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# STUDENT PERCEPTIONS OF SERVICES FOR VETERANS AND MILITARY PERSONNEL

A Capstone Experience/Thesis Project

Presented in Partial Fulfillment of the Requirements for
the Degree Bachelor of Social Work with

Honors College Graduate Distinction at Western Kentucky University

By:

**Philip Parsons** 

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Western Kentucky University 2016

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#### **ABSTRACT**

Many Veterans are returning from the War on Terror and making their way to universities. Due to the many aspects of war and military life many maybe, or are experiencing some level of mental health issue/s. As more Veterans make this transition, resources may not be available for them to be successful in the classroom (Whitley, Tschudi, & Gieber, 2013). After reviewing the literature, a suitable instrument to measure these variables was not available. The researcher developed a survey and sampled students of one Midwestern public university. The variables included basic demographic questions and perceptions of Veterans and the services on campus and in the community. These were rated on a Likert scale with a range of 1-5. They indicated a moderate awareness of veteran issues (M = 3.17, SD = 1.0) and a belief that services on campus were not adequate to meet their needs (M = 2.72, SD = .92). The results indicate that Veterans do not have sufficient resources on campus to meet their needs and that students do not understand all the issues that Veterans are facing.

Keywords: Veterans, Perception, Post 9/11, GI Bill, PTSD, Transitioning

#### Dedicated to:

AC, KIA March/29/2013 Kunar Province Valley Afghanistan, During Operation Strong

Eagle Three. Your smile is my inspiration and strength through my struggle.

To my family and friends that supported me through my up's and down's.

Also a large thank you to the critics who never thought I would get this far. Your antagonisms have allowed me to find the ability to live the best I can and the daily motivation to pursue greater knowledge to be better than I was.

To my military family, fellow brothers and sisters, to those of the past, present and future.

To those I have served with, fought with, and with whom I lived alongside. The 101<sup>st</sup>

Airborne Division, the Greatest Air Assault division in the world. The men and women of 506<sup>th</sup> IN. Brigade. Most importantly the unit I am proud to call home 2/327 IN "No Slack"

"We have no history. We have a Rendezvous with destiny"

- Maj. Gen. William C. Lee Commander 101st Airborne Division

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- o Veterans History Project scholarship (2014)
- o Lt. Belmont Scholarship (2014, 2015)
- o Military Officers Association of America scholarship (2014)
- o National Association of Veterans Upward Bound Projects scholarship (2013)

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#### FIELDS OF STUDY

Major Field: Social Work

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#### CHAPTER 1

#### **INTRODUCTION**

In this document the discussion will cover issues that Veterans are experiencing as they transition from the military and back into society. One of the predominant factors that Veterans face are issues resulting from Post-Traumatic Stress Disorder (PTSD).

PTSD can result from direct or indirect contact with real or perceived mortality, severe injury, or sexual assault in the possible following ways: firsthand experience as has happened to ones-self or others, knowledge of a distressing event happening to someone close, recurring trauma dealing with the same or similar situations (American Psychiatric Association, 2013). During the transitioning process overcoming barriers to PTSD maybe hindered or developed while at post-secondary schools.

An introduction to PTSD. PTSD might be described like a broken bone and you really cannot see it only the effects of it, like the swelling. Most people would get the bone set and a cast placed on the appendage. Yet, the cast doesn't touch the bone or heal it. It only provides a safe environment so the bone can do what it does naturally, heal itself. Let's pretend that you did some driving in Iraq. You have been trained on how to drive in combat. During your driving you may encounter a hazardous situation or not, maybe you just learned that your buddies have gone through one and some of them may not have come back. You never forget those experiences. Soon you go home, alone for possibly the first time in a year or more. You have nothing to do but reflect on what

happened. You panic just a bit the first time you go out in public by yourself. Your weapon and brother are not there and this feels different after having them with you for so long.

On the way to the store you swerve to avoid some trash thinking it might be a bomb. Next you have to force yourself to stop at the stop signs and stoplights all the while thinking that if you stop you're a target. So you look at every over pass, check out the corners and dark alleys thinking what could happen. Then the light turns green and you either speed or someone honks at you to get you going and you get angry. You might see a person of Arab descent which puts you on guard. You hit a pothole on your drive and you think your dead. A truck pulls alongside of you and the mufflers roar or maybe backfires and you start to breathe faster.

Across the street from you a dump truck gate slams against its bed sending you sprawling on the ground. You try to hang out with your old friends, but they just want to hear stories from the war. Soon it seems like you're in an argument with everyone, only you didn't want to argue. You start to realize you don't get along with anyone. You feel uncomfortable at the mall so you don't go. You get jumpy at Walmart so you don't go. Every time you leave your house there is something which makes you nervous. You start to think something is wrong with you. Soon you don't want to drive and you would just rather be at home alone. Yet, at home you think.

You hear the booms of the fireworks on the fourth of July and while you can differentiate them from gun shots it's what the sounds remind you of that really messes with you. You start to miss the war and real gunfire, at least there you know what to do. Maybe you would be better off dead you think. Now you realize what you did to survive

doesn't fit with the civilian world. One day you look in the mirror and see you're an old man who's really never made it home from the war. You now believe something is wrong with you. Soon the thoughts of death come, maybe simply because that's all your sure of any more. This can be the experience of many Veterans going to college today. It's how others interact with them and show them how to navigate this new life that makes the difference. This difference can start at colleges across the nation.

#### Introduction

After World War II there was a rise in polices, services and benefits for Veterans. One of those was the Montgomery G. I. Bill (US Department of Veterans Affairs, 2013). This allowed Veterans to go to post-secondary school after their service in the war. These benefits were used by many soldiers upon their return from WWII. Over time, the benefits failed to keep pace with the rise in educational cost and needs. The Post 9/11 Veterans Educational Assistance Act of 2008 (the Post 9/11 GI Bill), came into effect in 2009. This enabled Veterans by giving them a much larger comprehensive package of benefits such as the following: tuition assistance, cost of living allotments, and pays for books. While the Veterans Administration (VA) expected a 20% increase in student Veterans in two years there are many more signing up for college (Strawn, Draper, Rothenberg, & Goodman, 2009).

Colleges and universities saw a large increase in their Veteran student population soon after the new bill. Moon and Schma state that "[b]etween fall 2005 and spring 2010 semesters, Western Michigan University (WMU; Kalamazoo MI) experienced a 43-percent boom" (2011, p. 53). Within the four years of the G.I. Bill's conception,

approximately more than 550,000 Veterans have enrolled in various schools and institutions, while the government spent more than 4.4 billion dollars for the G.I. Bill (Sander, 2012). For some universities this created a lucrative competition to have more Veterans registered at their universities using the slogan "veteran friendly school". This has for some veteran's created a situation where their school is considered veteran friendly while the veteran's experience becomes one of frustration. Many say that they feel a lack of connection with their schools or institutions (Office of the Chairman of the Joint Chiefs of Staff, 2014).

Many, if not most, Veterans have some feelings of alienation retuning home (Pew Research Center, 2011). Many people do not seem to understand this isolation. For the Veteran who comes home he comes to a society that looks different than the society that sent him to war and the Veterans believe that many seem oblivious to the soldier leaving and their return. Compared to other wars there was no increase in taxes, no victory gardens, and no saving food for the troops. Bobrow (2015) gives these impressions of a detached society: no sign of sacrifice, no interests in veteran issues, no decoration of war, no draft, news was censored and the bodies of the dead were hidden from view (p.30), In fact there has not been a war (declaration of) since WWII. However, for the soldier we are in the longest war in US history, but we have yet to call it that (Bobrow, 2015).

A lack of connection might create increased frustration when Veterans are trying to find where they fit in the States after returning from deployments and Expiration of Term of Service (ETS). For Veterans that have served since 9/11, almost half say they have a difficult time readjusting. In a Pew Research poll those that did not have such a hard time adjusting where those who were Officers in the military and those who had

graduated college (Morin, 2011). Morin also states that "Veterans who served in the post-9/11 period also report more difficulties returning to civilian life than those who served in Vietnam or the Korean War/World War II era, or in periods between major conflicts" (2011, p. 1). For those enlisted who did not have college and had experienced combat, transition was difficult. Key factors to easing the transition was building resiliency and completion of college. Resiliency can be found and taught in the classroom which is one reason why the college experience is so important. Bartone (1999) explains this creates a buffer or cushion for PTSD (p. 80).

In 2012 the Veterans Administration (VA) released a study they had completed which covered Veterans and suicide. In that survey, they determined that 18-22 Veterans commit suicide each day (Kemp & Bossarte, 2012). In a recent report by the Centers for Disease Control and Prevention (CDC), Suicide was the tenth in a list of top ten for causes of death in the United States (US) (Heron, 2015). There has been, in the last few years more soldiers who have died by their own hand, than in combat. Bobrow (2015) adds that 25 Veterans/service members commit suicide to every one soldier who dies in combat (p.16).

US Wars. Beginning with our struggle for independence, history in the US has recorded a lot of war. The idea of men and women fighting for freedom and democracy and telling of their struggles has been a source of inspiration for many. "War stories" are often told as heroic deeds and possible symbols of one becoming a real man. A few things have however, seemed to go unnoticed. Part is the number of soldiers that served in each war/conflict and another the stories of the Veterans transitioning back home.

Looking at our Veterans now through the historical lens or as what might be myth or fact might help us to see more of what they are experiencing.

In WWII the total number of soldiers that served was 16,112,566 with casualties due to combat action at 293,557 (DeBruyne & Leland, 2015). This was approximately 11.5% of the US population that served in 1945 (National Office of Vital Statistics, 1947). During the Vietnam Crisis we had some 8,744,000 soldiers that served during that period, with only 2.5 million of them in Vietnam and 1.6 million of those having experienced combat. The Vietnam Conflict resulted in a combat death toll of 47,434 and some 303,704 wounded (DeBruyne & Leland, 2015; The Veterans Hour, 2016). The U.S. population was approximately 200,000,000 at the height of the war in 1968 (Center for Disease Control and Prevention, 1968). This resulted in only some 4% of the U.S. population having served and still less having seen combat. The Vietnam War lasted about 103 months or formally form August 1964 till March 1973 (The Veterans Hour, 2016).

When comparing Veterans of WWII to Vietnam and then to the Post 9/11 conflicts, some interesting correlations appear. It should also be noted that the exact numbers for WWII are much harder to find and the accounts vary greatly, leaving the reader to fill in some gaps. This information is according to Harper's Index on WWII: the most soldiers that would have seen combat was 999,000 (2016). Of the 16 million troops that served during WWII, only 14 % of those who deployed were in the Infantry and even less in combat which would have been less than 6% of the 16 million. Because of the fear of "shell shock" 1.8 million volunteers were rejected (Office of the Chairman of the Joint Chiefs of Staff, 2014). Also, because the Department of Defense (DOD) thought they had

screened for mental illness the Surgeon General decided that troops could withstand 200 days of combat. Those returning home from the war who admitted they had issues and consumed alcohol because of them was 38% (Harper's Magazine, 2016). Much higher than today's Veterans reporting issues with their height being 17% (Office of the Chairman of the Joint Chiefs of Staff, 2014)

Looking at the current global war on terror and the battle fields inside Iraq and Afghanistan we can see a drastic shift. As of 2013 our current military force totaled more than 3.5 million soldiers (Military OneSource, 2013). The time period we have spent fighting this war is markedly our longest war at 150 plus months from October 2001 through 2014. We have a much larger survivability rate in this war than in previous wars. Those killed in combat are approximately at 5,366 (Defense Casualty Analysis System, 2015). For those wounded in action (WIA) due to combat there has only been 23,172. Casualties have about a 90.4% chance of surviving their wounds compared to Vietnam at 86.5% (Goldberg, 2014). We have done much to improve survival rates of wounds with medicine, yet what about the unseen wounds of war?

When taking this history into account we have been in one of the longest wars in our history. We have the fewest soldiers/Veterans of any previous era which is at approximately 0.45% of the population (Pew Research Center, 2011). Of that .45% still fewer have been deployed, been in combat arms divisions or have seen combat. We are now consistently asking our soldiers to take on more and more responsibility of handling the ugly task of war. Of 2.5 million that have deployed, 1/3 have deployed more than once, 37,000 have deployed more than five times with 400,000 having three or more deployments to a combat zone (Adams, 2013). Of the 2.5 million personnel that have

deployed, more than 200,000 of them will start to transition out of the military and into civilian life each year (Office of the Chairman of the Joint Chiefs of Staff, 2014).

History of PTSD. The history of what has become known as PTSD could be described to be as old as recorded history. Throughout history we have had war and with that the nostalgia found in war about warfare and bravery. The first onset of war was possibly at the start of the Agricultural revolution. Since then, one of the first recorded mental disorders which has similarities with PTSD today can be found in ancient Egypt. Hysteria, as it was first known as "Wondering Uterus", can be found in 1900 BCE (Kahun Papyrus) and in 1600 BCE (the Eber Papyrus) (Tasca, Rapetti, Carta, & Fadda, 2012). Some have traced it back to the works of Homer's Iliad and Odyssey (Shay, 1994). Others have found it in mythology or tribal history (Tick, 2005). It was talked about in the Crusades as forever changing warriors (Joinville, 1955). Some found it in Shakespeare, Dickens and Remarque (Matthew, Keane, & Resick, 2014).

In 1666 London had a great fire and in the diary of Samuel Pepys, he records the stress induced reactions from the fire (Yarvis, 2013). In 1812, doctors in the French Army noticed reactions in Swiss Soldiers after being exposed to combat. During the 1800s soldiers were at times diagnosed as "exhausted" as a result of trauma experienced in combat (Chamberlin, 2012). In 1882 after the Franco-Prussian War hospitals were set up just for soldiers and Veterans diagnosed with hysteria. Along with the many symptoms of PTSD the Franco veterans faced, one that many soldiers can today relate with was nightmares (Wessely, 2006).

In 1865 military doctors described "DaCosta's syndrome" or "soldier's irritable heart" in and around the timeframe of the American Civil War (Myers, 1870). In 1866

"Railway Spine" was found to have common symptoms with PTSD in the injuries of railway workers and their nervous systems (Erichsen, 1867). From 1858 to 1869 statistics were gathered by Ambroise Tardieu on child abuse, rape, attempted rape, and the effects on children (Weisaeth, 2014).

World War I saw vast trench warfare. This amounted to indefinite sieges and the enormous usage of artillery. "Shell shock" was the term coined to describe the experiences of men in the front lines of combat by personnel in the rear who had not experienced this phenomenon (Winter, 2000). Around 1919, T.W. Salomon reported on what Frederick Mott and Ernest Southland also described as "shell shock" (Yarvis, 2013). Salomon also implies in the beginning of his work that "insane" people are attracted to military life or that military life makes a person "insane" (Salmon, 1917). This left the soldiers with the idea that war had changed them abnormally or that they had failed in their duty, instead of the view that this was a natural reaction to abnormal situations. One of the faults early on was the disconnect in reasoning that while soldiers had something to gain from neurosis, be that life or compensation, civilians experiencing trauma such as a car accident or rape did not (Weisaeth, 2014).

The inconsistencies created an avenue that promoted victim blaming going into World War II and with that "forward treatment" was forgotten. With soldiers returning from WWII, they engaged in what Grinker and Spiegel described as "combat neuroses". Another term used in this period was "Old Sergeant Syndrome" coined by Major Raymond Sobel (Sobel, 2015). With the beginnings of the DSM-I it announced the diagnosis of Gross Stress Reaction for those in combat. The difference in the two wars

was one of static trench bombardment, its wounds of hysterical reactions and WWII's highly mobile effectiveness which yielded fear responses in its soldiers.

During WWII some 20% to 50% of the discharges were for "psychiatric conditions" (Weisaeth, 2014). In 1962 the Buchenwald syndrome was the diagnosis given to people who had issues returning form concentration camps. Others devised the term "concentration camp syndrome" as seen in Hermann and Thygesen's work. The DSM-II removed "gross stress reaction" and reinserted the phrase "transient situational disturbance". With the end of the two great wars the effect on psychiatry was detrimental to the soldier and Veteran suffering from PTSD. The negative perception did allow for individuals having issues with stress, but characterized them as weak, selfish and if left un-checked would bankrupt any state in war (Wessely, 2006).

The years 1974 and 1975 saw the introduction of "rape trauma" and "delayed stress syndrome" for survivors of rape and combat in Vietnam (Rubin, Weiss, & Coll, 2013, p. 85). Those symptoms came six months after the event. This saw PTSD as a creation of civilization with the view not being on the obligations of a soldier but the basic inalienable rights all soldiers and humans have (Wessely, 2006). Prior to 1980 responsibility lay with the person, a type of victim blaming and not with the event (Jones & Wessely, 2006). In 1980 the DSM-III introduced PTSD and DSM-IV allowed for "acute stress disorder" (Yarvis, 2013). With the introduction of the DSM-V the definition of PTSD was changed again to more accurately describe experiences of those who have faced trauma.

**PTSD definition.** What makes PTSD difficult in diagnosing is identifying the threshold, as it is hard to pinpoint when and where that might begin (Rubin, Weiss, &

Coll, 2013). This is because there is "no one size fits all". When dealing with adults the following may apply for defining PTSD: PTSD can result from direct or indirect contact with real or perceived mortality, severe injury, or sexual assault. This can happen in the possible following ways: firsthand experience as has happened to ones-self or others, knowledge of a distressing event happening to someone close, recurring trauma dealing with the same or similar situations (American Psychiatric Association, 2013). Interestingly his can also happen through media when it is related to work such as Air Force drone pilots (Chappelle et al., 2014).

#### CHAPTER 2

#### LITERATURE REVIEW

A report from the Office of the Joint Chiefs of Staff of the United States addresses issues that may lead people to believe that there are stigmas associated with soldiers having PTSD. One of the stereotypes mentioned was that "Veterans suffer disproportionately from [PTSD]" (Office of the Chairman of the Joint Chiefs of Staff, 2014, p. 3). The study implies that some people might view Veterans as being impaired by the 'unseen wounds' of war and therefore dangerous. Also, 8 out of 10 people living in the US believe that modern area Veterans experience trauma in combat environments leading to mental health issues. This perception can become misunderstood with the percentage of today's Veterans being around less than ½ % of the population (Office of the Chairman of the Joint Chiefs of Staff, 2014).

Veterans have experienced PTSD on a wide scale of 2 -17% with combat

Veterans (Office of the Chairman of the Joint Chiefs of Staff, 2014). However, since

Veterans make up less than ½% of the population, those stats can have a negative effect
resulting in a stereotype. When compared to the rest of the population that suffers from

PTSD around 3.5%, numbering somewhere around 8 million, Veterans have quite a
lower number-around 351,000. These are mostly Post 9/11 Veterans who are being seen
by the VA for PTSD. Compared to first responders in events such as hurricanes, the
responders' percentage rose sharply to around 19% -22% as having PTSD. Yet, the

general public believes Veterans are more likely to suffer from PTSD than civilians by a vast majority of 83% (Office of the Chairman of the Joint Chiefs of Staff, 2014)

Another study was conducted using 4 infantry units, three being from the Army and one from the Marine Corps (Hoge, Castro, Messer, McGurk, Cotting, & Koffman, 2004). An anonymous study of 2,530 combat soldiers who responded to a survey prior to deployment to Iraq and another 3,671 combat soldiers upon return from Iraq and Afghanistan. Hoge et al. (2004) found that "the percentage of study subjects whose responses met the screening criteria for major depression, generalized anxiety, or PTSD was significantly higher after duty in Iraq (15.6 to 17.1 percent) than duty after Afghanistan (11.2 percent) or before deployment to Iraq (9.3 percent); the largest difference was in the rate of PTSD" (2004, p. 13). Even though there was a significant difference between the two theaters of operation, of those who did exhibit signs of having a mental disorder very few of them sought treatment. Only 23-40% of those needing care sought treatment. Out of those who reported barriers, the one most intensive factor to not receiving treatment was the stigma associated with treatment (Hoge et al., 2004).

The combat service personnel who screened positive for mental health issues were also twice as likely to report ideas about stigmatization. The two top responses for stigma was: "members of my unit might have less confidence in me, my unit leadership might treat me differently" (Hoge, et al., 2004). These findings go on to suggest that more research is needed relating to how the military handles post-deployment screenings. Specifically how mental health care is perceived and how care is handled. Another challenge the authors noted was how to present mental health treatment in a way that more of the military personnel who screen positive seek some level of care.

The way mental health care is perceived is the focus of another article from Christensen and Yaffe (2012) this study used secondary data of closed records of military personnel. It is important to note that the facilities that were used were under the Air Force command, but also saw Army, Reserve and National Guard troops. It looked at 1,487 records of non-deployed personal and 277 personnel who had deployed. These records were screened to view the effects of command communication on personnel who had used mental health services. The communication was thought to be one of the factors related to some of the negative stigma associated with receiving treatment (Christensen & Yaffe, 2012).

In this study there was a gap in the personnel who needed treatment and those who sought help. The gap has been thought to be in response to the stigma that seeking mental health treatment will harm the person's career in the military. Christensen and Yaffe state in their results that "[o]nly 3% of self-referrals to mental health services resulted in any duty restriction" (2012, p. 278). Compared to commander-directed evaluations at 40% receiving duty restrictions (Christensen & Yaffe, 2012). This helps to change the perspective in how commanders might view troops requesting care. The study does fail to show if rank and military occupational specialty (MOS) had any impact on the stigma or the availability of care.

Seal, Bertenthal, Miner, Sen and Marmar (2007) looked at the Veterans receiving care from VA facilities. They looked at 103,788 U.S. Veterans who had separated from the military and entered into the VA system between 2003 and 2005. Out of those Veterans, 25% of them were seen for and received some mental health services. Over half of them had more than one mental diagnosis. The age groups that were at the greatest risk

were those at age ranging from 18-24. The most commonly seen diagnosis was PTSD (Seal, Bertenthal, Miner, Sen, & Marmar, 2007).

Many of these diagnoses were made outside of mental health facilities. The majority of soldiers and Veterans were found to have been diagnosed in primary care settings. This study also showed that 29% of returning soldiers had enrolled in VA health care compared to 10% of Vietnam Veterans. Yet, the study also showed that the diagnoses rate of 13% of OIF/OEF Veterans was lower than that of Vietnam Veterans several years after the war at 15.2%. Soldiers serving in active duty were more at risk than those in the National Guard (NG) and Reserve mostly because they were younger, had lower rank, and less time in service (Seal, Bertenthal, Miner, Sen, & Marmar, 2007).

In a study done by Corrigan, the researcher looked at how stigma works. In one example, the author gave the illustration that public stigma affects personal stigma and prevents treatment. Here the public viewed mental illness based on four things. Corrigan states "the four cues: psychiatric symptoms, social-skills deficits, psychiatric symptoms, social-skills deficits, physical appearance and labels" (2004, p. 618). Those affected from the public's perceptions are the ill and they take a negative self-view which creates more stigma. This becomes one of the reasons that many mentally ill or those diagnosed with a disorder do not seek treatment. One could explain this as, the general public view of seeing someone as being weak, then that person sees themselves as weak which leads to their family's belief that they are weak, reinforcing the public's view.

Scott, Wilbur, McCone, David, Mastroianni and George (2009) explain the duties that many of the soldiers and Veterans of Iraq faced. The authors use "full spectrum" and "fourth generation" terms to describe the type of warfare the U.S. military is currently

facing. They use the idea that the military is trained for a type of "third generation" warfare, with tactics that initially were constructed for WWII. These types of tactics work great against a well-formed state lead military. The US has only been engaged in two of these types of warfare since WWII: the Korean War and the second being the first Gulf War and neither were classified as a war.

The study interviewed 168 soldiers in 2004 using oral-historical interviews. Then they interviewed another 50 in 2006 using focus groups. Some of the themes that emerged were that the soldiers were trained and ready to defeat Saddam, yet were not prepared for the duties that emerged afterward. This resulted in frustration on the part of the soldiers as they had to learn how to "win hearts and minds" instead of a head to head fight. Another issue in question was "who exactly is the enemy?" With this type of warfare possibly similar to what Vietnam Veterans faced, troops were facing civilians acting aggressively toward US troops. One problem that the researchers noticed was that soldiers then tended to see every on as a posable or as the enemy (Scott, McCone, & Mastroianni, 2009).

The University of Michigan conducted a veteran's support group in which Greden et al. (2010) stated that soldiers, both active duty (AD) and current National Guard (NG), had stigmas similar to; 'if you haven't been there, you don't get it,' 'we believe in taking care of our own,' and 'other Veterans can be trusted'" (p. 93). One way the university dealt with this was to train a group of peers, both soldiers and Veterans, who operated in a role much like a counselor. They had an assigned number of Veterans who they were responsible for and would meet with them regularly. These peers helped Veterans with

issues like enrollment into the Veterans Administration (VA) and worked with them to find community programs that suited the individual and their needs (Greden et al., 2010).

Veterans returning to the community had another set of issues. Approximately 42% of the retuning soldiers had mental health issues. Out of these only 47% to 54% had started the process for treatment. Only 30% of the ones who started treatment were found to have had the bare minimal amount of eight therapy sessions. This article suggested that one the biggest stigmas for soldiers were fears as Greden et al. (2010) states: "fear of being seen weak, concerns about confidentiality..., fears about damaging their future careers, and...uncertainty about where to go for treatment or the practical barriers in getting there" (p. 92).

Kim, Thomas, Wilk, Castro and Hoge (2010) examined soldiers after combat to determine the overall usage of mental health services. In this study surveys were used to observe the possible stigma in 10,386 military personal. The study had 11 questions that were used in determining the level of stigma and barriers associated with mental health. In the results it was found that more active duty soldiers than National Guard (NG) had had some form of mental health issue for which they were seen. However NG soldiers seemed to use mental health services more than active duty personnel (Kim et al., 2010).

This study reported similar findings and explored some of the same questions related to stigma and barriers of mental health issues. The stigma questions were as follows: "it would be too embarrassing, it would harm my career, members on my unit might have less confidence in me, my unit might treat me differently, my leader would blame me for the problem, I would be seen as weak" (Kim et al, 2010, p. 585). One difference is that this article looked at Veterans 3 and 12 months after separation from the

military, however there was not a drastic change in stigma over time. It did suggest that there were more feelings of stigma with AD members than with NG. It also showed that the NG were more apt to use mental health services than were the AD members.

In reviewing this literature, the perceptional trend to view soldiers as having issues with mental health is evident. The way that the public views its soldier seems to be having a great impact on them even though they are less likely to have mental health issues than their civilian counterparts. There also seems to be a gap in the Veterans receiving benefits for which they fought and the perception that if they use them they will be seen as weak. This gap is carried over into the college and university experience as institutions are seeking Veterans to fill their economic gaps in funding instead of working with them to close the gap in transition. One of the things that make educational institutions so effective and great is the diversity of the student population. This study looks at how Veterans feel about their college experience compared to the student body's perceptions and what might be done to better schools in the future.

#### CHAPTER 3

#### **METHODOLOGY**

In this study a non-probabilistic convenience sampling method was used to survey students on one Midwestern public university campus. The researcher went to various buildings and meetings where it was thought that students might congregate. Students were then asked to participate by completing the survey. The researcher tried to give the students space to take the survey as to not influence the outcomes. Yet, the researcher did try to be close enough to answer any questions the participants may have had. If there were questions, general definitions were given and then the participants were asked to respond based on their feelings.

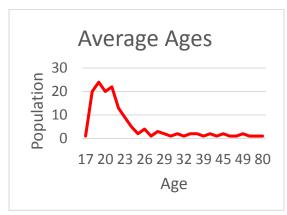
To reach a wider group of students, the researcher used a variety of sampling procedures including inviting two Bachelor of Social Work (BSW) classes (field seminar and social welfare policy) to complete the survey and also by approaching students in the student union building at selective times. Other students who were invited to participate were from the Military Students Services office and the Student Veterans Alliance group. The researcher also visited the university's ROTC department and asked for classroom participation. Both groups, civilian and military affiliated were both asked the same questions. The survey took less than 10 minutes to complete. The participants were asked to read a consent preamble before completion of each survey which stated that answering the questions was indicative of their consent to participate. It also said that they did not

have to answer anything that made them uncomfortable and that they could discontinue completing the survey at any time.

*Instrument.* A survey was developed by the researcher because a suitable one could not be found in literature. The project was reviewed and approved by the school's Institutional Review Board (IRB). Section I on the instrument covered the demographics variables of the participants. There were five questions: type of student (residential, commuter or not a student), civilian or military affiliated (with a follow-up question about their branch), gender, age, marital status, and educational level. Section II covered perceptions which were rated on a 5-point Likert scale, ranging from strongly disagree, disagree to strongly agree. The questions asked the level of agreement related to areas including associating PTSD with military Veterans; awareness of Veteran's issues; belief that the US is making adequate accommodations for Veterans and those with PTSD; the belief that those suffering from PTSD are "abnormal"; the impact Veterans have on their college experience; and beliefs about the difficulty associated with transitioning back to civilian life. There was also a question to rate familiarity with military culture on a 5point Likert scale; as well as the likelihood of having contact with Veterans on campus and in other settings, specifically college, home, community and church. They were also asked about their perceptions that Veterans returning from overseas deployment have mental health issues and the adequacy of campus and community resources to meet those needs. These were also rated on a 5-point Likert scale with five being the highest level of agreement. Another question asked if the participant would like to know more about the issues/barriers Veterans face while pursuing higher education (the response choices were dichotomous). There was also an open-ended question for the respondent to list

additional comments and thoughts about Veterans/military personnel and related services on campus. The instrument is located in Appendix A.

*Sample.* There was a total of 164 people who completed the survey. The participants split out as follows into three groups: residential student (n = 82), commuter student (n = 67) and non-student (n = 14). The participants where then divided into two groups: civilian (n = 115) or military affiliated (n = 49). For those who were military affiliated they were asked to define their status: Active Duty (n = 5), National Guard or Reservist (n = 10), Veteran (n = 14), Family Member/Dependent (n = 13), Reserve Officer Training Core (ROTC) (n = 10) and 6 did not specify. Branch of Service was also asked and the majority represented the Army (n = 35), Air Force (n = 1), Navy (n = 1), Marines (n = 4), Coast Guard (n = 1), missing (n = 6). When asked if they wanted more information on Veteran's issues, 109 stated that they did, and 53 indicated they did not.



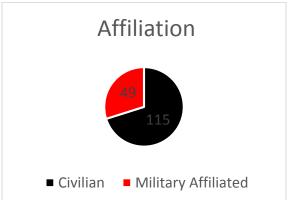


Figure 1.1 Average Ages

Figure 1.2 Affiliation Identification

How the sample self-identified

Ages of sample

*Demographics*. Gender was split out as follows: those identifying as female was 59% of the sample and those identifying as male was 39%. The mean age of the sample

was 24.1 (SD = 9.48, Range = 17-80). When asked about marital status, the majority were single (n = 92, 56%), followed by dating (n = 43), married (n = 25), partnered (n = 3). The educational level of the sample was as follows: freshman (n = 42), sophomore (n = 29), junior (n = 37), senior (n = 30), graduate student (n = 15) and non-student/faculty (n = 11).

The gender breakdown of the sample related somewhat closely to the demographics of the WKU student body according to the 2014 Fact Book (WKU, 2014). The sample was 59% female students in comparison to WKU's 52%. The males in the study comprised 39% of the sample, compared to WKU's 44% of the student population being male (2014). The number of Veterans attending WKU according to Military Student Services is 2,265. This is the number of Veterans currently enrolled at WKU at all locations and online. Those numbers broken down by categories are Military Dependent (n = 1417), Military Veteran (n = 411), Military Active (n = 151), DOD Dependent (n = 200), and DOD Employee (n = 86). WKU's undergraduate student population is 17,452 and the graduate student population is 2,719 (WKU, 2014). The number of Veterans and military personnel found to be attending WKU represented approximately 11.2% of the student population.

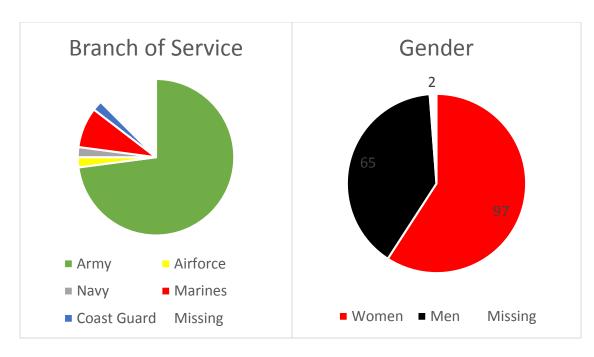


Figure 1.3 Branches of the Military.

Figure 1.4 Gender.

Representation of branches of military services.

Gender represented in sample.

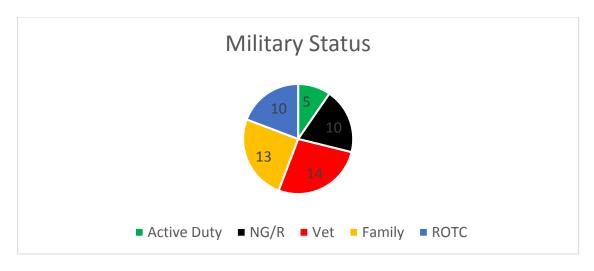


Figure 1.5 Status of the military sample. How the military sample self-reported.

#### CHAPTER 4

#### **RESULTS**

The data indicate that when people on campus hear the term PTSD they associated it with military personal/Veterans (M = 3.78, SD = 1.016). When split by civilian and Veteran the civilians were less likely (M = 3.68, SD = 1.039) than Veterans to associate PTSD with Veterans (M = 4.02, SD = .924). This was a significant difference (t = -1.9, df = 162, p = .048). Veterans, surprisingly, were more likely to think of themselves when they heard the term PTSD than civilians thinking of Veterans.

There was a significant difference in awareness of Veteran issues (t = -6.5, df = 162, p < .001). This was to be expected as Veterans (M = 4.22, SD = .771) felt they were more aware of their issues than civilians (M = 3.17, SD = 1.002). The data also suggested that when it comes to accommodations for PTSD and those returning from war, there is a need for more adequate services on campus and in the community (M = 2.43, SD = .908), (M = 2.38, SD = .935) for both questions respectively. There was no significance between the two groups.

Overall, when asked if Veterans who had PTSD might appear "abnormal" the response was negative indicating that Veterans who have PTSD are not viewed this way (M = 2.12, SD = .892). Veterans were still more likely to disagree that Veterans with PTSD were abnormal (M = 1.90, SD = .872) as compared to civilians (M = 2.22, SD = .886). This was significant (t = 2.123, df = 162, p = .035). When asked if Veterans on

campus had a negative effect on student's overall experience the overall response was that most students disagreed (M = 1.34, SD = .737). However, military students were more likely to strongly disagree (M = 1.12, SD = .439) compared to civilians at (M = 1.43, SD = 1.43). This was significant (t = 2.452, dt = 162, p = .015).

Transitioning back into civilian life can be hard for some Veterans. When approached with this question the results were significant (t = 2.392, df = 162, p = .018). The overall trend was that Veterans might have some issues transitioning (M = 3.63, SD = .852). The comparison was interesting in that the military affiliated were less likely to say that they had difficulty (M = 3.39, SD = .885). Civilians in this study were more likely to think that Veterans would have more problems with transitioning (M = 3.73, SD = .820).

When students were questioned about their knowledge of military culture the results were neutral with no general tendency of movement in either direction. When the results were compared between the two groups there was, as expected, a significant difference (t = -12.5, df = 161, p = .001). This was by far one of the most extreme gaps found. Civilians were more likely to say they had little to no knowledge of military culture (M = 2.51, SD = .949). With military personnel reacting much as expected with a quite a bit to a lot of knowledge of their culture (M = 4.48, SD = .799).

Students were also questioned about their interaction with Veterans. They were asked what the likelihood was that they would have contact with Veterans. This was significant (t = -8.2, df = 161, p = .001). Civilians thought that they would have little to no contact with Veterans (M = 2.75, SD = 1.033). Veterans on the other hand thought that they would have quite a bit of contact with fellow Veterans (M = 4.17, SD = .930). When

asked about contact on campus the gap narrowed a little, but was still significant (t = -5.8, df = 152, p = .001) with civilians (M = 2.72, SD = 1.276) and Veterans (M = 3.96, SD = .976).

When this was extended to home the results were civilian (M = 2.22, SD = 1.322) and Veterans (M = 3.53, SD = 1.604). Contact in the community or at church was not significantly different from each other's groups. They both seem to think they would have some contact in those places, although these places were less for Veterans and more for civilians. Students and Veterans were also asked if they thought Veterans returning from overseas deployments had some mental health issues. The mean was 3.28, (SD = .792). In regards to services available on campus and in the community for Veterans the response was respectively (M = 2.67, SD = .931) and (M = 2.77, SD = .870).

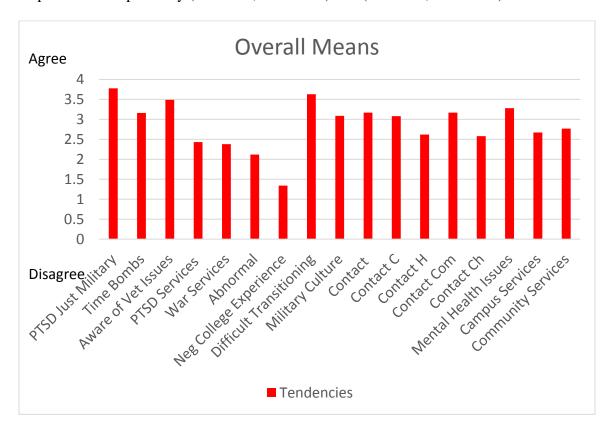


Figure 1.6 Overall means. The average mean score reported for each question.

#### CHAPTER 5

#### DISCUSSION

After preparing the survey, collecting the data and compiling the t-test results, the data showed a significant difference in how the stigma of PTSD is viewed between civilian and Veteran students at WKU. These findings supported the literature for this topic. The findings and data presented prove to be very interesting since WKU has been voted number seven in the nation as a Veteran friendly campus in 2014 (Military times, 2015).

The results indicated a moderate awareness of veteran issues (M = 3.17, SD = 1.0) and a belief that services on campus were not adequate to meet their needs (M = 2.72, SD = .92). The results indicate that Veterans do not have sufficient resources on campus to meet their needs and that students do not understand all the issues that Veterans are facing. This is a very important finding as it appears to show that more awareness is needed along with access to more military friendly resources. To raise awareness, more of a spotlight could be focused on the issues veterans face during military appreciation days celebrated on campus. According to the results the resources that are available on campus for the veteran and or for the student also need to be placed in such a way for availability or ease of access and for the knowledge of their existence.

The data seems to show that WKU is indeed a military friendly school. This research might go a long way in helping to bridge the gap between and reconnect

Veterans to the civilian population (Military times, 2015). While compiling the data there was a positive theme that seemed to indicate the student's sampled did not see Veterans as "ticking time bombs". The trend was (M = 3.16). While the possibility might be there that some people on campus who do not see Veterans in a positive regard, it might simply imply that people see Veterans as themselves and not as a stereotype. This was another positive aspect of the research and reflects the importance in diversity on campus.

Trends in the research. Overall, when looking at the means of the results we can see some interesting trends that are worth mentioning. There is a trend to view military or Veterans as the only people that get or have PTSD. This was the greatest trend that was found while compiling the data. This can suggest that more advocacy and awareness is needed about the norms of PTSD, who is likely to be affected by it and what the likelihood is of civilians having PTSD. This awareness will help to lessen the gap mental issues seem to have in our society today. The awareness that civilians can get PSTD as well will go great lengths to close the alienating gaps of stigma and perception. It would help to show that while Veterans who have seen combat are at a greater risk for PTSD, they are no more susceptible to it than civilians are.

While the average mean is just barely over the midway point for tendencies to see Veterans as "ticking time bombs" it is probably at best a minute point since it is so close to the middle point in this scale. This should show that while some people do share this view it is not a significant issue at this time on campus. This is also seen to be one of the stereotype myths seen in the literature that PTSD from combat makes people violent yet, there is no literature that confirms this idea (Office of the Chairman of the Joint Chiefs of

Staff, 2014). This should be an encouraging finding of the research showing that WKU is a good place for Veterans to attend.

The tendency to be aware of Veterans issues is also an interesting finding. While many Veterans might not feel that this is correct it should be noted. It is also a great place to start with more advocacy for Veterans and their issues. Since there seems to be awareness here already, the next step might be for Veterans to make a few connections and further share their stories and find out what it is like to be a civilian again. When it came to services for PTSD and for those who have deployed the trend was to disagree that there were enough services for the people who were affected by them. Overall, the public and the military agree that more needs to be done for people who have these issues.

One of the greatest trends found through the research was that people overall did not see Veterans who identify as having or had PTSD as "abnormal". This was a great finding and goes to show how perception and reality are two different things. As many Veterans feel that they are abnormal the student population does not feel that they are. This trend suggest that many people do not see PTSD as unusual for Veterans, which can be seen as stigma or can be seen that PTSD is just the mind's normal reaction to an abnormal situation we call trauma.

The most important trend was that overall the vast majority of the sample did not think that Veterans' presence on campus would have a negative effect on student college experience (M = 1.34). This was the second highest trend found in the data. This could be taken as WKU's campus is indeed Veteran friendly (Military times, 2015). It could also show the great importance that WKU puts on diversity and the college experience. It

could also show that WKU believes that through diversity there is great opportunity for advancement. When it comes to transition the trend was that overall the sample population thought that Veterans would have some difficulty in transitioning back to civilian life. This was also seen in the literature where combat Veterans were more likely to have a hard time adjusting by 50% (Pew Research Center, 2011).

There was also a trend to have some knowledge of military culture (M = 3.09). This trend was not much if barely over midway and should be taken as such. This is one area that can also use some more research and awareness. Possibly since WWII the public's knowledge of military culture has decreased with the reduction of personnel in the DOD, the lack of civilian to military service and participation in troop's sacrifices. This is important when returning from combat and transitioning back to civilian life. This could also be another reason that Veterans today are reporting more feelings of isolation because of the public's lack of information on what it is like to be in the military.

When students were asked about the likelihood of having contact with Veterans there was an overall trend to have some contact. When at college the trend to have contact seemed to drop slightly. While in the community having contact reached previous levels. The trend dropped the lowest when asked if they would have contact with Veterans in churches. This was interesting because while people expected to have some contact mostly in the community they did not expect as much at college, at home or church. Social activity and contact at church was asked because of the relationship this area has with being in the "Bible belt". It also seems to reflect the lack of interest soldiers and possibly students have when it comes to social interactions in the religious community. This might also be an avenue for research to see if there has been a

disappearing trend for military to associate within churches since the World Wars. It might also suggest that Veterans are somewhat wary of entering these types of social communities. Interestingly the literature points out that civilians have more confidence in the military than in church (Pew Research Center, 2011).

There was a trend to perceive Veterans returning home as having concerns with mental health issues. This was also supported by the literature where Veterans who have seen combat were more likely to experience some level of PTSD. This could show a correlation that the public is generally concerned for the Veteran's wellbeing. It could also show a possible disconnection or causation between the government, the people and returning soldiers. There was a similar trend in the perception that there were not enough services for Veterans on campus or in the community. This also reflects the general view of the Veterans and soldiers in the literature (Pew Research Center, 2011)

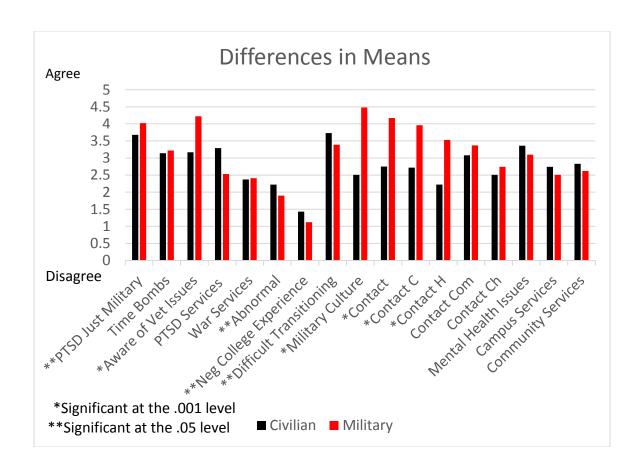


Figure 1.7 Differences in means. This was the difference of scores reported by civilians and military personal.

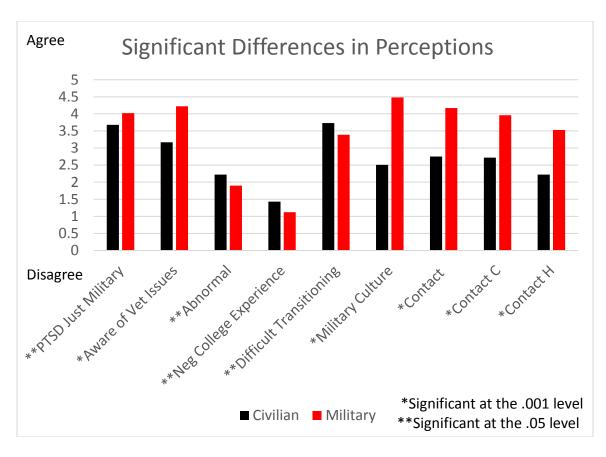


Figure 1.8 Significant Differences. The significant differences in perception reported by the civilian and military groups.

Significance. After preparing the survey, collecting the data and compiling the ttest the results showed a significant difference in how the stigma of PTSD is viewed
between civilian and Veteran students at WKU. These findings supported the literature
for this topic. It does not support the perception that civilians and/or students see
Veterans as "abnormal" as some Veteran's fear. Support at the student level for Veterans
seems to be a growing trend at WKU at least on campus, but this may not be supported in
other schools. The accolade that WKU is a military friendly school seems to be true
(Military times, 2015).

When the researcher asked the sample "When you hear the term PTSD do you associate it with Veterans?" the results were surprising. Veterans were more likely to think of themselves when they heard the term PTSD then civilians thinking of Veterans. This might imply a stigma that Veterans are the only, or the majority of people to suffer from PTSD. It might also say that Veterans have a negative perception of themselves having PTSD and the lack of awareness that anyone is susceptible to PTSD. This is supported by the literature (Office of the Chairman of the Joint Chiefs of Staff, 2014). In this report it shows that one of the stereotypes is Veterans have greater issues and at a more extreme level with PTSD, then the rest of society. The opposite is true however in that they are not any more likely to be susceptible to PTSD. The Office of the Chairman of the Joint Chiefs of Staff suggests that there is also a possibility that much of the stigma is self-inflicted and passed down from Veterans of earlier wars, where previously Veterans believed they never had this issue in their area. However, throughout history the rigors of war have always brought about behavioral changes (2014).

When people were asked about their awareness of Veterans issues and military culture there was as expected a significant difference. This was also true of the literature. Civilians were more likely to not feel that they were aware of Veterans issues. According to research by the Pew Research Center, many Americans are thankful for Veterans' service. Many convey this by voicing their thankfulness to Veterans, yet have little idea for what they are thanking them. Veterans seem to be aware of this and it further alienates the veteran and widens the gap between them. Results like this are similar to what the Pew Research Center found when they asked similar questions (2011).

When asked if Veterans who had PTSD were seen as abnormal the results were very positive. This is one of the most encouraging findings in the data. The data shows that despite some notions people might have of PTSD, the majority on this campus do not find people dealing with PTSD to be "abnormal". Students were also asked if they thought that student Veterans made the college experience less than desirable. The results were significantly different. Even so both groups agreed that Veterans did not have a negative effect on a person's college experience. In fact the literature suggests that many Americans feel some obligation to the military.

This is an important finding because today the Post 9/11 Veterans are more educated and more likely than their pervious counterparts to go to college (Pew Research Center, 2011). This is important because of the Post 9/11 GI Bill and because most of today's Veterans are either high school graduates or hold an equivalent degree. Also while many do not hold a degree at the college level many Veterans are experienced critical thinkers at a level perfected by decades of service that today's average college student lacks (Office of the Chairman of the Joint Chiefs of Staff, 2014).

The problem arises in the navigation through college. Veterans are used to leading and being lead. Indoctrination into the military is in disparity to the transitioning process into the civilian sector. There is no leader, no sergeant and no orders to follow. One of the major factors of college and getting students ready for the job sector is the self-promotion that is required. This same skill is looked down upon by the military where it values "self-less service" and the mission first attitude which places mission achievement over personal health, gain and wellbeing.

Another significant finding was that there was a large gap between the two groups with the presumption that they would or would not have any contact with Veterans on campus. This is significant and very important because Veterans make up more than 11% of the population on this campus. One out of every ten students has some varying type of connection with the military. As we continue to move farther away form 9/11 more and more Veterans will start the transition process beginning with going to college.

Limitations. There were some limitations to this study which impacts the generalizability of the results. First of all, the instrument was developed by the researcher and has not been validated. So, it cannot be assumed to be reliable or valid. In addition, the students participating were approached by the researcher and then chose whether or not to complete the survey. It was not a random sample of all WKU students. The sample size was relatively small compared to the total student population. Therefore, the results cannot be generalized to the population of the school or to similar institutions.

*Future research.* Some things that are of interest for future study would be how Veterans who are brought through the college experience as a cohort perceive college

life. Also how retention, grades and completion are improved or hampered by having a Veteran cohort. Would the creation of a Veteran exclusive college experience class have a positive impact on the Veteran's situations while transitioning into and through college? Would the creation of civilian to Veteran peer group also help the college experience? If there were classes just for Veterans or like Kent, Rivers, & Wrenn (2015) suggest, a Veteran peer group that taught resilience or "GRIT" to help promote positive functioning (p. 266). Another avenue might be to combine all veteran exclusive resources into one building for ease of veteran access, identification of issues and team building.

Conclusion. This study helps to fill a gap in the literature by examining the attitude of college students on returning Veterans and how they are coping with re-entry into civilian life. The results indicate that more services on the college campus and in the community could be helpful to continue to breakdown the stigma of seeking treatment for issues related to deployment. Having Veterans on campus enriches the diversity of student life, and therefore, every effort must be made to raise awareness of the issues facing military personnel who are also students and to provide adequate services so they can successfully complete their degrees in higher education.

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APPENDIX A

## **Student Perceptions of Services for Veterans and Military Personnel**

$\square$ residential stud $\square$ civilian, $\square$ milita	ry affiliated: ropriate box: □Activ	e Duty □NG/Reservis	
litary		Years in Service	Months
Married □Single □ □Freshman □Soph  ons  side the questions offects your feeling of the properties of	□Dating □Partner nomore □Junior □ using the scoring ke or agreement with	Senior □Grad Stud  ey at the top of each the following issue	n section. Enter s.
Disagree 2	Neither Agree nor Disagree 3	Agree 4	Strongly Agree 5
rned about what ot aware of veteran iss at the U.S. is makin hat the U.S. is makin t veterans that say t veterans have a na t veterans have diff side the questions of flects your feeling	hers might describe sues. g adequate accomm ng adequate accomm they have PTSD app egative effect on my iculty transitioning using the scoring ke or agreement with	e as a "ticking time ke modations for those modations for those lear to be "abnorma y college experience back to civilian life.	that have PTSD. e returning from al". e.
2	3	4	5
	civilian, milital filiated check the appoint of the control of the	residential student  commuter s  civilian,  military affiliated:  iliated check the appropriate box:  Active  Family  litary	residential student □commuter student □non-student □civilian, □military affiliated: iliated check the appropriate box: □Active Duty □NG/Reservise □Family Member □ROTC    Family Member □ROTC

1	2		Quite a bit	A lot
	_	3	4	5
. What is the	e likelihood that voi	ı will have contact v	with veterans on can	npus?
	ood that you might			
			Community Chu	ırch
			ing from overseas d	
	ith mental health is		mg nom overseas a	ерюутетена
•			ous available to retur	ning veterans
	te to meet their nee	·	as available to leta.	imig veteranie
•			ommunity available t	o returning
	e adequate to meet		minumey available t	o returning
	•		eterans are facing w	hile nursuing
•		11C 1334C3/ B4111C13 V	reterans are racing v	rine parsanig
air callaga aducat				
eir college educat			للاريم والمرام والمراز والمراز والمراز	
). Please list any a		. •	erns you have about	veterans and

Figure 2.1 Questionnaire. The questionnaire used in the study.