.

Additionally, regardless of whether they had personally experienced MST or not, of the 115 survey participants who responded to this set of questions, **68% were unaware that veterans are eligible to receive military sexual trauma-related care free of charge** (even if they are not eligible for other VA care/separate from the VA disability compensation process), highlighting the need to increase awareness of free services available to female veterans.

Physical and Mental Health

Survey participants were also asked to indicate whether they had experienced physical or mental health challenges since transitioning out of the military (see Figure 12). **Nearly two-thirds of survey respondents indicated having a mental health diagnosis** (e.g., depression, anxiety, PTSD), while over one-third suffer from sleep disorders and/or chronic pain. Almost one-fifth (18%) are experiencing two or more of these challenges. There were no significant differences by race/ethnicity with respect to the likelihood of experiencing a mental health diagnosis. However, female veterans who experienced MST were significantly more likely to indicate having a mental health diagnosis (77%) than female veterans who had not experienced MST (52%). There were no significant differences in the proportion of female veterans with sleep disorders or chronic pain based on their MST experience.

Figure 13. Physical and Mental Health Experiences



Suicidal Ideation

To gain a better sense of the prevalence of suicide and suicidal ideation among female veteran community college students, respondents were asked to indicate whether they had ever considered or attempted any form of self-harm. As seen in Figure 13, **nearly half (48%) of female veterans surveyed considered killing themselves, while one in five female veterans surveyed had actively participated in self-harm** (e.g., cutting, burning). There were no significant differences by race/ethnicity with respect to the likelihood of having thoughts of self-harm. **Female veterans who had experienced MST were slightly (though not significantly) more likely to indicate having thought about killing themselves** (52%) relative to those who had not experienced MST (41%).

Figure 14. Thoughts of Self-Harm



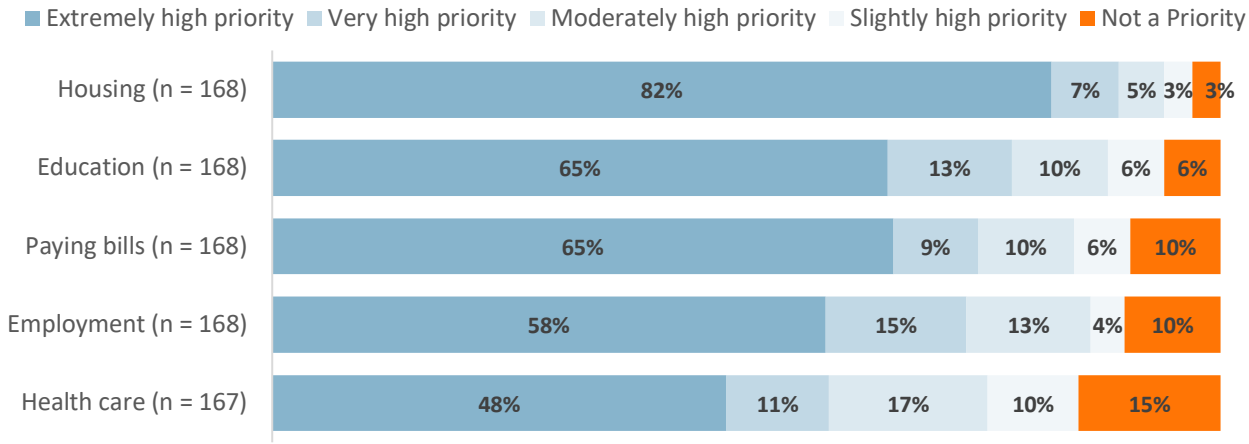
Transition from Military to Civilian Life

Participation in transition classes offered by the military before exiting and returning to civilian life was common among survey participants, but they found the usefulness of such classes to be questionable. Nearly two-thirds (66%) of respondents indicated participating in a transition class before exiting the military. However, **only one-third found the transition class helpful** in terms of providing resources/information to assist in transitioning from the military. When provided space to make recommendations for improving transition classes, 42% of respondents provided recommendations:

- 33% of participants who responded with recommendations suggested that transition classes place more emphasis on education/career pathways, while 22% of participants suggested that the classes place more emphasis on accessing health care.
- 16% of responding participants found the transition class too short and the content covered too quickly.
    - One participant recommended, "They need to be longer than a week and completed over a period of time, such as the last six months of service, with several 'check-ins' and milestones (a completed resume, etc.) before you leave."
    - Another participant suggested one or more follow-ups or communications to former military personnel as they transition to civilian life.

Additional questions asked participants to rate the priority level of several needs immediately upon transitioning from military to civilian life (see Figure 15). Survey participants indicated **housing was the highest priority immediately after transitioning, followed by education and paying bills**. There were no significant differences in priorities by race/ethnicity or MST-status of survey participants.

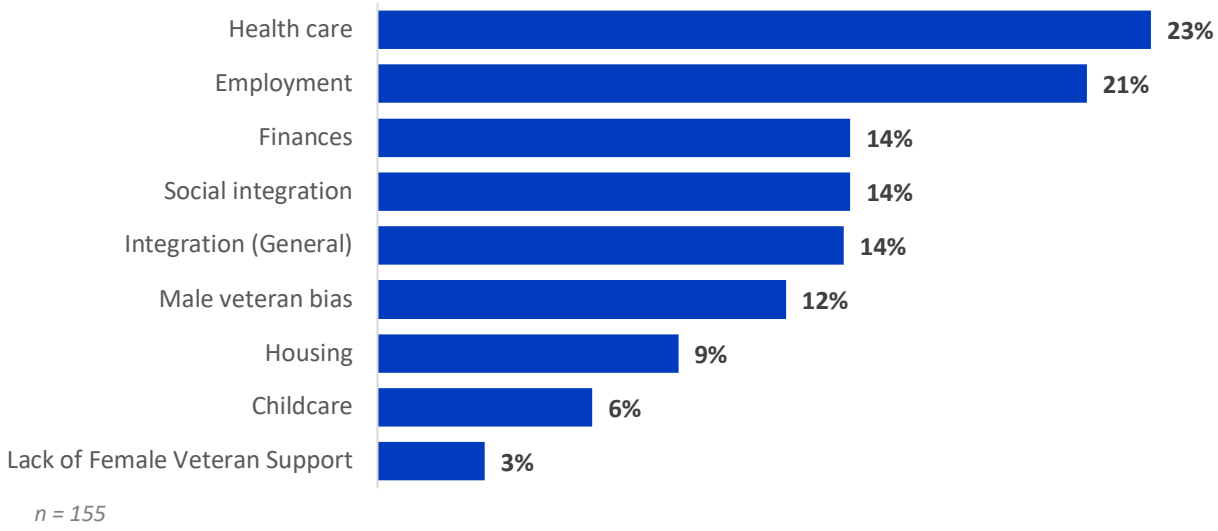
Figure 15. **Priorities upon Leaving the Military**



Despite health care being ranked lowest of five priorities, when asked open-endedly about challenges female veterans faced when transitioning back to civilian life, **female veterans were most likely to cite challenges connecting to health care, followed by employment, and finances** (see Figure 16). Many participants also expressed challenges with social integration (e.g., a sense of belonging, fitting in, making friends) and general military to civilian life integration (e.g., developing new routines and functions). Participants also mentioned stress resulting from what is termed here as "male veteran bias," experienced in the form of not being recognized for their service/not being seen or acknowledged as a veteran, and to a lesser extent, receiving inquiries into details about being a female in the military that err on being too personal. As one student described:

> *Civilians want to know personal intimate details of my service that they do not ask my male counterparts, and these questions often tend to tread into sexual-based questions or suggestions.*

Figure 16. Challenges Transitioning from Military to Civilian Life



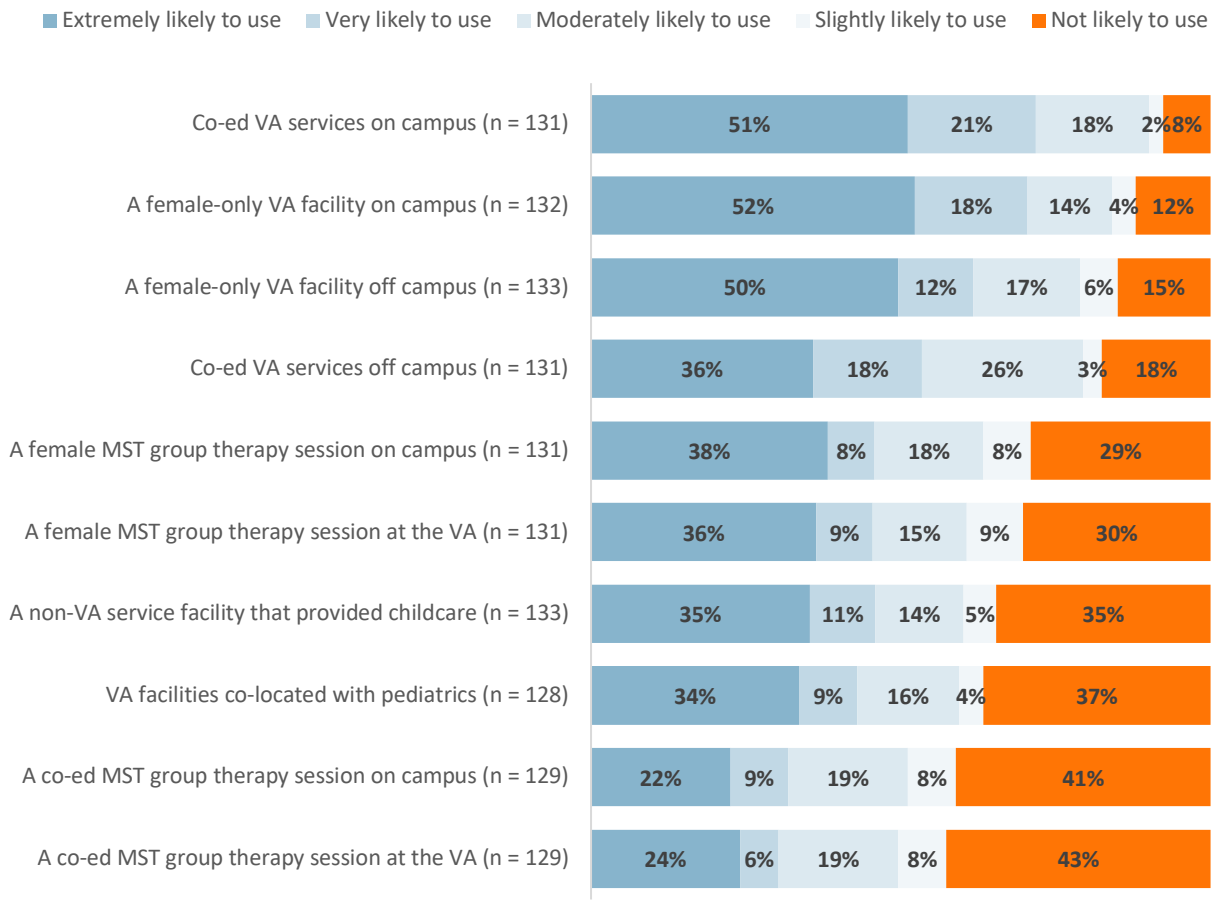
Accessibility and Use of VA and College Support Services

Veterans who have completed their service in the armed forces have access to the Veterans Health Administration health care system that provides not only traditional health care services, but social and psychological support services as well. When surveyed, **61% of participants indicated being enrolled in Veterans Health Administration care or having previously received VHA services**. Figure 17 on the next page shows the following:

- When it comes to general veterans supports, **female veterans indicated being more likely to use co-ed VA services if they are on campus than if they were off campus.**

- **Female veterans did not appear to prefer female-only VA services on or off campus over co-ed services**. Over half said they were extremely likely to use either type.
- **Female veterans were more likely to be interested in female-only MST-focused group therapy sessions than co-ed group therapy sessions,** but were indifferent as to whether such sessions took place on or off campus.
- Almost half (46%) of respondents indicated being either extremely (35%) or very (11%) likely to use a non-VA services facility that provided childcare, though this proportion rose to 60% for those with children at home.
- For the most part, there were no significant differences between female veterans who experienced MST and those who did not with respect to their likelihood of using the various services in Figure 17. The one exception is that **those who had experienced MST indicated being significantly more likely to use a female-only veteran facility on campus**. Note, they were also more likely to prefer a female-only veteran facility *off* campus, but the difference only trended towards being statistically significant.
- There were no statically significant differences by race/ethnicity.

Figure 17. Likelihood of Service Use



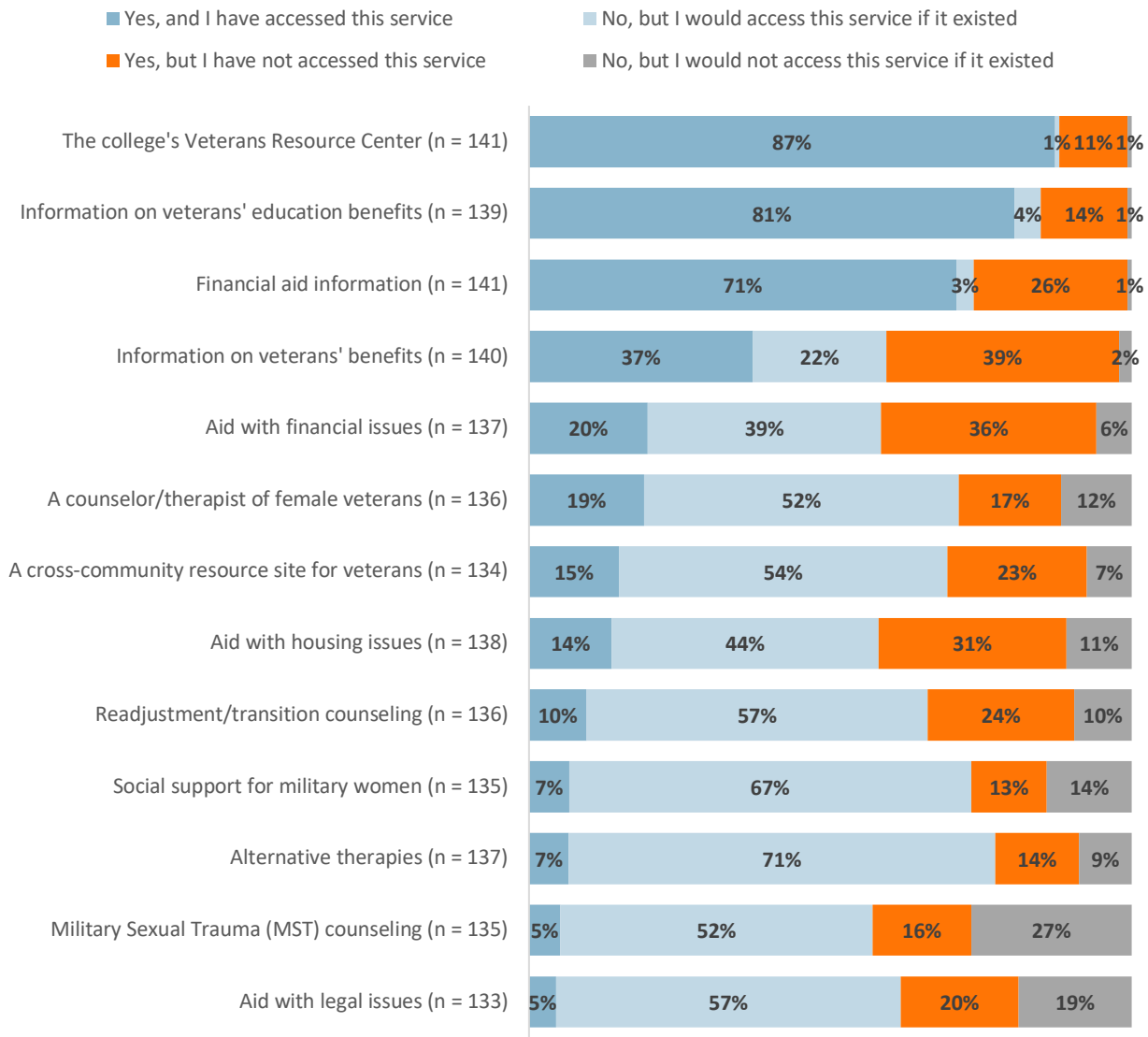
When it comes to access, **only one-quarter of survey participants indicated having access to social support groups for military women outside of their college,** with only 13%, indicating involvement in any sort of social support groups for military women on campus. Sixty-six percent said that they have not been involved in any social support groups/networks for military women at college, and that to their knowledge, such groups do not exist. Among those who *had* participated in a support group (*n* = 36), the most common sources included:

- Support from their community (friends and family) (*n* = 7, 19%);
- Group therapy (*n* = 6, 17%);
- Programs at the VA (may include group therapy) (*n* = 5, 14%);
- Women Veterans Alliance (*n* = 5, 14%);
- Veterans of Foreign Wars (*n* = 4, 11%);
- Church (*n* = 4, 11%); and
- Wounded Warrior Project (*n* = 3, 8%).

Survey participants were asked to indicate whether they knew about and/or had accessed various services at their college. Figure 18 shows the following:

- Female veterans were most likely to indicate having accessed their college's VRC (87%), information on veterans' education benefits (81%), and financial aid information (71%).
- While only 7% indicated having accessed alternative therapies (e.g., meditation, yoga, massage therapy, acupuncture), **71% indicated that they would access alternative therapies if they existed.** Similarly, while only 7% indicated having accessed a social support group/network for military women, **67% indicated that they would access a social support group for military women if it existed.**
- Over half of respondents indicated that they would access the following services if they existed at their college: aid with legal issues (57%), a cross-community resource site (e.g., non-gender specific website) for veterans (54%), a counselor/therapist for female veterans (52%), and MST counseling (52%).
- In general, interests did not differ between those who had and had not experienced MST. The only exceptions were that **those who experienced MST were significantly more likely to say that they had not accessed, but would be interested in accessing, MST counseling and readjustment/transition counseling**.
- There were no significant differences between racial/ethnic groups with respect to their use of or interest in campus-based support services.

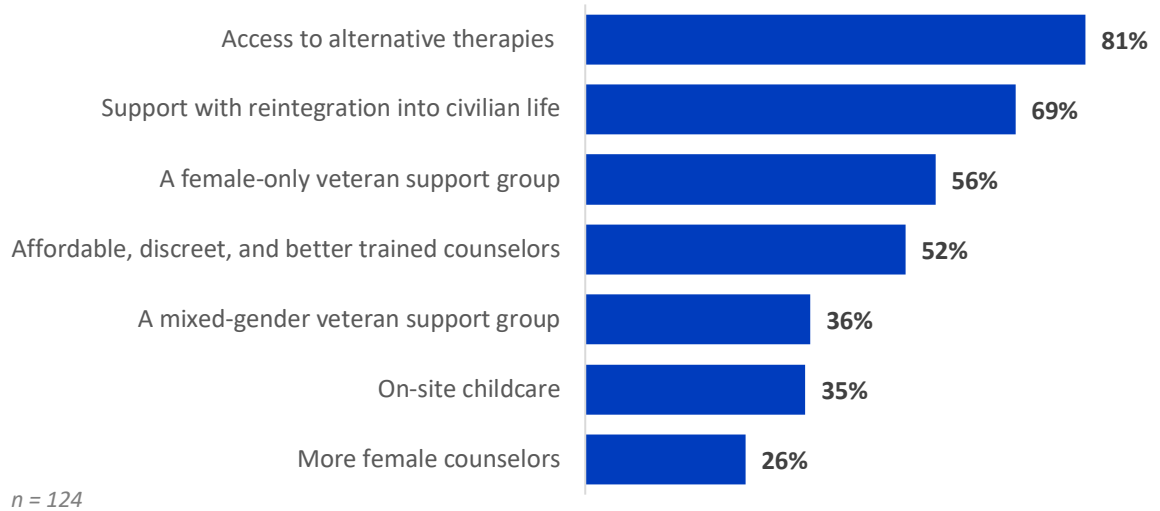
Figure 18. Interest in and Use of Campus-Based Support Services for Veterans



Additional questions asked participants to select from a list of services their college could provide that would support female veteran student well-being (see Figure 19). Respondents were most likely to indicate an interest in access to alternative therapies (81%) and support with reintegration with civilian life. Again, while only 35% indicated an interest in on-site childcare, given that only 41% currently have children under the age of 18 at home, this percentage actually represents the majority of female veterans with young children. For all of the services in Figure 19, there were no significant differences in degree of preference for a given services based on experience with MST. However, there were some observable differences across respondents' race/ethnicity in their potential use of services to enhance well-being. Notably, Hispanic respondents were more likely than students from other

racial/ethnic groups to indicate a preference for female-only veteran support groups, alternative therapies, and more female counselors, whereas African-American respondents were more likely than students from other racial/ethnic groups to indicate a preference for affordable, discreet, and better trained counselors.

Figure 19. Potential College Services to Enhance Well-Being

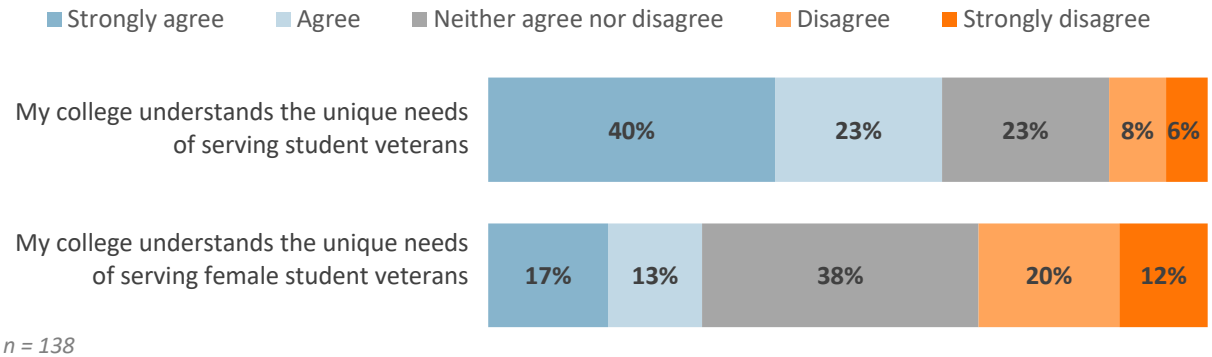


n = 124

Perceptions of College Campus Environment

Survey participants were asked to rate their agreement with statements concerning their college's understanding of veteran student needs in general, and female veteran student needs specifically (see Figure 20). Although 63% of participants indicated that they agree that their college understands the unique needs of serving student veterans, **only 30% of respondents agreed that their college understands the unique needs of serving *female* student veterans**. Female veterans who had experienced MST were slightly less likely to agree that their college understands the unique needs of serving female students veterans than those who did not experience MST, but this difference was not statistically significant. There were no statically significant differences by race/ethnicity.

Figure 20. Perceptions of College Understanding of Veteran Needs



n = 138

Survey participants were then asked to describe what makes a college campus "veteran friendly." Eighty-five survey participants provided a response. The most commonly mentioned theme (50%) was that **the presence of a robust Veterans Resource Center made a college campus "veteran friendly**," including other veteran-friendly spaces on campus. For some, a veteran center should serve as a resource hub on campus, and for others, this center should provide a place to meet, network, and find support. As one participant explained, a veteran-friendly campus means:

> *Having a center where veterans can seek all types of help and not (be) ignored or turned away. A place where we are respected and feel special, and we feel safe and not judged or talked down to like we are children. We are unique, and we all have a story. I like when veterans serve veterans because they understand, and we connect.*

Less than one-fifth (18%) of participants noted that **accessible, relevant resources** would be enough to foster a veteran-friendly campus.

Another noteworthy theme to arise from survey participants' descriptions of veteran-friendly campuses entails the **acknowledgment of veteran service and experience by the college**, with 16% of participant comments including ideas around acknowledgement. For some respondents, acknowledgement comes in the form of "valuing [the] views and opinions of veterans" and also simply "acknowledging veteran experience." Acknowledgement of veteran experience may come in the form of patriotic observances, but also recognizing a portion of military training for college credit.

Fifteen percent of responding participants expressed the **importance of staff understanding military benefits and the experiences of veteran students** as central to a veteran-friendly campus. At the core of comments about staff, participants expressed the importance of caring for each individual student.

Eleven percent of responding survey participants highlighted the role of **counselors tuned-in to veteran issues and needs** in making a campus veteran-friendly.

Survey participants were asked to describe one thing their college could do to serve female veteran students better. Sixty-two participants provided a response. Sixteen percent of reporting participants noted how **they would like to see more female-focused activities for veterans.** Two respondents suggested:

> *Perhaps have a separate VRC for women—sexual harassment is huge in the military and [veteran] community.*

> *I think they can make a female veteran day or even a day that they ask veterans to come into the Veterans Resource Center to meet each other because I think most veterans (myself included) struggle with making new friends, and walking into a veterans office is intimidating because you don't know any of them. It's harder if you're a female because you don't know if the males are going to be okay with you or have that mentality that some male veterans have about females.*

In addition to female-focused activities, 15% of responding **participants expressed an interest in colleges enhancing efforts to connect female veterans with resources**. Respondents suggested:

> *Provide better understanding of my military benefits*
>
> *Make information more available*
>
> *Connect women veterans with women vet services*

Eleven percent of respondents suggested that colleges foster female veteran support groups, while 10% suggested colleges provide MST counseling.

Eleven percent noted how more veteran-serving staff members would be helpful. As one respondent explained:

> *The college could hire another full-time staff in the VRC because there's only one full-time employee and one part-time employee who only work 29 hours a week. The full-time employee appears to be stretched thin and could use some help.*

Some of these students went further to indicate that more **staff members who were female veterans would be especially appreciated**. In the words of one student:

> *It would be neat to employ former female veterans so students have someone to relate to better.*

Conclusions and Recommendations

This report shines a light on the unique experience and needs of female veterans across the California Community Colleges, showing that the majority of these female students contend with significant issues as they transition back to civilian life and enroll on CCC campuses and revealing numerous opportunity to honor their service to our country and ensure they are able to thrive post-military.

Given that many female veterans report that the transition classes they attend are not helpful, there is a clear need to redesign these offerings to make them more meaningful and useful for participants. While survey respondents provided some ideas to improve these classes, transition class designers may want to consider **collecting regular input from female veterans to ensure transition class content matches their needs** as they seek a smooth and effective return to civilian life.

While female veterans are acutely seeking help with meeting their most basic needs with respect to food and housing security, the majority are also grappling with persistent issues tied to their veteran experience, such as mental health diagnoses and the aftermath of military sexual trauma. Campuses must be apprised of these high incidence rates to highlight and respond with services that help students deal with this trauma. While female veterans—regardless of whether they have experienced MST—are looking for more female-centric activities and supports, colleges with high rates of MST among their female veterans may consider an even stronger need for female-focused counseling and assistance given the finding that victims of MST trend towards preferring such supports over co-ed services. This support might come in the form of counselors explicitly trained to deal with military sexual trauma and female-only support groups. Further, there is a critical need to strengthen awareness of (free) MST services so that MST survivors will access and get the support they so clearly need.

While the majority of female veterans agreed that their college understands the unique needs of veterans, half as many agreed that their college understands the specific needs of *female* veterans. However, when pressed on what makes a college environment veteran-friendly, most respondents indicated elements that would apply equally to both sexes (e.g., a robust VRC, understanding among staff of military benefits, counselors tuned in to veterans' issues and needs). That said, some female veterans highlighted the desire for more female-focused veteran supports and staffing that consists of female veterans themselves. **Developing partnerships with community-based organizations and agencies to offer female-focused supports**—including basic needs assistance and mental health and well-being services—both on campus and in the community may also help meet these veterans where they are with what they need.

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The RP Group strengthens the ability of California community colleges to discover and undertake high-quality research, planning, and assessments that improve evidence-based decision-making, institutional effectiveness, and success for all students.

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