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Invisible Disabilities, Stigma, and Student Veterans: Contextualizing the Transition to Higher Education

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Abstract

As military veterans transition back into civilian life, the transition process is often filled with challenges. Some veterans leave military service having developed a service-related disability such as post-traumatic stress disorder (PTSD), anxiety, or depression. These invisible disabilities can further complicate the transition from military to civilian life. As military veterans with invisible disabilities begin the transition back into society, many enroll in college to retrain or start new careers. While many military veterans experience difficulties transitioning into civilian life, their invisible disabilities, and the often stigmatization that comes with such disabilities, can make integrating into college as a student a uniquely challenging transition in their new lives.

Keywords: Veterans, Disability, Transition theory, Higher education

Introduction

Military veterans transitioning to civilian life are faced with significant lifestyle changes. These changes are not always easy and some struggle with returning to a lifestyle that is vastly different than that of their past military lives. Part of the transition process involves integrating back into society, among a public that may not be informed, nor understanding of what it means to have served in the military. To make the process more challenging, society is not always welcoming of military veterans as they transition home (Lippa et al., 2015). Military veterans may find themselves victims of stereotyping and discrimination due to the stigmatization of invisible disabilities (Dickstein, Vogt, Handa, & Litz, 2010). For military veterans who suffer from invisible disabilities such as post-traumatic stress disorder (PTSD), anxiety, depression, or other behavioral disorders, their transition to civilian life can be difficult. The stigmatization of invisible disabilities can make the transition to college challenging for many military veterans (Kirchner, 2015). Student veterans, and especially those with invisible disabilities, find navigating and surviving the college campus confusing, frustrating, and demanding (Mechur-Karp & Klempin, 2016a). While there is a growing body of literature pertaining to the transition of military veterans into civilian life, and into college, there is a lack of literature pertaining to the transition of military veterans into college through the context of invisible disabilities. Transition theory, however, offers a way to contextualize and better understand the experiences of military veterans with invisible disabilities and to understand their transition from military life to that of civilians and students. Transition theory concerns the perceptions that individuals have as they experience changes, or transitions, in their lives (Schlossberg, 1981). Military veterans, like any other population, undergo various transitional experiences.

To understand the relationship between student veterans, disability, and stigmatization, it is important to understand the context in which they exist together (Gerber, 2001). In the United States, military veterans have become the largest population of individuals with disabilities (Gerber, 2001). This phenomenon has occurred in part because as medical science has improved, there are fewer wartime deaths, and thus an increase in veterans with disabilities (Gerber, 2001). As disabled veterans return home, they often experience the stigma already related to having a disability. The

public's attitudes toward military service-members has changed over time within the context of each past wartime (Hitt et al., 2015). Yet each military conflict is unique, resulting in different disability and stigmatization experiences for military veterans (Campbell & Riggs, 2015). Some disabilities are invisible, hidden beneath the surface, and are not always easily recognizable to others. Mental illnesses, learning disorders, PTSD, and other non-physical disabilities are examples of such invisible disabilities, and many of these are stigmatized by the public (Rudstam, Strobel Gower, & Cook, 2012).

As military veterans transition from the service to civilian life, many enroll in higher education. Currently an estimated 800,000 student veterans attend institutions of higher education in the United States (Kapell et al., 2017). Community colleges enroll the largest number of veterans of all institution types, with an estimate at about 43% (Jones, 2017; Mechur-Karp & Klempin, 2016a; Mechur-Karp & Klempin, 2016b). Community colleges are ideal for student veterans, given the diverse range of support services available for nontraditional learners (Durosko, 2017; Jones, 2017; Mechur-Karp & Klempin, 2016a). A college education can provide veterans with opportunities at improving existing skills, or gaining new ones to make the transition to civilian life less challenging (Mechur-Karp & Klempin, 2016a). While the transition process is already uniquely challenging for many veterans (Lippa et al., 2015; Sciallo, 2017), those with invisible disabilities find it particularly challenging as they transition to, and participate in, higher education. The stigmatization of disability often follows veterans as they transition to civilian life (Rudstam et al., 2012), and into higher education. Given that there is a growing body of scholarly literature pertaining to student veterans (Albright, Fletcher, Pelts, & Taliaferro, 2017; Pelts & Albright, 2015; Vacchi, Hammond, & Diamond, 2017), there exist opportunities to expand literature pertaining to the discussion of student veterans and invisible disabilities (Gerber, 2001; Jones, 2017). Because many veterans experience invisible disabilities such as PTSD, anxiety, depression, and other mental health issues, there is a need to better understand student veterans within the context of invisible disabilities and stigma.

Transition Theory

Schlossberg's (1981) transition theory concerns individuals and their perceptions as they experience changes, or *transitions*, in their lives. Some change can be obvious, such as birth of a child, a graduation, or death in family, while others can be subtle such as losing aspirations to attend college or to exercise (Schlossberg, 1981). Schlossberg (1981) stated that transitions:

...can be said to occur if an event or non-event results in a change in assumptions about oneself and the world and thus requires a corresponding change in one's behavior and relationships. (p. 5)

Transitions can be anticipated or expected events (such as marriage or retirement), while others can be unanticipated or unpredicted events (loss of a loved one or loss of a job) (Anderson, Goodman, & Schlossberg, 2012; Schlossberg, 1981). Transitions can be viewed as occurring in stages, whether over the course of days, months, or even years, requiring an individual to learn her or his new role, which often takes time and acclimation (Anderson et al., 2012). Schlossberg (1981) identified four major factors related to how individuals cope with transitions: a) *Situation*—what the transition is, or what is happening; b) *Self*—the individual experiencing the transition; c) *Support*—the availability of services to help the individual experiencing the transition; and, d) *Strategies*—how the person copes with the transition.

While transitions themselves are contextually unique, so too are the individuals who experience them. Individuals vary in how they experience, perceive, and respond to the world around them, and this is especially true when it comes to transitions (Anderson et al., 2012). A transition such as a change in career may be perceived positively by one individual but negatively by another.

Therefore, an examination of the individual experiencing the transition is critical in understanding the transition experience. Transition theory not only aims to help understand individuals and the transitions they experience, but also their adaptation to such transitions. Adaptation to transition:

...is a process during which an individual moves from being totally preoccupied with the transition to integrating the transition to his or her life. (Schlossberg, 1981, p. 7)

Military veterans, like other populations, have unique transition experiences as they move from the military into civilian life, and then into being a college student.

Veterans and Disability

To better contextualize the transition experiences of student veterans into college, it is important to first understand the historical context which helps shape their experiences. Firstly, the factor of *self* within transition theory, concerns the individual experiencing the transition. Each individual exists as a separate entity, with personality traits, emotions, experiences, and perspectives that are unique to him or her. While the transition itself is important to explore, the individual is equally important to understand when examining transition experiences. Student veterans with invisible disabilities are a unique population, and so too are their transition experiences. Thus, it is necessary to understand the context that shapes the experiences and lives of student veterans with invisible disabilities as they transition to college. Context shapes individuals' lives and context affects how individuals perceive and cope with transitions (Anderson et al., 2012).

Disability, and the stigmatization of disability, among military veterans has evolved over time, changing with the trends in both society and warfare. It is important to consider each period of war differently to better understand how the stigmatization of invisible disabilities has evolved. Each military conflict is unique, including the injuries (both physical and mental) experienced by service-members, the public's reception of returning service-members, and the transition experiences of military veterans to civilian life (Campbell & Riggs, 2015; Williams & Uomoto, 2012). Mental health issues such as anxiety, depression, and PTSD, have become common among military veterans in current years, and have become the second most common diagnoses among military veterans (Campbell & Riggs, 2015; Lippa et al., 2015; Rodrigues et al., 2014).

World War I (WWI) marked the first time that mental health issues during war were debated on an international level (Linden, Hess, & Jones, 2012). As more service-members began to experience mental health issues as a result of their combat experiences, an intense international dialogue regarding the causes of those mental health issues ensued (Linden et al., 2012). Researchers investigated whether mental health issues were a result of physical trauma to the brain, were a result of traumatic experiences, or were some combination of the two (Linden et al., 2012). The term *shell shock* was used to denote service-members who experienced a variety of mental health issues (Linden et al., 2012; Williams & Uomoto, 2012), one of which would later become known as PTSD. Shell shock was first used during the WWI period to describe mental health issues that could not be explained with the absence of physical injuries (Williams & Uomoto, 2012). World War II (WWII) also significantly affected service-members' mental health (LaVerda et al., 2006), and many of the same mental health issues among service-members that were seen in WWI were prevalent during and after WWII. A change in terminology—*battle fatigue*, *combat stress*, *combat exhaustion*, and *war neuroses*—came about as attempts to better understand psychological disorders related to war (Williams & Uomoto, 2012). Prior to 1980, PTSD and its symptoms were referred to as *combat fatigue* (Langer, 2011). Exploring the prevalence of PTSD during WWII is quite difficult because the official diagnosis had not been established until 1980 (Langer, 2011). However, the variety of other terms used to describe symptoms related to PTSD were prevalent among returning veterans from the

WWII era. Unlike the Vietnam era, WWII veterans may have downplayed the symptoms related to PTSD. PTSD appeared to manifest later in life for some WWII veterans (Langer, 2011).

Vietnam veterans experienced societal opposition when they returned home, making the transition into civilian life challenging, exacerbating the effects of mental health issues (Campbell & Riggs, 2015). Notwithstanding, Vietnam veterans who had experienced mental health issues were more likely to experience depression and alcohol or substance abuse (Williams & Uomoto, 2012). This group of veterans also found difficulty in obtaining and maintaining steady work, typically had lower income, and struggled with maintaining social support networks (Williams & Uomoto, 2012). Due to their mental health issues, Vietnam veterans were more likely to damage and lose their social support structures, such as spouses, family, and friends. The unwelcoming public that resulted from the stigmatization of veterans with mental health issues further damaged Vietnam veterans' post-military service experiences (Campbell & Riggs, 2015). Thus, the unwelcoming nature of the public created transitional barriers for returning Vietnam veterans, further complicating an already challenging process.

The wars in Iraq and Afghanistan are unique conflicts as well, differing significantly from previous military operations. Over 2 two million service-members have participated in military operations in Iraq and Afghanistan (Campbell & Riggs, 2015; Rodrigues, et al., 2014). Between 2001 and 2009, a little over one million service-members have separated from the military, adding to the number of military veterans in the United States (Campbell & Riggs, 2015). It is estimated that between 17%–19% of Iraq and Afghanistan veterans experience mental health issues (Campbell & Riggs, 2015). Other research suggests that up to one-third of service-members returning from Iraq and Afghanistan experience mental health issues or other cognitive difficulties (Hitt et al., 2015). Unlike Vietnam veterans, service-members returning from the wars in Iraq and Afghanistan have encountered a more welcoming and supportive public. However, veterans still find themselves faced with stigmatizing views from the public regarding their service and invisible disabilities. PTSD has become a familiar term when describing mental illnesses related to military veterans involved in the wars in Iraq and Afghanistan. With the increased attention on the health and post-service care of veterans, PTSD has become increasing familiar to not only the military, but to the public as well. López, Springer, and Nelson (2016) stated that an individual with PTSD has:

...experienced, witnessed, or confronted an event, or history of events that involved actual or certain death, serious injury, or injury to the physical integrity of self and others, and the person's response included intense fear, helplessness, or horror. The person experiences PTSD when the experience results in re-experiencing the trauma through recurring thoughts, dreams, and feelings; efforts to avoid the stimulus associated with the trauma such as feelings of detachment, a sense of shattered future, efforts to control thoughts, feelings, and activities associated with the trauma, and avoiding people, places, and activities that recall the trauma. (p. 144)

PTSD is a highly stigmatized disability that often negatively affects student veterans (Kirchner, 2015; Rudstam et al., 2012). It is estimated that 14% of veterans from Iraq and Afghanistan display symptoms related to PTSD (Kirchner, 2015). Other research puts veterans with PTSD at a much higher number, somewhere around 44% of returning veterans (Campbell & Riggs, 2015). Despite the differences in numbers, the public tends to believe that higher numbers of veterans have PTSD (Kirchner, 2015). The perception that most military veterans have some form of a mental health issue is prevalent among the public, which in turn adds to the experiences of stereotyping and stigmatization of student veterans in the classroom (Kirchner, 2015).

Stigma and Invisible Disabilities

The *situation* factor within transition theory concerns what is actually happening, the transition, and the individual experiencing the transition (Schlossberg, 1981). Within the situation factor, the various stressors are assessed. As student veterans transition into college, they may experience the negative effects of being stigmatized, and that stigmatization is a stressor related to their transitional experiences. While not all student veterans experience combat, or have invisible disabilities, many are still susceptible to being stigmatized due to their military service. For those student veterans who have served in combat, those experiences can lead not only to psychological trauma, but also to social isolation and dislocation (LaVerda, Vessey, & Waters, 2006) due to stereotypes and stigmatization. It is imperative to understand disability stigma as it pertains to student veterans.

There are two types of stigma: public stigma and self-stigma (Dickstein et al., 2010; Rodrigues et al., 2014). Public, or external, stigma is a term often used to refer to the stigmatization of mental health issues (Dickstein et al., 2010; Harris et al., 2015). Public stigma of mental illness is a result of the public's reactions as a result of common stereotypes (Harris et al., 2015). Individuals with mental health issues can be negatively perceived by the public, and thus individuals with mental health issues attempt to avoid being perceived in such a manner (Dickstein et al., 2010). Rodrigues et al. (2014) defined public stigma as:

...a negative public reaction toward a group of people who possess a negatively viewed trait that often results in prejudice, limiting job, housing, and other opportunities essential for recovery. (p. 130)

Negative beliefs about individuals with mental health issues persist, especially beliefs regarding social avoidance and the dangerousness of such individuals (Mittal et al., 2013). Military veterans often experience such stigma. While there has been an increase in public support for veterans, there has not been a decrease in stigma related to military service (Rodrigues et al., 2014).

Unlike public stigma, wherein individuals treat other individuals based upon negative beliefs, self-stigma occurs when individuals believe in the stereotypes and negative beliefs of others (Dickstein et al., 2010). Self-stigma can also be referred to as internal stigma (Harris et al., 2015). Rodrigues et al. (2014) defined self-stigma as:

...an internalized negative reaction that results from being a member of a stigmatized group. The consequence is shame due to a general pessimism that demoralizes individuals and decreases both self-esteem and self-efficacy. (p. 130)

Individuals who experience self-stigma fall victim to the stereotypes they encounter from the public—they internalize those stereotypes and apply the beliefs to themselves (Mittal et al., 2013). Individuals may experience shame, withdrawal, or loneliness (Harris et al., 2015). This is especially true regarding the stigmatization of mental health issues. Individuals who fall victim to self-stigma can experience further mental health problems as a result (Harris et al., 2015). Mittal et al. (2013) further stated that to:

... experience self-stigma, one must (a) be aware of the stereotype(s) associated with a stigmatized group (e.g., people with mental illness are weak); (b) agree with them (e.g., people with mental illness are actually weak); and (c) apply the stereotypes to one's self (e.g., Because I have mental illness, I must be weak) (p. 87).

Disability status can affect self-stigma (Harris et al., 2015). Individuals receiving disability benefits are more likely to experience self-stigma (Harris et al., 2015). Military veterans, like the general public, are prone to believe in disability stereotypes. Some veterans believe that individuals who have served in the military are more vulnerable to experiencing complex issues related to mental illnesses and the stigmatization of such illnesses (Rodrigues et al., 2014). While veterans believe they are

strong individuals, having depression significantly detracts from those beliefs, allowing one to feel weak and inadequate (Dickstein et al., 2010; Rodrigues et al., 2014). Some veterans also believe that the public not only stigmatizes veterans and their disabilities, but also that the public believes that veterans are responsible for the disabilities they obtained through their military service (Mittal et al., 2013).

Transition and Higher Education

Schlossberg (1981) stated that individuals undergo a *role change* as part of the *situation* variable of transition theory. As military veterans transition into civilian life, and into college, they undergo a significant role change. Adapting to civilian life is challenging for many student veterans, and the transition to college is often equally difficult (Durosoko, 2017; Jones, 2017; Kirchner, 2015). The move from a highly structured lifestyle, to that of a civilian and student, brings with it numerous obstacles such as feeling out of place or isolated on campus (Campbell & Riggs, 2015; Durosoko, 2017; Hitt et al., 2015; Kapell et al., 2017; Jones, 2017; Osborne, 2014). Military culture is characterized by clear direction, organization, and regulation, and transitioning to a world of multiple choices, ambiguity, and freedom can be daunting, confusing, and frustrating for some student veterans (Durosoko, 2017; Jones, 2017; Kapell et al., 2017). These transitional challenges set student veterans apart from their nonmilitary student peers (Hitt et al., 2015). This transition can be more challenging for student veterans who have experienced combat (Jones, 2017).

Some research suggests that student veterans struggle more than others. Like other student populations in higher education, student veterans face both familiar, and unique challenges such as being the first in their families to attend college (Kapell et al., 2017; Mechur-Karp & Klempin, 2016a). Similar to their peers, student veterans also face the challenges of balancing work, life, school, and other, non-academic responsibilities (Hitt et al., 2015; Mechur-Karp & Klempin, 2016a; Osborne, 2014). However, student veterans also experience challenges unique to themselves (Hitt et al., 2015; Kirchner, 2015; Mechur-Karp & Klempin, 2016a), such as differentiated treatment from others on campus due to stereotypes and stigma related to the military and disability. Student veterans are twice as likely to have a disability as nonmilitary students (Hitt et al., 2015). Many of those disabilities represented by student veterans are invisible—emotional, cognitive, or sensory (Hitt et al., 2015). Some student veterans feel like an invisible population (Osborne, 2014). Disability and stigma play a role in the transitioning experiences of student veterans on campus. Feeling stigmatized for an invisible disability only adds to the challenges that student veterans face while in college.

Veterans are a unique group of students on campus whose military and life experiences bring both challenges and rewards (Kapell et al., 2017). Student veterans' experiences, discipline, and work ethic can add to their academic success (Osborne, 2014). However, student veterans as a population continue to struggle academically (López et al., 2016). Student veterans may feel that they more prepared for college, and have helpful skills, that other college students may not have (Hitt et al., 2015; Jones, 2017; Mechur-Karp & Klempin, 2016a). Student veterans may have higher levels of maturity compared to their nonveteran peers on campus, and many demonstrate higher levels of focus and may be more goal-oriented compared to other student populations (Durosoko, 2017; Jones, 2017). Student veterans contribute a lot to the classroom—they have worked in diverse environments, have discipline, teamwork, and they are resilient and self-confident (Jones, 2017; Osborne, 2014). However, some student veterans may feel the loss of camaraderie after having left the military (Osborne, 2014), adding to the challenge of transitioning into the social aspects of student life and contributing within the classroom.

Outlined within the transition theory framework, the *support* variable concerns the help and assistance available to individuals in transition. For student veterans with invisible disabilities,

support comes in a variety of forms on campus. Student veterans can receive support from their college's veteran services office, faculty, and through social engagement with other veterans on campus. Student veterans have found increasing support on campus from veteran organizations and veteran resource centers (Durosoko, 2017; Kirchner, 2015). It is estimated that 94% of two-year institutions have veteran services offices on campus, or a designated veteran support staff member (Mechur-Karp & Klempin, 2016a). Institutions that lack a veteran services office, or a designee, make it difficult for student veterans to navigate the educational system as well as their educational benefits (Mechur-Karp & Klempin, 2016a). Student veterans with disabilities may feel misunderstood by their peers, faculty, and college staff (Osborne, 2014). Roughly 84% of veterans believe that the public does not understand the problems they face, and 71% of the public agrees with that sentiment (Kirchner, 2015). Some research suggests that student veterans felt that institutions are not prepared to assist veterans (Hitt et al., 2015). It is important to note that student veterans are transitioning into environments that do not understand them (Kirchner, 2015), and veteran services and disability services offices can help students overcome the challenges of not being understood. Student veterans who feel unsupported by their institutions are less likely to engage with their teachers and their peers than non-veteran students (Osborne, 2014).

Veteran services offices on campus act like one-stop shops for student veterans, often filling in as a chain of command so to speak, a support network, and a social structure (Durosoko, 2017; Kirchner, 2015). These veteran services offices are sources of valuable information for both on-campus and off-campus needs (Mechur-Karp & Klempin, 2016a). Student veterans often find comfort in being able to connect with other student veterans at the resource center (Durosoko, 2017; Kirchner, 2015). Participating in veteran services office activities can help student veterans avoid the us-versus-them attitude, and help to overcome feelings of isolation (Kirchner, 2015; Osborne, 2014). The disability services office also provide much-needed support for student veterans, both with academic accommodations and counseling services. The *strategies* factor within transition theory concerns how individuals cope with their transitions. For student veterans, their participation and interest with the veteran services on campus help alleviate some of the challenges associated with transitioning from the military to college. Thus, the inclusion of a veteran services office on college campuses is crucial for successful transitions for student veterans.

Conclusion

The purpose of this paper was to provide a theoretical context for better understanding student veterans and how the stigmatization of invisible disabilities can affect their transitional experiences on campus. Disability and stigma have been an inherent aspect of war and the lives of post-service military veterans. The stigmatization of invisible disabilities creates challenges for veterans as they transition into civilian and student life. Student veterans have become a unique population of students on college and university campuses, and worthy of research and improved understanding (Pelts & Albright, 2015).

There are still opportunities at expanding scholarly literature pertaining to student veterans, their college transition experiences, and the effects of the stigmatization of invisible disabilities. There will be an ever-present population of student veterans with invisible disabilities on college campuses, and the number of student veterans on campus is expected to increase in the coming years (Kirchner, 2015; Pelts & Albright, 2015). As this increase in student veterans continues, there is an urgent need to not only better understand student veterans' experiences within higher education, but to also understand how to best serve and support their academic, emotional, social, and psychological needs as they transition to college (Durosoko, 2017). Future research could focus on investigating what role colleges and universities play in the transition experiences of student veterans with disabilities.

Institutional policies and procedures are components of the transition process for student veterans and are thus worthy of investigation. It is unknown as to what effect institutions have on student veterans' transition experiences. Other future work could focus on qualitative research regarding the transition experiences of student veterans. Qualitative research may help illuminate the lived experiences of student veterans as they transition from military life to higher education as a civilian. A qualitative approach would allow for an in-depth understanding of how student veterans with disabilities transition to college as told through their own voices.

As with other disability research, the philosophy of *nothing about us without us* should also be extended to student veterans with invisible disabilities. Finally, research could focus on exploring what types of campus support services would best assist student veterans successfully transition to college while also serving to mitigate the effects of stigmatization, stereotyping, and discrimination as a result of their invisible disabilities. Aside from the campus veteran services office, other support services such as the disability services office, may play a role in how student veterans experience campus through their transitions. Improving the understanding of the transition experiences of student veterans on campus is critical if they are to be better served. Like other marginalized populations on campus, student veterans face their own unique challenges. An increased understanding of student veterans with invisible disabilities will undoubtedly lead to an improvement in services and support systems on campus, specifically related to supporting incoming veterans with disabilities on campus. An increased understanding may also aid in developing future transition support programs within the military that prepare outgoing service members with coping strategies related to the stigmatization of being a veteran with a disability on campus.

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