Student veterans with disabilities in higher education:
The lived experiences of transition and engagement

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Abstract

The purpose of this study was to investigate the transition of student veterans with disabilities from the combat theater into higher education. More specifically, the researcher delved into the lived experiences of student veterans with disabilities as they transitioned from the combat theater to the higher education community. The factors that affected the transition experience of these students were explored. The study also investigated these student veterans’ beliefs, attitudes and needs regarding their inclusion in the higher education community. Finally, an examination of the protections of federal legislation for student veterans with disabilities, transitioning of veterans, prevalence of traumatic brain injury, post-traumatic stress disorder (PTSD) and polytrauma among returning combat veterans and financial implications of the new GI Bill and other complexities associated with this group of students also informed this study.

Semi-structured interviews with student veterans in North Carolina colleges and community colleges were completed in a purposeful sample, with additional snowball sampling in a few instances. Data analysis was conducted to determine themes common across interviews and to understand the phenomenon experienced by this group of students. Important conclusions from this study included the effect of injuries on lived experience, the role of the GI Bill, complicated relations with the VA hospital system, and multiple barriers to inclusion. Recommendations for additional areas of research and implications for the future were given.
Dedication Page

This manuscript is dedicated to all student veterans with disabilities who have had the courage to pursue higher education after the end of their military careers.
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CHAPTER ONE: INTRODUCTION

Background/Central Theme

Veterans in higher education is not a new phenomenon; however, existing literature about veterans, their presence on campus, their lived experiences and their needs is insufficient at best in relation to the current influx of student veterans in higher education (Church, 2009; DiRamio, Ackerman, & Mitchell 2008; DiRamio & Spires, 2009). Recent conflicts in the Middle East have ensured that the number of active duty military, including members of the National Guard and Reservists enrolling in higher education is rapidly increasing (Church, 2009; Sander, 2012). Many veterans returning home have ended their military careers and are taking advantage of their GI Bill benefits which provides them financial aid resources to pursue their educational pursuits. However, many of these veterans also now coming to higher education with many disabilities. Enhanced equipment, better technology and advances in medical treatment, especially in theater, mean that more of these veterans are returning home, and to higher education, with service related injuries compared to veterans from previous eras. Simultaneously, educational benefits for these service men and women have changed in recent years so that the opportunity to pursue higher education is being undertaken by more veterans than ever. In order to provide meaningful and engaged experiences for this population of students, it is critical to acknowledge the nexus of disability and veteran status.

Statement of the Problem

Higher education was forever changed following World War II with the influx of returning veterans to college campuses, as the war introduced sizeable numbers of veterans to college campuses across the country (Cohen, 1998). Two generations later, colleges and
universities nationwide have been struggling to rapidly absorb a swell of servicemen and women as the wars in Iraq and Afghanistan eventually come to a close. As a result of these dramatic increases in enrollment of veterans, colleges and universities are realizing a growing contingent of veterans with disabilities. Given that more veterans with disabilities are returning to higher education, more must be known about this sub-group of veterans and their specialized needs. Studies indicate that up to 17% of current veterans leaving the combat theater will present to higher education with acute war-zone stress effects including anxiety, depression, adjustment problems, addictions and post-traumatic stress disorder (PTSD) (Stringer, 2007).

Although both disabled students in higher education and veterans have previously been studied, there is a lack of empirical research that connects the two areas. The unique experiences faced by student veterans with disabilities as they enter or return to the higher education classroom is in need of further research. Few studies have examined specifically the experiences of student veterans with disabilities (Ackerman & DiRamio, 2009; DiRamio, Ackerman & Mitchell, 2008; Burnett & Segoria, 2009; Maddus, Miller, & Vance 2009), whereas the literature on experiences of disabled students in higher education is pervasive (Barga, 1996; Kelly, Sedlacek & Scales, 1994; Katz, Huss & Bailey, 1998; Hodges & Keller, 1999; Paul, 2000; Thomas, 2000; Junco & Salter, 2004; Grossman, 2009). However, given the increase in their numbers and the needs and difficulties they bring to the educational environment, it is essential that we know more about these student veterans with disabilities and their experiences. As universities try to meet them where they are, there is an increasing need to make sure that university staff and faculty fully comprehend their unique characteristics as a group of students as well as the impact they may have on the whole campus.
It is estimated that almost half of returning veterans return with some kind of service-related disability (Grossman, 2009). These service-related disabilities pose challenges for postsecondary education to develop a means of supporting student veterans with disabilities as they come to campus and with their very specific set of needs. They need substantial support in order to ensure equal access to the educational environment (Grossman, 2009; ACE, 2009) and to feel involved and engaged in the pursuit of higher education and the campus community. Research indicates that this group of students has trouble with transitioning (DiRamio, Ackerman & Mitchell, 2008), psychological/psychiatric disabilities and medical conditions (Cate, Gerber & Holmes, 2010) and financing their education (ACE, 2009) so developing ways to respond to these needs and with best practices in the higher education setting is of particular importance as their numbers increase.

Different theoretical backgrounds, different priorities, different funding streams, different goals for student learning among universities and differences particularly related to Disability Services offices on campus can lead to the breakdown of an alliance focused on the student veteran. As well, these issues can have an effect on a student veteran’s ability to engage and become involved, and their academic success, making collaboration among multiple campus groups with a focus on best practices critical for serving this specialized group (Burnett & Segoria, 2009). Evidence of how to respond to their unique needs, how to engage them, and what their particular experiences and perceptions are also lacking. The apparent need for more data is needed on student veterans with disabilities, particularly in the areas of programming, coordination of veterans’ benefits, and how to get and keep this group of students engaged and involved.
Student involvement, according to Astin (1984), encompasses both the bodily and emotional energies students dedicate to their academic experience and it includes the entire outside the classroom experience that, while having little to do with the academic mission of the campus, helps to fully develop the college experience for students. These experiences include living in the residence halls, playing intramurals, involvement in campus clubs and groups, working on campus, attending cultural activities and sporting events and being present for these experiences to occur. Involvement alone however does not provide all of the information needed; researchers also need to know how student veterans with disabilities purposely engage. Since a student could be involved without being engaged, (Astin 1984) a better understanding of what is needed for engagement is necessary. While some recent literature suggests that action, purpose and cross campus collaborations are required to qualify a student as truly engaged, for purposes of this study the terms involvement and engagement will be considered the same and used interchangeably (Kinzie & Kuh, 2004; Kuh, Kinzie, Schuh, Whitt & Associates, 2005).

**Purpose of study**

The purpose of this study is to examine the phenomenon of student veterans with disabilities’ return to campus; their lived experiences as they transition from the combat theater to higher education; the factors and conditions that affect their experiences and the beliefs, attitudes and needs they have regarding their role; how they engage and become involved; and their perception of their inclusion in the higher education community.

Some research argues that campus wide relationships and alliances, stated purposes, and action are all required for engagement at the campus level (Kinzie & Kuh, 2004; Kuh, Kinzie, Schuh, Whitt & Associates, 2005; Kuh, Kinzie, Buckley, Bridges & Hayek, 2007). For the engagement, aforementioned above to truly occur, campus partners need to better understand the
difficulties experienced by student veterans with disabilities and the events they endured (DeSawal, 2013; Jackson, Fey & Ross, 2013). Unfortunately, the literature is lacking in studies that address issues of student veterans with disabilities’ return to campus; their lived experiences as they transition to higher education; the factors and conditions that affect their experiences and the beliefs, attitudes and needs they have regarding their roles; how they engage and become involved; and their perception of their inclusion in higher education (Burnett & Segoria, 2009; Kraus & Rattray, 2013). While the size of this group is likely to be significantly smaller than the 9% of the total disabled student population in higher education, (National Center for Education Statistics, 2015) research is lacking on the specific needs of the student veterans with disabilities in higher education thus making this an important study.

**Research Questions:**

The research questions that guided this study included:

- What are the lived experiences of student veterans with disabilities who transition from the combat theater to, or back to, higher education and what factors affect their transition?
- What are the beliefs, attitudes, and needs that current and expectant student veterans with disabilities have regarding their role and inclusion in the higher education community and in what ways are they incentives or barriers to inclusion?

**Need for the Study**

Previous research on student veterans with disabilities’ return to higher education has focused on three primary areas-financial, transitioning and psychological/psychiatric disabilities (ACE, 2010; Frain, Bethel & Bishop, 2010; Olson, 1974). Several studies have focused on the financial difficulties faced by returning veterans due to the GI Bill not covering the full cost of attendance at post-secondary institutions (ACE, 2009). Other studies have focused on the act of transitioning out of the combat theater and in to the college classroom and the problems
associated with this stressful time (DiRamio, Ackerman & Mitchell, 2008). Finally, multiple studies have reported on the increased incidence in psychological/psychiatric disabilities that veterans come to campus with, especially traumatic brain injuries (Seal, Metzler, Gima, Bertenthal, Maguen & Marmar, 2009; Friedman, 2006; Frain, Bethel & Bishop, 2010) and the ways in which they struggle to access the educational environment. This study sought to expand on the current research available on veterans in general, and more specifically, veterans with disabilities in higher education. It also sought to acknowledge the various issues student veterans with disabilities bring to higher education, to recognize that the transition out of the military is fraught with multiple, complex issues (especially for student veterans with disabilities), and to hear what their experiences are related to the phenomenon of being a student veteran with a disability trying become engaged, involved and included in the higher education community. A goal of this study is to provide insight and a contribution to the literature addressing student veterans with disabilities and their return to higher education and the ways in which they do or do not engage in the community.

This study will contribute to the scholarly research in a number of different ways. With numbers of student veterans with disabilities increasing (ACE, 2009), it is imperative post-secondary institutions are prepared to understand the phenomenon of student veterans with disabilities and what factors or conditions affect the experience of their transition as well as the associated attitudes, beliefs and needs that current and future student veterans with disabilities have regarding their place in the higher education community. Student veterans with disabilities will present to institutions of higher education with several specific and complex needs. It will be incumbent on those institutions to have a framework for providing a comprehensive, coordinated approach to serving the needs of these students (Kraus & Rattray, 2013; DeSawal, 2013). What
works on campus for most students, perhaps even most disabled students, might not work for student veterans with disabilities. If campuses are going to engage this group we must look beyond existing studies that focus solely on veterans returning in large numbers (ACE, 2009), or their struggles with psychiatric/psychological issues (Seal et. al., 2009; Friedman, 2006; Frain, Bethel & Bishop, 2010). We also must understand their special needs, and the impact of those needs on their role and inclusion in the higher education community (Iverson & Anderson, 2013; DeSawal, 2013).

This study aimed to contribute to the research on student veterans with disabilities in higher education and provide thoughts, gleaned from the veterans themselves, on how to improve practice in working with disabled students. The researcher hoped that by better understanding their unique challenges related to transitioning, the factors that affect this (positive or negative), as well as the beliefs, attitudes and needs of student veterans with disabilities it might be possible to understand the way student veterans with disabilities regard their inclusion and role in the higher education community. As their numbers increase it is important for campus advocates and practitioners to know more, as knowledge may inform practice through the cultivation of campus allies, programming, possible staff and faculty training and coordinated, specialized services between the student, the campus and the military (DiRamio & Spires, 2009; DeSawal, 2013; Arminio & Grabosky, 2013). As well, results suggest ways to adapt current services and programming as well as what new programming may be beneficial for this group.

The results of this study will be used to improve disability policy in higher education. First, understanding the relationships among student veterans with disabilities and their campus partners can help to reveal if the way services are currently being provided to this group are successful. While all post-secondary institutions are mandated by federal law to provide services
and accommodations to students with disabilities, the way in which they do this and how successful an experience it is for the student, can vary widely. This study may provide key insights for how to standardize this process. Through feedback from veterans themselves, insights could be provided on the admissions process, the qualification veterans benefits, including the GI Bill, the approach different campuses take to the provision of services and whether this is perceived as successful or not, as well as how successful veterans are at plugging in and engaging in the process of higher education. Results from this study may also indicate advocacy needed at the national level through professional organizations such as the Association on Higher Education and Disability, which provides many training opportunities for disability service providers in higher education. This type of advocacy would be a most welcome outcome of this study and could have far reaching impact among higher education professionals.

With an improved understanding of the phenomenon of student veterans with disabilities, students, researchers and practitioners can better understand the paths of this group of students as they transition back to the classroom from the combat theater. With this information, student affairs professionals, as well as other campus staff, can partner with student veterans with disabilities to get a better understanding of their experiences, and what factors, positive or negative may affect their engagement and involvement in the higher education community. It is expected that by exploring the phenomenon of student veterans with disabilities’ return to higher education and learning from them how they experience the phenomenon of returning to campus with a disability, more will be known about the challenges they faced, what has contributed to their transition being a success or failure and how they understand their role and inclusion.

Theoretical Framework
Two theories were utilized to both undergird the study and frame the review of the literature. They are Nancy Schlossberg’s Adult Transition Theory (1989, 1995) and Alexander Astin’s Theory of Student Involvement (1984). Any study of higher education and engagement would need to be under Astin’s hegemonic sphere to be considered worthy of review as his seminal piece has been the foundation on which decades of research related to engagement and involvement in college have been built. While Astin never considered students with disabilities specifically, let alone student veterans with disabilities, his work, over a prolific career, deals intimately and most especially with how students engage in the higher education community, inside and outside the classroom. Likewise, this study proposes to look specifically at the way disabled student veterans do so, or not, and the factors or conditions that affect them in doing so while also considering their role in the higher education community.

Schlossberg’s Adult Transition Theory

According to Schlossberg (1989), being deployed on active duty in a combat zone, from a domestic fort or base signifies a major transition. Completing a tour of duty, returning home, entering civilian life and pursuing an education, represent further transitions as well. Schlossberg, Waters and Goodman (1995) defined transition to be “any event, or nonevent, that results in changed relationships, routines, assumptions, and roles” (pp. 27). Coming out of the combat theater and trying to enter or even re-enter higher education would certainly be considered a ‘substantial transitional issue’ according to Schlossberg.

For Schlossberg, Lynch and Chickering (1989) the transition process is characterized as a series of phases that include ‘moving in’, ‘moving through’, and ‘moving out’. Transition, for them, was any event or non-event that resulted in some kind of change in routines, assumptions or relationships. According to this theory, a person can assign events, or non-events different
levels of meaning based on 1-type (anticipated, unanticipated, non-event)-such as deployment for active duty soldiers, being called up or having orders cancelled, 2-context (relationship to transition and setting) which includes four factors on which readiness for and coping with change depends: self, situation support and strategies, and finally impact-the adjustments to daily life made because of the transition. This theory has been found to be especially useful for studying veterans, as they all experience multiple transitions both during and after their military career. The transition process centers not only on the way transitions are approached but also on the ways in which an individual experiences a change in beliefs about self as well as any resultant changes in behaviors, relationships, learning or perceptions (Schlossberg, Waters & Goodman, 1995). Intersection with student veterans with disabilities by higher education professionals during the transition to campus is imperative both to positively impact their ability to persist, to diminish feelings of marginalization, to explore how the transition has been experienced and to better understand resultant changes in behaviors, relationships learning or perceptions (Schlossberg, 1989).

**Astin’s Theory of Student Involvement**

For Alexander Astin, (1984) his basic theory of student development, drills down on how students become involved in campus life and specifically what steps a college takes intentionally to make itself a place where students want to become involved. Despite its simplicity, Astin (1984) suggested that his theory could be used to explain much of the empirical findings that had been reported related to environmental forces on student development. A simple theory, easy to apply and flexible, that could be used not only to explicate the higher education literature, but also more specifically the literature surrounding the involvement and engagement of student veterans with disabilities is an absolutely critical lens for this literature review (Astin, 1984).
For Astin (1984), the lynchpin in his theory was the definition of student involvement; and according to Astin ‘involvement’ represents how much physical and psychological energy a student dedicates to their academic endeavors. For this study, the researcher is interested in the beliefs, attitudes and needs that student veterans with disabilities have regarding their role and inclusion in the higher education community, all of which could have a direct result on whether they become involved or not. Both of these theories were chosen to provide a framework for how student veterans with disabilities transition from combat to college and how their experiences related to plugging in are experienced.

**Definition of Terms**

The researcher has defined several key terms used throughout the dissertation to ensure clarity for readers. These definitions are composites from the relevant literature and include:

**Student veteran with a disability**- A person with a service-connected disability or who is receiving disability compensation from the Armed Forces due to being injured in the line of combat, who is currently enrolled in higher education (Burnett & Segoria, 2009; Kraus & Rattray, 2013).

**Expectant student veterans with disabilities**- a military veteran from any branch of service who is experiencing combat and could be injured permanently, not able to return to active military duty.

**GI Bill**- Also known as the Servicemen’s Readjustment Act of 1944, this law provided educational benefits for those who had served in World War II. The act has been updated several times, including in 2008 as the post-9/11 GI Bill, which improved educational benefits especially allowances and book cost coverage (www.va.gov).
Higher education community-The community created at a college or university by the intersection of students, faculty and staff working together to offer curricular and co-curricular opportunities. This community encompasses activities and relationships both inside and outside the classroom including, but not limited to, residence hall living, student organizations, study groups, Veterans Affairs and any other campus resource a student may encounter during enrollment (Boyer, 1990).

Improvised Explosive Device-A homemade bomb constructed of artillery rounds, nails, gunpowder or other ingredients designed to explode when something or someone hits the detonating mechanism. Improvised explosive devices have been commonly used by guerillas and terrorist groups in Operation Enduring Freedom and Operation Iraqi Freedom and have been responsible for over half of all deaths in Operation Iraqi Freedom (www.globalsecurity.com).

Lifeworld-A concept used especially in philosophy and the social sciences, it refers to all the activities, experiences and physical surroundings that make up an individual’s world (Husserl, 1970).

Military veteran-A person, male or female, who is serving or has served in a branch of the U.S. armed forces in a certain time period (e.g., since the wars in Afghanistan and Iraq began) (www.va.gov).

Operation Enduring Freedom (OEF)-The official name for the war in Afghanistan, which began in October 2001 with the purpose of destroying terrorist training camps and capturing leaders of al-Qaeda, and continues today. Over 2,200 U.S. military personnel have been killed since this war began (www.uslegal.com).

Operation Iraqi Freedom (OIF)-Also called the Iraq War, was an armed military conflict, beginning March 20, 2003, that included an invasion of Iraq by the United States. Over 4,400
U.S. personnel were killed and over 32,000 wounded. Withdrawal of U.S. forces was not completed until December 2011 (www.uslegal.com).

**Polytrauma** - A term developed by the U.S. Department of Veterans Affairs to describe wounds received to multiple body parts or multiple body organs, resulting from blasts, for example from IEDs (Retrieved from www.polytrauma.va.gov).

**Post-traumatic stress disorder (PTSD)** - a psychological reaction occurring after experiencing a highly stressing event (as wartime combat, physical violence, or a natural disaster) that is usually characterized by depression, anxiety, flashbacks, recurrent nightmares, and avoidance of reminders of the event — abbreviation PTSD — called also *post-traumatic stress syndrome*. (Retrieved from www.mayoclinic.org)

**Traumatic Brain Injury** - A blow or jolt to the head caused or an injury that penetrates the head that disrupts normal brain functioning. Injuries can be graded from mild to severe, which can produce short term or long-term problems in brain function. The leading cause of traumatic brain injury for active military in the combat theater is blasts (Retrieved from www.traumaticbraininjury.com).

**Veterans Administration** - The department of the U.S. government that coordinates patient care, veterans’ benefits and all other services for members of the U.S. armed services and their families (www.va.gov).

**Summary**

Numbers of student veterans with disabilities on campuses across the nation are increasing (ACE, 2009) and the research indicates that student involvement, according to Astin, (1984), helps to create rich and meaningful experiences for students. These same kinds of experiences should be available to student veterans with disabilities, as there are to all other students, when
they transition from military life to campus. Knowing more about how these students are returning to college, in what ways they are integrating and what they experience is essential to providing a rich and meaningful educational opportunity. As institutions vie to proclaim themselves veteran friendly in the post conflict era and seek to capitalize on the increasing enrollments of veterans, they need to be aware of the special circumstances that student veterans with disabilities bring with them and be prepared to respond in ways that allow their unique needs to be met while they attend college. In chapter two, the researcher will explore in more depth the definitions for these terms, concepts and the theoretical frameworks for this study.
CHAPTER TWO: REVIEW OF RELATED LITERATURE AND THEORETICAL FRAMEWORK

This review of literature examined previous studies on the transition of student veterans with disabilities from the combat theater into higher education and their experiences of accessing services and accommodations. More specifically, this review considered their ability to engage in and become involved with the higher education community; age as it relates to these students being generally of non-traditional age (not in the 18-23 year old group traditionally found on residential campuses); federal legislation guaranteeing equal access to higher education for students with disabilities (including both section 504 of the Rehabilitation Act and the Americans with Disabilities Act); and the prevalence of mental health diagnoses experienced by veterans (including traumatic brain injuries and post-traumatic stress disorder). No review of veterans’ literature would be complete without considering the role of the GI Bill in helping to finance higher education for this group of students. Changes to the old pre-9/11 GI Bill have had some important consequences for student veterans with disabilities returning to campuses in the last few years. Veterans’ experiences in gaining access to services and accommodations in higher education and the way campuses are currently set up to receive veterans as well as potential best practices concluded the review. Although descriptive literature, government reports and philosophical pieces are numerous on this issue, large-scale empirical studies, using either qualitative or quantitative methods, are comparatively scarce. Included are some examples in this review, but it should be noted at the outset that this is a serious limitation in the literature to date.

Scaffolding the review of literature are two theories: one, Alexander Astin’s theory on student involvement and the other Schlossberg’s transition theory. Particular to Astin is the emphasis on the energy-physical and psychological- students put in to their academic endeavors.
At inception, this theory required both the academic and non-academic sides of the house to concern themselves with what students were doing, what motivation they had and what amounts of time and energy they were devoting to learning. In examining the literature on student veterans with disabilities and higher education, Astin’s theory seemed an ideal route to understanding the experiences and involvement of student veterans with disabilities. As well, digging deeper in to the ways in which student veterans with disabilities encounter transitions from the combat theater to higher education, and their experiences around those transitions are critical in order to get at their lived experiences and what factors affect them in the transition, making Schlossberg’s theory a route to deeper understanding.

**Increasing Presence of Student veterans with disabilities in Higher Education**

Historical records show that higher education was forever changed following World War II with the influx of returning veterans to college campuses (Olson, 1974). Nearly seventy years later, colleges and universities nationwide have been struggling to absorb a swell of United States servicemen and women as the wars in Iraq and Afghanistan come to a close (Griffith, 2005; O’Bryant & Waterhouse, 2008). As a result of these dramatic increases in enrollment of veterans, colleges and universities are realizing a growing contingent of student veterans with disabilities in their midst.

The population of student veterans with disabilities returning to post-secondary education continues to grow as Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) continue almost a decade later (Ackerman & DiRamio, 2009). As with the return of GIs from World War II, which forever changed higher education, the enduring return of student veterans with disabilities continues to change higher education and pushes it to be responsive to a new and unique set of student needs. What works for able-bodied, 18-23-year-old students may not be
what will work for older, servicemen and women returning permanently disabled (DiRamio & Spires, 2009).

Post-secondary institutions will continue to absorb student veterans with disabilities as many already are, and it is time that institutions consider how to ensure a positive experience for these students. Many of them do not view themselves or will not view themselves as disabled, even though they will need accommodation in the educational environment to be successful. Knowing more about what their experiences are, what their needs are, how they identify in order to receive services, how many different places they must go on campus to receive assistance and how they become engaged in the college experience and get involved in activities are all issues that need to be addressed and that could help inform the practice of those on campus designated to serve them.

The scholarly literature on student veterans with disabilities return to college is slim and dated, and as the conflicts in Iraq and Afghanistan draw to a close there is an urgent need to examine further what happens to the vulnerable population of student veterans with disabilities coming to higher education. Additionally, previous research on veterans and higher education has focused solely on psychiatric problems faced by veterans and their difficulties related to academic achievement. Scant attention has been given to student veterans with disabilities one, and further how they transition and become involved on campus, if they do. The literature on adult transition provides one helpful lens to begin conceptualizing student veterans with disabilities and higher education.

**Schlossberg’s Transition Theory**

Being deployed on active duty in a combat zone, from a domestic fort or base signifies a major transition. Completing a tour of duty, returning home, entering civilian life and pursuing
an education, represent further transitions as well. Schlossberg, Waters and Goodman (1995) defined transition to be an event or nonevent resulting in a change in status for relationships, customs or procedures, beliefs, customs or roles. Schlossberg’s theory, considered to be a psychosocial theory of adult development, is concerned with substantial transitional issues a person faces, though also it admits a gradation in significance, acknowledging the importance of some challenges over others. As such a person can assign events or nonevents different levels of meaning based on the following: 1) type (anticipated, unanticipated, nonevent), 2) context (relationship to transition and setting) and 3) impact (adjustments of daily life) (Evans, Forney & Guido-DiBrito, 1998; Schlossberg, Waters & Goodman, 1995). Coming out of the combat theater and trying to enter or even re-enter higher education would certainly be considered a ‘substantial transitional issue’ according to Schlossberg.

In examining ‘type’ in the model, anticipated events would include those that could be expected or anticipated, such as deployment for active duty soldiers or being called up for reservists or National Guard members. Unanticipated events encompass those that are a surprise or sudden, and could include illness, injury, military discharge or even death. Nonevents are anticipated transitions that fail to occur. For service men and women nonevents include deployments that are cancelled, leaves that are postponed or changes in orders after they are communicated (Schlossberg, Waters & Goodman, 1995).

The next component of the model, context, speaks to the transition process. Schlossberg, Waters & Goodman (1995) address four factors, on which readiness for and coping with change depends: self, situation, support and strategies. Of utmost importance is the possession of the necessary tools for coping with transition as well as the capability to use them effectively (Weisenberg, 2001). For Schlossberg, Lynch and Chickering (1989) the transition process is
characterized as a series of phases that include ‘moving in,’ ‘moving through,’ and ‘moving out.’ Especially useful for studying veterans, the process centers on the ways in which an individual experiences a change in beliefs about self as well as any resultant changes in behaviors or relationships (Schlossberg, Waters & Goodman (1995). A student veteran’s capacity to manage or cope with transition in part depends on personal characteristics such as age, health, gender, socio-economic level, health, mental health and other resources. Situation capacity includes timing, duration, stress level, prior experience with the same transition and control. Support comprises four types: peer networks, family, institutions and communities and intimate relationships. For student veterans, particularly for those who are disabled, any or all of these areas could be compromised coming out of the combat theater. Strategies, the final component of the model encompasses three categories including managing associated stress as well as four coping mechanisms including information gathering and action or barriers to action (Evans, Forney & Guido-DiBrito, 1998).

Intersection with student veterans with disabilities by higher education professionals during the transition to campus is imperative both to positively affect their ability to persist as well as to diminish feelings of marginalization (Schlossberg, 1989). Appearing different, perhaps being non-traditional aged, and having a disability can all contribute to heightening students’ feelings of inadequacy in this new environment. Assisting these students in believing they matter to the institution and encouraging them to become involved and supported will increase the likelihood they will transition smoothly and matriculate successfully. A second lens used during this study looked beyond the transition aspect to examine more closely how students become involved, if they do, in the campus community.
Astin’s Theory of Student Involvement

Alexander Astin became exasperated, after a 20-year career in the field of student development, that the literature on student development had grown chaotic, the problems associated with higher education were increasingly complex, and researchers claiming to research the same problem were using different variables as well as methodologies. As a result, Astin developed his own developmental theory of student involvement. Astin’s theory (1984) is appealing in its simplicity. He offers no hierarchical developmental stages in it; nor does he include any hierarchical or sequencing of graphics boxes, with arrows directing to one stage or another, indicating the necessary completion of one before the arrow can point to the next box. The basics of the theory are articulable without the need for such illustration, which is so common in the higher education literature. Astin suggested that his theory could be used to explain much of the empirical findings that had been reported related to environmental forces on student development. Finally, Astin believed that his theory was flexible and capable of encompassing such divergent concepts as Freudian psychoanalysis and traditional pedagogical theories. A simple theory, easy to apply and flexible, that could be used not only to explicate the higher education literature, but also the literature surrounding the involvement and engagement of student veterans with disabilities, it is an important and useful lens for this literature review.

For Astin, the lynchpin in his theory was the definition of student involvement. According to Astin, ‘involvement’ represents how much physical and psychological energy a student dedicates to their academic endeavors. For Astin, a student exhibiting high involvement would be allocating significant amounts of time to studying, remain on campus for the majority of the day or week, actively take part in organizations available on campus and seek out and interact with faculty and other students. On the other hand, a student with low involvement
spends little time studying, is away from campus most of the time, refrains from involvement in organizations and has minimal interactions with faculty and other students.

The learning process, for Astin’s (1984) theory, emphasizes active participation by the student, rather than the passive role assigned to students in some theories of student development and encourages a focus on what students do versus what educators do for students. Using Astin’s approach requires a heightened awareness of student involvement as the focus and less of an emphasis on curriculum content, methods of instruction or other resources. He argues that learning and development will be more remarkable if attention remains on student involvement and not on the aforementioned more traditional pedagogies. While motivation, a central component of psychology and its theoretical frameworks could be argued to be at the center of what Astin is trying to convey, his choice of the word involvement was intentional both because it is measurable as well as observable. For Astin, the measuring would come in the form of how much energy, physical or psychological a student was willing to put in to becoming involved. Revolutionary for its time, it required instructors and administrators to be concerned primarily with what students were doing, how interested they were and what amounts of time and energy they were devoting to learning. These very ideas are critical to understanding the experiences of student veterans with disabilities and higher education.

The literature is over saturated with empirical data (Mmeje, Newman, Kramer & Pearson, 2009) confirming the need to develop strategic approaches for increasing involvement among various student populations, especially so for marginalized ones or ones for whom involvement is particularly challenging, (of which student veterans with disabilities would be an example). So, in many ways, it is surprising that this group, whose numbers are certainly growing seems to be represented by such a dearth in the literature. Hoping for involvement is not an approach that
guarantees the outcomes and benefits so important for a successful college experience, nor does it ensure the social justice that has become a cornerstone of diversity plans at many campuses today. According to Astin’s theory, allowing some students, or groups of students to enjoy or otherwise benefit from the derivatives of involvement while others cannot is not a value that any institution today should be aspiring to, nor does it allow for the impact a college education can make on a student. Authors of How College Affects Students agree: “The impact of college is largely determined by individual effort and involvement in the academic, interpersonal, and extracurricular offerings on a campus” (Pascarella & Terenzini, 2005, pp. 602). Research indicates that involvement can produce benefits and gains in a number of areas including college adjustment (Cabrera, Nora, Terenzini, Pascarella & Hagedorn, 1999; Kuh, Palmer & Kish, 2003); competencies and skills development (Kuh, 1993, 1995) cognitive development (Anaya, 1996; Baxter Magolda, 1992); and higher grade point averages (Tross, Harper, Osher & Kneidinger, 2000), making Astin’s theory a pertinent lens to consider the experiences of student veterans with disabilities in higher education.

With frameworks for examination of the literature in place, the review of literature commenced with a rigorous examination of the federal statutes that protect students with disabilities in higher education and beyond.

Federal Legislation


Section 504 of the Rehabilitation Act of 1973 is widely recognized as the first civil-rights statute for persons with disabilities. This law was designed to provide protection to individuals with disabilities in any program or activity that received federal funding (P.L. 93-112, 1973). Almost every institution of higher education in the United States is required to be compliant with
this legislation if they are receiving any federal financial aid or federal dollars for student scholarships. While campuses may quibble over how this law should be applied, it guarantees equal access for any otherwise qualified individual, such as a college student who has already been admitted. Section 504 provides that no otherwise qualified person with a disability shall, solely by reason of that disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance, including participation at all levels of higher education (P.L. 93-112, 1973).

This legislation does require that students with disabilities, and therefore student veterans with disabilities, self-identify with the institution as having a disability. After doing so, the institution is then on notice that the student has a documented disability and thus is obligated to accommodate it, should the disability require accommodation, in order to provide equal access to the educational environment. Once accommodations are in place, students with identified disabilities should possess all the necessary protections of federal legislation required to avail themselves of any and all aspects of the campus community. In many instances though, students with disabilities find themselves on the outside looking in when activities occur on campus, cognizant of a separate but equal experience. For example, deaf students who rely on sign language interpreters must have access to them both to communicate and to be able to understand spoken words wherever they may be; for example, at a play, a group meeting or commencement. Likewise, if a campus organization is having a guest speaker or presenter come to campus, sponsored by the university in some way, the university has an obligation, under the law, to make this event, as well as all events held on or sponsored by the campus, accessible.
**Americans with Disabilities Act 1990.**

In a similar vein, the Americans with Disabilities Act (ADA), signed into law in 1990, and modeled after Section 504, applies to agencies, organizations and establishments that are privately owned or publicly financed. The ADA includes additional provisions beyond the scope of Section 504 that pertain to government services, employment and public accommodations (P.L. No. 101-336, §2, 104 Stat. 328, 1990). However, students with disabilities and their major life activities are still protected under the ADA and institutions must provide services and accommodations to these students to ensure equal access. Services and accommodations could include the following: sign language interpreters, additional time on tests and other assignments, accessible materials, note taking services, modified testing environments, captioned media and course substitutions where appropriate.

As a part of the safeguards guaranteed by Section 504 and the Americans with Disabilities Act, post-secondary institutions must notify students with disabilities of the nondiscrimination requirements of both Section 504 and the ADA, and must assume and publish a student grievance process that assures students due process (Thomas, 2000). Both pieces of legislation require a campus based compliance officer that is charged with ensuring an accessible environment and responding to claims of discrimination through the Office of Civil Rights.

Physical accessibility requirements under these laws are complicated, but basically physical facilities built prior to the implementation of Section 504 in 1977 are not necessarily required to be automatically made accessible now; however, the program or activity housed in a particular location must be accessible when viewed in its entirety. For example, if the substance free housing offered at Green University is offered in multiple residence halls, and at least one of those is accessible, a person with a physical impairment does not necessarily have to reside in the
hall that was built in 1970 and has not been renovated since. As long as a student with a physical
disability is afforded the opportunity to enjoy the entire offering of the substance free housing
program, then the program offered by the institution in considered accessible. Nevertheless, if
the institution decides that the aforementioned residence hall is going to undergo a capital
renovation, modifications will be required to make it accessible “to the maximum extent feasible”

As with all students with disabilities, student veterans with disabilities are protected by
this same legislation. Sometimes however the problem is not that student veterans with
disabilities are not covered by the same federal laws that cover other students with disabilities,
which they are. Rather the problem is getting student veterans with disabilities to acknowledge
that they are disabled in some way, and to self-identify with the university, in order to be
afforded these same protections and make it easier for them to access services and
accommodations in the educational environment. Equally important are the other issues that
affect veterans’ experiences in the transition to higher education from combat, including funding,
managing transitions, polytrauma and psychiatric/psychological diagnoses and their
manifestations.

No study of student veterans and their shift from the military culture to academia would
be possible without considering the impact the GI Bill has on student veterans and their ability to
finance that transition.

GI Bill.

As the main avenue for paying for post-secondary education, the GI Bill plays heavily in
to any discussion about student veterans with disabilities and their enrollment in higher
education. The Servicemen’s Readjustment Act was signed in to law in 1944 and is now widely
known as the ‘GI Bill’. Unlike the small numbers of World War I veterans who attended postsecondary education, veterans from World War II had a profound impact on enrollments at postsecondary institutions. Some estimates indicate that postsecondary enrollment by veterans in the years immediately after the end of the war was over 50%. Though the numbers of veterans serving would increase with the wars in Korea and Vietnam, not until the Post 9-11 GI Bill passed Congress would we see the kinds of educational benefits afforded to veterans seeking postsecondary education (Madaus, Miller & Vance, 2009; GI Bill 2008) that we see now.

A revised and reauthorized piece of legislation essential for assisting a new era of student veterans with disabilities’ transition into postsecondary education is the new GI Bill, also known as the Montgomery GI Bill or Post-9/11 Veterans Assistance Act of 2008, (P.L. 100-48) which provides educational benefits to veterans seeking postsecondary education, in addition to technical or vocational training. Current estimates indicate that 2.3 million veterans have used the Montgomery GI Bill already to pursue postsecondary education or training opportunities (U.S. Department of Veterans Affairs, 2008). With many veterans, especially disabled ones, struggling to find employment, it is expected that increasing numbers of veterans will be using this educational benefit in the coming years as wars in Afghanistan and Iraq draw to a close. Many veterans of World War I and World War II died on the battlefield, so the numbers seeking higher education were substantially smaller than the numbers of student veterans with disabilities transitioning to postsecondary education today. The challenge for postsecondary education will be to develop a means of supporting student veterans with disabilities as they flood into campuses with their very specific set of needs. Despite their funding from the GI Bill, they will need a lot of support in order to ensure they receive equal access to the educational environment (Grossman, 2009, ACE 2009).
Since most of the students in this study had served numerous years in the military, often with multiple overseas deployments, it is not surprising that most would be considered non-traditional students at the point they transitioned out of the military and into higher education. Due to this additional characteristic contributing to their uniqueness, a brief consideration of age and non-traditional students is included in this review.

**Age and Non-Traditional Students**

Non-traditional is a term that has historically been used to describe underserved populations compared to the traditional undergraduate population. Over the years this has included commuter students, part time students, transfers, returning students and older students-who could be transfers, commuter, part timers or returners as well (Borden, 2004). More recently we could add student veterans to this group. Each of these categories of students has needs that are differentiated from the traditional student who is usually a first time enrollee, right out of high school, living on campus, attending full time, and in many cases having a family member paying for their enrollment. Student veterans with disabilities, tend to be older students, frequently married, some with children, virtually all commuter students and they contend with a litany of logistical factors associated with attending and managing the other parts of their life, that are not typically experienced by traditional aged students (Baxter Magolda & Terenzini, 1999) and that can make them feel marginalized (Kodama, 2002).

While transfers, part time students, commuter students and returning students bring with them a level of maturity sometimes not found in traditional aged students, they have historically faced some challenges in becoming involved and engaged on campus (Jacoby, 2000). Many have multiple life roles-employee, spouse/partner, parent, commuter-all of which limit time available for engagement. Whereas traditional students, who often live on campus and are enrolled full
time consequently have been more engaged on campus (Astin, 1973; Borden, 2004; Cheng, 2004). For non-traditional students, becoming engaged in the classroom is one of the ways they can become engaged on campus (Chickering, 2000). Institutions of higher education have often disappointed these students by failing to recognize the unique challenges and frustrations experienced by these students (Pascarella & Terenzini, 2005).

**Transitioning from Combat to College**

Veterans have been transitioning to postsecondary education, technical training and vocational training since the end of World War I, thus postsecondary education has been enrolling and accommodating student veterans with disabilities for a long time, but not necessarily always appropriately, and never in the numbers seen today. Participants in DiRamio, Ackerman and Mitchell’s (2008) multi-campus study, were surveyed to understand what specific issues veterans bring to the postsecondary environment as they transition out of the military. Using Schlossberg’s model for adult transitioning, this study looked at three military transitions, moving in, through and out of the military and moving in to college. Emerging issues seen in the moving into college portion included the desire to be seen as just another student, approachability of faculty who were supportive, a well-trained and staffed Veterans Affairs office, clear understanding of the benefits of the new GI Bill (as well as costs of attendance), and issues around health and mental health, particularly PTSD. The authors of this study point to the need for an all-inclusive and wide-ranging approach to providing services to veterans in transition and student veterans with disabilities in particular (DiRamio, Ackerman & Mitchell, 2008).

An additional transition issue faced by student veterans with disabilities is the transition to employment. Veterans with disabilities are believed to number in the millions, with hundreds
of thousands being unemployed. Many are being rehabilitated in order to re-enter the workforce, especially those recently returned from combat service in Iraq and Afghanistan. For those institutions that have student veterans with disabilities, it is possible that one of the issues they will expect assistance with is the transition to employment. Disability Service offices and Veterans Affairs offices should have trained staff that are aware of programs to assist this group transition to employment, community resources, assistive and adaptive technology and its use, and understand the legal protections afforded to this group of students (Ruh & Spicer, DiRamio & Spires, 2009).

Brito, Callahan and Marks (2008) explored the experiences of one Hispanic combat veteran in their case study at the University of Arizona, looking at the transition experience of this student from combat to postsecondary education. The subject was a 40-year-old Marine who served nine years, including being a part of the initial ground invasion of Baghdad in 2003. During combat he suffered injuries that ended his military career as a sniper. Since retiring from the military, he has suffered from symptoms of PTSD. In addition to dealing with issues around concentration and having flashbacks, this subject had difficulty readjusting to family life, struggled being around children and engaged in several risk taking behaviors such as heavy drinking, driving at speeds in excess of the posted speed limit and experimenting with recreational drugs. Due to his injuries, the career he had planned, as a police officer was no longer a reality, thus he entered postsecondary education in the hopes of developing a backup career plan. At his institution, he was steered toward career counseling, which he believed would have been much more helpful at the point of discharge from the military.

The subject was also exposed to the SERV (Supportive Education Programs for Returning Veterans) program at the University of Arizona (Golde & Pribbenow, 2000). This
program offers courses designed for veterans, using a cohort-based model that is designed to improve retention and graduation rates. Two types of courses were offered to the subject, Resiliency and Teaching-Learning classes. The subject reported that these courses were helpful in changing attitudes and behaviors as well as in helping him to speak to faculty. While this study was small, it did point to the positive impact of the cohort-based courses, in assisting in the transition of veterans in to postsecondary education (Brito, Callahan & Marks, 2008).

**Prevalence of Mental Health Diagnoses among Student Veterans with Disabilities**

Another important issue affecting the lived experiences of student veterans with disabilities in higher education is the prevalence of veterans with psychological/psychiatric disabilities, most especially traumatic brain injury (TBI) and post-traumatic stress disorder (PTSD). Traumatic brain injuries, also called ‘closed head’ wounds and ‘severe concussions’ occur either due to a blow to the head by a physical object or a concussive blast. These types of injuries were common in both OEF and OIF, and when experienced upset the normal functioning of the brain (Schneiderman, Braver & Kang, 2008). Unlike a normal concussion, whose symptoms may disappear in a day or two, symptoms of a TBI can last for longer periods of time, including a lifetime. Secondary issues related to TBI include memory loss, inability to concentrate, chronic pain and even personality changes. TBI can be difficult to diagnose as the symptoms mimic many other medical conditions from minimal cognitive to psychiatric acute ones (Nampiaparampil, 2008; Schneiderman, Braver & Kang, 2008).

In addition to TBIs, PTSD is another common psychological/psychiatric condition many veterans return home with following combat service and affects their return to the classroom. Unlike other anxiety or adjustment related disorders, PTSD requires a person to have witnessed or experienced a life threatening event, (combat would surely qualify), as well as reliving that
experience such that their normal defense mechanisms are not enough to keep a person’s psychological state typical. Because the diagnosis is difficult to make and PTSD can happen at any point post combat, it is hard to determine an accurate percentage of veterans that are affected. Even so, access to disability services, counseling and wellness, and academic support centers is crucial for this group (Cate, Gerber & Holmes, 2010, Kang, Natelson, Mahan Lee & Murphy, 2003).

Selected literature speculates that cognitive disabilities will be the predominant disability among veterans returning from combat (Salazar, Warden, Schwab, Spector, Braverman, Walter, Cole, Rosner, Ecklund & Ellenbogen, 2000). Veterans with cognitive impairments will likely experience functional limitations at least temporarily, and these impairments could have a tremendous effect on veterans’ ability to complete academic work. Those campuses already providing services to students with cognitive impairments like TBI and PTSD will be better prepared to serve veterans with these types of disabilities. Individualized attention and care for these students is critical as few other medical conditions present themselves as uniquely as TBI and PTSD. Co-morbid conditions often seen include depression, abuse of alcohol and drugs and suicide (Batten, 2005, Brady, Back & Coffey, 2004). It must be recognized that student veterans with disabilities are also likely dealing with issues related to readjustment, personal relationships, and not wanting to be perceived as being disabled. While not disabilities, these additional issues contribute to the constellation of complex problems this vulnerable group experiences. Unfortunately, it is the case that many of these very students who need support the most, will not seek out accommodations and services in postsecondary education for fear of being perceived as disabled (ACE 2010).
Adding to the stress already being experienced by student veterans with disabilities with TBI and PTSD is the complicated bureaucracy of the Veterans Affairs healthcare system through which veterans access their medical care. Since benefits have been extended for those veterans who served in combat, it is hoped that they will continue to seek out treatment for PTSD, TBI, depression etc. in order to begin receiving treatment. Some studies indicate that the stigmatization of mental illness leads to a reluctance among those afflicted to seek out treatment (Anderson & Carden-Coyne, 2007). In part this reluctance is due to publicly held negative stereotypes toward individuals with psychiatric and psychological problems (Greene-Shortbridge, Britt & Castro, 2007). For those in the military the stigmatization and associated negative stereotypes are accompanied by both an awareness that the care system has serious gaps as well as a fear that if any weakness is shown, including a desire to pursue treatment, they could be perceived as unfit for promotion or continued active duty assignments (Tanielian, Jaycox, Schell, Marshall, Burnam, Eibner, Karney, Meredith, Ringel & Vaiana (2008). Also, as mentioned previously, since PTSD and TBI can take time to diagnose, it is possible people are not seeking out and beginning treatment in a timely manner. This study also found that younger soldiers experienced more direct combat than older soldiers, and thus they were at highest risk for PTSD as well as alcohol and other drug disorders (Seal, Metzler, Gima, Bertenthal, Maugen & Marmar, 2009).

Friedman (2006) also discusses the issues with PTSD in his study of a 38-year-old National Guard soldier who served a 12-month deployment in Iraq. This subject, a former car salesman, was engaged in intensive combat situations over the course of his deployment that included witnessing not only the injuries and deaths of those fellow soldiers he was close to but also of innocent women and children who sometimes could not get out of harm’s way. This
formerly well-adjusted husband and father of two is now preoccupied at home, is experiencing difficulties at work and with his family, is suffering from hyper-vigilance to the point he is carrying a loaded gun with him at all times, is losing friends because of aberrant behavior and has difficulty sleeping, including experiencing recurring nightmares related to combat. This subject believes that he has changed since his deployment and sought treatment one year after his return from Iraq. (Friedman, 2006; Frain, Bethel & Bishop, 2010).

Experiences and Accommodations for Student veterans with disabilities in Higher Education

The experiences of student veterans with disabilities, based on their specialized needs can be complicated as they re-enter higher education. Many of them are struggling to pay for their education with the GI Bill, and part time employment in addition to their military benefits is not uncommon (DiRamio & Ackerman, 2009). As indicated by the plethora of articles addressing the topic, the research clearly indicates the extent to which large numbers of veterans are struggling with both TBI and PTSD in addition to severe burns and polytrauma. Despite these multiple challenges, still countless numbers of veterans resist the label of “disabled” and thus do not disclose their disability or seek out the campus resources that are designed specifically to assist them for fear of being labeled. In their article on accommodation strategies for college students with disabilities, Barnard-Brak, Lechtenberger and Yan (2010) confirm, “Disclosure means different things to different people, especially among persons with disabilities, given that there are various costs and benefits associated with disability disclosure” (pp. 414), especially given the bureaucracy of the VA and the fear the benefits might be affected by such a disclosure. For those students that do self-disclose a disability, there is often reluctance to do so, and fear that the disability services staff might not be helpful. Despite concerns about qualifying for
accommodations on campus, which is a very different process than qualifying for benefits through the VA or the GI Bill, there are arguably reasons to do so. One reason is that disability services staff contact faculty to let them know there is a student with a disability in their class that needs accommodation. Even in cases where faculty do not understand a student’s disability or what it is like to be disabled, research indicates it is more likely due to limited exposure to students with disabilities and not any intentional negativity toward persons with disabilities (Barnard-Brak, Lechtenberger & Yan, 2010).

**Challenges for Higher Education**

According to the literature, there is much work to be done in higher education to prepare for the increasing influx of veterans, to understand their specific needs and to be trained and ready to assist them in plugging in to the community of learners and accessing the services and accommodations they might need (Shackelford, 2009; Ostovary & Daprich, 2011). Thus there are many implications for policy and practice when it comes to serving the needs of student veterans with disabilities transitioning to postsecondary education. After careful examination of the literature, we know that many campuses have experienced increases in the numbers of veteran students transitioning out of combat and back in to civilian life and postsecondary education (Church, 2009; Sander, 2012). A significant number of these individuals will be student veterans with disabilities dealing not only with physical disabilities and burns, but also those with TBI and PTSD. Student veterans with disabilities will present to institutions of higher education with several specific and complex needs, and it will be incumbent on those institutions to provide a comprehensive, coordinated approach to serving the needs of these students (Barnard-Brak, Lechtenberger, & Yan, 2010). Multiple deployments have left some of them permanently disabled, in need of educational benefits to attend, and dependent on
accommodations and services to be successful. Synchronized approaches to working with veterans require collaboration between all levels of the institution’s leadership, the veteran student community as well as community resources. Student support groups also contribute to assist these students plugging in to campus resources. Employment assistance is needed, through campus career service offices, especially due to the ongoing recession we are currently experiencing. With the elimination of many jobs in manufacturing, student veterans, and especially student veterans with disabilities will need the assistance of resources to ensure they are competitive in the job market (Madaus, Miller & Vance, 2009, Shackelford, 2009).

Universal Design, the idea that products and environments can be designed and built to be accessible and accommodate the majority of people, able-bodied or not, is another important implication for practice in postsecondary education and for working with student veterans with disabilities. Dedication to Universal Design principles would require an institution to look not just at ramps and accessible bathrooms, but also at the way courses and syllabi are designed. Postsecondary institutions dedicated to issues of awareness, access, inclusion and diversity are those that are putting Universal Design principles into effect on their campuses thus contributing the accessible education that student veterans with disabilities need (Branker, 2009).

Conclusion

To review, an evaluation of the literature concerning student veterans with disabilities was undertaken within the theoretical frameworks of Astin’s Student Involvement Theory and Schlossberg’s Adult Transition Theory. Data are available on student veterans with disabilities’ transitions (family, workforce, etc.), psychiatric problems, experience with the GI Bill, challenges they pose for higher education and how campuses might best engage and serve them. What is lacking though is empirical research in these areas related to the experience of the
student veterans with disabilities in higher education. Data driven studies would provide the literature with more robust, researcher derived evidence, would add to the knowledge on student veterans with disabilities, could suggest improvements to practice and might provide an evaluation tool for the implementation of policy in higher education today.

This review of the literature indicates that not only do student veterans with disabilities have some unique and complex problems, but they also bring those problems to the postsecondary environment. Many struggle to pay for their education, even with the added benefits afforded them by the new GI Bill. Working, which would help offset some costs, is not an option for some who have returned from combat with permanent disabilities. The transition out of the military and its associated circumstances, in addition to the transition to postsecondary education can provide multiple stressors to veterans already struggling with physical or psychiatric limitations. Psychiatric/psychological conditions afflict most veterans of OEF and OIF, and in some cases with crippling effects. For those that do seek out diagnosis and treatment, they come to campus besieged by nightmares, lack of focus, flashbacks, an inability to focus, and sleep problems. Numerous student veterans with disabilities however will not seek out diagnosis and treatment. For this group, especially, campuses have a long way to go in terms of putting in place best practices to serve this unique and disadvantaged group.

According to the literature, it is likely that the presence of student veterans with disabilities will only continue to increase as wars in Afghanistan and Iraq wind down. Higher education should be asking how these students can best be integrated in to the educational environment, how their needs can be met and what contributions they bring through their stories and experiences in combat. Continuing to ask important questions will inform higher education and make it better able to understand the needs of this unique population. Considering these
issues and asking these questions through the lenses of transition theory and involvement theory will not only help to contribute to the literature in this area but also may inform how universities and colleges might be successful in responding to the unique needs of this group of students.

Several themes became apparent during the course of this review including the protections of federal legislation for student veterans with disabilities, transitioning of veterans, prevalence of traumatic brain injury, PTSD and polytrauma among returning combat veterans and financial implications of the new GI Bill. It is clear veterans in general, and student veterans with disabilities in particular, represent a complex group of students in higher education. They present with a number of specific issues that will need to be addressed if their experience in higher education is to be successful. According to the literature, there is much work to be done in higher education to prepare for the increasing influx of veterans, to understand their specific needs and to be trained and ready to assist them in plugging in to the community of learners and accessing the services and accommodations they might need.
CHAPTER THREE: METHODOLOGY

Introduction

The purpose of this study was to examine the phenomenon of student veterans with disabilities’ return to campus. Equally important was their lived experiences as they transitioned from the combat theater to higher education, the factors and conditions that affected their experiences and the beliefs, attitudes and needs they had regarding their role, their engagement and their perception of their inclusion in the higher education community.

Through semi-structured interviews with student veterans with disabilities, the researcher intended to address the following questions:

The research questions guiding this study included:

- What are the lived experiences of student veterans with disabilities who transition from the combat theater to, or back to, higher education and what factors affect their transition?

- What are the beliefs, attitudes, and needs that current and expectant student veterans with disabilities have regarding their role and inclusion in the higher education community and in what ways are they incentives or barriers to inclusion?

Research Design

A qualitative research design was selected for this study to discover rich descriptive information regarding student experiences. Creswell (2009) describes qualitative research as: a method for investigating and discovering the meaning that persons or groups give to human behaviors and the reasons for such behaviors. Research of this type entails in depth conversations with participants, the asking of questions and the search for meaning. An inductive approach was used, which is data driven, and building from the bottom up, moving from particular information to general themes, with the role of the researcher being that of trying to make sense of the themes.
that emerge (Creswell, 2013; Miles & Huberman, 1994). When attempting to discover and ascertain the meaning individuals associate with experiences, a qualitative research methodology is particularly powerful (Strauss & Corbin, 1998). Maxwell (2005) asserts this type of approach is advantageous when the researcher wishes to comprehend meaning, process influencing action, contexts and the unexpected. Creswell (2009) further notes, when remarking on qualitative research, “[it] uses multiple methods that are interactive and humanistic. The methods of data collection are growing and they increasingly involve active participation by participants and sensitivity to the participants in the study. Qualitative researchers look for involvement of their participants in data collection and seek to build rapport and credibility with the individual in the study” (pp. 133).

Essential to this study is a methodology that enables active participation by research subjects. Strauss and Corbin (1998) posit a qualitative methodology as essential in acquiring “intricate details about phenomena such as feelings, thought processes and emotions that are difficult to extract or learn about through more conventional research methods” (pp. 41). Obviously obtaining a better sense of those intricate details is vital as it pertains to understanding the student veterans with disabilities’ experience with higher education.

The intent of qualitative research, according to Creswell (2009), is to develop a totally encompassing portrait of the researchers’ subjects, accenting how they experience their everyday circumstances through interviewing them and those close to them. Qualitative research then aims to comprehend phenomena and social interactions by using a process whereby a researcher investigates a situation through a comparison process designed to allow the classification of a subject using multiple methods. One of the benefits of qualitative research, according to Creswell (2013), is it occurs in participants’ natural environment. Furthermore, he states, “This
enables the researcher to develop a level of detail about the individual or place and to be highly involved in the actual experiences of the participants”. Consequently, this study utilized multiple methods of qualitative data collection such as a preliminary questionnaire to see if interested veterans were qualified to participate, in person interviews with all thirteen veterans, follow up questions to them after the completion of their interview and observations made during the interviews, all in an effort to understand the experiences of student veterans with disabilities, what factors or conditions affected their experience and attitudes, beliefs and needs they may have regarding their inclusion in the higher education community.

While the strengths of the qualitative method include being able to develop and understand details about the subjects under study and to be involved in their experiences, the method does have inherit weaknesses as well. These weaknesses include unavoidable built in bias on the part of the researcher, intrusive data collection methods, difficulty in replicating and cost. It is expensive data to collect. Importantly, and not to be forgotten, in qualitative research, data is filtered by participants, and their perceptions often differ from their ability to articulate them (Maxwell, 2005; Miles & Huberman 1994).

A phenomenological approach was utilized to address this particular topic due to the complexity of factors that interact to explain student veterans with disabilities’ experiences. As Creswell (2013) notes, phenomenological studies emphasize describing the commonalities of all participants as they experience the phenomenon being studied.

**Rationale for a Qualitative Study**

Phenomenological research is the study of lived experience (van Manen, 1990), and, given the disposition of the research questions, a qualitative approach is thus being employed to understand the lived experiences of student veterans with disabilities as they return to or begin
college. Van Manen opines that research attempts to get at the essence of phenomena in the lifeworld and what it might mean and it is through analysis of responses to interview questions that reflection on the lived experiences of student veterans with disabilities will be realized.

Using the phenomenological point of view, research involves questioning the way the world is experienced and the way in which human beings live (Given, 2008; Creswell, 2013). Always beginning with the lifeworld, phenomenological research is concerned with the unique and non-replaceable in everyday life. While phenomenology does not problem solve (Marcel, 1950), and it cannot be used to prove that one thing is better than another, it can, and does allow reflection on lived experiences and the assigning of meaning to the phenomena of lived life (van Manen, 1990). Only a qualitative approach would allow the kind of meaning making that phenomenological research requires.

Participants

In a phenomenological study, the aim of selecting participants is to locate persons who have experienced the phenomenon being studied and can relay their personal experience to the researcher (Creswell, 2013). This study focused on student veterans with disabilities’ return to campus and their experiences in integrating back to campus or beginning school for the first time. Sampling occurred through purposeful and criterion sampling and in one case snowball sampling. Purposeful sampling, as stated by Creswell (2009) is an approach in qualitative sampling that has researchers intentionally choosing participants and locations to get at the central phenomenon and learn about it and understand it better. Once required Institutional Research Board (IRB) approval was granted, the researcher selected participants from colleges, community colleges and universities in North Carolina by using both the disability and veterans’ liaisons at
institutions in the state, including the North Carolina Association on Higher Education and Disability, as well as student veterans’ organizations on those campuses where they were extant.

As such, numerous criteria were used to select participants. Criteria included having been on active duty in one of the branches of the armed services, returning to campus or beginning college for the first time following active duty, enrolling in a college, community college or university in North Carolina, and having sustained an injury in combat that left the participant disabled in some way. Participants selected included servicemen and women, from both Operation Iraqi Freedom and Operation Enduring Freedom, and represented an age range, from 26 years old to 52 years old. All participants were fluent in English, as the doctoral researcher speaks only English. When participants were solicited, it was clear in the study’s announcement that speaking English was a requirement for participation.

To ensure that prospective participants were eligible to participate, the researcher had them respond to a brief email questionnaire regarding whether they met the criteria for the study prior to proceeding with interviews. Since the researcher did not necessarily know in advance of the interviews which participants were those with psychiatric/psychological disabilities, a question was included on the preliminary questionnaire regarding whether they have the permission of their doctor to participate in this study, as participation may require them to relive or re-experience stressful situations during their military service or their transition out of the military. In addition, prior to the start of all interviews, confirmation of doctor’s approval to participate was given verbally by each participant.

These criteria were chosen for the following reasons: participants were familiar with the armed services and the combat theater, they exhibited an interest in pursuing or finishing their
degree, and they would have sustained an injury that left them with a disability as a result of their active duty combat service.

Sample size was projected to be eight to ten individuals as recommended by Creswell (2013) in order to find a sufficient sample of individuals who have experienced the phenomenon being studied, but the researcher ended up with thirteen interviews completed.

**Recruitment and Access**

Using the studies of Dutnell (2014) and Minnis (2014) as support for the choice of a phenomenological method, recruitment was undertaken. Targeted recruitment took place using disability services offices on campuses in North Carolina, including member universities of the Association on Higher Education and Disability, student veterans’ groups on some campuses as well as Veterans Affairs contacts in North Carolina. Email communication was sent to all Disability Services offices that are members of NC AHEAD, explaining the study and asking if they would advertise an announcement and a way to respond to participate to their students-through student listservs, department websites, self-identification forms, or other means available for securing participation in campus events. The researcher, who knew several disability service employees across North Carolina, used convenience sampling through personal contacts to request assistance in announcing the study and asking for participation of prospective students. Those contacted were also asked to share the study broadly with others so as to increase the number of possible participants across the state. As well, the researcher’s former boss, a past president of AHEAD, also reached out to campuses and assisted with encouraging announcement, explanation and possible participation in the study. Individuals interested in participating were asked to contact the researcher for further information. The researcher then determined if the potential participant was eligible based on the participant criteria, and brief
email questionnaire, and if so, explained briefly the study and their possible participation. Once
the researcher received inquiries from students who indicated a desire to participate, the
researcher contacted those individuals to see if they might qualify to participate. The researcher
made clear to each participant that no benefits of any kind would be given for participating.
Qualified participants included those students who had been in combat and who as a result of
combat suffered some disability and who were approved by their campus and/or health
professionals for participation.

Role of the Researcher and Positionality

The role of the researcher in this study was that of a conversational partner (Rubin &
Rubin, 2012) helping to shape the discussion and being an active participant or partner in the
interpretation of participants’ experiences. This was accomplished through dialogue and
interaction with the goal of listening in order to hear the meaning of what the participants were
relaying to me as a researcher. In a conversational partnership, the researcher is working to build
an open relationship and to foster trust while also conveying the respect the researcher has for
each participant and their own individual and unique perspective (Rubin & Rubin, 2012).

Positionality, as defined by Parsons, “is a concept that acknowledges the complex and
relational roles of race, class, gender and other socially constructed identifiers in being” (Parsons,
2008, pp. 1129). In any research undertaking, a critical component is for researchers to be
keenly aware of and acknowledge personal bias and to control them such that they do not
influence the study (Husserl, 1970; Rubin & Rubin, 2012).

Based upon methodological choice, the phenomenological approach requires an
unconfined approach “in which everything is perceived freshly, as if for the first time”
(Moustakas, 1994, pp. 34). For purposes of this study, the doctoral researcher is a non-veteran
and did not have a disability. Part of what was needed in working with student veterans with disabilities was to acknowledge and own personal values, beliefs and worldviews in the research with these students. While this was a dedicated aim and the researcher attempted to be diligent in so, bracketing personal experiences totally is often problematic as the researcher’s data analysis cannot be free of assumptions and biases the researcher brings to the topic (van Manen, 1990, Moustakas, 1994).

It was equally important for the doctoral researcher to understand positionality in the sense of being a white middle class, college-educated female. These additional privileged identities combine to produce a dearth of understanding of those most marginalized by race, gender, class, culture and disability identify (Jupp & Slattery, 2010). While it was possible to mitigate the chance that participants would assume the doctoral researcher misunderstood experiences based on different privileges, (Jupp & Slattery, 2010) the doctoral researcher aimed to demonstrate her intention and enthusiasm to comprehend differences based on privilege, power and oppression of marginalized groups. The doctoral researcher has some knowledge and experiences based on her master’s degree in counseling, and a professional career that includes working with addicts, as well as with disabled students in higher education. Despite every precaution being taken, it was possible that participants could view the doctoral researcher as not a part of the ‘other’ that would be the research group even though the doctoral researcher might have seen a shared connection (Briscoe, 2005). Therefore, every effort was made to ensure that participants understood the doctoral researcher did not intend to marginalize them further.

Research Site

The researcher intended to use the sixteen-campus system of the University of North Carolina as the research site but added NC community colleges as well to ensure an adequate
sample. The selection of participants from multiple campuses was intended to provide differing yet rich and unique perspectives from participants that perhaps could not be provided if participants were selected from a single university. The multi-campus four-year college system contains several doctoral granting, research I institutions as well as multiple smaller universities. All (four year) campuses included are co-educational, residential institutions, several over 100 years old that enroll over 220,000 students, across more than 200-degree programs. Each campus has a disability service office as well as a Veterans Administration representative who is responsible for guiding veterans through the GI Bill and associated benefits processes for enrollment in higher education.

**Data Collection**

Qualitative data was collected from participant individuals through in-depth, semi-structured, interviews containing open-ended questions (Creswell, 2009; Miles & Huberman, 1994). This type of interviewing, *responsive interviewing*, is built around three core types of questions: main, follow up and probing (Rubin & Rubin, 2012). For this study, the interviews, lasted between one and one and a half hours, and were designed to allow participants time for reflection on the meaning of their experiences as they answered the interview questions. Interview questions began with general information gathering, in order to build rapport and set the stage for the interview. Questions about the participants’ experiences as they transitioned out of the military and in to college, the factors or conditions that affected their experience and their attitudes, and beliefs and needs related to their role and their inclusion in the higher education community followed. All interviews were conducted in person by the researcher. The researcher recognized that it is possible rapport, candor, and commitment to the interview could all be affected if an interview was not performed in person. All in-person interviews took place on the
home campus of the participants, in a location that was private and distraction free, such as a library or Disability Services office.

**Data Management and Storage**

All interviews were recorded by the researcher and saved in a secure location. For security purposes, and to protect participants’ confidentiality, computers were password protected, hard copies of interviews as well as field notes were kept in a secure location in a locked file cabinet. Electronic files were backed up at appropriate intervals and stored at an alternate location where they could be kept secure. Access to the locations mentioned was tightly controlled at all times by the researcher. Pseudonyms were used in lieu of identifiable information for all participants, and they are described in chapter four using those alternate identities. Data will be destroyed once the study is complete and the manuscript submitted for publication.

**Validation and Trustworthiness**

Given the many perspectives on validation in qualitative research, the researcher agrees with Creswell’s (2013) position that validation is an effort to determine the accuracy of the findings. To add to the value and accuracy of this study, the researcher intended to employ at least two validation strategies. One intended method was member checking, wherein the researcher sought participants’ opinions and insights on the credibility of the findings. Indeed, copies of interview transcripts were sent to all participants for reading and correcting inaccuracies as necessary. According to Lincoln and Guba (2000) it is “the most critical technique for establishing credibility” (pp. 314). Another intended strategy to ensure validity of the study was clarifying researcher bias from the study’s conception. This strategy was valuable in getting the researcher to understand bias or preconceived notions that might have impacted the
study. Every effort was made by the researcher to check in on the researcher’s background and position regularly, to ask non-biased questions during interviews, to be aware of the study’s methodological approach, to report appropriate findings, and to be aware of their framing and explanation (Malterud, 2001). An additional strategy, triangulation, enables a researcher to employ varied methods, theories and sources in an effort to provide substantiating evidence and thus furnishing validity to their findings (Miles & Huberman, 1994; Creswell, 2013). The researcher, who looked at answers to the email questionnaires, notes taken on the questionnaires, interview responses, field notes and notes taken on interview transcripts employed the strategy of triangulation in this study. Finally, the researcher carefully monitored saturation, the point when new and additional information ceases to emerge, over the course of the study (Given, 2008).

As with any research, threats to internal validity exist, and complete elimination of these threats is not possible due both to the inductive nature of qualitative research and the focus on a rich understanding of the particular experiences of participants rather than generalizable truths. While threats were not able to be eliminated completely, the researcher took steps to reduce them to the extent possible through such means as using multiple sites to collect data, member checking, developing a strong interview protocol making sure the participants understand the purpose of the study as well as their participation in it.

**Data Analysis**

Data collection strategies in this study included semi-structured interviews, the researcher’s personal transcription of those interviews, coding and interpretation of those codes and member checking. Initially data was analyzed through close examination of the verbatim transcriptions of the interviews. The researcher then purchased and used MAX QDA to run further analysis on the data. This program allows a researcher to read and interpret the text, build
categories, code segments of text, analyze and present results; developing themes that could require further exploration.

Whereas some methodological approaches in qualitative research provide general guidelines or a suggested template, phenomenology uses a more structured and specific approach to data analysis. In keeping with Moustakas (1994) and his approach a modified Stevik-Colaiizzi-Keen method was employed due to its practicality, usefulness and emphasis on subjectivity. Through use of this method, knowledge is constructed through the systematic collection and analysis of participants’ feelings, and experiences. Lived experienced is made sense of through discourse (Moustakas, 1994). The researcher began by describing students’ personal experiences with the phenomenon being studied. Beginning with a description of her own experiences with the phenomenon the researcher endeavored to set aside her own personal experiences.

A list of significant statements was then developed from the verbatim transcripts of the interviews with participants. Each statement was considered for significance related to the experience, and all germane statements were recorded. Statements that were non-repetitive and non-overlapping were listed, as these were the meanings of the experience. Clusters and meaning units were then identified and placed in to themes. Themes were identified; memos used, and thematic analysis took place to develop patterns and observations of the data in order to make sense of it (Maxwell, 2005). Following this, the researcher intended to synthesize these patterns and observations into a portrayal of what Moustakas (1994) refers to as the texture of the experience. Verbatim examples from the interviews were used to provide the depth needed. Using the individual textual descriptions of participants, the researcher built a composite of the meanings and essences of the experience, assimilating all individual perspectives into a
comprehensive description of the experience signifying the entire sample. Due to the interpretive nature of the research, the researcher did not begin data analysis with a pre-conceived data coding scheme in place, but rather let the data build a conversation, as Shank (2006) describes, emerging from the interview transcripts.

**Ethical Considerations**

Given the interaction between the researcher and participants in qualitative studies, researchers need to be aware of and consider a set of ethical guidelines for guiding their study. Since qualitative studies rely on the researcher collecting the data, analyzing it and evaluating what aspects of the findings are most appropriate, special care needs to be taken to ensure that findings reported are the most appropriate and special care is taken to frame and explain those findings. (Sanjari, Bahramnezhad, Fomani, Shoghi & Cheraghi, 2014). Ensuring that researchers are provided with the requisite skills and recognizing the need for their application can help safeguard against poor writing and insensitivity of people and their experiences. One skill researchers should use is to employ bias reducing language, such as using the appropriate level of specificity for individuals, that is clear and free of bias (Creswell, 2013). Another includes rejection of labels for individuals or groups, such as stating student veterans with disabilities rather than disabled student veterans. Finally using non-stereotypical or unbiased adjectives is another way to confirm sensitivity in writing.

A few other considerations should guide an ethical qualitative study, in particular one involving a vulnerable population. The critical nature of up front, honest communication with the participants, cannot be emphasized enough. Participants should be well informed regarding the purpose of the research and the specifics of their participation. If there are any risks associated with participation, they should be detailed, in writing, so that participants can make informed
decisions regarding their participation. As well, if participants will receive or realize any benefit as a result of their participation, they should be well articulated. Participants should also feel they have the ability to make decisions about their initial or continued participation without fear of retribution of any kind. Should participants decide to participate, every effort should be made to obtain the necessary consents prior to allowing them to begin the study. Lastly, the confidentiality of all participants and their responses should be guaranteed from start to finish (Fritz, 2008).

**Summary**

This chapter began with a rationale for a qualitative approach and an articulation of the research questions that the researcher proposed. Through purposeful selection of participants and their active participation in this study along with the role of the researcher as a conversational partner, the researcher anticipated these two research questions being answered through the semi-structured interviews completed at colleges, community colleges and universities in North Carolina. The researcher then followed with a discussion of limitations, validity and trustworthiness and possible ethical issues that could accompany a study that sought the active participation of research subjects, particularly ones that could be considered vulnerable. Collection of data and data analysis was anticipated to be an arduous and costly task, but critical to answering the questions proposed by this study.
CHAPTER FOUR: RESEARCH FINDINGS

The purpose of this study was to investigate the transition of student veterans with disabilities from the combat theater into higher education. More specifically, the researcher intended to examine the following: 1) the lived experiences of these veterans, 2) the factors that affected their transition, 3) their beliefs and attitudes regarding their inclusion in the higher education community, 4) as well as barriers to inclusion, if any. Previously very little peer-reviewed research specifically addressed the nexus of students with disabilities in higher education and student veterans. The research that is available on student veterans virtually exclusively addresses physical and social issues concerning readjustment to a society that is overwhelmingly one that has not served. The unique experiences faced by student veterans with disabilities in higher education are, almost entirely unaddressed.

This investigation was guided by the following research questions:

1. What are the lived experiences of student veterans with disabilities who transition from the combat theater to, or back to, higher education and what factors affect their transition?

2. What are the beliefs, attitudes and needs that current and expectant student veterans with disabilities have regarding their role and inclusion in the higher education community and in what ways are they incentives or barriers to inclusion?

This chapter will report findings about student veterans with disabilities and their experience transitioning to and becoming engaged in higher education. Some findings were confirmed; such
as the issues around transition of student veterans from the review of prior research on veterans (Church 2009; Ryan, Carlstrom, Hughes & Harris, 2011; Jones 2013) and some were more unexpected, particularly the countless difficulties related to the VA health system. The chapter will begin with a brief introduction of each participant and his or her experience in theater, their transition to higher education and their engagement, if any, in the higher education community. It will then proceed with a brief discussion of themes uncovered during interviews with participants, followed by a discussion of responses to each research question. Excerpts from interviews will be included when appropriate to highlight themes or experiences of participants. The short biographies that follow, all with pseudonyms, shed light on the experiences of student veterans with disabilities in higher education.

**Biographies**

**Steve**

Steve is a second year student, finishing up his Associate of Arts (AA) degree at a community college. He moved in with his parents, to attend and save money, after having a lot of difficulty transitioning to and performing at his first community college, which he began immediately after his discharge. Steve was in the United States Army for six years and was deployed multiple times to Iraq. He suffered several injuries, including: multiple concussions from jumping out of airplanes, three herniated disks, a pelvic girdle shift, permanent sciatic nerve damage, chronic migraines and a traumatic brain injury from his vehicle being hit by a 400-pound explosive. His discharge from the military was due primarily to injuries suffered in combat though he was considering making a change, to a civilian job, when his tour was up, so he could get paid more and enjoy better working conditions. While Steve did not consider himself disabled, he did qualify for services from the campus Disability Services office and used
extended time for testing as well as a note taker in his classes due to having difficulty focusing. He is also rated as 80% disabled by the Veterans Administration. At the time of the interview, Steve was using his post 9/11 GI Bill benefits to finish his AA and was transferring to a four-year college in South Carolina to major in Exercise Science.

**George**

George is finishing a graduate degree in project management at a public university. In addition to completing this degree, he works full time in military contracting and sales with a civilian contractor. George is pleased that he is able to maintain a connection both to the military as well as his friends from the Army. In the United States Army for over ten years, he was deployed three times during that period. His shortest deployment was three months and his longest thirteen months. During his enlistment he suffered severe plantar fasciitis in both feet and as well as hearing loss and tinnitus due to exposure to multiple explosions. He currently wears arch supports in his shoes as well as hearing aids to help mitigate the effects of both conditions, though both are permanent. George did not consider himself disabled, as compared to his buddies who came back from deployments with no arms or legs. Nor did he seek out the support of the Disability Services Office, though he certainly would have qualified for accommodations with his hearing loss. As well, the Veterans Administration rates him as 40% disabled.

**Keith**

Keith is a senior, transfer student, finishing an undergraduate degree in Philosophy at a public university. An Air Force brat, Keith never thought he would join the military, though his father did twenty years as a fire fighter. Returning stateside during high school, Keith also pursued firefighting, beginning as a volunteer when he was only sixteen years old. A self-described “adrenaline junkie”, Keith was looking for more challenges and without his parents’
knowledge, joined the United States Army, in the infantry division. During his six years in the Army, Keith was deployed to Iraq twice, including his first, to Sadr City in 2009 when violence there was escalating. While serving in the Army, Keith was able to finish his Associate’s degree in one year by taking classes online. On his first deployment, Keith suffered a broken finger, sprained ankle and had his Bradley (miniature tank) blown up by an IED, leading to a traumatic brain injury and serious damage to his knee. Though Keith has not been officially diagnosed as having PTSD, he reported that there are people who suggest to him that he does have it. In meeting with the campus Disability Services Office, he said he could accomplish all he wanted to without their help, so he has not pursued accommodations at his current university. Keith would not accept the label of ‘disabled’ as there are those that have it much worse than he, including several guys from his former unit. At the time of the interview, Keith was searching for his wife-who had disappeared with his two children-and planning to head to Princeton for a Ph.D. in Philosophy.

**Peter**

Peter is a transfer student who finished his Associate’s degree in three semesters. He is in his second year at a public university and will graduate in May with his bachelor’s degree. Peter performed poorly in high school because he did not care and did not like the structure he believed school required. He joined the United States Marine Corps in 2008, while still in high school, but transitioned to the Reserves so he could begin college during his enlistment. Peter was deployed to Afghanistan from September 2011 until May 2012. While deployed he fell off the back of a dump truck injuring his neck, back, leg and hip as well as suffering a traumatic brain injury. He also witnessed a vehicle hit by a 500-pound IED causing multiple deaths, which gave him nightmares for the rest of his deployment. After an attempted suicide once home, Peter
decided to pursue treatment for his conditions, which included at one point taking twenty-six different medications per day. Despite his complex medical conditions, Peter does not consider himself a student veteran with a disability because he is still “very much able”, nor has he availed himself of the services of the Disability Services office on his campus, as he does not feel he needs it. At the time of the interview, Peter had weaned himself off of all his medications and was doing well in school and in his relationship with his girlfriend.

Laura

Laura is a senior transfer student at a public university. She always wanted to serve in the military, but did professional rodeoing for ten years during and after high school. She joined the United States Marine Corps just after turning twenty-one in 2008, and remained enlisted until March 2012 as a combat field engineer. She deployed twice to Afghanistan, once for four months in 2009, and again for 7 months in 2010-2011. While on active duty, she began her Associate’s degree through a community college online. She suffered several injuries suffered while enlisted: Traumatic Brain Injury, Post Traumatic Stress Disorder, insomnia and nightmares. Laura reports that she is getting better but that a TBI is always a permanent condition, even if functioning improves over time. Even with a Veterans Administration rating as disabled, she only considers herself disabled on paper and has never identified with Disability Services on her campus. Vice Commander of her VFW post, Laura is waiting to hear if she has a job for next year with the VA facility she has been volunteering at for the past two years. The researcher would have preferred the male/female ratio of participants reflected the ration among all veterans; however, she was the only woman to participate in this study.

Brad

Brad is a senior transfer student at a public university, graduating December 2015. He
joined the United States Army, as infantry, in 2007, looking for adventure and to help take care of his wife financially. Brad tried out for and made the sniper team and was deployed as a sniper in both Iraq and Afghanistan, until his tour was up in 2011. As a result of multiple deployments, Brad has hearing loss, tinnitus and tendonitis in both Achilles, a slipped disc in his neck and a bad shoulder. His neck hurts every time he turns his head and he can no longer run. While all of Brad’s injuries are permanent, to date he has not needed any surgeries. He worries his hearing loss will continue to worsen over time due to prolonged exposure to rifle echoing. Despite these limitations, Brad teaches martial arts and believes that the constant moving around helps him to stay limber and reduces pain. Brad reports that he is ‘maybe’ disabled depending on whom he is talking to. He has a VA rating at 20% disabled and is frustrated that other veterans try to claim disabilities when they are not disabled to receive additional compensation from the military. Not surprisingly, Brad is not registered with the Disability Services office on his campus, even though his limitations would likely qualify him for accommodations and services.

Josh

Josh joined the National Guard his freshman year of college, August 2000. After 9/11 he activated in the United States Army, as a medic, and was deployed initially in the second push into Iraq. Additional deployments continued until his release from the Army in 2013. Josh has a TBI, PTSD, injuries to both knees requiring surgery, back, neck, and shoulder problems, memory loss, disorientation, he cannot run and climbing stairs is difficult. “I have like an 80-year-old body with a 32-year-old mind”. While he did a lot of coursework online in the Army to get promoted, he was less clear about an actual major and path to graduation, until he transferred two years ago to finish his degree. Brad is in the process of getting his VA rating as disabled, though has not yet been approved. He wants to pursue this, as he is sure it will help his family
financially. When asked if he is disabled, Brad affirms that he is, on paper, but would not like to be. However, he did not know what Disability Services was on his campus, but said it sounded like a good idea. At the time of the interview, Brad was continuing his treatment for his PTSD and taking care of his two daughters when not in school.

**Paul**

Paul is working on his second Associate of Arts degree, this one in automotive engineering. He enlisted in the United States Army in 2000 and was with the 82nd Airborne. In 2004, during a parachuting exercise, his chute did not open and he fell 1200 feet, causing a major concussion. While he was recovering, he tried to go to school, but ultimately decided it was too much to handle cognitively. Once cleared to return to active duty, Paul remained in the Army until 2013, in combat arms, and was deployed in 2007, 2008 and 2009. In 2010 his truck hit an IED and while carrying a third injured soldier out of the truck, he took a RPG (rocket propelled grenade) to his left side body armor, severing his left arm and leg. Army surgeons were able to save both limbs and he received a medical discharge in 2013. In addition to that incident, Paul suffers tissue damage, nerve damage, soft tissue loss, he has two blown eardrums, a TBI, shrapnel that still comes out of his flesh, range of motion loss in both legs, both arms and both hands, has two slipped discs and one herniated disc, finds it hard to lay down, must use medication to get to sleep and has issues with balance that require him to use a cane for walking. He continues physical therapy weekly to this day and believes he is “constantly getting better.” When asked if he considers himself disabled, Paul says no, he considers himself impaired. He is registered with his campus Disability Services office and receives extra time on timed tests and presentations, is allowed to have his service animal present in class, and can stand as needed in his classes. He is 100% rated disabled by the VA and 100% retired from the Army.
Bart

Bart was headed to college out of high school, but his father would not pay his tuition, so he went to see a recruiter, and signed on with the United States Marine Corps in 2005. He started going to school at a community college while on active duty, and is now a junior at a four-year university. Bart was deployed with the Marines from 2007-2008 and again in 2009, in both Iraq and Afghanistan. While deployed, he broke his wrist and has had several surgeries to repair damaged ligaments. This has resulted in permanent loss of motion in that hand, and the damage is still not completely repaired. In addition to this injury, Bart also suffers from shoulder problems, back problems, trouble sleeping, anxiety, anger and depression, though he has not been diagnosed with PTSD. While he has sought out counseling for his anxiety and depression, he reports that the VA wants to “only throw medicine at you”. He reports that he is disabled as that is the label he was given, and while he could technically collect social security even now, he will not. When asked about the Disability Services office, and whether he uses any accommodations or services, Bart reports that for him it is just easier to talk to the professor on the side. He has found professors are willing to work with him individually in the classes in which he needs extra support. At the time of the interview, Bart was training to become a high school social studies teacher.

Geoff

Geoff started college after high school but did not complete his studies. He reports years later, while surfing the web, he came across the age cut off for flying in the United States Army. He had always wanted to fly and was approaching the age limit so he talked to a recruiter and enlisted. While on multiple deployments, Geoff suffered several concussions, and later a fall that caused a TBI. The cumulative effects of both have caused permanent limitations including a
personality change, memory loss and slower processing speed. Medically, he states he is perhaps as good as he is going to get ever, and has been rated by the VA as 80% disabled. When asked, Geoff says he considers himself partially a student veteran with a disability, but not in the traditional sense where veterans have lost limbs or can no longer walk. He refers to it as “warn and torn” but indicates he does not have very many regrets. Geoff is registered with the Disability Services office on his campus and does qualify for services, though he reports he only uses them if he really needs them, such as on long, reading intensive exams. Geoff plans on using his background in electronics and computers to pursue graduate school or employment designing medical equipment, he hopes, for veterans with disabilities.

**Jason**

Jason is a sophomore at a four-year public university. Despite a long family history of military connection, he was planning to go to college to study radiology when at the last minute he joined the United States Navy, in 2007. Enlisted until 2013, Jason spent nine months deployed to Afghanistan working as a medic in a field hospital, assisting in stabilizing injured soldiers until they could be evacuated to a higher-level facility. “Essentially, we were operating out of tents and daily cracking people’s chests open and exposing them to dust storms”. This high paced, exceedingly stressful environment led Jason to have irritability issues, aggressiveness, problems with sleeping, extended periods of being in shock and lingering nightmares about the soldiers not able to be saved. The cumulative effects of his experience have made him not able to tolerate large groups of people, not able to drive in heavy traffic, have difficulty interacting with people and a more secluded lifestyle that has caused, and continues to cause, problems in his marriage. He reported that he does better if his medication is regulated but spends a lot of time in isolation, and is not sure he will ever improve. When asked if he is a
student veteran with a disability, Jason states that he always perceived disability as more of a physical problem, and this has contributed to the delays in getting treatment for himself. Notwithstanding his perception of disability, Jason is registered with the Disability Services office on his campus and qualifies for extended time on exams, less distracting environments in which to take them and recording his lectures due to issues of focus and concentration. A speech language pathology major, Jason hopes to work with children in speech therapy when he graduates.

**Jack**

Jack is a doctoral student earning his doctorate in Nursing Practice. He joined the United States Army out of high school, during the Cold War, and enjoyed it so much that he signed on for a second tour. Once that tour was complete, he went on reserve status and went to school to earn his Nursing degree. Commissioned as an officer, he went back on active duty and was deployed to Panama, Germany, Kuwait, Iraq and Afghanistan during his twenty-nine years in, until retiring in 2013. Even though he was a nurse, Jack was always assigned to a forward surgical team, which meant he was the closest to combat of all medical teams. He has multiple service related injuries including a broken back from jumping out of airplanes, degenerative disc discs, acute stress disorder, anxiety, ADHD and expressive aphasia (difficulty writing). While Jack reports that he has not registered with Disability Services, he said he is going to have to for his nursing practicum, which requires timed writing in a patient encounter situation. Regardless of his VA rating at 60%, when asked if he is a student veteran with a disability, Jack responds with “not really”. Jack presented as an extremely confident and poised person and is determined to finish his doctoral degree without incident.
Mark

Mark is a senior at a public four-year university. He graduated from a military boarding school in May 2003, and immediately enlisted in the United States Army. His first deployments to Afghanistan in 2004 and 2005 were during the time of the intensification of the insurgency. Back stateside in 2005, Mark was sent to assist with Hurricane Katrina relief efforts in Louisiana, and tried to begin school then. He reported he was drinking a lot, getting into a lot of fights and was very angry at the indifference of his classmates to the war. At the end of his first semester, he volunteered to go back on active duty and continued with additional deployments in 2006, 2007 and 2008. Not wanting to damage his ability to go back on active duty as an officer, Mark has never been officially diagnosed with any medical condition; however, he reports irritability, constantly being on edge, inability to sleep, not feeling safe in public, not having good relationships with his family and reckless behavior. Individuals who have been diagnosed with PTSD experience many of these same symptoms. He does not consider himself disabled nor does he believe many veterans who do claim a disability, are in fact disabled either. He is however willing to admit that he does have limitations in his life now such as needing to control anger, zoning out often and losing himself in the memories of fellow soldiers and friends he has lost. Mark will graduate in May 2016 and plans on being commissioned as an officer in the Army.

Themes

Participant responses produced multiple rich themes around 1-transitioning to higher education, 2-injuries, 3-disability identity, 4-stigma of being a veteran and 5-engagement. This section will review each theme in detail, using direct quotes from participants to contextualize their lived experiences before turning attention to the research questions posed.
Transitioning

A common theme shared across all participants was the theme of transitioning, which according to Schlossberg (1995) could mean out of the military and in to, or back to, higher education. While all participants shared the lived experience of the transitioning process, each had unique reasons to do so and lived through it in context of their own circumstances. I asked Jason to describe his decision to leave the military and go to college. Jason replied:

I disagreed with the way things were going and the high amounts of stress I had to live with. It was just wearing me out really quick and I was just burning through real fast. I didn't like the way things were going, so I got out.

Others feared further injury, or worse, such as Steve. When asked why he chose to get out, he stated:

it was kind of to me like if I don’t get out now I will either, I will run out of luck, I will eventually get hurt to the point where it’s I will either die or it’s irreversible. I knew if I stayed in everything was going to get worse. My knees, my knees were already bad, my back hurt, I had multiple concussions and if I stayed in, I know it would be bad, harder to bounce back.

In the case of Geoff, he had joined the military after first giving college a try, but never finished and after his military service thought it was the right thing to do. “Okay. In my case, in terms of the higher education, I wanted to finish what I had started; coming back to academics was kind of a default. You know, the military was an excursion.” Like Geoff, Paul had started his education prior to joining the military but did not complete his associate’s degree. After having been deployed, he too had a desire to finish. “Going to community college I was very motivated because I didn't care in high school but month two in Afghanistan, I was like, you know what, college looks kind of good right now.”
George pursued the transition because he couldn’t get promoted in the Army. “The reason I couldn’t get promoted was education.” Keith too realized that promotion opportunities for him would be limited without furthering his education while enlisted. “I started realizing pretty quickly that I needed to go back to school. The problem was I had signed a six-year contract so I knew I couldn’t just leave the Army and go to school.”

Several other participants described his or her level of commitment to higher education before and after the military and while all eventually pursued it, their experiences varied widely, some more positive, some more negative. A common opinion shared by all participants was their belief that they were far more mature than their classmates, and they did not like being treated like traditional 18-23 students, coming to college straight from high school without any real world experience. As Brad recalled, “the initial shock was listening to people complain about stuff that seemed rather insignificant. You want to say something like, you have no idea anything about hardships.”

When I asked Mark to describe an example from his classroom experience, the first thing he stated was, “I was very angry at the indifference of my classmates and the younger people I was going to school with.” When I asked for clarity, Mark said he was agitated with college students who he could not relate to due to lacking a level of maturity he believes veterans have, “I couldn't relate to anybody in my student body except for other veterans, and they were very few. I couldn't even have a conversation with people. I got into a lot of fights. I drank a lot.”

All of the veterans who agreed to be interviewed for this study expressed an inability to fit in and experience college in the traditional ways of their classmates during transition, though reasons varied widely from age to self-isolation. For example, they were not as young, they mostly did not live on campus, they were not in Greek organizations, or in some cases any
organizations, many had families, and all had a disability of some kind that required daily
maintenance and limited their ability to be involved on campus. They understood war had
changed them forever and not always in a positive way. Mark remembered, “I didn’t sleep. I had
to drink a lot to go to bed. I never felt safe in public. I was constantly on edge.” Some, like Paul,
expressed negativity around his transition more related to his memory, or more aptly, his
frustration with what his injuries now permit. “In a negative way, it just slows me down, and my
memory is not as best as it used to be. Sometimes, I just know what I’m saying but I can’t say it.”

Theoretically each of these student veterans was paying for school with their Post 9/11
GI Bill benefits and many of them with additional monies related to their VA rating as disabled.
However, Mark shared another negative aspect of transitioning-Finances. “That's probably, I
would say, is the worst part of this education experience is trying to navigate your benefits and
also understanding the confines of it and how they translate into your educational institution.”

Jason relayed a similar experience around the stress of trying to get registered for classes and buy
books while waiting, past deadlines, for his benefits to pay the school.

That's always the biggest part for me, is the initial finances, because it's hard for me to go ahead, get the books, get the
classes I need. Even though I'm eligible for early signing up for the courses, it's hard to do that if it's on hold because the school
hasn't been paid.

Keith concurred with Jason and Mark, emphasizing many times that in return for his service to
his country the VA could, and should, make sure that his classes are paid for and that he has
money to buy his books. I asked Keith to describe his feelings about his interactions with the
VA and his benefits. In Keith’s words: “I definitely have left irritated a quite a bit. I’ve been
calming down a lot and the transition has definitely been rough, but I’m getting there.”
While many participants focused on negative transition experiences, there were also positive feelings and experiences associated with transitioning out of the military and in to or back in to higher education. More than one participant reported being happier, several noted decreased stress, some reported wanting to go to college after high school but did not have the money, some were grateful to have the chance to attend because they feared if they stayed in the military they might be injured further or might die. Brad began by sharing some positive aspects in his own transition, describing the different pace of college as well as his interaction with other students, but his answer morphed into a feeling of happiness: “I’m a lot happier outside the military.” Steve echoed Brad’s sentiments exactly: “I’m happier. A lot. A lot happier.” When asked for more detail on why, Steve further shared: “The stress is nowhere near the same, so that’s probably been the biggest uh thing I have noticed since I’ve been out.” Mark mentioned how having started college before going in to the military was a big help to him in making his transition positive. In Mark’s words,

I had a huge advantage than a lot of these other guys who are coming here straight from deployment. I had already been in a college environment before I came back to school so I knew what the challenges were going to be that I face.

Laura shared this same sentiment as well; she believed starting courses while deployed really helped make her transition a positive one. “Going to school on active duty really helped a lot in my transition. I mean, that was so crucial.”

Josh, a former Army medic originally shared that the lack of structure in higher education made his transition difficult because the Army is all structure 24 hours a day. When asked about the lack of structure in higher education and whether it could be perceived as having a positive angle as well, Josh began by highlighting the negative aspects of a less structured
environment, but eventually stated: “I can build my own structure. That has been a very positive thing. That wasn’t something that came about immediately.”

While transitioning was an expected theme that participants would address during the interviews, another important, yet somewhat unexpected, theme related to the concept of stigma.

**Stigma**

Stigma, according to Byrne (2000) is a marker of shame or dishonor, designed to set one person apart from others in some way, typically negative. The concept of stigma was one that all participants addressed in one way or another, despite nearly all expressing the opinion that they had made a concerted effort to not stand out from other students on campus. According to participants in this study, some student veterans are better able to hide disabilities from combat (because they are not visible, such as PTSD or TBI) (Nampiaparampil, 2008) or because they have learned strategies and techniques to minimize the visibility (they wear long pants to hide surgical scars) though half of these participants indicated that even veterans without disabilities try hard to fit in on campus (Ruh, Spicer & Vaughan, 2009). This is often done in an effort to avoid having to explain their military service, stick up for veterans and respond to negative attitudes towards war and the military. Paul revealed that many student veterans actively take measures to avoid being identified as former military. Hats and other clothing are not worn, platoon and other military related tattoos are covered, military issued rucksacks are not carried on campus and many wear their hair longer than what the military would allow. When asked if he thought there was a stigma involved in being a student veteran with a disability Paul said:

> Do I want somebody to recognize, hey you’re a veteran, you’re a little bit different people, but at the same time I don’t want people to treat me special. I just want people to look at me and talk to me like a normal human being. That’s all I want.
Even though Josh admits that he occasionally wears an Army hat or t-shirt, he also stated that student veterans, especially those with disabilities, don’t want to stand out too much. "OK, well I have psychosis and I'm crazy and I'm on medications for all of that stuff and then all of a sudden people don't want to have anything to do with that.” Josh was disclosing that he feels other students have an underlying feeling that there is something wrong with student veterans, especially those with psychiatric/psychological issues, despite appearances of being normal. Jason confirmed a similar experience: “People will avoid interacting with you, particularly classmates. Professors, they will interact because they have to.”

Paul expressed his opinion that student veterans with disabilities just want to attend school and try to blend in the best they can. They do not want to be identified as veterans, or veterans with disabilities and they do not want handouts or to be treated in an exclusive manner. In Paul’s words: “They’re no different than any other student. They should fall within the same standard.” I asked Paul to describe whether he thinks there are veterans who are trying to be held to a different standard due to their disability, Paul said, “Yeah, there is but it’s not on the fault of the school or the students. It’s on the fault of the disabled vet.” Jack, a 29-year Army veteran expanded on this idea that some student veterans with disabilities were trying to get special treatment or be allowed to do things other students were not allowed to do by talking about the difference between those who were truly injured and those he believed were trying to manipulate the VA system. He shared:

I think there's a difference between people that are working the system and people that ... I've had friends die, I've had friends lose permanent function. Not just pain like I have, but they've lost something significant, and I think that's a big difference.

When Mark, an Army veteran with symptoms of PTSD, was asked about stigma around being a student veteran with a disability he stated he thought there was something to it. He
talked about how the war has been on television and social media for so long there was just no way that it could be stopped. “This war has lasted so long, I think there is a huge cultural divide between our veterans and the rest of the community.” When I asked Mark to expand on that and describe in what way there is a divide between student veterans and the rest of the campus community, he stated, “There is a lot of heavy drinking. There is bad language. There is not a respect. There is a sense of entitlement.”

The idea around entitlement of student veterans with disabilities was an interesting one that the researcher did not expect to hear. It was difficult to grasp the concept that someone might be injured, perhaps not seriously, and still expected to take full advantage of the military benefits of a VA rating as disabled. Paul, who was severely injured during an explosion trying to get injured soldiers to safety vehemently disagrees with those veterans who try to ‘game the system’ in such a way. Paul stated:

> With me receiving 100% disabled rating through the VA, which is very hard to get, you have to be really messed up to get it, and I'm still able to perform almost better than most of the students in the classroom. There is no excuse for it.

Jack described a person he met while in the Army who completed basic training and before the person could get their first set of orders, fell off a ladder and broke their arm and collarbone. After this injury, due to complications leading to long term range of motion problems, this soldier was no longer fit for his original assignment with the Army Airborne. Jack reported this person felt like the Army owed it to him to release him from his contract plus provide a VA rating as disabled so he could continue to receive free medical care for life. In Jack’s words” Nowadays you’ll have young guys come in, 18, 19, and they make it through basic and you’re kind of protected.” Like Paul, Jack considered this to be an example of gaming the system.
A common belief shared among all participants was that everyone outside the military, fellow students included, believes that all student veterans with disabilities have PTSD (USDVA blog; Dean 1999; Iribarren, Prolo, Neagos & Chiappelli, 2005). Even if a student veteran has only physical injuries, many of them report that students, faculty, staff and others always assume that they must also be suffering from PTSD. Bart confirmed: “There’s always this negative connotation with PTSD or anxiety or depression, especially looking at a veteran.”

When I asked for clarity, Bart said he was agitated by this assumption among his classmates, as it was often completely wrong. Due to these perceived assumptions around PTSD, Bart does not share information around his disabilities with anyone on campus. Jack also shared that he experiences a default assumption that he must have PTSD and that when people learn he is a veteran they make assumptions about veterans ‘going off the rails’ or killing themselves because they can’t manage their depression or PTSD. In reflecting on this further Jack stated:

I think when you hear about a veteran or a service member of some kind that committed some horrible crime, they always want to link it to the service. "Oh, he was a veteran of this, or that." But civilians commit these same crimes and they're not veterans of this, or that.

**Disability Identity and Disability Support Services**

When the interviews invariably turned to the question about whether the participants would consider themselves student veterans with disabilities or not, immediate, in some cases visceral, responses were elicited from all participants. Peter a former Marine reservist, who suffered a traumatic brain injury, multiple physical injuries and attempted suicide post deployment due to mental health challenges stated, “I am still very much able. I ain’t taking no damn disability stuff.” Peter is angry when veterans, including student veterans, try to use their injuries in combat to try to game the system or get services or money for injuries that are not as
serious as other veterans. Paul, whose arm and leg were severed during an explosion while he
was trying to save fellow soldiers, and is 100% VA rated as disabled said matter of fact, “I can’t
let one little disability stop me from trying.” While speaking to Keith, he rejected the label of
student veteran with a disability saying, “I wouldn’t accept it”. When asked why, he stated,
“There is people that have it much worse than I do. I got lucky.” Geoff agrees that long term
injuries, age, issues that have not been addressed properly by the VA over time, have all led to
his long term, chronic health issues. However, he sees these as the price he paid for joining the
Army in the first place, and is not angry that as he ages he cannot do the things he once was able
to do. Rather he considers himself lucky to have returned home in one piece. In his words: “I’ve
got a buddy of mine that lost both of his legs and he doesn’t consider himself disabled.” Steve,
another Army veteran who has permanent limitations related to sciatic nerve damage, multiple
concussions and a traumatic brain injury—who incidentally reports he has not slept through the
night since he returned from deployment, also rejects the idea of being disabled. In Steve’s
words “No, I would not say I am. I am not a student veteran with a disability. For me, when I
think about disabled, I think disabled means broken in some ways. So no, I don’t think so.” Josh
shared an analogous perspective, stating, “The disabled vet thing. That’s very tough for me to
put myself in that category. I hate it very much.”

However, certain participants were willing to recognize that in order to receive the
benefits they were entitled to, and to get the treatment that was central to their recovery, there
was a need to be considered disabled in specific circumstances with certain individuals, such as
with employees of the VA. Jason articulated: “I’ve always kind of perceived disability as being
more of a physical problem, and I hate to be considered disabled, but I have to accept it in order
to get the assistance I require.” In particular, for the student veterans with families, including
Jason, the awareness that getting a VA rating as disabled and the additional funds that meant for their family was enough to own a disabled label, at least in selected circumstances. Josh revealed, after stating earlier that he did not consider himself disabled, in fact going so far as to say, “I hate it very much”, “Yes, on paper, because that’s going to serve my family. Would I like to be a student veteran with a disability? Not really.” Laura, a former Marine also was willing to consider being labeled in certain circumstances. When asked if she considered herself a student veteran with a disability, she stated, “On paper, I am.”

In spite of the considerable injuries all participants in this study endured and the substantial recognized challenges they faced in the educational environment, the vast majority of participants did not avail themselves of on campus Disability Services. They either did not consider themselves disabled, or did not want to use the services they were eligible for because they did not feel it was needed. One participant even commented, “I don’t even know what that is.” Others described a common feeling of not needing any supports or, in the words of some, being ‘too stubborn’ to accept the help from which they could benefit. For those, like Paul, who suffered multiple physical and cognitive injuries, there is a realization that it makes sense to put as many supports in place as needed to be successful. In Paul’s words:

I can have extended time on tests and extended time on presentations because I’m not so good in a large area with lots of people. Also, like my service animal, if I wanted to bring him, she already has it written on there that sometimes I may need to have my service animal. That was so it doesn’t freak out the teacher if I just all of a sudden pop a dog in.

Even those students who chose to register with Disability Services, and qualified for services and accommodations like extended time for testing, distraction free environments, books on tape, service animals and more, report not actually using the services for which they were approved unless they really needed it, and this varied by course for several. As Geoff states:
I don't use it unless it’s a very reading, intensive type test. My reading has slowed to a crawl. I skip lines in addition to reading slow, I have trouble going from one line to the next without mechanical, that's with these e-text books. Different subject all together on that, but I am sure you're well aware, cause I do need a lot of extra time to read.

Campus Outreach to Student Veterans

The interviews with the participants in this study revealed that there is an overwhelming lack of coordinated outreach to student veterans, those with disabilities or not, at all of the colleges and community colleges represented. Though every campus is required to have a VA representative-usually a campus employee, trained by the VA-they are often only working half time on veterans’ issues while working in other areas including cashier’s or registrar’s offices. Jason acknowledged the presence of a person on his campus to support student veterans but reported, “There is a VA representative at the department here. I don’t know if they are as active as they could be or if they do as much as they could.” Other participants reported a person on their campus as well but agreed with Jason’s assessment that they might not be doing as much as they could or be as helpful in reaching out to the student veterans on the campus. One participant reported this was due to time--veterans’ issues being only one piece of a person’s larger job that was consuming enough without spending a lot of time on it. For another it was a fear of the person who was to be helping student veterans that they might do the wrong thing, so they chose instead to do nothing. In the words of Steve: “They don’t do anything. I think they don’t have student friendly policies. I didn’t know until this semester that I could use the GI Bill and financial aid.” Two participants, felt their campus did a good job of reaching out to student veterans. Jack stated, “They do to a limited extent.” When asked to describe in what ways he felt like his campus did this he replied:
They have emails and things like that that go out. They do have a veteran’s support center for lack of a better word. It's where I go to work on my VA packets and everything. The guys that work there are great. They're awesome. But they don't have control over anything on campus. They can't tell the bursar, "Hey you need to let this guy in, his money's coming." They can only send an email. They don't have any power or influence.

Keith revealed positive interactions with a VA person on his campus, and even hypothesized that his campus might be one of the more veteran friendly schools. Keith shared, “She is a very valuable asset. She does a lot with student outreach and they do have a lot of programs for veterans.” Keith followed up by saying though that the onus is on the student veteran to use the information and opportunities provided to connect to and engage in the community, and that often he hears from other student veterans, some with disabilities, that they would rather just come to campus and do their classes and leave rather than take advantage of the opportunities to engage with other student veterans or the larger campus.

**Engagement**

Mark interacts with fellow students, veterans and not veterans alike, very well and is open on campus about his experiences in the Army. He has had the good fortune to have other veterans in his classes and even started the veteran’s organization on his campus. In Mark’s words: “For me what helped was finding other student veterans on campus for the first time, which only happened because I have a class with one.” When asked to describe his level of engagement on campus, Mark followed up with, “I would say I am very engaged.” However, Mark is one of only two participants that considered themselves really engaged, and furthermore the only one that was concerned with it enough to start a campus veterans’ organization. Paul did share in a somewhat similar vein, “I feel very engaged with the professors that I have.” But when asked to talk further about engagement on campus and
whether he is concerned about being engaged, he commented, “I just don’t care. I just don’t. A lot of the things are immature. I’m here to do school and that’s it. I learn.”

Paul’s comments were much more reflective of the other students interviewed. Many did not find clubs, or student veteran support groups to be something they really needed. Jack noted, “I’ve gone to one or two of the meetings. I don’t particularly see them as being really active or assistive.” While the overwhelming majority of participants did not feel like connection to the larger community was something they needed to do, there was a sense that related to academic activities, there might be some value. Geoff who admitted he was not a club person and mentioned that given the choice he would not really gravitate towards those opportunities, especially if large crowds were associated, did mention an academic activity that had value to him, and which he considered a form of engagement. “There was an economics symposium last night, the general public really you know, really well done. But on, you know bowling night, I just don’t see myself going down to bowling night, ever.”

Avoiding social interaction was a corporate message shared by participants. Many felt uncomfortable in large groups, were leery of younger students, had other obligations that prevented engagement or just did not feel that it was a priority for them. As Laura shared, “At first I just started going to school, and I would go to class and then I would leave. You know, I didn’t socialize much.” Jack recalled that experiences working in small groups with other students, toward a specific end, such as a class project he could manage, but given his myriad mental health challenges, engaging with other students or the larger campus as a whole was not something he could ever see himself doing. In his words, “I kind of avoid social interaction.”
Selected other participants felt like they did not need to engage in activities to become more competitive on the job market or to add to their resume by taking on additional campus responsibilities beyond coursework and studying. Brad noted,

I’m not really looking to pad my resume with a bunch of clubs and activities either. I have a job already or I plan on being self-employed. I just, I have other things that I’d rather be spending my time doing right now.

As was common among numerous student veterans, Brad was married with a small child at home. In his case, his child was also born with some serious health challenges of her own that kept her in the hospital for several weeks at birth. For Josh, another married student with kids at home, similar feelings were shared around engagement and the limitation family provides. “I have small kids so I don’t spend a lot of time on campus or doing extracurricular things. I just don’t have the time to do it between just doing schoolwork and living a halfway normal life.” In Josh’s case, his wife was the sole breadwinner in their family, making Josh’s responsibilities outside of his schoolwork, related to his family quite extensive. And for those student veterans, like Josh, who are living with traumatic brain injuries, it is important not to underestimate just how long it takes to do the schoolwork they are trying to complete, all the while managing memory problems, issues focusing and needing to constantly try to stay on task for even the smallest of assignments.

After considering the stories of all participants in this study and scrutinizing the themes revealed during the analysis of their interviews, it was time to turn the focus to what all of this information meant as it related to the research questions asked in chapter one.
Research Question 1

What are the lived experiences of student veterans with disabilities who transition from the combat theater to, or back to, higher education and what factors affect their transition?

During time spent with the participants in this study, a multitude of evidence was provided on the lived experience of student veterans with disabilities, and their related transition to higher education, some of which has already been shared via the themes expressed by participants through interviews. Across all interviews three major elements had the greatest impact on the lived experiences and transition of these veterans. These elements were 1-the injuries they suffered, 2-the GI Bill and 3-its ability to cover most or all of the expenses related to transitioning out of the military and in to college.

As the brief biographies and quotations from participants show, there is some overlap in the lived experiences of student veterans with disabilities in higher education, despite their unique personal circumstances. As mentioned previously, the participants in this study reported their lived experiences involved in the transition to, or back to, higher education, incorporated matters of stigma, disability identity and the use of services and accommodations and outreach from the campus. However, possibly the most powerful effect on the lived experiences of these student veterans may be that they transitioned at all, despite the overwhelming physical and psychological odds. As Jack relates,

all of my injuries were service-connected. They happened on active duty. Basically, I'm 60% [disabled] because of musculo-skeletal. I've broken my back jumping, being an airborne guy. Which I didn't know at the time, but they found out after I exited that I have an old fracture in my back. The Army always said I had osteo-arthritis and degenerative disc disease between my neck and mid-back, and in my lumbar area from my hips. The thing that isn’t in my VA record, which is kind of a catch 22 was my psych-eval. I was diagnosed in 2009 with acute stress disorder.
When asked what kind of a role acute stress disorder played in his transition, or plays now that he is enrolled, Jack shared,

"Unfortunately, one of the things that triggers my stress is school. I get almost an expressive aphasia I have great difficulty writing, I can talk all day long. Since I've been back in school, I've seen a couple psychiatrists, the VA is now seeing me for that, and psychologists, and of course, I'm married to one. I'm on 3 meds now. I literally turn red, I twitch, I shake, and it's horrible for me. I hate it."

Jack explained that this is problematic in the Doctor of Nursing program because there are certain clinical tests required where he must see a patient, diagnose the patient’s issue or issues and then create a written assessment and plan, all in a timed environment. He reported that he always gets high marks on the interaction with the patient and the assessment of their problem(s). However, he receives low marks on his ability to write the required plans in the timed environment. Jack recounted being very concerned about having to sit for the required state nursing exam, a timed test, and the affect his acute stress disorder could have on his results.

Geoff’s experiences reinforce those of Jack regarding how physical injuries, and the neurological impacts they have, can profoundly affect the transition to higher education. In Geoff’s words:

"I took a couple... You know you get hit in the head a couple times, you know stuff goes boom a couple times, not that big a deal, and then, in my case, I ended up taking a fall onto an object, in the back of the head. Top of the head, front of the head and face protected pretty good, but the back as I've learned, is a very different animal. That caused a major personality change right away. My brain was simply slower."

When pressed further on the neurological damage suffered from his physical injuries, Geoff noted with a dark humor, “I wasn’t as highly strung because I couldn’t think that fast”. While Geoff was keenly aware that his military service had forever changed his life, he projected a
‘come what may’ attitude and more than anything was grateful for the second chance he had to come back to college and finish what he had started. Despite severe issues with memory and reading comprehension, he was committed to earning his degree and looking for employment upon graduating.

Bart too shared his physical injuries, which he believed affected his transition as well as other areas of his life.

I broke my hand in Iraq and it caused ligaments to move up. I had to have several surgeries and now I have permanent loss of motion. My shoulders hurt, but that was, I was in the infantry for six years. They’re going to hurt. My back, I’ve got to sit down and take breaks sometimes.

In addition to his multiple physical injuries, Bart also shared psychological injuries during his interview that he believes affected not only his educational experiences but his private life as well. When asked to describe what those injuries were and in what ways they affected him outside of school, he stated, “I have anxiety, anger and depression. It messes with my relationship with my wife and kids.” While Bart is able to articulate awareness that these injuries still affect his personal relationships, he also lamented that sometimes, awareness is not enough to actually produce the energy to make a change in the moment or the longer term, despite the realization that the change could be positive.

Paul had perhaps the most extensive injuries of any participants interviewed. He reported that early in his military career he received a concussion after a parachute malfunction that led to his chute not opening. However, it was in 2010 that he suffered extensive injuries after an explosion. In Paul’s words:

On October 30, 2010 my truck hit an IED and I was the only one that wasn’t injured. I didn’t have a scratch on me. I got
out and I carried 3 people to the next truck and when I went back for the fourth I took an RPG (rocket propelled grenade) on the left body armor and it exploded and took off the left arm and left leg.

He was asked to expound on what type of permanent limitations this type of injury might produce.

I got tissue damage, nerve damage, and significant soft tissue loss. I have two blown eardrums. I still have shrapnel that still comes out where I’m still receiving multiple surgeries for still. I’ve lost the use of a lot of the muscle tendons in my leg due to separation so I have to have a cane or wheelchair, depending on how I am feeling that day.

As if the extent of his injuries was not obvious, the researcher pressed Paul to explain how all of these injuries affected his experience in transitioning to the community college. He reported:

The traumatic brain injury I had, it causes me to get headaches a lot. I’ve lost range of motion in my legs, both arms and my hands. They’re physical injuries. That plays a role in 100% of my life, even laying down. I’m not able to go to sleep on my own. I have to take medication. I have two slipped discs, one herniated disc, which I’ve talked to the teachers; they all know the situation. They don’t mind if I stand up in the back of class. After so long, I have to stand.

Laying down and standing are essential functions of daily living, and yet for Paul his lived experiences include having to be medicated to go to sleep and having to stand in the back of his class when his pain is too great to manage sitting. Of particular note, Paul is as good as he is going to get. He is 34 years old.

Josh’s experience also was influenced by the injuries he suffered in combat, psychological and physical, and as a result his life has been changed forever. He began his discussion of injuries detailing his physical ones, which were numerous.

As far as physical injuries, both of my knees. I had surgery on my left knee from a fall and then I have destroyed ligaments in
my right knee from a fall, which I never got surgery on. I have back problems. I have neck problems and shoulder problems. You just point to a place. Point to a place and I have problems with it. I have like an 80-year-old body with a 32-year-old mind.

On top of these physical issues, many of which will never again allow realization of 100% mobility or range of motion, Josh communicated a multi-faceted list of psychological issues as well that have impacted his educational experience. “I have TBI and PTSD. I was also diagnosed with bipolar disorder since I’ve been out and it’s potentially service connected as well or exacerbated through service”. Josh was asked to help the researcher understand the challenges these injuries provide, on top of the physical ones. He shared:

Bipolar disorder makes everything very hard with ups and downs. I’m medicated for that but certain things trigger and medication can only go so far. TBI, that’s not going away. Memory loss and Disorientation and a lot of the physiological things that come along with having your brain bounced around in your skull several times, that kind of thing probably doesn’t go away. The forgetting things and misplacing things all the time. Just that general forgetfulness that I never had before. And imagining people dying all the time and the anxiety and feeling like you constantly have to be prepared for people to be destroyed somehow. You’re always assessing how they’re going to get injured, how they’re going to die, because that’s just something I did for twelve years. You don’t just turn it off.

As mentioned previously in this chapter, Josh has a family and a wife that works outside the home. So on top of his challenges related to his education, he has these same challenges in his personal life, such as remembering to pick up his kids at school, or remembering that he cannot throw a ball to his son or carry his daughter on his back.

Brad, an Army sniper experienced severe tinnitus and hearing loss as a result of his service. He has trouble hearing in class and needs to sit proximate to the instructor to maximize his ability to hear. In addition to the hearing loss he also has tendonitis in both Achilles tendons. He also reported shoulder problems, which led to a slipped disc in his neck a few years ago.
When asked in what ways he deals with the challenges of his physical injuries and how they affected his lived experiences in higher education, he shrugged and said, “I stay active, I teach martial arts and I think that’s got a ton to do with it not bothering me more than it does”. Brad also shared that he had a new baby at home who was born with some rather serious health problems and spent many weeks in intensive care at the hospital before she was allowed to come home. While realizing his own limitations due to combat related injuries he was more concerned about being there for his daughter and being a good father and role model to her.

Like many of his fellow soldiers, Steve shoulders the burden of both physical and psychological challenges that have affected his lived experience as a student. In Steve’s words,

I jumped out of a plane and strained every ligament and tendon in my knee. Uh, I was running through the woods with my ruck on and stepped in a hole on the ground, twisted my leg back to where it was before. I got three concussions from airplane jumps. I have um three herniated disks and a pelvic girdle shift that has caused problems with my sciatic nerves. In May 2012 my vehicle was blown up by a 400-pound explosive, and that is where I suffered my TBI. I have chronic migraines. I was diagnosed with depression after my first tour.

Steve continued on though with his educational plan, moving home and attending community college. He realized while in the Army that he was not moving up in rank as fast as he had wanted, and attributed it, at least in part, to getting hurt during his first tour. His capacity to keep moving forward despite a constellation of physical injuries and permanent limitations from his TBI is a testament to the resiliency he learned and still embodies from his years in the infantry, where being the best at something is the only way.

Peter, like Steve and others shared the dual burden of physical and psychological injuries from war. He shared that while climbing up on a dump truck he “fell off backwards and smacked my head pretty hard and had my left leg twisted up in the wheels. I fell that way and the leg was
caught and did something to the hip”. When asked whether he had surgery or got better from that injury Peter shared he had residual chronic neck pain as well but that “when I came back I didn’t really seek medical treatment for my neck, my back, my head or my hip until I attempted suicide and they did an MRI on my brain.” When pressed to estimate how many medications it took to keep all of these various injuries, including the PTSD that was diagnosed post MRI, treated, Peter stated, “For a period of a year and a half or so, I was on twenty-six different drugs.”

In spite of multiple complex issues, Peter completed an associate’s degree in one and a half years while living at home with his parents, because he was having so many emotional problems he could not work.

Laura, who started attending a community college on her lunch hour and in the evenings, did so despite her diagnosis of PTSD, citing training that the military instilled in her to be prepared and not waste opportunities to learn. When asked what the biggest factor was in her transition and how it affected her experience, she stated, “I guess the injury we are talking about is my PTSD” Much like the other participants who shared diagnoses of PTSD or other psychological issues, Laura shared that living with it colored everything she did, including how she now learns. While she does not reveal her diagnosis, in part because the Marine Corps did not provide adequate supports from the point of diagnosis until discharge, Laura reported that her boyfriend, who is also a veteran, has helped ease her transition to the university level and makes sure she is able to talk about her experiences in a safe place.

Glen and Keith both reported only physical injuries as a result of their combat service, though the extent of the injuries and the long-term effects should not be minimized. Glen reported that after years in the infantry he has permanent issues with his feet, including plantar fasciitis. Due to this he can only wear certain shoes that provide him with enough support, and he
can no longer run or stand for long periods of time without constant pain. As a result, he has gained a lot of weight that he has struggled to drop due to his limitations related to exercise. He also has tinnitus as well as a hearing loss from years of aviation work and “explosions and what not”. When asked to expound on whether a hearing aid helps him, Glen reported, “I do a hearing aid, but that doesn’t help the tinnitus”. Keith reported physical injuries as well. “My first deployment I got blown up. It messed up my knee pretty bad and knocked my head around a little bit. I sprained ankles, broke fingers and stuff like that, but you just live with it”. Despite his injuries, Keith is probably the most involved and engaged on campus of all participants interviewed for this study. His ability to see the bright side of his situation, as well as his fellow soldiers, many of whom came back with much more complex injuries, is amazing. He repeatedly stated he did not feel sorry for himself, nor did he regret his service. In fact, after he graduates he is considering re-enlisting as an officer.

For everyone interviewed for this study, the GI Bill, the related post 9/11 GI Bill and other associated military benefits were absolutely critical in deciding to transition to, or back to, higher education. When asked to describe the benefit the GI Bill provides to him and what affect it has on his lived experience Jack reports:

I don't work, I'm lucky like that because I am retired. My wife's a psychologist. We own our house. I want to work at times, so I actually make myself not work. But we've adopted twins recently, so I'm a stay-at-home Dad kind of guy. And go to school full time.

Receiving his benefits has allowed him to focus on earning his doctoral degree in a competitive clinical nursing practice program. Laura relayed a similar story relating to the benefit around not having to work and go to school at the same time, a concern among a growing portion of college students today. “I’ve been fortunate that between my disability and my GI Bill that I’ve been
able to not have to work while I’ve been in school, which has been great. So, I can focus on my studies”. Particularly given what participants shared about the ability to focus, problems with memory, PTSD, TBI, and other injuries, not having to work while attending school is critical for these students. For several of the participants, the GI Bill covers all of their expenses. Josh relayed, “I’m using the post 9/11 GI Bill and it pays for everything”. Geoff agreed, affirming, “It covers everything, really. I’m using the GI Bill”. For some students, specifically those with families however, the GI Bill alone does not cover all of their expenses related to school and living expenses, so PELL Grants or additional types of funding are needed to fill the gaps. As Paul shared, “The GI Bill is the best for a lot of people because with the GI Bill you can still apply for a PELL grant and get help that way”. Josh, who is using the GI Bill and other sources of funding to help support his family stated, “The GI Bill covers everything for education. The loans and grants really cover living expenses”.

A disturbing trend was revealed though in the course of these interviews related to the payment that was to be made to the institutions by the VA, and the serious delays in getting these funds delivered, in time for there to be no adverse consequences for the student veteran. For students who were already managing an incredible stress load related to their physical and/or psychological issues, family issues, and their education, it was insulting that they had the additional issue of timely payment to deal with each term. Jason shared a common complaint.

Once they finally start paying the school it allows me to focus more on what it is I'm doing here, because it's not a matter of do they give me enough. They do. It's just when will they finally start to give it to me. That's always been kind of across the board for years.
One need ask, why is this something that people who served their country should be worrying about every semester? They wonder, rightfully so, if there is not a way that their institution could be paid, and paid on time, in exchange for the service they provided to their country.

One participant bemoaned the small allowance for books of just $500.00 per semester, and stated that depending upon your major that this amount may or may not cover the total cost of required books. Of further, and perhaps greater concern was that several participants reported a very serious issue related to their housing benefit and how if there were a break between terms they would not qualify for a whole month of housing allowance. This was illustrated with the example of the break between the spring term, which usually ends at the beginning of May and the start of summer school, which may not begin until June 1. The weeks that school is not in session in May count as an ‘intersession’ and the VA does not provide housing allowance for those weeks, even though in many cases the student veteran will begin classes anew, living in the same location, when summer school commences. This was a subject fraught with consternation and curiosity.

Research Question 2

What are the beliefs, attitudes and needs that current and expectant student veterans with disabilities have regarding their role and inclusion in the higher education community and in what ways are they incentives or barriers to inclusion?

Participants in this study shared multiple attitudes and beliefs regarding their inclusion in the higher education community, even whether inclusion was something they desired. Many of the attitudes and beliefs imparted were very much influenced by the impact and limitations of their disability, age, free time available for engagement, and their reasons to enter college at all and what they intended to get out of it.
When asked to share his ideas around inclusion and purposefully seeking out smaller groups of friends at his large public university, Jack shared that with a wife and twins at home, he neither had the desire to seek out friendships on campus nor the time to explore other ways to become engaged in groups that might interest him. He went so far as to say that veterans, who spent years in different groups while in the military, have a weariness when it comes to groups in their life after the military. In Jack’s words, “I think we’re all a little cynical, and we’re tired of doing groups”. Others acknowledged that the gap between their lived experiences and those of their fellow students automatically created a bridge to inclusion that felt insurmountable at times. Bart explained, “I was dealing with a pretty large gap between me and the students, because a lot of them didn’t know exactly what went on, on deployments or what even serving a country meant”. Bart and others explained that just the energy needed to contextualize their experience as a starting place to undergraduates was enough of a burden that they often did not even want to try to find a common ground. For a few, things said in classes by students who were not veterans implied to the participants that beliefs about the war, and the soldiers fighting it, would not be changed by a veteran’s perspective, even a student veteran with a disability. George had similar beliefs about translating war experience to non-veterans and how the fear of reactions keeps student veterans from sharing, even if it would create an oeuvre to inclusion. In George’s words:

> It's just been my experience, that student veterans are nervous about trusting people, just broadly, and extremely nervous about trusting people with their story. I don't know if that's because somebody has already heard their story and messed it up. Or if just being in theater is such an individualized, personalized experience that there's no way to translate that into anything that civilians would be able to wrap their arms around.

When pressed for an answer on whether telling their story might make student veterans more approachable by their fellow students, George snapped back,
A lot of us have closed off that part of our lives. There’s a ton of things that my wife doesn’t even know. I have locked it away and it’s done. It goes back to how you compartmentalize it or internalize it so that you can cope.

Josh, who struggled with the lack of structure after leaving the military, desired to be more active on campus; however, having two kids at home and needing to make treatment of his psychological injuries a priority was limited in what he could do. Josh stated, “I had this strong sense of purpose and identity that I no longer had. I still find myself coming out and going hmmm, not realizing how much you lean on this prefabricated structure and rule system to know how to deal with things”. While Josh reported that he could not make time for inclusion in activities, it was the act of coming to school that allowed him to get in to treatment, which has had at least as much direct impact on his life. “[My campus] has been a big, probably the biggest reason that I’m getting any treatment at all. It’s allowed me to discover things, get medicated, get therapy, get help, and get my family back on track”.

When asked about her beliefs and attitudes about inclusion, Laura shared that she had tried to do small things that worked for her, but approaching college as a new eighteen-year-old, naïve about the world, was something she would never experience. “I guess an innocence is lost. I guess that’s the easiest way to say it. There’s an innocence about me that’s gone. That’s never going to come back, never”. For Laura, who cannot manage the library due to the large crowds, finding opportunities to do service related projects, such as food drives on her campus with the Campus Veterans Organization, or volunteering with the VA, are just as meaningful, and what she means when she thinks of inclusion and engagement. She is aware this creates limitations for inclusion, but acknowledges, “Positively, I’ve learned a lot about myself. Like, I’ve learned how
much I can tolerate, and maybe what I can’t. Because we have so much pride, we are afraid to ask for help”.

Keith, perhaps the most engaged, brought his infantry training to bear on his approach to higher education. “I have to get a 4.0. I have to be the best. I came in here ready to just dominate everything. That infantry mindset has definitely helped me out here”. Keith, who was president of the Philosophy and Religion Club, in the Pre-Law Club and active with the Campus Veterans Organization relayed that part of the infantry mindset was knowing what the expectation was and how to achieve it. He believes this mindset is what led him to become involved on campus, knowing he needed engagement to be competitive in the graduate school application process. In Keith’s words, “That’s definitely one huge benefit, just knowing what I needed to do and how to focus on it. I don’t try to treat school like it is the military but I have that military mindset of, this is what I need to accomplish”. When asked whether trying to be involved in student groups that were full of non-veterans who might not understand veterans was a problem, or caused him hesitation to join he stated, “I’ve got enough around met that’s positive and my mindset isn’t going to allow something like that to destroy me”.

Mark, who runs the Campus Veterans Organization on his campus, and has remained involved with the Army Reserves, shared that for him, starting college while enlisted gave him a much-valued perspective on what college and inclusion would be like. “I also had a huge advantage than a lot of these other guys who are coming here straight from deployment. I had already been in a college environment before I came back to school so I knew what the challenges were going to be that I face”. When asked whether his combat service made him hesitate before approaching some type of on campus involvement, Mark shared, “There isn’t a day that goes by that I don’t think about the war, but it’s just your ability to learn how to carry
that weight”. Sadly, this ability of which Mark speaks, was easier for some participants than for others, and this certainly affected involvement. Mark was a big advocate for having student veterans have classes together, he felt that veterans getting to know other veterans through classes would help to build that sense of community they had in the military. “I’ve tried to make the argument, why don’t you put us in our own group”. When pressed on whether this was showing favoritism to veterans or giving them special treatment, Mark replied tersely, “That’s another thing, we don’t want handouts”.

When the conversations with participants turned to barriers to inclusion, they all had a great deal to say. Collectively, the single biggest barrier reported is the effect of their injuries and the limitations they create in their physical, psychological and academic functioning. Certain participants focused on physical ailments that continue to sabotage their ability to focus on their education. Bart described ongoing issues related to pain control in his back that prevent him from standing for long periods. “My back. I’ve got to sit down and take breaks sometimes”. For others, such as Paul, there are range of motion and mobility concerns, causing problems with school. “I’ve lost the use of a lot of the muscle tendons in my leg due to separation so I have to have a cane or wheelchair, depending on how I’m feeling”. Paul also has two slipped discs and two herniated discs for which he has been prescribed long-term narcotic painkillers. When asked if he has tried to forgo them so he can concentrate on his studies, Paul reports, “I’ve tried and pain wise it just beats me up because I got so much nerve damage”. Pain in their feet, trouble sitting, trouble standing, not being able to run, sleeping, were all mentioned as limitations by participants in this study. Steve talked at length about how elusive sleep was for him, though he understood the connection between a good night’s sleep and academic performance all too clearly. “Sleep is hard for me” he said, “Not since 2010 have I slept well”. George used to be a
big runner, and stayed pretty fit by running, getting a lot of pleasure out of it. Now he states, “I used to actually enjoy running and now I can’t”. He would be the first to tell you that not being able to get regular exercise has contributed to a fairly significant weight gain since discharge, which bothers his feet more, but he cannot figure out a way to lose the weight if he cannot exercise. He finds he also tires easily at work because he no longer has the stamina he used to have. He lamented, “I have to kind of pace myself at work”.

For others, it is the psychological limitations that affected their lived experiences the most and caused the most problems in the transition. Amazingly, across participant interviews was a strong personal awareness not only of the issues but the effect on their experiences. Jason, who is married, realizes that his desire to spend a lot of his time in isolation is not healthy for himself or the impact it has on his wife and her ability to socialize in their community.

I spend a lot of my time just in pure isolation. In the mornings I get up early, drive to school, do my courses, and minimize my interactions with people to a bare minimum. I know that it’s not healthy in itself. It’s just myself and my wife because I limit my social interaction with people, so she has a hard time interacting with others because I just can’t. We are limited because festivals, parks, things of those natures, I just can’t handle.

Bart, who is married as well but also has children, shared some of the same challenges as Jason, relating that his anxiety and depression creates problems in his marriage and with his kids. Like the other veterans, his ability to be aware of the problem, and articulate it well, is remarkable.

When asked how he is at home with his family, Jason relayed, “I’m almost disconnected when I’m at home”. The unpredictable nature of these conditions, participants reported, made it hard to plan for attending events, whether they are concerts, children’s recitals, festivals or other events at venues that might include crowds. As Laura shared, “Sometimes I can go out and have a decent time with a big crowd, and sometimes I can’t. Sometimes a big boom will scare me and
sometimes it won’t”. The fear of reacting poorly, as Jack stated, kept others from trying at all.

Crowds are a common fear shared across several participants, including Laura who said, “I don’t like the library. I can’t do the library”. Without even asking, she explained that she understood how important a place the library was on a college campus, but she stood firm on it being a place she cannot be.

For still others, the largest impact on their lived experiences and transition was academic limitations. Jack, who is in a doctor of nursing practice program, has severe anxiety when it comes to writing under pressure. He is told he is a wonderful clinician, who often scores the highest marks on clinical interactions in his cohort. However, if a document has to be produced in a timed environment, he reported his often looks like a child wrote it—filled with typographical errors, misspelled words, grammatical errors, you name it. In Jack’s words:

I have this inability to write under pressure, and of course writing papers is a huge part of what I have to do in order to do this. It has nothing to do with my clinical skills, my ability to provide care.

Jack’s wife is a psychologist who he reported has given him numerous strategies to try to combat his anxiety. Yet he said that while he is aware of them in theory, when put in a position where he must write under pressure, he stated he forgets every time what the strategies were in the moment. Geoff, who suffered a TBI, while enlisted, reported difficulties with memory and spatial reasoning. He shared that he no longer leaves the kitchen while cooking as he has on more than one occasion done so only to have the fire alarm activated in his apartment because he has left something on the stove unattended, completely unaware that he had been cooking. He also described the new challenge that parking lots play for him because of what he called the combination of a “trans-visual transition as well as a spatial transition”. As if these ailments were
not enough to have a severe impact on his educational experiences, Geoff also struggles with reading, a critical skill for anyone, most especially a student. According to Geoff:

My reading has slowed to a crawl. I skip lines in addition to reading slow, I have trouble going from one line to the next without mechanical, that's with these e-text books. Different subject all together on that, but I am sure you're well aware, cause I do need a lot of extra time to read.

Closely related to reading is the ability to take notes so that one has a record of what was discussed in class on a particular day. For many of the veterans in this study, who have suffered a TBI, PTSD, or some other injury causing cognitive effects, note taking can be an exacting task. Bart is one for whom this was true. “At school, taking notes, if it’s a class that I can’t use my laptop in and I’m writing, it’s hard for me to keep up because I have to keep stopping”. Lest anyone think it was just taking notes and reading that have caused problems for these veterans; general organizing can likewise be beyond the reach of what some are able to do, leading to assignments or tasks being done poorly or not at all. As Josh shared, “The organizing, that’s another thing. When you’ve got a lot of stuff juggling for schoolwork, I find myself dropping the ball on certain assignments”.

Focusing, concentration, and the ability to do so in class was shared by a number of participants. In at least one instance, someone attributed this to chronic migraines, while another to a lack of sleep. For all, even if they could not explain the exact derivation of the issue, the frustration it created was palpable. As Laura shared,

I don't know if it's because all of the blasts that I was around, or whatever, but they say it's a pretty good side effect of TBI. But, I can look at one thing and I can see it, and I know I just looked at it. But, then I'll be taking a test and I just can't for the life of me remember. You know, it's just like, "I know this." I can't get it.
The ability to concentrate at all, after what some of these students have seen, is hard to grasp.

Nonetheless, each and every participant in this study resisted using their combat experience as an excuse to not try as hard as their fellow students. Indeed, they tried as hard or harder, in spite of multiple limitations. In Peter’s words:

> It was really hard to make classes some days. I couldn't concentrate, especially in the class that I had in the evening. I had an Algebra class in the evening and I could just not concentrate some evenings. I find myself very distracted some days, too.

Any one of the topics discussed here had the ability to influence the lived experiences of student veterans with disabilities as they transitioned from combat to, or back to, college. Collectively they have produced challenges beyond the grasp of most traditionally aged college students. Nonetheless these thirteen student veterans kept going to class, kept trying and in all cases have succeeded in transitioning effectively and some will graduate this semester. Their resiliency and fortitude to press on towards their degrees has brought me a new understanding of the phrase ‘soldier on’ and they should be an inspiration to us all.

When attention turned to a discussion of incentives or barriers to inclusion, not one person could articulate an incentive to inclusion allowed by their experiences; whereas everyone could articulate multiple barriers. Age was without a doubt what the majority of participants considered to be the number one barrier. To contextualize age for this study, virtually everyone found the climate on campus was different towards them being older, priorities for traditional undergraduates were not shared by participants and even getting involved on campus and meeting fellow students was not universally seen as a priority among participants. As Josh stated, “Age is a big thing, I think there’s at least ten years between them. That’s a big, that’s a barrier.” Jason concurred, when asked to name the number one barrier to inclusion he noted, “My age
would be first”. Steve discussed the challenges that the age gap brings to bear on trying to connect with fellow students. “It is hard to build a connection with college kids. Usually we are older by at least three years”. Mark spoke a bit more in depth about the age factor and tied the gap also to how age changes physical appearance and how that provides an additional barrier. In Mark’s words, “You are so different than everybody else. It is so visible in your physical appearance and you are on the older side. You don’t have anyone that can relate to you at all”.

While age produced a lot of passionate feedback, maturity was addressed by a number of people as being a barrier as well. Bart shared, “Coming out of the Marine Corps, I was already married. I already had a son and was already buying a house. Being twenty-five and all”. Bart continued to share that the gap between he and his fellow students was quite large due to many of them not having a real awareness of the war, its effects on soldiers and their families, the shifting political winds related to support for the war or even what serving their country meant. According to Bart,

When you have eighteen and nineteen-year-old kids who have done absolutely nothing for their lives that expect to be given everything. Some of the things that they complain about honestly irritate the hell out of me. Like someone in my class complained that we had to write one page of homework every Friday.

Steve agreed with Bart and shared a similar experience being stunned by a traditional aged student complaining about the homework load in a course, when all Steve could think about was how much easier being in school was versus being in the Army. As Steve noted, with humor, “Maturity is a problem”.

A third perceived barrier related to isolation, such as living distant to campus or more intentional personal isolation as a result of their injuries. Jack spoke for many when he stated, “I live off campus because I’m married and I have a home”. When asked whether living distant to
campus kept him from being involved in activities on campus or being a part of clubs, he followed up by saying, “I’ve always been able to supply ideas, but as far as carrying them out, the pressure gets to be too much”. Jack’s wife also works full time and when he is not in school he is the primary parent for his infant twins. Others, like Geoff, noted a more self-imposed isolation that they considered a barrier. As Geoff stated, “I’m a pretty keep to yourself person, I don’t demographically fit in with these people, nor do I want to, so there’s a lot of pressure to just not go to some of these symposiums and other things that they have going on.” When asked if he had a good awareness of events happening that he chose to attend or not, or whether he lacked awareness about opportunities, Geoff stated, interestingly, “It’s available. I have trouble figuring out when, and then it’s kind of hard to tell what’s what and what’s going to be appropriate for my age group”. Even for those participants who considered themselves social people, isolation was still a perceived barrier, either because they did not feel the need to pad résumés with clubs, they were already self-employed or they just did not feel the need to engage in making friends. Josh articulated a sentiment common among several participants when he said, “I know for me I’m a very social person but I’ve isolated myself completely, even now. I’m as happy as I can get. I have no real desire anymore to go out and actually make friends. I don’t know what that is but it just is. So that’s a big barrier.” Steve summed up this idea of isolation neatly when talking about losing the ability to trust people after war, the ubiquitous fear of crowds and how all of that plays in to the idea of inclusion and engagement. Steve said, “I would say that most veterans don’t like people. They um aren’t in to crowds. Even the ones that can function in crowds don’t like it”. If that is not an apt summation on a barrier to inclusion, it is hard to imagine what is.
Summary

This chapter examined the most salient considerations related to the lived experiences of student veterans with disabilities, the factors that affected their transition to higher education, the attitudes and beliefs they had regarding their roles related to inclusion and the barriers they faced in becoming engaged. The important conclusions from this study concentrate on the following areas including: 1) the injuries suffered by these students with disabilities were multi-faceted and complex and they played a major role in the lived experiences reported, 2) the GI Bill and its ability to cover most or all of the expenses related to transitioning out of the military and in to college was critical in attaining access, 3) continuous and complicated problems existed for all participants with the VA hospital system affecting the ability of participants to get diagnosed and treated in an ethical and timely manner, and 4) multiple barriers to inclusion were identified that included an age gap between participants and their fellow students (and the associated life changes that come with being older such as being married, having children, working full time and owning a home), a perceived maturity gap and being isolated or seeking isolation due to personal preference or effects of injuries.
CHAPTER FIVE: DISCUSSION OF FINDINGS

This study documented the lived experiences of student veterans with disabilities as they transitioned from the combat theater to higher education and the factors that affected their transition. More specifically it examined the beliefs, attitudes and needs student veterans with disabilities have regarding their role and inclusion in the higher education community and the ways in which those attitudes, beliefs and needs are incentives or barriers to inclusion. Data collection consisted of semi-structured interviews of thirteen student veterans with disabilities across colleges and community colleges in North Carolina.

Using a phenomenological approach for this study, data analyzed was principally phenomenological in nature, trying to get at the phenomenon of student veterans with disabilities during the transition to higher education and their experiences around inclusion and engagement. This type of approach, required the researcher to keep an open mind and not try to force meaning out of the data, or pigeon hole the narrative in to a pre-determined format but rather to focus on the ability to seek “what meaning and structures emerge” (Rossman & Rallis, 2003, pp. 296). As mentioned in chapter 3, Moustakas’ (1994) Stevik-Colaiizzi-Keen approach for analyzing phenomenological data was used. To follow this process, the researcher performed the following:

1) produced via a recording, a verbatim transcript of each interview, 2) reviewed each transcript, and the information reported from the descriptions of the individual’s experiences, looking closely at the significance of descriptions, and highlighting unique and non-overlapping statements, 3) took notes on all transcripts, keeping a log of key observations and phrases for purposes of clustering meanings in to themes, 4) synthesized themes and meaning units, using verbatim quotes from participants, 5) created individual structural descriptions and composite structural descriptions for individuals and the group of participants together.
The researcher spent several days with each transcript, reading and re-reading for meaning, themes, and patterns to emerge. As themes developed, they were focused on further, rather than trying to fit themes to a pre-scripted format. Similarities were revealed among participants, related both to their military experience and their experience in higher education. As shown in chapter four, participants’ stories were revealed, in their own words, demonstrating both the power of their story and the exposing of important themes. Prolonged time spent close to these narratives revealed previously unnoticed patterns. Notwithstanding the individual nature of each participant’s experience, similar concerns became apparent regarding experiences related to transitioning and inclusion.

Data was bracketed by multiple readings and analyses of interviews. The coding process involved classifying information into themes related to transitioning and the experience of higher education. All measures were taken to pursue the goal of this study, which was to describe the lived experiences of student veterans with disabilities while they transitioned to higher education and how that experience related to inclusion and engagement.

In this final chapter and conclusion of this study, the researcher discusses findings in relation to Schlossberg’s (1989, 1995) theory of adult transitions as well as Astin’s (1984) theory of student engagement. Additionally, the researcher notes limitations of the study, implications for practice and recommendations for future research.

**Theoretical Implications**

The works of Schlossberg (1989, 1995) and Astin (1984) served as theoretical frameworks for this study. According to Schlossberg (1989, 1995), being deployed on active duty in a combat zone, from a domestic fort or base signifies a major transition. Completing a tour of duty, returning home, entering civilization life and pursuing an education represent further
transitions as well. Schlossberg, Waters & Goodman (1995) defined transition as “any event, or nonevent, that results in changed relationships, routines, assumptions and roles” (pp. 27). As mentioned previously, Schlossberg, Lynch and Chickering (1989) also characterized the transition process as including a series of phases comprised of ‘moving in’, ‘moving through’ and ‘moving out’. Many researchers find this view of transitioning helpful for studying veterans as the process centers on the ways in which an individual experiences a change in beliefs about self as well as resultant changes in behaviors or relationships (Schlossberg, Waters & Goodman, 1995).

Equally important in the framing of this study was the inclusion of Astin’s (1984) theory of student development. Astin’s theory looks closely at how students become involved in campus life and specifically what steps a college takes intentionally or not to make itself a place where students want to become involved. For Astin, ‘involvement’ represents how much physical and psychological energy a student dedicates to their academic endeavors. In this study, the researcher was specifically interested in the beliefs, attitudes and needs that student veterans with disabilities had regarding their role and inclusion in the higher education community. Of specific interest was whether these students were engaged, and if not, what barriers to inclusion they experienced.

Limitations

Several limitations were present in this study. First, the participant sample lacked diversity—both racially and by gender, not surprisingly, since active duty military are overwhelmingly male. Future studies should consider specific targeted outreach to female veterans as they have valuable stories to tell that may not always be represented in narratives provided by men. All thirteen participants interviewed were classified as Caucasian, and the
study included only one female. Service branch diversity was also lacking. The majority of participants were veterans of the U.S. Army, though the sampled included U.S. Marines, Marine Reserves and U.S. Navy. Believing that participants’ perspectives and experiences are significantly influenced by service branch, it can be assumed that the service branches represented affected the findings of the study. Another limitation was related to time, as this study covered only a brief period of approximately three months.

Given the limitations inherent in qualitative research, such as the ability to have extremely large samples, a more diverse sample may have yielded additional important data and provided increased context for the study. The researcher used purposeful sampling, reaching out to disability services offices and student veterans groups, which likely further limited the diversity of the sample. This approach allowed participants who agreed to be a part of the study to refer other individuals in their organization, or other veterans they may have known on their campuses. This snowball sampling, as opposed to convenience sampling, led to having participants referred who could be similar to ones originally reached out to by the researcher. Finally, self-reported data from participants through the interviews was relied on to produce data collected. In some cases, students were reporting events and injuries that had occurred years prior to the interview.

Another considerable limitation in this study is researcher bias. The researcher has immediate family members who served as well as friends and colleagues who have served and are currently serving, across service branches. As expected, the researcher is thus inclined to consider student veterans positively. Secondly, the researcher spent over seven years working in a campus disability service office as a part of a student affairs unit. As such, the researcher tends to consider each participant’s challenges related to their disabilities from a services and
accommodations perspective. Finally, the researcher also formerly worked as an admissions counselor. When discussing the process of transitioning to higher education from the military, the researcher found it difficult to understand why participants did not seek out assistance from the campus admissions office for support even at the point of application.

Without doubt however, the most substantial limitation in this study is the inability of the researcher to fully understand and comprehend both military culture and student veterans with disabilities experiences transitioning from one culture to another. Not being a veteran, the researcher sometimes found it hard to connect with the lived experiences of these student veterans, difficult to understand the military culture and structure and arduous to comprehend the military jargon and overall mindset. Despite developing what the researcher considered to be a robust rapport with participants, not being a veteran could still have produced a bias, which could have influenced the analysis of data. In future studies, the researcher could research military culture more actively, seek out assistance from veterans to help understand the jargon many use when discussing their service and pay closer attention to descriptions of the military mindset offered by veterans, all in an effort to reduce bias.

Implications for Practice

This research study aspired to examine the phenomenon of student veterans with disabilities’ transition to higher education, their lived experiences as they transitioned from combat to higher education, the factors and conditions that affected their experiences and beliefs; attitudes and needs they had regarding their role; how they engaged and became involved; and their perceptions of their inclusion in the higher education community. The data collected and analyzed as a part of this study will be used to make some specific recommendations on areas of
future study. Beyond these specific recommendations, this study will contribute to the limited scholarly literature on student veterans with disabilities in higher education.

The themes of transitioning and inclusion/engagement suggest noteworthy implications for practice, particularly for student affairs professionals on campus. Since these professional staff members are often in charge of everything from orientation and weeks of welcome to identifying specific student populations, principally marginalized or vulnerable populations, and addressing and programming to their needs and challenges in the educational environment, these staff members could play a key role in working with this population of students. It is essential for colleges and universities to understand both the increasing presence of student veterans (Church, 2009; Sander, 2012, ACE, 2009) and the impact the GI Bill plays in their ability to become members of the higher education community. Of critical importance is for campuses to understand that while more than 93% of veterans qualify for the GI Bill, only a little over half (55.6%) actually utilize the benefit to enroll (U. S. Department of Veterans Affairs, 2005) in part, as mentioned by several participants in this study, the system to utilize the benefit, from the VA side and the campus side is clunky, with incomplete or erroneous information often given to student veterans. A better understanding by student veterans of what benefits they are entitled to, how they can combine benefits, such as the GI Bill with financial aid, or the GI Bill with VA disability ratings payments would serve student veterans in making informed decisions about transitioning to higher education from combat. Possibly even making post-secondary information available at military installations, while students are still on active duty, as a part of the larger transition training would be a benefit. An understanding of these factors and how they affect positively or negatively a veteran’s ability to transition to higher education could help VA representatives, admissions counselors, academic advisors, disability services professionals and
others train personnel and promote the educational benefits student veterans are eligible for, targeting specific veterans as needed, such as those with disabilities, for interventions and support that could enhance their post-secondary experience. Well-trained staff trained, with sensitivity to the needs of this vulnerable population, could assist these students in ensuring a smoother move out of the military and into higher education. As well, working to make faculty aware of and knowledgeable about non-traditional student populations, including student veterans with disabilities would further make for a more positive experience.

An additional way colleges and universities could support student veterans with disabilities through the transition; would be to offer an orientation or other kind of welcoming event that could showcase the many campus support partners in a consolidated way. This type of event, similar to a military transition meeting, that all newly admitted student veterans could attend might go a long way to easing the transition fears and concerns of student veterans with disabilities. Featured at this orientation or meeting could be the academic advisors, registrar, VA representative, bursars’ office, Disability Services Office, parking, public transportation, food service, campus health, and others, and may provide student veterans with disabilities the opportunity to more easily collect information on and become familiar with campus services as soon as they arrive to campus. Often academic and support services in post-secondary education are not only spread out in multiple locations over a large campus, they are also often designed for and to meet the needs of traditional aged students. This can be an inadequate way of meeting the needs of all types of students, including the often non-traditional student veterans (Griffin, Schmitz & Phare, 2014). As such, participants reported that they are aware of campuses beginning to hire student veteran coordinators in an effort at centralization of some support services.
Peer mentoring, a successful approach since Vietnam, continues to provide access to veterans to speak with a fellow veteran and receive support. Military traditions as well as shared values and experiences help to provide a trusting relationship that student veterans with disabilities may be struggling to find in the bureaucracy of postsecondary education. Setting up opportunities on campus for veterans to have access to peer mentoring would be a good first step in creating a comprehensive, campus-wide approach to service coordination (Johnson & Andersen, 2010). Due to the limited costs associated with veterans talking to veterans, this approach could be used at almost any institution with limited resource implications for the campus.

The presence of a student veteran organization would be another avenue colleges and universities could pursue both to support the transitioning of student veterans with disabilities as well as provide them with an organization that they could engage with while enrolled. Graduation rates of student veterans nationally tend to be quite low, some research indicates that dropout rates could be as high as 88% (Fain, 2013) whereas the Student Veterans of America touts graduation rates of 68%, according to the VA’s National Survey of Veterans (Horton, 2013). Now that student veterans’ presence is growing on campuses around the nation, it is time for campuses to consider that veterans having their own support system through a student veteran’s organization might provide the right kinds of supports, in the right ways, to engage student veterans with disabilities into the larger campus, they could serve as incubators of engagement. They could also be another campus group that students are not interested in or have no time for, but at least the availability would send a signal that the campus is concerned with student veteran issues.
The research indicates that a significant number of student veterans are struggling with the transition to higher education and policies such as transition programs and refunds to veterans are supporting this concept (Woo, 2006), so why not encourage having a group of current veterans available to offer advice to and support transitioning student veterans with disabilities. Some campuses have Student Veterans of America (SVA) chapters and others have more local ones, such as on the campuses visited by the researcher in this study. Either way, it is the support they can provide that could be so critical to the engagement of student veterans with disabilities. Through these organizations, “Many student veterans have the opportunity to connect with and support other military-affiliated classmates” (Kirchner, Coryell & Biniecki, 2014, pp. 13). Perhaps more importantly, through organizations such as these, students have the ability to reinvent the brotherhood they had while in the military and to have what veterans may perceive as a safe place to engage on campus with others like themselves. Student veterans of all kinds like to stick together and if organizations like this could be beneficial, higher education should continue to pursue them for multiple reasons including engagement, retention and increased graduation rates. “We recognized the lack of cohesiveness student veterans had on campus and the importance of connectedness that soldiers share and believe SVA student organizations are contributing to an increase in enrollment, retention, and college completion rates.” (Kirchner, Coryell & Biniecki, 2014, pp. 14)

**Additional Findings**

As if the issues related to the GI Bill, and other patchwork aid were not serious and time consuming enough-contributing sometimes negatively to the lived experiences of student veterans with disabilities-everyone had a horror story to tell about the VA hospital. Indeed, whole interviews could have been spent confirming media coverage of the nightmare the VA
medical complex is and how it treats veterans. One issue that provoked a lot of anxiety in this study was the recent change in the way the VA system scheduled appointments at their hospitals and clinics throughout this state. Bart shared an exceptionally frustrating story about trying to get an appointment. “They changed the way the VA does their appointments out in town. They schedule them for you and they call you two days before the appointment, but if you can't make that appointment, they still reschedule a different appointment”. The ability for a veteran to call and make an appointment, that is convenient for their schedule, or that of their family, has been completely eliminated. None of the students interviewed for this study could understand how or why this approach would be more efficient, and neither does the researcher.

It was not just that this new procedure was maddening and in the estimation of the participants totally inefficient, but also triggered issues with class attendance as students were only made aware of appointments forty-eight hours in advance. Additionally, for those with children or who worked, they reported having to scramble to get shifts covered or alternate child care arrangements made so appointments could be kept.

Selected participants reported the appalling wait times in trying to get an appointment at a VA hospital or clinic. Geoff stated he took the drastic measure of taking time off school to try to deal with the tangled web that is the VA medical system. “I actually took last semester off, with the intent of getting a bunch of medical appointments done. It just didn’t happen”. It seems a rather drastic, and yet disappointing experience to report, that in a whole semester, approximately sixteen weeks, a single soldier could not obtain one appointment. The irony of efficiency, related to the new scheduling procedure, was not lost on a single person interviewed. Bart confirms a negative experience similar to Geoff’s. “Waiting on the VA is horrendous. I’ve
waited going on six months now for an appointment. This is after I’ve had MRI’s and everything, which took eight months”.

As mentioned prior, several participants live with psychological conditions related to their time in combat and encounter the same flat-footed approach to being seen by their doctor and getting the much needed help they qualify for and deserve. In Jason’s words:

The VA is rather difficult to get ahold of. Like this week I'm trying to schedule an appointment with my psychiatrist and the psych office hasn't answered the phone, three or four times a day. I have to go there tomorrow to talk to ... or I'm going there today to speak to them, because it seems unless I show up in person I don't get the help I need. I can call the office and I can be given numbers to a hotline or to the Durham VA, but there's no need for that when the clinic is here and it runs.

Given all the recent press about veterans being serviced by VA centers nationally, on the one hand, hearing this confirmed is not surprising. On the other hand, it is upsetting to think that there might be even one veteran not able to see a doctor and get their medication or continue on their course of approved treatment. It is hard to imagine a doctor’s office, in the VA system or otherwise, that would not have someone answering the phone at all hours they are open. Even for those centers that do answer the phone; however, the reports of confusion in process, transferring calls to people that do not follow up and the approval processes necessary for some specialists are enough to discourage even the healthiest and most dedicated soldier. An example of Jason’s experience:

It's really kind of interesting. Durham has one of the, I guess you would call it the mother ship clinic. Everything else kind of operates out of them. While I was in Wilmington, before I could be seen through the Wilmington Clinic, I had to go through Durham, and Wilmington wouldn't see me until I had gone through Durham. They can't do anything without Durham's approval. It's the same issue with any of the small clinics throughout the state. Unless I'm going to kill a whole eight-hour day to drive to Durham
and then drive back, I can't be seen by even the smaller clinics because they're so small and understaffed.

The stories shared by these veterans were heartbreaking to hear, but even more troubling was the awareness that they did not believe things would change markedly in their lifetime. They were resigned to having to jump through multiple hoops, just to see the doctor the government told them they were providing. For those that did see doctors, explicitly for psychological conditions, their reports were much like the reports on scheduling: not helpful. More than one participant shared Bart’s exact encounter. “The VA just throws medicine at us.” When pressed to recall if he was getting anything else out of his visits to the VA, Bart hesitated, and then replied, “The counseling I was getting, I guess was all right, but they still throw the medicine at you”.

What Bart did not expressly share, but that was shared by multiple others, was that it often took several months to get a counseling appointment, and if the VA called and told you when it was, and you could not make it, they called again with another one, already set. Needless to say, everyone interviewed universally bemoaned the new scheduling system.

As one could imagine, not getting the proper treatment, including appointments with therapists was incredibly frustrating for the participants in this study. Many mentioned the amount of time and energy they put in to battling the VA for their care and how that effort was exhausting. Precious time that could have been spent working on schoolwork or with their families was spent trying to get the medical attention they believed they had earned through their military service. Despite the challenges that the VA presented, participants in this study did not give up on their treatment and they did not give up on their academic work.

**Recommendations for Future Study**

Given that multiple participants in this study specifically mentioned age and maturity as barriers to engagement, this important topic deserves additional investigation. Student veterans
with disabilities tend to be older (as in this study), some already have families at the point they enter higher education, and many are trying balance academics, work, family responsibilities and the possibility for engagement on campus. They have this in common with other non-traditional students. Due to the limited time available for engagement, it is no wonder that many of them do not engage beyond their coursework. As Silverman, Aliabadi and Stiles (2009) eloquently put it, “The multiple life roles these students have result in the constant competition of different demands on their time and attention” (pp. 226). This often leaves engagement in last place. Additionally worthy of future study would be the ways the VA hospital complex could be more student veteran centered. We already know, and participants in this study confirmed that veterans are not getting the treatment they need in a timely way (Griffin, Black, Bronstein & Devine, 2015). Student veterans are not able to schedule needed appointments around their class schedule or family life due to the changes in the way appointments are now managed. Further study and perhaps recommendations for how to make seeing a doctor more student friendly could be explored, in an effort not to have such a deleterious effect on their coursework.

It is possible that the lived experiences of female students who transition from the military and in to college are different than those of their fellow soldiers who are male, indeed previous research indicates that experiences around hazing and other initiation rituals are different based on gender (Pershing, 2006). As such, understanding more about the experiences of female student veterans with disabilities and their experiences of transitioning to higher education and their desire to become engaged would be an asset to the literature on student veterans in general, and more specifically, student veterans with disabilities.
Conclusion

Student veterans with disabilities are coming to, or back to colleges and universities at the highest rates ever seen. Colleges and universities should be taking steps to make their campuses welcoming for this specialized group of students. These often, older, students are coming with unique experiences, skills and talents that are unlike those of many traditionally aged college students.

Through semi-structured interviews with thirteen student veterans with disabilities, who served in multiple branches of the Armed Forces, the researcher developed a much richer understanding of the lived experiences of these students, their specialized needs in higher education and the attitudes beliefs and barriers that can affect their engagement and inclusion in the higher education community.

Participants in this study were open and honest about their experiences, whether they were positive or negative. While this was a small study and only completed in one state, the knowledge gained through discussions with participants revealed valuable information relating to how higher education might be more veteran friendly, and friendlier to student veterans with disabilities. Alignment with best practices could go a long way in producing a satisfying experience for a student veteran with a disability on campus, whether at the community college or university level.

In many cases, student veterans do not want to reveal that they are veterans on campus; this is certainly true for the students interviewed for this study. Despite this, they are entering higher education with some specialized needs, which can cause problems for administrators trying to both respect confidentiality and program for specialized needs. One thing student veterans know they need, and some campuses are providing, is a place for student veterans to
meet and socialize with other student veterans, those with disabilities and those without. For those campuses that have developed or encouraged the development of student veterans’ organizations, they have taken the first step in making veterans feel comfortable on campus, a place they often do not and their lack of involvement confirms. While these students have tried to adapt to higher education and civilian life, while managing a life changing disability, those of us in higher education should be striving to provide the best learning environment we can, the same one we provide for non-veteran, non-disabled students and assisting them in any way we can while respecting the valuable contributions they make and bring to the higher education community.
APPENDIX A: INFORMED CONSENT

Signed Informed Consent Document

Northeastern University, College of Professional Studies
Name of Investigator(s): Dr. Bryan Patterson, Principal Investigator. Anne Bryan, student researcher
Title of Project: Student Veterans with Disabilities in Higher Education

Informed Consent to Participate in a Research Study
We are inviting you to take part in a research study. This form will tell you about the study, but the researcher will explain it to you first. You may ask the researcher any questions that you have. When you are ready to make a decision, you may tell the researcher if you want to participate or not. You do not have to participate if you do not want to. If you decide to participate, the researcher will ask you to sign this statement and will give you a copy to keep.

Why am I being asked to take part in this research study?
We are asking you to be in this study because you are a student veteran who has reported sustaining a combat related injury during your enlistment.

Why is this research study being done?
The purpose of this research study is to learn more about the lived experiences of student veterans with disabilities in higher education. Specifically how they experience the transition from combat to college and furthermore ideas about engagement and inclusion, and what factors affect that engagement or are barriers to it.

What will I be asked to do?
If you decide to take part in this study, we will ask you to consent to be interviewed by the student researcher. A series of 14 questions will be asked to try to gain a better understanding of your experience in higher education. It is possible the student researcher may contact you after the initial interview with clarifying questions about your answers or to check in to make sure your answers have been accurately transcribed by the student researcher.

Where will this take place and how much of my time will it take?
You will be interviewed at a place that is convenient for you. The interview will take approximately one to one and a half hours. You may be contacted after the initial interview with clarifying questions or to check in to make sure your answers have been accurately transcribed by the student researcher.

Will there be any risk or discomfort to me?
It is possible that a participant could become mildly upset during the interview when describing how they received their combat injury. The student researcher is experienced in counseling (also
has a master’s degree in counseling) and will stop the interview and provide immediate support if necessary. If the anxiety persists, the following actions will be taken: sit with the student until they report their anxiety has receded, offer to take an extended break from the interview or to reschedule altogether or offer to discontinue the interview permanently.

**Will I benefit by being in this research?**

There are no direct benefits. However, Research is designed to benefit society by gaining new knowledge. You may not benefit personally from being in this research study.

**Who will see the information about me?**

Your part in this study will be confidential. Only the researchers on this study will see the information about you. No reports or publications will use information that can identify you in any way or any individual as being of this project.

All names will be kept confidential and will be replaced by pseudonyms. The consent forms will be kept in a locked cabinet in my home, and I alone will have access to the consent forms. I will create a coding system that protects confidentiality and use this system in all field notes and analyses. I will code with pseudonyms participant names, school names, program names, and any other indicators that could be potentially be used to identify participants. The field notes and analyses will be kept on my laptop computer in password-protected files to which only I will have the password. The coding list will be kept on a computer owned by me in a password protected file to which only I have the password; the data and the coding list will not be stored in the same file. The coding list will be destroyed upon completion of the study. The audio files will be kept on my laptop computer in password-protected files to which only I will have the password. During transcription, which will be done by the researcher, or someone hired by the researcher, all identifiers will be removed from the data. The transcriptions of the audio files will use participants' coded names, as well as coded pseudonyms for students, programs, schools and any other indicators mentioned during the interview that could potentially be used to identify participants. The audio files will be destroyed immediately upon completion of analysis. The pseudonyms will be used during the analysis of the study findings. The interviews will take place in a private location at the research site with only the researcher and participant present. The student researcher will not share participant data with other interested parties at the site, and will make sure that each participant is aware of this protection. The identities of all participants, school personnel, and the school itself will be kept private in all discussions, written documents and presentations related to this study.

In rare instances, authorized people may request to see research information about you and other people in this study. This is done only to be sure that the research is done properly. We would only permit people who are authorized by organizations such as the Northeastern University Institutional Review Board to see this information.

**What will happen if I suffer any harm from this research?**

No special arrangements will be made for compensation or for payment for treatment solely because of your participation in this research.
Can I stop my participation in this study?
Yes, your participation in this research is completely voluntary. You do not have to participate if you do not want to and you can refuse to answer any question. Even if you begin the study, you may quit at any time. If you do not participate or if you decide to quit, you will not lose any rights, benefits, or services that you would otherwise have [as a student, employee, etc].
Who can I contact if I have questions or problems?
If you have any questions about this study, please feel free to contact Anne Bryan the person mainly responsible for this research at bryan.an@husky.neu.edu or via phone at 919-810-3636. You may also contact, the Principal Investigator, Dr. Bryan Patterson, b.patterson@neu.edu or via phone at 857-271-8279.

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<th>Who can I contact about my rights as a participant?</th>
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<td>If you have any questions about your rights in this research, you may contact Nan C. Regina, Director, Human Subject Research Protection, 490 Renaissance Park, Northeastern University, Boston, MA 02115. Tel: 617.373.4588, Email: <a href="mailto:n.regina@neu.edu">n.regina@neu.edu</a>. You may call anonymously if you wish.</td>
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APPENDIX B: INTERVIEW PROTOCOL

1. Could you briefly describe what made you join the military, including whether there was a family history of military service?

2. Could you talk a little bit about what branch you served in, what years you were in and when and where you were deployed?

3. If you are willing to talk about it, could you briefly describe what type of injury you sustained and whether your discharge from active duty was based on this?

4. Could you elaborate on this condition and whether it is temporary or permanent?

5. If permanent, could you describe, in what areas of your life you find yourself experiencing limitations?

6. Could you describe your move out of the military and in to higher education and what factors led you to consider this move?

7. What are some of the positive aspects or challenges associated with that move out of the military and in to higher education?

8. What types of educational benefits are you currently receiving from the military? If receiving the GI Bill, can you talk about what part of your education it is currently covering?

9. In what ways did your disability or medical condition contribute to this positive or negative experience?

10. If you are willing to talk about it, could you describe whether you would consider yourself a student veteran with a disability?
11. If you are registered with the Department of Disability Services on your campus what types of accommodations are you eligible for?

12. If not, could you explain why you have chosen not to register?

13. Can you help me understand whether there is a stigma among student veterans related to having a disability or self-identifying as disabled in higher education?

14. Can you describe whether your campus makes a special effort to reach out to student veterans/wounded warriors, for example is there a student veterans’ organization on your campus?

15. Can you talk about whether you feel engaged and included in the campus community and what opportunities, if any; you have sought out to become engaged?

16. What might be some of the barriers wounded warriors might face when trying to become engaged in the campus community?

17. What types of programs, classes, etc. would like to see created that are not currently offered at your institution that might assist student veterans with disabilities during their transition and as they try to engage in the campus community?

18. If you feel comfortable adding, is there anything else you would like to tell me about that I have not asked about?
APPENDIX C: DOCUMENT REVIEW PROCESS

1. Research each institutions website for any materials specific to student veterans or student veterans with disabilities.

2. Reach out to Disability Services Offices for any materials, newsletters or strategic plans related to services or programs for student veterans with disabilities.

3. Reach out to student veterans organizations for permission to view any documents that discuss services or programming for student veterans with disabilities.

4. Review all documents for relevance and that help to inform interview conclusions.
# APPENDIX D: EXAMPLES OF CODING

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<th>Example of quote</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transition positive</td>
<td>I’m a lot happier outside of the military.</td>
<td>19</td>
</tr>
<tr>
<td>Barriers to engagement</td>
<td>I live off of campus because I'm married and I have a home.</td>
<td>27</td>
</tr>
<tr>
<td>Engagement</td>
<td>There was an economics symposium last night, the general public really you know, really well done. But on, you know bowling night, I just don't see myself going down to bowling night, ever.</td>
<td>24</td>
</tr>
<tr>
<td>Problems with the VA</td>
<td>I took last semester off, with the intent of getting a bunch of medical appointments done. It just didn't happen.</td>
<td>8</td>
</tr>
<tr>
<td>Injuries that might get better</td>
<td>I have hope to continually get better, but at this point it's just a matter of kind of working on a personality trait, altering that to fit into a new environment, because what I did out there doesn't work here.</td>
<td>1</td>
</tr>
<tr>
<td>Experiences negative</td>
<td>I really come to rely on the medications I'm given to adjust my focus because I have to be aware of everything that's around me, and it's just ridiculous because it's tons of noise.</td>
<td>11</td>
</tr>
<tr>
<td>Attitudes and beliefs</td>
<td>A lot of us have closed off that part of our lives. There's a ton of things that my wife doesn't even know. I have locked it away and</td>
<td>29</td>
</tr>
<tr>
<td>Topic</td>
<td>Response</td>
<td>Page</td>
</tr>
<tr>
<td>-----------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>Best practices</td>
<td>My suggestion to them last year was, when I went to anesthesia school for the military, whoever was in the class the year before you, each class had a one to one sponsor.</td>
<td>31</td>
</tr>
<tr>
<td>Do you feel included in the HE community</td>
<td>I get invited to do things but I’ve got a full time job and a brand new baby at home so I don’t do anything.</td>
<td>10</td>
</tr>
<tr>
<td>Does the campus community reach out to veterans</td>
<td>Not in any aspect. No.</td>
<td>17</td>
</tr>
<tr>
<td>Are you a disabled veteran</td>
<td>I wouldn't accept it. There is people that have it much more worse than I do. I got lucky.</td>
<td>17</td>
</tr>
<tr>
<td>Stigma</td>
<td>There's always this negative connotation with PTSD or anxiety or depression, especially looking at a veteran.</td>
<td>26</td>
</tr>
<tr>
<td>+/- on moving out of the military and in to HE</td>
<td>I suppose a way that it's more positive is I suppose I'm more aggressive towards my courses.</td>
<td>5</td>
</tr>
<tr>
<td>Disability Services</td>
<td>I guess I'm just too stubborn to allow myself to do that.</td>
<td>13</td>
</tr>
<tr>
<td>Limitations</td>
<td>Because of my injuries and my surgery and looking into what basic law enforcement training was, I saw that I wasn't going to be able to pass it, so I changed my major.</td>
<td>52</td>
</tr>
<tr>
<td>Injuries permanent</td>
<td>Medically, it's probably as good as it's gonna get.</td>
<td>18</td>
</tr>
<tr>
<td>Injuries</td>
<td>Doing a massive parachuting from the 82nd Airborne my chute didn't open so I ended up falling 1200 feet.</td>
<td>54</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>Transition negative</td>
<td>Initially it was the authority thing in that professors were an authority, yet I didn't have a structured way of dealing with that authority.</td>
<td>25</td>
</tr>
<tr>
<td>Transition to HE</td>
<td>It was the driving force to leave the military. I knew if I stayed in everything was going to get worse. My knee, my knees were already bad, my back hurt, I had multiple concussions and if I stayed in, I knew it would be bad, be harder to bounce back.</td>
<td>18</td>
</tr>
<tr>
<td>How did you get to the military</td>
<td>I guess I was partly looking for an adventure, to be perfectly honest, maybe a chance to get out and see some things. Also as a way to help take care of my wife financially and with the insurance and everything.</td>
<td>17</td>
</tr>
<tr>
<td>GI Bill</td>
<td>The GI bill helps me pay the rent and stuff for the family while I'm going to school.</td>
<td>50</td>
</tr>
</tbody>
</table>
References


transitioning into learning and workplace environments. *New Directions for Adult and Continuing Education, 132*, 63-73.


