U.S. military veterans transition to college: Combat, PTSD, and alienation on campus.


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Innovations in Research and Scholarship Feature

U.S. Military Veterans Transition to College: Combat, PTSD, and Alienation on Campus

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U.S. universities are witnessing an influx of student veterans who have been under chronic stress, have suffered injuries, and currently exhibit symptoms of Post Traumatic Stress Disorder (PTSD). This study utilized quantitative survey data to test a model of what causes alienation on campus among student veterans. We then present quotations from student veterans describing the types of situations they find alienating. The results have direct implications for how student affairs professionals may help veterans succeed in college.

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Veterans Transition to College

Colleges and universities across the United States are witnessing the arrival of hundreds of thousands of student veterans whose recent experiences may include tracking combat missions via computers, witnessing the death of their comrades, clearing dead bodies, being shot at, and shooting at others (Miles, 2010). Lengthy and multiple deployments combined with arduous combat conditions comprise a legacy of stress exposure with far-reaching effects on student veterans’ daily lives. The purpose of this study was to apply stress process theory to explain the determinants of PTSD and its consequences using data collected from 124 university student veterans in 2008, including 20 on active duty and the remainder discharged from U.S. military—mostly within the past 10 years. These data demonstrate the effects of stressors and resources on student veteran mental health and social integration on campus. The implications include recommendations for student affairs professionals whose interests include maximizing persistence, retention, and academic success among student veterans.

Military combat has similarities to stressors such as being in a violent relationship (Campbell, 2002) or living in a dangerous neighborhood (Ross & Mirowsky, 2001), yet it stands out as one of the most stressful experiences imaginable and entails physical, cognitive, emotional, social, and spiritual challenges (Nash, 2008). Exposure to harsh physical conditions, threat of attack, compulsion to attack others, and proximity to death and dismemberment comprise a virtual minefield of stressors that service members may be exposed to for months at a time (Basham, 2008). Some have protected each other to the point of literally saving lives, yet when lives are lost, emotions may have to be suppressed to attend to the immediacy of battle (Basham, 2008).

When it is time to return home, soldiers from Operation Enduring Freedom (OEF) in Afghanistan and Operation Iraqi Freedom (OIF) are often met with others’ ambivalent attitudes toward the wars and may have difficulty relating to family and friends. They may also have mental and physical injuries and may experience a sense of loss after parting from their unit and intense focus on military imperatives (Doyle & Peterson, 2005; Milliken, Auchtelonie, & Hoge, 2007). In addition, some will opt for the additional challenges of enrolling in college.

The purpose of this paper is to apply stress process theory to assess how stressors and resources affect student veterans’ experiences on the university campus. We begin by reviewing the history of the GI Bill, summarizing recent research on student veterans, and putting our study into the context of research on student retention in higher education. We then introduce stress process theory to guide our conceptualization of stressors and resources. Subsequently, we describe our data, methods, and results. Lastly, we interpret our results in terms of how they may direct student affairs professionals to help student veterans succeed in college.

From Combat to College

After the passage of the Serviceman’s Readjustment Act in 1944 (the GI Bill), the Federal government helped 7.8 million veterans of World War II receive training and education (McKenna, 2009). The Post-9/11 GI Bill extended benefits to cover tuition and expenses at colleges and
universities for honorably discharged veterans who served 90 days or more of active duty since September 10, 2001, their spouses, and their children (Grossman, 2009). In the fall of 2010, over 210,000 veterans used their Post-9/11 GI benefits to attend college (Miles, 2010). The United States continues to draw down its forces in Iraq (Defense Manpower Data Center, 2011), unemployment remains high in the United States (Bureau of Labor Statistics, 2011), and college enrollment has surged (Fry, 2010), pointing to the likelihood that there will be continuing growth in the representation of military veterans on U.S. college campuses.

Veterans who attend college are likely to face numerous challenges. Accessing Veterans Administration (VA) educational benefits often entails enduring confusing procedures and delays (Ackerman, DiRamo, & Mitchell, 2009; American Council on Education, 2008). Structuring their schedules, being their own bosses, and challenging authority are antithetical to military training (Bauman, 2009). Fitting in with students who tend to be younger, less respectful of authority, ignorant of what military service entails, and even critical of the very conflicts in which the veterans have just risked their lives is challenging (American Council on Education, 2008; DiRamo, Ackerman, & Mitchell, 2008; Glasser, Powers, & Zwyik, 2009).

Some veterans have combat-related disabilities (Grossman, 2009), which may complicate the transition to college. Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) veterans are more likely than veterans of previous wars to survive battlefield injuries owing to improvements in body armor, helmets, and medical care (Gawande, 2004). However, many survivors have lasting problems, including an estimated 19% with traumatic brain injury (TBI), which can cause chronic pain and increased risk of PTSD (Clark, Scholten, Walker, & Gironda, 2009; Tanielian & Jaycox, 2008; Warden 2006). Rates of PTSD among OEF/OIF veterans may be as high as 31% (Ramchand et al., 2010; Sundin, Fear, Iversen, Rona, & Wessely, 2010), and PTSD can cause other problems, such as poor physical health (Hoge, Terhakopian, Castro, Messer, & Engel, 2007; Hoge et al., 2008) alcohol abuse (Jacobsen et al., 2008; McDevitt-Murphy et al., 2010), and difficulties with intimacy and troubled family relationships (Dekel, Enoch, & Solomon, 2008; Galovski & Lyons, 2004; Ray & Vanstone, 2009). Taken together, these wounds of war may take a toll on veterans' abilities to succeed in school.

There is no national-level systematic effort in higher education to assist student veterans, but there is research that finds that connecting with other veterans on campus helps student veterans’ transitions to college life (DiRamio et al., 2008). Other studies suggest that campuses are more “veteran friendly” when they partner with the VA and when they offer new student orientations geared toward veterans, student veteran organizations, and veterans’ resource centers on campus (Lokken, Pfeffer, McAuley, & Strong, 2009; Rumann & Hamrick, 2009; Summerlot, Green, & Parker, 2009; Vance & Miller, 2009). Integration into the academic environment is critical to student retention (Kuh, Cruce, Shoup, Kinzie, & Gonyea, 2008; Reason, 2005; Tinto, 2006–2007), and involves positive interaction with faculty, support personnel, and other students (Lau, 2008). Interventions that increase student integration include first-year seminars, learning communities,
and peer mentoring (Kuh et al., 2008; Lau, 2008). Interventions that are especially helpful with diverse populations and may benefit student veterans include student organizations that celebrate student diversity and academic and social support targeted at specific groups (Braxton, 2008; Fischer, 2008; Lau, 2008; Lee, Olson, Locke, & Michelson, 2009; Lundquist, Spalding, & Landrum, 2002–2003).

**Military Service and Mental Health: A Stress Process Approach**

Stress is a state of tension resulting from environmental demands that exceed one’s coping capacities (Lazarus, 1966). Stress process theory posits that exposure to stressors such as relationship strain and access to resources, such as social support, are rooted in one’s position in society. Stressors and resources directly and indirectly influence mental health. For instance, job loss worsens mental health, while social support improves it directly or by buffering the effects of stressors (Aneshensel, 1992; Pearlin, Lieberman, Menaghan, & Mullan, 1981).

Dozens of studies apply stress process theory, but few focus on stressors related to military service despite the known association between combat stress and poor mental health (Dohrenwend et al., 2007; Hoge et al., 2006; Hoge et al., 2007). Stress research tends to focus on domains of life that most people experience such as paid employment, close personal relationships, or neighborhood conditions (Chandola, Brunner, & Marmot, 2006; Elliott, 2000; Kielcolt-Glaser, & Newton, 2001; Latkin & Curry, 2003). Although only 1% of the U.S. population is on active duty in the military (Defense Manpower Data Center, 2011) and 7% are veterans (Department of Veterans Affairs, 2010), military service involves uniquely stressful situations ranging from the relative calm of being trained for warfare but never deployed, to serving in fairly safe environs, to being put at risk of death. Combat exposure entails chronic strain such as physical deprivation and sudden trauma such as unexpected attacks (Basham, 2008; Wheaton, 1994). The fight or flight syndrome is typically portrayed as an unhealthy response to stressors that are rarely life threatening (Glaser & Kielcolt-Glaser, 2005), but combat may entail a literal threat to life and limb, and therefore may have particularly pernicious health effects.

The negative effects of stressors can be counteracted by resources, such as social support, which promote mental health (Strine et al., 2009). Social support is most protective when it buffers the impact of stressors; the perception of emotional support matters most for mental health (Cohen, 2004). Social support between service members and within units tends to be considerable during military service and beyond (Barber, Rosenheck, Armstrong, & Renwick, 2008; Laffaye, Cavella, Dresher, & Rosen, 2008), and members of the military often describe their fellow soldiers as “like family” (Ove, 2010). Indeed, group cohesion is promoted within the military (Siebold, 2007), and strong bonds often form in combat units exposed to dangerous situations (Kviz, 1978).

When veterans return home, social support may protect them from the effects of combat exposure on PTSD (Pietrzak, Johnson, Goldstein, Malley, & Southwick, 2009). However, overseas
deployment, especially when it involves combat exposure, can increase interpersonal conflict with friends, family, and co-workers once the soldiers are home (Basham, 2008; Milliken et al., 2007), which sometimes leads to intimate partner violence—in part because of the symptoms associated with PTSD (Marshall, Panuzio, & Taft, 2005; McCarroll et al., 2000). Thus, military service may undermine social support when it is most needed.

**Method**

A questionnaire was designed to collect data from student veterans in the spring of 2008 at a medium-sized public university in the western United States. The tailored design method was implemented (Dillman, Smyth, & Christian, 2009) with three follow-up mailings resulting in a response rate of 45% (124/277). Surveys were sent to students' home addresses and included referral information for local veterans' services in the event that the survey reached a student with unmet needs. Four students who last served in Vietnam and 15 who had not been in any intimate relationships and therefore had missing data on a key dependent variable were omitted. As a result, the final sample size was 104 people.

The survey consisted mostly of close-ended questions, and two optional open-ended questions answered by 63% of the sample asked how the university could help student veterans. The data were analyzed with descriptive statistics, reliability analysis, structural equation modeling, and thematic analyses of the open-ended responses. The quantitative analyses established the frequency and determinants of student veterans' problems, whereas the qualitative analysis revealed the nature of the negative experiences that veterans have on campus.

Descriptive statistics are presented in Table 1. Demographics include gender (76% male), marital status (42.3% married or partnered) and age, which averaged 30.92 years and ranged from 19 to 55. Indicators of military service include having served in Iraq (43.3%), Afghanistan (34.6%), the First Gulf War (12.5%), or never having been deployed (23%). Eight students (5.7%) were still on active duty. Stressors included amount of combat exposure and physical limits caused by service-related injuries. Combat exposure was measured with an assessment tool used by the Department of Defense (2003) to assess the intensity of trauma soldiers were exposed to in combat (Robinson, Jaffer, Rogut, & Engel, 2004). Veterans were asked if they experienced any of 13 combat experiences such as "being shot at" or "being threatened by a nearby mortar attack." The scale ranges from 0 (typical for veterans who were not in combat and checked "never" for all 13 items) to 12, and scores averaged 4.49 (α = .87). Functional limits to daily life were measured with an item ranging from zero (no injuries) to 4 (a great deal of limits due to injuries) and averaged 1.34.

PTSD was assessed with the 17-item PTSD Checklist Military Version (α = .92; Weathers, Litz, Herman, Huska, & Keane, 1993), used in clinical settings to identify whether soldiers need mental health treatment (Bliese et al., 2008). The scale is used to diagnose PTSD and assess the frequency of PTSD symptoms. We assessed symptom frequency to capture greater variation than we would by categorizing students into two groups. Students averaged 1.66 on a scale from 1 (not
Table 1

Measurement and Descriptive Statistics for All Variables, \( n = 104 \)

<table>
<thead>
<tr>
<th>Variables</th>
<th>Min</th>
<th>Max</th>
<th>M</th>
<th>SD</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demographics</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender (1 = male)</td>
<td>0</td>
<td>1</td>
<td>79</td>
<td>76.0</td>
<td>79</td>
<td>76.0</td>
</tr>
<tr>
<td>Married (1 = married/partnered)</td>
<td>0</td>
<td>1</td>
<td>44</td>
<td>42.3</td>
<td>44</td>
<td>42.3</td>
</tr>
<tr>
<td>Age</td>
<td>19</td>
<td>55</td>
<td>30.92</td>
<td>7.43</td>
<td>55</td>
<td>5.3</td>
</tr>
<tr>
<td>Military Service</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Served in Iraq (1 = yes)</td>
<td>0</td>
<td>1</td>
<td>45</td>
<td>43.3</td>
<td>45</td>
<td>43.3</td>
</tr>
<tr>
<td>Served in Afghanistan (1 = yes)</td>
<td>0</td>
<td>1</td>
<td>36</td>
<td>34.6</td>
<td>36</td>
<td>34.6</td>
</tr>
<tr>
<td>Served in First Gulf War (1 = yes)</td>
<td>0</td>
<td>1</td>
<td>13</td>
<td>12.5</td>
<td>13</td>
<td>12.5</td>
</tr>
<tr>
<td>On active duty</td>
<td>0</td>
<td>1</td>
<td>8</td>
<td>5.7</td>
<td>8</td>
<td>5.7</td>
</tr>
<tr>
<td>Number of deployments</td>
<td>1</td>
<td>10</td>
<td>1.60</td>
<td>1.66</td>
<td>10</td>
<td>1.66</td>
</tr>
<tr>
<td>Amount of combat exposure</td>
<td>0</td>
<td>12</td>
<td>4.49</td>
<td>3.75</td>
<td>12</td>
<td>3.75</td>
</tr>
<tr>
<td>Functional limits from injury</td>
<td>0</td>
<td>4</td>
<td>1.34</td>
<td>1.34</td>
<td>4</td>
<td>1.34</td>
</tr>
<tr>
<td>PTSD</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Symptoms of PTSD</td>
<td>1</td>
<td>5</td>
<td>1.66</td>
<td>.70</td>
<td>5</td>
<td>.70</td>
</tr>
<tr>
<td>Civilian life</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social support</td>
<td>1</td>
<td>5</td>
<td>4.01</td>
<td>.91</td>
<td>5</td>
<td>.91</td>
</tr>
<tr>
<td>Intimate relationship strain</td>
<td>1</td>
<td>4</td>
<td>1.58</td>
<td>.87</td>
<td>4</td>
<td>.87</td>
</tr>
<tr>
<td>Alcohol problems</td>
<td>-1.60</td>
<td>2.14</td>
<td>0</td>
<td>1</td>
<td>2.14</td>
<td>0</td>
</tr>
<tr>
<td>Alienated on campus</td>
<td>1</td>
<td>5</td>
<td>2.56</td>
<td>.83</td>
<td>5</td>
<td>.83</td>
</tr>
</tbody>
</table>

at all) to 5 (extremely) bothered by each symptom over the past month. Students who did not have PTSD answered “not at all” to each item, resulting in a score of “1” for 13 students, or 12.5% of the sample.

Items measuring social support from family and friends were developed for veterans from Ross and Mirowsky’s (2002) index: (a) “I have someone to talk to when things get rough”; (b) “My family does not really seem to understand me since I joined the military”; (c) “When I have a problem, I have friends who are right there for me”; and (d) “I sometimes feel like I have no one to talk to” ranging from 1 (strongly disagree) to 5 (strongly agree) with scores averaging 4.01 (\( \alpha = .80 \)). Intimate relationship strain was measured by asking about the extent of problems veterans had in intimate relationships lately compared to before they entered the military, ranging from 1 (no problems) to 4 (extreme problems, relationship(s) ended), averaging 1.58.

Alienation on campus was measured with four items developed for this project with input and pre-testing from the veterans’ services coordinator and several student veterans: (a) “I sometimes feel like I do not fit in with other students”; (b) “When I hear my teachers talking about U.S. military operations I feel unfairly judged”; (c) “I sometimes feel like I am looked down upon because I am a veteran” and (d) “I do not like it when people I meet at (the university) want to know the details of my military experience,” ranging from 1 (strongly disagree) to 5 (strongly agree) and averaging 2.56 (\( \alpha = .67 \)).
Table 2

**Bivariate Correlations Between Key Variables, n = 104**

<table>
<thead>
<tr>
<th></th>
<th>(1)</th>
<th>(2)</th>
<th>(3)</th>
<th>(4)</th>
<th>(5)</th>
<th>(6)</th>
<th>(7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Combat exposure</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Functional limits</td>
<td>.08</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Social support</td>
<td>.07</td>
<td>−.36**</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4) PTSD symptoms</td>
<td>.48**</td>
<td>.35**</td>
<td>−.31**</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5) Alienation on campus</td>
<td>.37**</td>
<td>.29**</td>
<td>−.22**</td>
<td>.45**</td>
<td>1.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(6) Intimate relationship strain</td>
<td>.15</td>
<td>.20**</td>
<td>−.34**</td>
<td>.50**</td>
<td>.29**</td>
<td>1.00</td>
<td></td>
</tr>
<tr>
<td>(7) Alcohol problems</td>
<td>.04</td>
<td>−.12</td>
<td>−.13</td>
<td>.19*</td>
<td>.04</td>
<td>.20*</td>
<td>1.00</td>
</tr>
</tbody>
</table>

*p < .01 (two-tailed)

**p < .05 (two-tailed)**

Alcohol misuse was measured with a short form of the Alcohol Use Disorders Identification Test (AUDIT; Goldman, Brown, & Christiansen, 2000), used by the VA to screen for alcohol problems. It included four items (α = .71) that capture alcohol abuse (“In the past month, did you use more alcohol than you meant to?”), frequency and quantity of consumption (“How often do you have a drink containing alcohol?” and “How many drinks containing alcohol do you have on a typical day when you are drinking?”), and binge drinking (“How often do you have six or more drinks on one occasion?”).

We established the criterion-related validity of our measures with bivariate correlations (Table 2), and found that combat exposure and functional limits were positively and significantly associated with PTSD, whereas social support was negatively and significantly associated with PTSD. Presence of the disorder was positively and significantly associated with alienation on campus, intimate relationship strain and alcohol problems; alienation, relationship strain, and alcohol misuse were all positively associated with one another. The construct validity of our measures was confirmed in the structural equation model (SEM) that assessed the system of associations posited by our conceptual model and tested its fit relative to the variance/covariance matrix of the variables.

The maximum likelihood estimation method estimated the path coefficients and overall fit of the SEM of PTSD as a mediator of the effects of stressors and social support on feeling alienated on campus, relationship strain, and alcohol misuse. Because the data did not meet the criterion of multivariate normality, we re-estimated the model with the asymptotically distribution-free method (Hoyle, 1995), and the results were virtually identical.

**Results**

Combat exposure, functional limits, social support, and the control variables were treated as exogenous covariates in the model. PTSD was modeled as a mediator of the effects of these factors on alienation on campus, intimate relationship strain subsequent to military service, and problems with alcohol, all of which had covariant error terms. Initially, each exogenous factor was
freed to affect PTSD, which in turn affected each outcome. Non-significant pathways to PTSD were eliminated from the final model. Modification indices suggested that certain exogenous factors affected outcomes directly, and these pathways were included in the final model when logical and significant. To test whether social support buffers stressors, we included interactions between it and either combat exposure or functional limits, but they did not significantly predict PTSD or the other outcomes.

Analysis of the final model showed a non-significant difference between the observed and theorized covariances, $\chi^2(30) = 39.49, p = .12$, indicating that our model was a good fit. Tests of absolute (RMSEA = .05) and relative fit (CFI = .96) were within conventional limits of acceptability (Cheung & Rensvold, 2002). Figure 1 presents standardized regression coefficients.

Combat exposure (.09) and functional limits (.11) predicted greater frequency of PTSD symptoms, whereas social support predicted lesser frequency. None of the other covariates were significantly related to PTSD. Presence of the disorder predicted greater alienation on campus, more intimate relationship strain, and more problems with alcohol ($p < .10$). Combat exposure predicted greater alienation, suggesting that combat can be troubling without the presence of PTSD. Social support was negatively associated with intimate relationship strain, in part because veterans included their intimate partner when assessing their overall social support. However, the
path coefficients and overall fit were essentially the same with or without social support in the model. Only one control variable was significantly associated with an outcome, in that older veterans were less likely to have problems with alcohol.

These results demonstrate the predictors of alienation on campus. To explore the nature of that alienation, we analyzed the open-ended responses provided by 63% of the sample (66 veterans). Eighteen (17%) said there was nothing else the university needed to do and most said it was doing an excellent job, such as one student who commented that the “staff have done a wonderful job supporting veterans and have provided a lot of insight and information.” Even so, a couple of veterans said they would appreciate more recognition on campus: “Show more interest in us veterans; after all, a lot of us took a bullet or two for our country . . . literally.”

Students who made suggestions through the open-ended responses focused on financial issues (10 students), veterans’ services (8 students), social interaction among veterans (7 students), and complaints about professors (10 students). Ideas for solving financial problems included increasing eligibility for scholarships and waiving tuition for veterans with limited GI benefits. Problems with veterans’ services included copious paperwork and poor coordination between the university and the VA. Ideas for social events included opportunities for student veterans to discuss combat experience with one another, to share their experiences with others on campus, and to have a physical location for a Veterans’ Center on campus.

The most impassioned comments from student veterans relayed classroom experiences or interactions with professors that were upsetting or offensive. In one case, a professor showed a film about terrorism in the Middle East that was all too real for one former marine: “I had to walk out of class because I was literally one block away from where some of the footage [of marines being shot at] was taken.” The physical environment of the classroom was troubling to one student who requested alternative testing accommodations because “vets have trouble being at ease in large, compact crowds.” A couple of students were frustrated that their professors lacked understanding when their military orders required them to miss class. By far, what seemed most upsetting were the professors who denounced the wars and even the troops in class. An army veteran, who faced combat in Iraq, was outraged by a professor who referred to the U.S. troops as “baby killers” and “torturers” had this to say:

The biggest problem with some faculty is their willingness to disregard teaching and embrace hateful soapbox political speech. Veterans are the only group of people on the campus that are openly slandered, disrespected, and hated. Most professors would claim to embrace diversity among the student population, but some would like to exclude veterans from the multiplicity list due to our war service.

Though this student said he believed in the right to free speech, he wished that he “did not have to feel out of place on [his] college campus and was not slandered in the classroom.”
Such experiences have the potential to disengage students from their classes, as was the case for a young marine who had been deployed to Iraq twice. He believed that when professors express negativity toward the wars or the troops, they undermine their credibility:

I don’t care about your views on the war or the current political atmosphere. If you don’t like veterans or military people don’t voice it in class. It offends people and renders everything else you say biased.

Another veteran of the Iraq war was more diplomatic and made a controversial argument:

Professors need to be more conscious about who is in their classroom before they speak down about military operations that they disagree with. You cannot separate ”supporting the troops” from supporting their mission.

Although we cannot tell how frequently student veterans felt offended in class, it is clear that when it did occur, it was quite distressing. One student suggested a remedy: ”a mandatory class or lecture to inform professors that some veterans are very sensitive to certain subjects, visuals, and other stimuli.” Taken together, these comments revealed an often unspoken frustration among student veterans that their military experience was not validated, and in some cases was even condemned. We conclude by summarizing our findings, discussing their policy implications, and making suggestions for future research.

Discussion

This study contributes to the growing body of research on veterans in higher education by combining sophisticated statistical modeling of survey data with rich, expressive qualitative data detailing veterans’ experiences. Together, these results portray a unique student population whose compelling voices often go unheard. To summarize, we found that student veterans who were exposed to more combat tended to have more symptoms of PTSD, and were more alienated on campus. Combat experiences such as shooting and being shot at left many veterans with disturbing memories, difficulty concentrating, and feeling cut off from others. Students with functional limits to their health resulting from combat also tended to have more symptoms of PTSD, whereas students with more social support tended to have fewer symptoms. Functional limits such as difficulty climbing stairs may serve as a constant reminder of traumatic injury, thereby exacerbating PTSD. Social support may protect against PTSD by helping veterans to feel understood and less alone. PTSD symptoms, when they occur, lead to more strain in intimate relationships, more problems with alcohol, and more alienation on campus. The most poignant expression of alienation relays the pain and helplessness felt by veterans whose professors put down their service in class as if they are not there, or by singling them out.

The concept of alienation is not new to research on veterans, having been identified among veterans of the Vietnam War (Lifton, 1992). Recent research on student veterans also identified difficulties student veterans face when attempting to fit in (Ackerman et al., 2009; DiRamio et al.,...
This study also confirms the effects of combat-related disabilities on the transition to academic life (Grossman, 2009), the positive effects of social support (Cohen, 2004; Strine et al., 2009), and the effects of PTSD on alcohol abuse (Jacobsen et al., 2008; McDevitt-Murphy et al., 2010) and relationship problems (Dekel et al., 2008; Galovski & Lyons, 2004; Ray & Vanstone, 2009). PTSD and related problems may persist among student veterans in part because they fear being stigmatized for seeking mental health treatment (Hoge et al., 2004; Pietrzak et al., 2009; Stecker, Forney, Hamilton, & Ajzen, 2007). This study, and the research that it builds upon, suggests a number of implications for student affairs professionals.

**Implications**

Student affairs professionals at colleges and universities across the United States are being confronted with a growing population of student veterans. In order to help student veterans who experience symptoms of PTSD or who live with functional limits caused by service-related injuries, student counseling and disability resource centers should be staffed by professionals trained in issues specific to veterans such as the lingering effects of combat stress and the physical and psychological issues that arise from chronic disability (American Council on Education, 2008; Lee et al., 2009). Furthermore, these departments should be closely allied with local veterans' services so that veterans can be referred off-campus when appropriate and have services on campus when they prefer not to go through the VA.

Secondly, given that over half of student veterans state that they do not fit in on campus, and almost one-third feel unfairly judged, interventions are needed to increase social integration. Research has demonstrated the harmful effects of faculty who consciously or unconsciously insult or humiliate students (Lundquist et al., 2002–2003). To avoid this, university faculty, staff, and students should be made aware of issues sensitive to veterans (American Council on Education, 2008; Lau, 2008). Some campuses may enact mandatory training for faculty, as one student suggested, while others may make it optional. Although academic freedom permits latitude for faculty, they should be discouraged from openly denigrating U.S. service members. However, it would be impossible, and probably not desirable, to censor faculty to the point where there is no chance of offending a veteran. Therefore, support services outside of the classroom are needed where student veterans can express their frustration and have their outrage acknowledged.

Learning communities are one way of creating a more integrative environment for student veterans (Tinto, 2003). In a freshmen-learning community, veterans would take blocks of related classes together, taught by a combination of academic faculty and student affairs professionals. The collaborative nature of learning communities encourages faculty to tailor their curriculum to the specific needs of their students, and gives student affairs professionals the opportunity to identify students who are experiencing greater difficulty and to intervene appropriately (Tinto, 2003).

In addition to learning communities, colleges and universities may offer a variety of other opportunities for student veterans to congregate with each other and with others on campus to
develop their sense of belonging (American Council on Education, 2008; Lau, 2008; Lokken, et al., 2009). Such efforts could include setting up peer mentorships, sponsoring clubs or organizations, arranging opportunities to get together and socialize, dedicating a physical space on campus for student veterans, and sponsoring talks featuring speakers who present their military experiences. Special events could also be organized around holidays such as Veterans Day and Memorial Day that encourage veterans and the broader community to come together around a common cause.

Despite this study’s utility for student affairs professionals, it has its limitations. The data are cross-sectional, so it is not possible to render the process over time through which mental health problems develop or are avoided, or to demonstrate how resources intervene to explain why some people react worse than others to equally gruesome combat experiences. The response rate was below 50%, and the respondents may systematically differ from non-respondents. For example, the students who chose not to respond may have more mental or physical health problems but feel too stigmatized to participate, in which case our results underestimate the extent of alienation among student veterans. The sample size is small so the findings are more suggestive than definitive.

Future research is needed on student veterans on the confluence of stressors and resources to continue to elucidate the causes of and remedies for mental health problems among them. While time in service entails numerous stressors, it may also provide access to critical resources with lasting benefits such as camaraderie among members of a unit or enduring pride felt for one’s service to country. In contrast, the losses suffered when comrades die, or the cognitive dissonance felt after losing faith in the fight may render veterans more vulnerable to mental health problems. Such possibilities should be included in future research that strives for a larger sample size, higher response rate, and longitudinal data, and that systematically assesses the circumstances on campus that student veterans find troubling, to provide more specific policy recommendations.

There is no doubt that the lived experience of twenty-first century military service is complicated and sometimes perilous for members of the U.S. military. Rates of PTSD are disturbingly high and connected to problems such as interpersonal conflict (Hoge et al., 2004; Tanielian & Jaycox, 2008). Stress researchers have much to contribute by way of explaining who among veterans is most at risk, and what can be done to help them. Institutions of higher education have an opportunity to help veterans succeed in college by meeting their financial, health, and social needs, and by making campuses a place where veterans feel a sense of safety and belonging.

References


