JOURNAL OF VETERANS STUDIES

Student Veterans' Social Justice Identity and Perceptions of Suicide Prevention

RESEARCH

SHELBY MESSERSCHMITT-COEN

BRETT ZYROMSKI

*Author affiliations can be found in the back matter of this article

VIRGINIA TECH PUBLISHING

ABSTRACT

Suicide is a leading cause of veteran deaths in the United States. Importantly, student veterans with more favorable perceptions of suicide prevention may be more likely to engage in such efforts. Social justice identity includes a commitment to action. Therefore, social justice-oriented student veterans may be more likely to commit to the mission of suicide prevention to protect themselves and others. This study sought to examine how social justice identity predicts student veterans' perceptions of suicide prevention. Cross-sectional survey data collected from 85 student veterans explored how their social justice identity predicted their perceptions of suicide prevention. A canonical correlation analysis revealed that social justice identity (most notably, self-efficacy and perceived supports or barriers) was a significant predictor of student veterans' perceptions of suicide prevention (most notably, perceived behavioral control and intent). Mental health professionals and university administration should consider ways to enhance or establish veteran-specific resources, including student veteran peer supports with a social justice identity.

CORRESPONDING AUTHOR:

Shelby Messerschmitt-Coen

Central College, US

coens@central.edu

KEYWORDS:

peer supports; social justice; suicide prevention; student veterans; veteran-specific resources

TO CITE THIS ARTICLE:

Messerschmitt-Coen, S., & Zyromski, B. (2022). Student Veterans' Social Justice Identity and Perceptions of Suicide Prevention. *Journal of Veterans Studies,* 8(3), pp. 182–193. DOI: https://doi.org/10.21061/jvs.v8i3.356

Student veterans are susceptible to various mental health concerns and stressful experiences, including suicidality (Borsari et al., 2017; Hinkson et al., 2021; Schonfeld et al., 2015). Suicide is a leading cause of veteran deaths in the United States (US Department of Veterans Affairs, 2020a). To mitigate these suicide rates in the collegiate community, many campuses apply a comprehensive approach to suicide prevention. Although suicide prevention efforts exist for students regardless of veteran status, student veterans continue to struggle with suicidality. As a result, researchers are called to identify ways to continue to support student veterans due to their increased risk of suicidality. More importantly, student veterans' perceptions of suicide prevention can influence the likelihood of seeking support for themselves and other student veterans.

Perceptions of suicide prevention have been understood through the theory of planned behavior, in that attitudes, subjective norms, perceived behavioral control, and intent can significantly predict behavior (Ajzen, 1991). Researchers have yet to identify personal characteristics that may predict a student veteran's likelihood of having more favorable perceptions of suicide prevention, implying a greater willingness to intervene. The theory of planned behavior emphasizes action and intention to engage in behaviors. Therefore, a social justice identity and action-oriented approach to addressing issues of suicidality may be a likely trait that influences student veterans' favorable perceptions of suicide prevention.

Student veterans with a greater social justice identity may be more interested and committed to suicide prevention efforts for themselves and fellow student veterans who struggle with suicidality. An individual's social justice identity (e.g., self-efficacy, outcome expectations, interest, commitment, & supports/barriers) might be a predictor of perceptions of suicide prevention on campus (Miller et al., 2009). Social justice identity includes a commitment to action (Ratts et al., 2016). Therefore, student veterans with a social justice identity may be more likely to commit to the mission of suicide prevention on campus to protect themselves and others.

STUDENT VETERANS AND SUICIDE PREVENTION

Student veterans are enrolled at 96% of institutions of higher education in the United States (US; US Department of Veterans Affairs, 2014). Despite their presence, student veterans are identified as a minority group on campus, consisting of approximately 4.5% of college students in the US (Holian & Adam, 2020). Studies have shown that student veterans feel isolated from others on campus, including civilian students, professors, and academic administration (Atuel & Castro, 2018). Student veterans report a "us versus them" mentality, contributing to feelings of social isolation and distancing (Atuel & Castro, 2018, p. 76). Additionally, student veterans have perceived differences from the majority population of civilian students. For instance, student veterans report that civilian students are more casual in classrooms and in conversations with professors and other authoritative figures (Osborne, 2014), which is perceived as a lack of respect for those higher in the chain of command (Atuel & Castro, 2018). Further, student veterans have stated that they have experienced civilian students to be liberal and anti-military, which has led to feelings of isolation and misunderstanding from their civilian peers (Osborne, 2014). These perceived differences and biases can create barriers to a student veteran's ability to connect with others and feel like a part of the collegiate culture.

Veteran Critical Theory (VCT) states that veterans are a population susceptible to the disparaging effects and experiences brought forth by microaggressions, oppression, and stereotyping that other marginalized populations face (Phillips & Lincoln, 2017). Relevant to student veterans, VCT posits that structures, policies, and processes are not created with student veterans in mind. Therefore, making them susceptible to deficit thinking from institutions of higher education due to civilian-constructed assumptions that student veterans must work to overcome (Phillips & Lincoln, 2017). Considering this theory, student veteran experiences of feeling isolated from civilian peers are understandable.

Consequentially, student veterans report struggling with transitional challenges and mental health concerns. Approximately 28% of student veterans have reported difficulties adjusting to college culture (Schonfeld et al., 2015). The prevalence of mental health disorders has increased over the years; currently, 41% of veterans report having a mental health condition (US Department of Veterans Affairs, 2017). Researchers have established that social isolation and mental health concerns are linked with suicidality (Center for Disease Control and Prevention, 2017), and veterans have been identified as a population of increased risk of experiencing mental health concerns and suicidality (US Department of Veterans Affairs, 2017).

STUDENT VETERANS AND SUICIDALITY

Suicidality is a serious concern within the student veteran community. Veterans aged 18–34 have the highest suicide rate, which has steadily increased for nearly two decades (US Department of Veterans Affairs, 2020a). Research has shown that 18% of student veterans have had thoughts

of suicide, 9% have seriously considered suicide as an option (Hinkson et al., 2021), and 6–8% of student veterans have reported a past suicide attempt (Borsari et al., 2017; Hinkson et al., 2021). Therefore, suicidality is a serious concern within the student veteran population, and the university administration must consider ways to support this group.

CAMPUS SUICIDE PREVENTION

Universities have implemented campus suicide prevention efforts nationwide. Experts have identified an effective, comprehensive approach to suicide prevention that campuses have adopted. For example, gatekeeper training, crisis hotlines, and community partnerships (Goldston et al., 2010). A recent meta-analysis revealed that interventions that employ gatekeeper prevention strategies significantly increase knowledge, skills, and self-efficacy around suicide prevention (Wolitzky-Taylor et al., 2019). Colleges and universities have engaged in multiple efforts to support suicide prevention efforts on campus nationwide for students generally (Goldston et al., 2010). However, considering VCT, scholars could argue that these programs are not created with the student veteran in mind (Phillips & Lincoln, 2017). Therefore, these programs may be insufficient in meeting student veterans' unique needs as they attend institutions of higher education.

Campus Suicide Prevention for Student Veterans

Many veteran-specific resources that are not limited to suicide prevention are currently available to student veterans (Klaw et al., 2021). For example, veteran transitional programs known as the Veterans Integration to Academic Leadership (VITAL; US Department of Veterans Affairs, 2020b), VetSuccess on Campus programs (US Department of Veterans Affairs, 2022), and student veteran organizations and groups known as the Student Veterans of America (SVA). Most student veterans (60%) utilize these veteran-specific resources when available on their campuses (Borsari et al., 2017). Unfortunately, these resources are highly determinant on which institution student veterans attend. For instance, 24 of the 50 states have at least one college or university that offers the VITAL program at their institution (US Department of Veterans Affairs, 2021), which assists student veterans with physical and mental health challenges of transitioning to college (US Department of Veterans Affairs, 2020b).

Additionally, 104 out of the nearly 4,000 colleges or universities across the country have a VetSuccess on Campus program (National Center for Education Statistics, 2022), which offers veterans and their families on-campus benefits assistance and mental health counseling (US Department of Veterans Affairs, 2022). These programs are not exclusively designed for suicide prevention. However, the needs they address can certainly mitigate against situational factors and experiences that student veterans may have that could lead to an increased risk of suicidality. These programs offer vital resources to a student population with an increased risk of mental health concerns, and these programs are designed to mitigate those effects.

While these programs offered through the US Department of Veterans Affairs might be challenging for some institutions to establish, one approach to increase veteran-specific resources would be through the use of student veteran peer supports, considering that research has suggested the effectiveness of peer support programs in suicide prevention work (Schlichthorst et al., 2020). While programs such as VITAL and VetSuccess may be scarcer on campus, student veteran organizations such as SVA have more than 1,500 on-campus chapters across the country (Student Veterans of America, 2022). University members invested in student veteran well-being would benefit from understanding which students have favorable perceptions of suicide prevention when establishing these veteran-specific resources that involve the use of peer supports. Additionally, these university members could benefit from research that supports student veteran organizations as they work to prevent suicide in their community.

Perceptions of Suicide Prevention

One characteristic that may predict a student veteran's effectiveness in serving as a peer support would be whether or not they have favorable perceptions of suicide prevention. Unfortunately, researchers have yet to identify factors that might influence student veterans' perceptions of suicide prevention, including their self-efficacy and willingness to intervene if a student is struggling with suicidality. This research would serve academic administration and mental health professionals tasked with serving the mental health and suicide prevention needs of minority groups on their campuses.

The theory of planned behavior serves as a helpful framework for understanding a student's perceptions of suicide prevention and the likelihood that they will intervene when someone is struggling with suicidality (Aldrich et al., 2014). Specifically, the framework of the theory of planned behavior suggests that three domains contribute toward one's intention of performing a specific behavior: attitudes toward the behavior, subjective norms, and perceived behavioral control (PBC; Ajzen, 1991). In this seminal piece, Ajzen (1991) defined these subdomains of the theory of planned behavior. Attitudes toward a behavior are the degree to which performance of the behavior is

valued. Subjective norms are perceived social pressures to perform or not to perform the behavior. PBC is considered one's belief that one can perform a certain behavior. The intention to perform a behavior is a cognition that is usually considered to be the immediate precursor to performing the behavior. In this study, the behavior would be efforts toward suicide prevention, for example, intervening and recognizing warning signs.

PBC includes the resources necessary to perform a behavior and its perceived ease or difficulty to perform, which differs from different theories of control, such as locus of control or the theory of reasoned action (Ajzen, 1991). The concept of PBC is most similar to Bandura's (1993) concept of perceived self-efficacy in that PBC and perceived self-efficacy are both interested in the judgments of how well one can complete different acts and behaviors (Ajzen, 1991). The theory of planned behavior considers PBC in a more general way in its relation to beliefs, attitudes, intentions, and behaviors in its inclusion in the theoretical framework. Ultimately, the more favorable the attitude and subjective norm with respect to a behavior, the greater the PBC, and the stronger one's intention is to perform the specific behavior (Ajzen, 1991). Attitudes, subjective norms, and PBC have all been shown to significantly predict intentions and actual behavior in several empirical studies (see Ajzen, 1991 for a review). Together, these four elements have been shown to account for a considerable and significant proportion of variance in behavior.

Researchers have studied the theory of planned behavior and mental health in samples of college students. One study identified that this theory explained a significant portion of variance (56%) in college students' intentions to use campus mental health services (Mills, 2010). Also, a longitudinal study found that a peer-based mental health promotion program produced improved attitudes, subjective norms, greater feelings of PBC, and greater intentions to talk with other students about mental health issues (Pearce et al., 2003). The results of these studies suggested the promise of the theory of planned behavior in suicide prevention.

Little is known regarding which student veterans are likely to have more favorable perceptions of suicide prevention, implying a greater willingness to intervene to prevent suicide. Social justice identity may be a promising characteristic to predict perceptions of suicide prevention that has yet to be studied empirically. Social justice identity emphasizes the commitment to action that student veterans may value for themselves as well as their fellow student veterans. Researchers can consider characteristics that may increase student veterans' favorable perceptions of suicide prevention, and social justice identity may be a characteristic to consider.

SOCIAL JUSTICE

Social justice identity has yet to be studied empirically within a student veteran sample. Social justice has been defined as actions to remedy social oppression and afford all people equitable access to resources and opportunities that have historically been reserved for those in privileged life spaces (Sue & Sue, 2013) through leadership, advocacy, social activism, empowerment, and personal and professional allyhood (Ratts et al., 2016). Researchers and theorists have postulated that social justice can be understood as an identity that varies in priority and developmental level from person to person (Dollarhide et al., 2016; Miller et al., 2009).

Social Justice Identity

Social justice can develop into an identity (Miller et al., 2009). Social justice identity development is made apparent through advocacy or means of empowering others to the extent that social justice becomes a part of their personal and professional identity (Dollarhide et al., 2016). Social justice identity is understood to be encompassed by multiple domains rather than understood as a single construct (Miller et al., 2009). In doing so, researchers can understand what aspects contribute to a comprehensive social justice identity.

Five domains of social justice include self-efficacy, outcome expectations, interest, commitment, and perceived social supports or barriers (Miller et al., 2009). Social justice self-efficacy is defined as a set of beliefs regarding one's perceived ability to perform particular tasks and has been shown to shape interests and commitment to social justice. Outcome expectations refer to the perceived outcomes associated with social justice engagement. These outcomes might include a student's belief that their social justice work would reduce the oppression of certain groups or fulfill a personal sense of moral and social responsibility (Miller et al., 2009). Social justice interest is the pattern of likes, dislikes, and indifferences regarding social justice activities, and social justice commitment refers to goals and activities related to advocacy that one plans to pursue. Perceived social supports and barriers are factors that refer to anticipated social supports and social barriers inherent in the pursuit of social justice engagement. Supports would serve to facilitate goal attainment, while barriers would serve to hinder goal attainment. Together, these domains can aid researchers' understanding of how social justice identity is associated with perceptions of suicide prevention.

Social Justice and Suicide Prevention

Social justice and suicide prevention are similar in many ways. At its core, suicide prevention requires action-oriented efforts to engage communities successfully. Social justice emphasizes action to advocate for oneself and others.

Experts have issued a call for suicide prevention to be considered a social justice issue that is not solely dependent upon the advocacy of those in the mental health or health system fields (National Alliance on Mental Illness [NAMI], 2017). Suicide prevention is considered a political and public health issue that communities must address, and these actions would be considered efforts of social justice (Button, 2016). Student veterans have been identified as a minority group that structures, policies, and programs in higher education that are not explicitly considered in their formation (Phillips & Lincoln, 2017). Therefore, this student group is a population in need of advocacy and social justice. Advocating for systemic change through social justice may reduce the stigma around suicide prevention, thus preventing suicide across the country.

More importantly, researchers have an opportunity to understand how social justice, more specifically social justice identity, may predict perceptions of suicide prevention in the student veteran community with a heightened risk of suicidality. Both social justice identity and suicide prevention rely on action, advocacy, and empowerment to be effective. Since institutions of higher education are not yet sufficiently equipped with mental health and suicide prevention resources specific for student veterans, researchers are called to identify ways to support these institutions to establish such resources to mitigate against the increasing rates of suicidality within these populations. Researchers, mental health professionals, university veteran service administration, and other administrative personnel can benefit from identifying which characteristics of student veterans may result in more favorable perceptions of suicide prevention. In turn, these administrative supports can establish a peer support program, increasing the number of institutions in the US that offer veteran-specific resources. We proposed the following research question in the examination of social justice identity and perceptions of suicide prevention in the student veteran community:

> RQ1: Does a student veteran's social justice identity, as defined and measured by self-efficacy, outcome expectations, interest, commitment, and perceived supports/barriers, predict their perceptions of campus suicide prevention, as defined and measured by attitudes, subjective norms, PBC, and intention?
>
> > $H_{1:}$ The authors hypothesized that social justice identity would significantly predict perceptions of campus suicide prevention, and student veterans with a stronger social justice identity would have more positive perceptions of campus suicide prevention.

METHOD

PARTICIPANTS

The present study was approved by our affiliated Institutional Review Board (Protocol #2020E0171). The target population for this study consisted of college student veterans. Inclusion criteria were: (a) previous military experience with veteran status, (b) aged 18 years or older, and (c) currently enrolled in undergraduate studies at a Big Ten Academic Alliance university. Participants were recruited by using a snowball sampling technique, beginning with a point-person representative (i.e., administrative employee of the university serving the needs of student veterans) from each Big Ten Academic Alliance university. The point person then contacted student veterans on their campus to request their participation in this study. We provided the point person with an email template for recruitment.

MEASURES AND PROCEDURE

This study's instruments assessed various domains of student veterans' social justice identities and perceptions of suicide prevention. These constructs were measured using two instruments: the Social Inquiry Questionnaire (SIQ; Miller et al., 2009) and the Willingness to Intervene with Suicide scale (WIS; Aldrich et al., 2014).

SIQ

Following informed consent, participants completed the SIQ. The SIQ is a 52-item instrument designed to measure an individual's social justice identity as defined by five constructs: self-efficacy, outcome expectations, interest, commitment, and perceived social supports/barriers. All items were scored on a 10-point Likert scale (0 = *low alignment*; 9 = *high alignment*), and each subscale included a unique prompt.

A sample item for self-efficacy included, "How much confidence do you have in your ability to respond to social injustice with nonviolent actions?" A sample item for outcome expectations included, "Engaging in social justice activities would likely allow me to fulfill a sense of social responsibility." An interest item from the instrument asked, "How much interest do you have in reading about social issues?" (e.g., racism, oppression, inequality)." A sample commitment item was "How much do you agree or disagree: I think engaging in social justice activities is a realistic goal for me." Perceived social supports and barriers were combined into one subscale, and sample items included, "If you were to engage in social justice activities, how likely would you be to feel support for this decision from important people in your life?" and "If you were to engage in social justice activities, how much would you worry that getting involved would require too much time or energy?"

The instrument's authors reported acceptable to high reliability for each subscale in a sample of undergraduate students (α = 0.79–0.94; Miller et al., 2009). Results from this study indicated high reliability for self-efficacy (α = 0.96), outcome expectations (α = 0.94), interest (α = 0.90), commitment (α = 0.96), and perceived supports and barriers (α = 0.81).

WIS

Following the SIQ, participants completed the WIS, which is a 70-item instrument that was used to determine participants' perceptions of suicide prevention. The WIS was created based on the theory of planned behavior using four subscales: attitudes, subjective norms, PBC, and intention. Participants responded to items on each subscale on a 5-point Likert scale (1 = *low alignment*; 5 = *high alignment*). The attitudes subscale was prompted with the statement, "Intervening when someone is suicidal would be…" and participants reported their level of alignment to one of two adjectives in a pair on a bipolar Likert-type scale (e.g., *beneficial/harmful; embarrassing/not embarrassing*).

The subjective norms subscale was prompted with one of three statements, "What do you think (people at your university; people in your family; your friends at your university), in general, would think of _____." Items included, "You talking with someone who is suicidal about suicide?" and "You suggesting that someone who is suicidal see a counselor on campus?" The PBC subscale consisted of items including, "It would be too difficult to talk about suicide with someone who is suicidal." Finally, the intention subscale was prompted with the statement, "Please indicate how likely you would be to engage in the following behaviors," "Express my concern for someone who is suicidal to others." The instrument's authors reported acceptable to high reliability for each subscale in three samples of undergraduate students (α = 0.77–0.91; Aldrich et al., 2014). Results from this study indicated acceptable to high reliability for attitudes (α = 0.78), subjective norms (α = 0.80), PBC (α = 0.90), and intention (α = 0.90).

Demographic Items and Debrief

After completing the SIQ and the WIS, participants responded to 13 demographic items. Demographic items included basic information such as racial identity, gender identity, year in undergraduate education, total time served in the military, and current/prior suicidal ideation and/or attempts. Upon completing the survey, student veterans were provided contact information for national suicide prevention resources (e.g., National Suicide Prevention Hotline for veterans, suicide prevention websites, veterans text line) in case of any discomfort resulting from participation in the study.

DATA ANALYSIS

Canonical correlation analysis (CCA) was used to test the hypothesis in the present study. CCA is a general procedure for investigating the associations between two sets of variables, where each variable set consists of at least two variables (Knoeppel et al., 2007; Thompson, 1984). This study's predictor variable consisted of one variable (social justice identity), which consisted of five variables that defined it (self-efficacy, outcome expectations, interest, commitment, perceived supports/barriers). The outcome variable consisted of one variable (perceptions of suicide prevention), which consisted of four variables that defined it (attitudes, subjective norms, PBC, and intention).

CCA forms two linear combinations with one of the predictor variables and one of the criteria variables, which are differentially weighted, so the maximum possible correlation between them is obtained (Knoeppel et al., 2007). These linear combinations are called canonical variates, and the correlation between these variates is called the canonical correlation (Knoeppel et al., 2007). From the canonical correlation, a researcher can determine the variance shared by the two canonical variates. Ultimately, the goal of CCA is to identify the multivariate relational pattern between two sets of variables and to understand and describe the relationship carefully and concisely (for an extensive description of CCA (see Tabachnick & Fidell, 2019 or Thompson, 1984 for a review). The CCA was run using the Statistical Package for the Social Sciences (SPSS) Version 25.0.

RESULTS

INITIAL TESTING

We conducted initial testing before running the CCA, which included assessing for participant completion, assumption testing, and intercorrelations. Overall, 101 participants responded to any single questionnaire item beyond informed consent. Of the 101 participants who began the survey, 85 participants (84%) completed the survey in its entirety, and their data were used in the present study. We considered the best way to handle missing data in the present study. CCA is highly sensitive to missing data and minor changes to data sets (Tabachnick & Fidell, 2019), suggesting the importance of considering any missing data changes before using CCA. With this in mind, no missing data imputations were performed.

Of the participants, 78.8% were primarily white/Caucasian (n = 67), 81.2% identified as heterosexual (n = 69), and 72.9% identified as male (n = 62) who were in their third or fourth year of undergraduate education (M = 3.33, SD = 1.20). Of the participants, 34.1% served in the Army (n = 29), with an average time in service of

eight years (*SD* = 6.41). Of the participants, 56% (*n* = 48) indicated previous or current suicidal ideation and 12.9% (*n* = 11) reported a prior suicide attempt. About 50% (*n* = 43) of participants were survivors of suicide or had lost a loved one to suicide. Also, participants reported higher than average scores on some social justice domains, particularly self-efficacy (*M* = 7.02, *SD* = 1.85), outcome expectations (*M* = 6.93, *SD* = 2.10), and perceived supports/barriers (*M* = 6.44, *SD* = 1.68; all on a scale of 0 = *low alignment* to 9 = *high alignment*). Participants also reported higher than average scores on perceptions of suicide prevention domains, particularly PBC (*M* = 4.22, *SD* = 0.58; on a scale of 1 = *low alignment* to 5 = *high alignment*).

Assumption tests of normal distribution, linearity, and homoscedasticity indicated no significant issues with the data. In addition, an assumption test of CCA is fit of constructs to its relative variable set. Each construct must describe its relevant variable set better than the other variable set. Canonical loadings indicated that the constructs used (subscales of SIQ and WIS) to define the variable sets (social justice identity and perceptions of suicide prevention) were appropriate and described below.

H1: SOCIAL JUSTICE IDENTITY PREDICTS PERCEPTIONS OF SUICIDE PREVENTION

All canonical correlation functions are noted in Table 1 (below). Collectively, the full model across all functions (i.e., Function 1) was statistically significant using the Wilks's Λ = 0.58 criterion, $F(20, 226) = 2.04$, $p = .007$. Because Wilks's Λ represents the variance unexplained by the model, $1 - \Lambda$ yields the full model effect size in an r^2 metric (Henson, 2006). Thus, for the set of four canonical functions, the r^2 type effect size was 0.42, which indicated that the full model could explain a substantial portion, approximately 42%, of the variance shared between the variable sets. Effect size is an important factor in CCA. Functions that produce a significant alpha value are not interpreted if effect size does not explain at least 10% of the variance that was accounted for (Tabachnick & Fidell, 2019). We determined that the first pair of canonical variates was statistically significant and accounted for a significant portion of the variance. The remaining functions did not explain a statistically significant amount of shared variance between the variable sets.

Correlation or loading values within the first canonical variate pair (function) were tested. In doing so, the researchers interpreted the canonical variates and how the constructs are associated with each other. Correlations between variables and variates (i.e., loadings) more than 0.30 were interpreted as contributing a significant portion of variance to the variable (Tabachnick & Fidell, 2019). The first pair of canonical variates had high loadings on all five social justice identity variables and on all four perceptions of suicide prevention variables, and all constructs resulted in the same directionality (i.e., all negative correlation values), suggesting that all constructs were positively correlated with one another (see Table 2). These findings suggest that greater self-efficacy (–0.77), outcome expectations (–0.52), interest (–0.44), commitment (–0.41), and perceived supports/barriers (–0.77) were significantly associated with greater attitudes (–0.58), subjective norms (–0.36), PBC (–0.88), and intent to engage (–0.92) in suicide prevention behaviors. These values were in the anticipated direction and were all positively associated with each other.

Further, the CCA produced standardized canonical correlation coefficient values to determine which constructs within each variable set were the most notable in explaining the variable (see Table 2). For social justice identity, the most notable constructs, according to the standardized correlation coefficients, were self-efficacy (–0.87; $\%r_s^2$ = 0.75) and perceived supports and barriers (–0.74; $\%r_s^2$ = 0.55). These values were in the same directionality, suggesting that they were positively correlated with each other. For perceptions of suicide prevention, intent (–0.58; $\%r_s^2$ = 0.34) and PBC (–0.33; $\%r_s^2$ = 0.11) were the most notable constructs with negative values suggesting a positive correlation with the two relevant social justice identity constructs. When a student veteran reported high levels of social justice self-efficacy and perceived supports (high) and barriers (low), they tended to have higher PBC and intent to engage in suicide prevention behaviors. These results support theoretically expected relationships between positive social justice identity constructs and favorable perceptions of suicide prevention.

	CORRELATION	EIGENVALUE	WILKS	*F*	NUM D.F	DENOM D.F.	*P*
1	0.57	0.49	0.58	2.041	20	226.48	.007
2	0.29	0.09	0.86	0.890	12	182.85	.559
3	0.22	0.05	0.94	0.754	6	140.00	.608
4	0.11	0.01	0.99	.	.	.	.

Table 1 Canonical Correlation Analysis.

	FIRST CANONICAL VARIATE		
	CORRELATION	*COEFFICIENT*	*%R_s^2*
Social justice identity set			
Self-efficacy	**–0.77**	**–0.87**	0.75
Outcome expectations	**–0.52**	0.02	0.00
Interest	**–0.44**	0.31	0.09
Commitment	**–0.41**	0.21	0.04
Perceived supports/barriers	**–0.77**	**–0.74**	0.55
Proportion of variance	0.36		
Redundancy	0.12		
Perceptions of suicide prevention set			
Attitudes	**–0.58**	–0.27	0.07
Subjective norms	**–0.36**	–0.06	0.00
PBC	**–0.88**	**–0.33**	0.11
Intent	**–0.92**	**–0.58**	0.34
Proportion of variance	0.53		
Redundancy	0.17		

Table 2 Canonical Solution for Social Justice Identity Predicting Perceptions of Suicide Prevention.

Note: Correlation = canonical loading. Coefficient = standardized canonical function coefficient. *%r_s^2* = structure coefficient squared or variance explained. Notable structure coefficients are in bold.

DISCUSSION

We proposed the following research question: Does a student veteran's social justice identity, as defined and measured by self-efficacy, outcome expectations, interest, commitment, and perceived supports/barriers, predict their perceptions of campus suicide prevention, as defined and measured by attitudes, subjective norms, PBC, and intention? We hypothesized that social justice identity would significantly predict perceptions of campus suicide prevention; student veterans with a stronger social justice identity would have more positive perceptions of campus suicide prevention.

The results from this study indicate that student veterans' social justice identity is a significant predictor of their perceptions of suicide prevention and a stronger social justice identity predicts more favorable perceptions of suicide prevention. The most notable contributors to this association were social justice self-efficacy, perceived supports and barriers, PBC, and intention. The findings from this study address a gap in the literature involving social justice identities and perceptions of suicide prevention in the student veteran community.

SOCIAL JUSTICE IDENTITY PREDICTS PERCEPTIONS OF SUICIDE PREVENTION

The most notable constructs of social justice identity were self-efficacy and perceived supports and barriers. For perceptions of suicide prevention, the most notable constructs were PBC and intent. Self-efficacy is central to engagement, effort, and feelings toward advocacy and the length of time one commits to social justice advocacy (Bandura, 1977). Self-efficacy is crucial to feelings of empowerment to engage in social justice and the perceived ability that one can successfully engage in advocacy (Miller et al., 2009). Student veterans in this sample indicated that self-efficacy was vital to their social justice identity. Those with strong social justice self-efficacy were predicted to have more favorable perceptions of suicide prevention.

Additionally, perceived social supports and barriers significantly contributed to social justice identity. Social supports and barriers have been considered an indirect contributor to social justice identity, in that perceived supports and barriers contribute toward one's self-efficacy (Miller et al., 2009). Both self-efficacy and perceived supports and barriers significantly contributed to social justice identity. This sample of student veterans reported a higher-than-average perceived social support, and this

perception may have contributed to their increased self-efficacy. Student veterans' identity as military-affiliated does not simply go away once they become veterans (Atuel & Castro, 2018). Importantly, military culture is collectivistic, emphasizing group and social goals and ideals over one's own (Atuel & Castro, 2018). Student veterans tend to value collectivistic goals and ideals, which may explain their strong value of perceived social supports and barriers contributing to their social justice identities. Suicide prevention is a public health issue that emphasizes collectivistic ideals for its success (NAMI, 2017). Collectivistic goals in military culture may have contributed to this study's sample of student veterans' favorable perceptions of suicide prevention.

PBC and intent were the most notable variables related to perceptions of suicide prevention. PBC emphasizes one's perception that one can perform a behavior without having to measure whether someone has engaged in the behavior or not. Importantly, student veterans in this sample scored significantly high in social justice self-efficacy and PBC regarding suicide prevention behaviors. This is promising in that student veterans not only believe they can engage in social justice but also perceive that they have the control to make an impact when engaging in suicide prevention behaviors as peer supports. These two domains combined suggest that student veterans have the perceived ability and control to make a difference by engaging in suicide prevention behaviors. In addition to PBC, student veterans scored notably high in intent to engage in suicide prevention behaviors. The intent is central to predicting human behavior (Ajzen, 1991), and student veterans reported high intent to engage in suicide prevention behaviors, which suggests that students with strong social justice identities may have greater intent to address suicidality in themselves or other student veterans.

IMPLICATIONS FOR PRACTICE AND RESEARCH

Findings from the present study have practical and research implications for veteran-specific support services, college mental health professionals, and university administrative personnel responsible for addressing student veterans' needs. Practical implications include suicide prevention programming and increasing and enhancing veteran-specific resources, such as student veteran organizations and peer supports. Implications for future research include a call for research on the effectiveness of veteran-specific resources in reducing suicidality in student veterans, and further exploration of what characteristics predict perceptions of suicide prevention.

Suicide Prevention Programming

Student veterans who have the intention to engage in suicide prevention efforts may make ideal candidates to assist collegiate personnel responsible for providing resources and support for the mental health needs of student veterans. Many institutions of higher education consider collegiate counselors to be the first line of care for students struggling with serious mental health concerns and suicidality (American Association of Suicidology, n.d.). As collegiate counselors have a high demand to provide direct service to students in need, preventative and indirect services may be left underserved, calling for mental health professionals and universities to consider restructuring the way care is provided for minority populations at risk of increased suicidality, including student veterans.

Institutions of higher education must consider ways to increase offerings for suicide prevention programming, for example, gatekeeper trainings for student veterans. Research has suggested that including gatekeeper prevention strategies in suicide prevention training increases students' self-efficacy, knowledge, and skills (Wolitzky-Taylor et al., 2019). Providing suicide prevention gatekeeper trainings to student veterans would increase their self-efficacy, which the present study suggested was an important factor in the students' intent to intervene with someone who is suicidal.

Veteran-Specific Resources

Student veterans intending to engage in suicide prevention efforts may make ideal candidates to improve or establish veteran-specific resources on campuses nationwide. One such approach could be establishing or enhancing veteran-specific resources through student veterans as peer supports. By including student veterans as peer supports, institutions will, in turn, be closing the gap between the number of institutions that enroll veterans and those who offer veteran-specific resources, which is concerningly disproportionate at this time. Students with suicidal ideation are more likely to seek help for mental or emotional health from a friend (56%) compared to a family member (39%), significant other (35%), or roommate (19%; Healthy Minds Network, 2017). Thus, institutions may consider training student veterans as peer supports and identifying those student veterans with a strong social justice identity to help serve the mission of reducing suicidality on their campus.

Organizations such as SVA are a way to increase peer supports for student veterans. While there is an abundance of chapters already established (SVA, 2022), colleges and universities that do not have an established chapter can collaborate with student veterans with strong social justice identities to help support the founding of such a program. SVA has demonstrated its value in supporting student veteran mental health, as evidenced by its status as a founding partner of the nationally recognized Mental Health Action

Day (SVA, 2021). Student veteran organizations on campus can advocate for suicide prevention gatekeeper trainings to be offered to their groups, which may result in increased self-efficacy for these student veterans to intervene with a student who is suicidal. Currently, empirical research on the effectiveness of these student veteran programs is scarce. However, reviews of best practices in serving student veterans' needs include the use of student organizations and peer supports (Klaw et al., 2021).

Future Research

As this area of literature is fairly underdeveloped, there is ample opportunity for researchers to investigate related gaps in the literature further. An area with a scarcity of research is the effectiveness of suicide prevention programming and veteran-specific resources on student veterans' mental health and suicidality. An abundance of literature has identified the effectiveness of programming such as gatekeeper trainings on suicide prevention self-efficacy (see Wolitzky-Taylor et al., 2019 for a meta-analysis review). However, these studies have not been explicitly conducted on a student veteran population. VCT would suggest that student veterans are at risk of deficit thinking in higher education, and these structures may not have been built with this minority group in mind (Phillips & Lincoln, 2017). Researchers can consider ways to better understand the effectiveness of these programs for this at-risk population.

Research also lacks on the effectiveness of veteran-specific resources (e.g., VITAL, VetSuccess on Campus, SVA) in reducing student veterans' suicidality. More data on the effectiveness of programs such as SVA or a student veteran peer support program at reducing suicidality would encourage colleges and universities to prioritize establishing such resources on their campuses. This study suggests that student veterans with a social justice identity may have more favorable perceptions of suicide prevention and, thus, a greater willingness to intervene. However, no data were collected on whether these interventions would indeed reduce suicidality for others, and future research can begin to address this important question.

Researchers can consider building upon the findings from this study by identifying other characteristics that may predict student veterans' perceptions of suicide prevention. For instance, this study inquired about student veterans' personal history with suicidality as a simple demographic item. Further investigation of these variables could offer a deeper dive into these variables' association with student veterans' perceptions of suicide prevention. Finally, researchers can consider alternative design methodologies to address a similar research question. For instance, researchers may consider additional ways to define social justice identity and/or perceptions of suicide prevention, which could change the statistical approach to analyzing the data associated with the research question.

LIMITATIONS

Participants were recruited in the spring of 2020 at the onset of the COVID-19 pandemic. Colleges and universities were adapting to the pandemic, which was a significant limitation to our ability to collect data from different institutions. Further, limitations are present regarding the study's design. The present study was cross-sectional, and longitudinal data could suggest more long-term effects of social justice identity development on student veterans' perceptions of suicide prevention. Participants were primarily recruited using a snowball sampling technique, which offered distinct advantages during the pandemic but may also result in sampling bias, as participants may have recruited others that shared similar personal traits. Also, limitations may exist regarding the instruments used. In using self-reported data, participants may have limited and imperfect understandings of their attitudes or intentions, resulting in inaccurate responses to questions. Due to COVID-19, student veterans may have had the additional challenge of giving self-report data on their engagement in suicide prevention efforts if they were not physically on campus.

CONCLUSION

This study provides evidence to support the phenomenon that social justice identity is a significant predictor of perceptions of suicide prevention and greater social justice identity is associated with more favorable perceptions of suicide prevention. Mental health professionals and institutional administration can take the initiative to establish or enhance current veteran-specific resources on campus by using student veterans with strong social justice identities to serve as peer supports. These efforts can contribute toward universities' efforts to offer support to student veterans struggling with suicidality.

FUNDING INFORMATION

The authors express gratitude for the funding support from the American College Counseling Association. The funders had no role in this research, such as in study design, data collection and analysis, or preparation of the manuscript.

COMPETING INTERESTS

SM received a research grant from the American College Counseling Association to support data collection. BZ has no competing interests to declare.

AUTHOR AFFILIATIONS

Shelby Messerschmitt-Coen orcid.org/0000-0001-9364-7388
Central College, US

Brett Zyromski orcid.org/0000-0001-5405-749X
The Ohio State University, US

REFERENCES

Ajzen, I. (1991). The theory of planned behavior. *Organizational Behavior and Human Decision Processes, 50*(2), 179–211. DOI: https://doi.org/10.1016/0749-5978(91)90020-T

Aldrich, R. S., Harrington, N. G., & **Cerel, J.** (2014). The willingness to intervene against suicide questionnaire. *Death Studies, 38*, 100–108. DOI: https://doi.org/10.1080/07481187.2012.738763

American Association of Suicidology. (n.d.). *College & university suicide prevention accreditation program*. https://suicidology.org/training-accreditation/college-accreditation/

Atuel, H. R., & **Castro, C. A.** (2018). Military cultural competence. *Clinical Social Work Journal, 46*, 74–82. DOI: https://doi.org/10.1007/s10615-018-0651-z

Bandura, A. (1977). *Social learning theory*. Prentice Hall.

Bandura, A. (1993). Perceived self-efficacy in cognitive development and functioning. *Educational Psychologist, 28*(2), 117-148. DOI: https://doi.org/10.1207/s15326985ep2802_3

Borsari, B., Yurasek, A., Miller, M. B., Murphy, J. G., McDevitt-Murphy, M. E., Martens, M. P., Darcy, M., & **Carey, K. B.** (2017). Student service members/Veterans on campus: Challenges for reintegration. *American Journal of Orthopsychiatry, 87*(2), 166–175. DOI: https://doi.org/10.1037/ort0000199

Button, M. E. (2016). Suicide and social justice: Toward a political approach to suicide. *Political Research Quarterly, 69*(2), 270–290. DOI: https://doi.org/10.1177/1065912916636689

Centers for Disease Control and Prevention. (2017). *WISQARS: Fatal injury reports, national, regional, and state, 1981–2017*. https://webappa.cdc.gov/sasweb/ncipc/mortrate.html

Dollarhide, C. T., Clevenger, A., Dogan, S., & **Edwards, K.** (2016). Social justice identity: A phenomenological study. *Journal of Humanistic Psychology*, *56*(6), 624–645. DOI: https://doi.org/10.1177/0022167816653639

Goldston, D. B., Walrath, C. M., McKeon, R., Puddy, R. W., Lubell, K. M., Potter, L. B., & **Rodi, M. S.** (2010). The Garrett Lee Smith Memorial Suicide Prevention Program. *Suicide and Life-Threatening Behavior, 40*(3), 245–256. DOI: https://doi.org/10.1521/suli.2010.40.3.245

Healthy Minds Network. (2017). *Past year informal help-seeking for mental or emotional health among students with suicidal ideation*. https://healthymindsnetwork.org/wp-content/uploads/2019/04/HM-CSAS-VA_6-2.jpg

Hinkson, K. D., Drake-Brooks, M. M., Christensen, K. L., Chatterey, M. D., Robinson, A. K., Crowell, S., E., Williams, P. G., & **Bryan, C. J.** (2021). An examination of the mental health and academic performance of student veterans. *Journal of American College Health*, 1–8. DOI: https://doi.org/10.1080/07448481.2020.1858837

Holian, L., & **Adam, T.** (2020). Veterans' education benefits: A profile of military students who received federal veterans' education benefits in 2015-16. *National Center for Education Statistics*. https://nces.ed.gov/pubs2020/2020488rev.pdf

Klaw, E., Young, B., Li, K., & **O'Rourke, P.** (2021). Best practices in serving college student veterans: A scoping review. *Journal of Military, Veteran, and Family Health, 7*(1), 76–86. DOI: https://doi.org/10.3138/jmvfh-2020-0024

Knoeppel, R. C., Verstegen, D. A., & **Rinehart, J. S.** (2007). What is the relationship between resources and student achievement? A canonical analysis. *Journal of Education Finance, 33*(2), 183–202. https://www.jstor.org/stable/40704323

Miller, M. J., Sendrowitz, K., Connacher, C., Blanco, S., Muniz de la Pena, C., Bernardi, S., & **Morere, L.** (2009). College students' social justice interest and commitment: A social-cognitive perspective. *Journal of Counseling Psychology, 56*(4), 495–507. DOI: https://doi.org/10.1037/a0017220

Mills, J. L. (2010). *Does the theory of planned behavior predict intentions to seek help for suicidality?* [Doctoral dissertation, Marshall University]. https://mds.marshall.edu/cgi/viewcontent.cgi?article=1107&context=etd. DOI: https://doi.org/10.1037/e663512011-001

National Alliance on Mental Illness. (2017, September 11). *Suicide prevention as a social justice issue*. https://www.nami.org/Blogs/NAMI-Blog/September-2017/Suicide-Prevention-as-a-Social-Justice-Issue

National Center for Education Statistics. (2022). *Characteristics of degree-granting postsecondary institutions*. https://nces.ed.gov/programs/coe/indicator/csa/postsecondary-institutions

Osborne, N. J. (2014). Veteran ally: Practical strategies for closing the military-civilian gap on campus. *Innovations in Higher Education, 39*, 247–260. DOI: https://doi.org/10.1007/s10755-013-9274-z

Pearce, K., Rickwood, D., & **Beaton, S.** (2003). Preliminary evaluation of a university-based suicide intervention project: Impact on participants. *Australian e-Journal for the Advancement of Mental Health, 2*, 1–11. DOI: https://doi.org/10.5172/jamh.2.1.25

Phillips, G. A., & **Lincoln, Y. S.** (2017). Introducing veteran critical theory. *International Journal of Qualitative Studies in Education, 30*(7), 656–668. DOI: https://doi.org/10.1080/09518398.2017.1309586

Ratts, M. J., Singh, A. A., Nassar-McMillan, S., Butler, S. K., & **McCullough, J. R.** (2016). Multicultural and social justice counseling competencies: Guidelines for the counseling profession. *Journal of Multicultural Counseling and Development*, 44(1), 28–48. DOI: https://doi.org/10.1002/jmcd.12035

Schlichthorst, M., Ozols, I., Reifels, L., & **Morgan, A.** (2020). Lived experience peer support programs for suicide prevention: A systematic scoping review. *International Journal of Mental Health Systems*, *14*(65), 1–12. DOI: https://doi.org/10.1186/s13033-020-00396-1

Schonfeld, L., Braue, L. A., Stire, S., Gum, A. M., Cross, B. L., & **Brown, L. M.** (2015). Behavioral health and adjustment to college life for student service members/Veterans. *Journal of American College Health, 63*(7), 428–436. DOI: https://doi.org/10.1080/07448481.2014.963106

Student Veterans of America. (2021). *SVA joins first national Mental Health Action Day*. https://studentveterans.org/news/mental-health-action-day/

Student Veterans of America. (2022). *Student veterans of America*. https://studentveterans.org/

Sue, D. W., & **Sue, D.** (2013). *Counseling the culturally different: Theory and practice* (6th ed.). John Wiley & Sons.

Tabachnick, B. G., & **Fidell, L. S.** (2019). *Using multivariate statistics* (7th ed.). Pearson.

Thompson, B. (1984). *Canonical correlation analysis*. SAGE Publications. DOI: https://doi.org/10.4135/9781412983570

US Department of Veterans Affairs. (2014). *Characteristics of student veterans*. https://www.mentalhealth.va.gov/studentVeteran/docs/ed_todaysStudentVets.html

US Department of Veterans Affairs. (2017). *Suicide among veterans and other Americans: 2001–2014*. https://www.mentalhealth.va.gov/docs/2016suicidedatareport.pdf

US Department of Veterans Affairs. (2020a). *National veteran suicide prevention annual report*. Office of Mental Health and Suicide Prevention. https://www.mentalhealth.va.gov/docs/data-sheets/2020/2020-National-Veteran-Suicide-Prevention-Annual-Report-11-2020-508.pdf

US Department of Veterans Affairs. (2020b). *VITAL program*. https://www.mentalhealth.va.gov/student-veteran/vital-program.asp

US Department of Veterans Affairs. (2021). *VITAL program sites*. https://www.mentalhealth.va.gov/student-veteran/vital-program-sites.asp

US Department of Veterans Affairs. (2022). *VetSuccess on campus*. https://www.benefits.va.gov/vocrehab/vsoc.asp

Wolitzky-Taylor, K., LeBeau, R. T., Perez, M., GongGuy, E., & **Fong, T.** (2019). Suicide prevention on college campuses: What works and what are the existing gaps? A systematic review and meta-analysis. *Journal of American College Health, 68*(4), 419–429. DOI: https://doi.org/10.1080/07448481.2019.1577861

TO CITE THIS ARTICLE:
Messerschmitt-Coen, S., & Zyromski, B. (2022). Student Veterans' Social Justice Identity and Perceptions of Suicide Prevention. *Journal of Veterans Studies,* 8(3), pp. 182–193. DOI: https://doi.org/10.21061/jvs.v8i3.356

Submitted: 17 May 2022 **Accepted:** 31 August 2022 **Published:** 11 November 2022