Perceptions of Military-Affiliated Students of a Campus-Based Veteran Center: Implications for Trauma-Informed Social Work

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Abstract: *This case study examines the experiences of military-affiliated students—including veterans, National Guard members, veteran alumni, and military-connected family members—at a university in the western U.S., drawing on 61 semi-structured interviews conducted from a trauma-informed perspective. The study examines perceptions of institutional support, challenges, and recommendations related to the university's veteran center. Qualitative analyses revealed that participants overwhelmingly viewed the Veteran and Military Center (VMC) on campus as a vital source of academic, social, and emotional support. Staff empathy, help with U.S. Department of Veterans Affairs (VA) benefits, and community-building were widely recognized. Challenges included age and cultural gaps, limited visibility, inadequate space and staffing, and uneven access to mental health services. Key recommendations include expanding the VMC's space and staffing, adding full-time licensed clinical social workers, and providing military cultural competency training for non-veteran students, faculty, and staff. The study findings also suggested enhanced outreach, peer mentorship, and military-specific orientations to improve support. Strengthening trauma-informed, culturally responsive supports can better facilitate military-affiliated students' transitions into higher education and civilian life.*

Keywords: *Trauma, trauma-informed, military social work, student veterans, military-affiliated students, case study*

Across the United States, nearly one million military-affiliated students are enrolled in higher education, bringing diverse experiences but also facing complex transitions from structured military environments to civilian academic settings (DeCoster, 2018). To address these challenges, many institutions have established campus-based veteran centers that offer educational, financial, and social support. These centers vary in size and capacity; some offer only assistance with GI Bill certification, while others provide a range of resources and services, often depending on the institution's size and the number of military-affiliated students on campus. For those with broader services, often the aim is to foster a sense of student belonging and identity restoration; however, empirical research on their effectiveness remains limited. Generally, empirical studies on military-affiliated students (often referred to as student veterans) in higher education have been scarce and limited in scope, particularly regarding campus-based veteran centers (Barmak et al., 2023)

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Although key findings from Cate et al.'s (2017) study on a large dataset, which studies almost a million student veterans using the Post 9-11 GI Bill from 2009-2013, indicate that, through the National Veteran Success Tracker, military-affiliated students tend to be successful in higher education with comparable or higher completion rates than traditional students. However, we also recognize that military-affiliated students often encounter barriers, including adjusting to unstructured academic environments, social isolation, and a lack of understanding among non-military-affiliated peers and faculty regarding military service (Alschuler & Yarab, 2018; Jones, 2013; Pedersen & Wieser, 2024). This gap between the military and civilian worlds, along with the resulting lack of understanding, has historically been referred to as a military-civilian cultural divide (Feaver & Kohn, 2000). Challenges are compounded for veterans with intersecting marginalized identities, such as students who identify as LGBTQIA+ and women veterans (Lehavot et al., 2019). Additionally, military-affiliated students often do not self-identify or disclose non-apparent disabilities, described in past literature as invisible injuries, such as post-traumatic stress disorder (PTSD) and traumatic brain injury (TBI) (Kranke et al., 2017; Shackelford, 2009).

Selber et al. (2025) recently conducted a needs assessment of 219 student veterans at a university in Texas and found that many reported significant physical and mental health concerns affecting daily life and academic performance, with 58% indicating mental health needs but only 11% utilizing campus counseling services due to discomfort or stigma. Additionally, students experienced notable gaps in service utilization and campus integration. Furthermore, prior studies indicated that military-affiliated students face heightened risks of psychosocial, academic, and mental health challenges. For instance, in a study involving 525 student veterans, nearly 50% exhibited substantial symptoms of PTSD, approximately one-third experienced severe anxiety, and about one-quarter reported severe depression (Rudd et al., 2011). Post-traumatic stress disorder among military-affiliated students has been previously linked to increased feelings of isolation on campus, problematic substance use (including alcohol and tobacco as health risk behaviors), suicide attempts, and engagement in high-risk behaviors such as physical altercations (Barry et al., 2012; Barry et al., 2014; Whiteman & Barry, 2011; Widome et al., 2011a, 2011b). Although research specifically examining health-risk behaviors among college-attending veterans remains comparatively limited, recent studies of U.S. veteran populations indicate that PTSD is associated with cigarette smoking, physical inactivity, unhealthy dietary patterns, obesity, substance-related problems, and sleep difficulties. These behavioral and health-related risks may contribute to poorer physical functioning and increased risk for chronic disease (Hoerster et al., 2019; Whitworth et al., 2022). Hinkson et al. (2022) more recently found that student veterans may pursue postsecondary education while experiencing higher rates of PTSD, depression, insomnia, and suicidal ideation and behaviors than their non-veteran civilian peers. These co-occurring mental health and sleep-related challenges may create additional barriers to academic engagement, persistence, and overall well-being. Another recent study on military-affiliated students has indicated that PTSD, specifically reexperiencing symptoms, has been associated with academic impairments (Morissette et al., 2021). Military members are frequently subjected to significant psychosocial and operational stressors, all within a culture that prioritizes resilience and often discourages seeking support. These characteristics of military culture, coupled with exposure to potentially life-threatening situations, sexual violence, morally

injurious experiences, and traumatic loss, increase the risk of developing PTSD (or post-traumatic stress symptoms, moral injury (MI), and suicidal ideation or behaviors (Nichter et al., 2021; Randles & Finnegan, 2022). At the time of this writing, the most recent data on suicide rates for veterans in 2022 were 34.7 per 100,000 as compared to 17.1 per 100,000 non-veterans (U.S. Department of Veterans Affairs [VA], 2024). Effective support for military-affiliated students has been suggested to include trauma-informed, culturally responsive practices that affirm students' strengths (Selber et al., 2025; Vaccaro, 2015).

The present study examined a campus-based veteran center (Veteran and Military Center [VMC]) at an urban university in the western U.S. to assess its impact on students' academic, social, and personal transitions. The university has approximately 20,000 students, and about 6% (1,200) are military-affiliated, including veterans and members of the National Guard and Reserve, as well as active-duty and military-connected family members who use the GI Bill. Researchers conducted trauma-informed semi-structured interviews with 61 military-affiliated participants, prioritizing peer-based trust and ethical engagement. Findings highlight how veteran centers, such as the VMC, can provide critical support through community, staff mentorship, and institutional visibility, while also revealing persistent gaps.

The VMC is intentionally staffed with both a veteran serving as the associate director and a non-veteran serving as the director, to ensure diverse perspectives and approaches in serving military-affiliated students. Both roles require a master's degree and they support significant emotional and developmental needs. The programs and support systems are grounded in the Substance Abuse and Mental Health Services Administration's (SAMHSA, 2014) six principles of trauma-informed care. This professional staff provides leadership and training in trauma-informed best practices to strengthen student employees (i.e., part-time staff, who are also military-affiliated) in their ability to connect with and support other military-connected students effectively. The student employees consist of members of most service branches (currently excluding Space Force) and military-connected spouses and dependents (adult children). Furthermore, a variety of branches, military occupations, and combat and non-combat veterans add to the diversity of military-related experiences, allowing greater representation of differences among team members who serve military-affiliated students and often serve as peer supports for one another.

Purpose of Study

This study examines the VMC's role in supporting military-affiliated students as they transition from military to civilian life and academia. Rather than focusing solely on the services offered, it explores how students engage with those services and how they perceive their value within the broader context of personal transition.

Military-affiliated participants in the present study included currently enrolled student veterans, National Guard members (Air and Army National Guard), military-connected family members using GI Bill benefits, and recent veteran alumni (within 5 years of graduation). Their voices offer insight into the center's strengths and challenges, revealing areas for improvement. The study aims to provide actionable recommendations to enhance visibility, responsiveness, and inclusivity in campus-based veteran services. Ultimately,

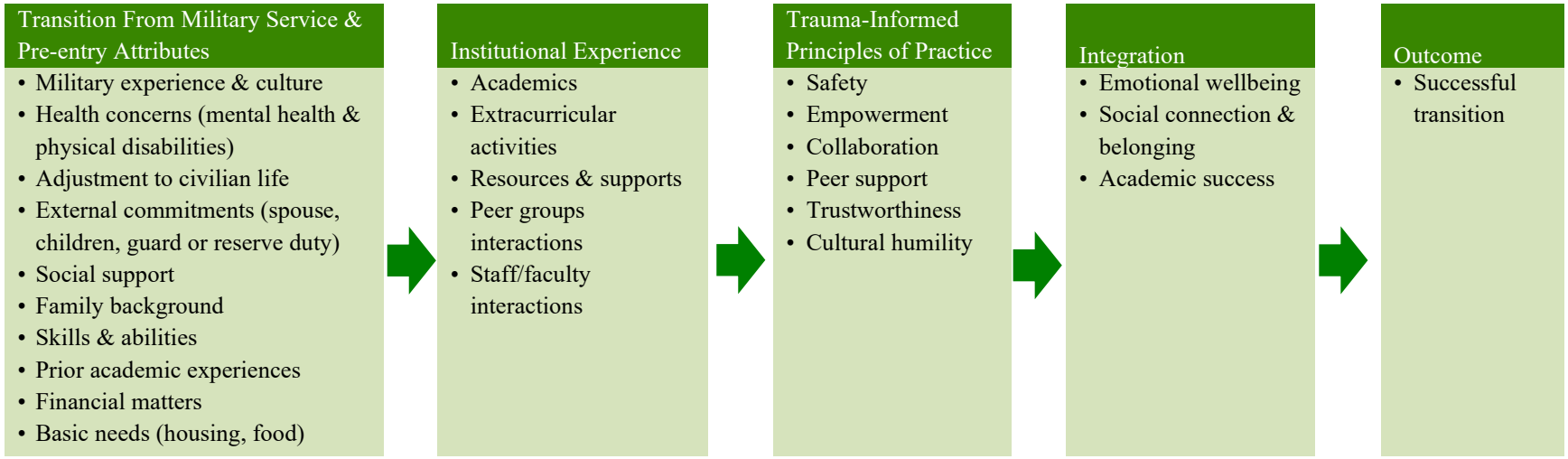
the findings would help inform institutional leaders and policymakers who work to create more veteran- and trauma-informed educational environments, as well as social work practitioners supporting all military-affiliated students. By centering student voices, it reflects their experiences and maps pathways to more inclusive, transformative educational ecosystems contributing to a national dialogue on equitably serving military-affiliated students.

Conceptual Framework

This study adapts Tinto's (1993) model of institutional departure and DiRamio and Jarvis's (2011) transition framework, which focuses on the transition from military service and pre-entry attributes into higher education (such as military experience, culture, family background, health, etc.). The adapted and proposed model, *Military-Affiliated Student Integration & Transition,* positions principles of practice, grounded in a trauma-informed care lens (SAMHSA, 2014), as institutional factors that could contribute to success. The idea is that if an institution can create and sustain a sense of safety, trustworthiness, peer support, collaboration, empowerment, and cultural humility (Bosk, 2023), these might serve as protective factors for successful transition and student outcomes. According to SAMHSA (2014), trauma-informed care emphasizes proactively recognizing and preventing institutional procedures and personal interactions that could retraumatize individuals with past experiences of trauma. It also highlights the crucial role of involving service users in shaping, implementing, and evaluating the services they receive. Incorporating a trauma-informed lens acknowledges that military-affiliated students often enter higher education with prior trauma, complex identities, and/or cultural dissonance. For these students, belonging extends beyond academic or social ties; it hinges on feeling seen, supported, and respected by non-veteran faculty, staff, and peers.

Veteran centers, when culturally responsive and trauma-informed, can serve as integration hubs across institutional domains. For instance, they facilitate academic and benefits navigation, foster community, and provide affirming spaces that honor military identity while easing transitions into civilian and student roles. The model posits that when military-affiliated students (specifically those who are veterans, active-duty personnel, or National Guard and Reservists) receive holistic, trauma-informed support that spans academic, social, and emotional dimensions, they are more likely to persist, achieve personal and career growth, and cultivate a sense of belonging in academia and beyond (see Figure 1).

Figure 1. *Military-Affiliated Student Integration and Transition Model*



Adapted from Tinto, 1993 and DiRamio & Jarvis, 2011

Method

This study is grounded in a qualitative research paradigm, which is well suited to examining the complex, lived experiences of military-affiliated students as they navigate transitions into higher education. Unlike quantitative methods, which often seek generalizable trends, qualitative research emphasizes depth and nuance, allowing researchers to capture the subtleties of individual narratives, emotions, and meaning-making processes (Glaser & Strauss, 1967). Within the context of veteran support services, such methods are invaluable for revealing issues that might remain hidden in surveys or administrative data, particularly around sensitive topics like trauma, identity shifts, and feelings of belonging. By employing semi-structured interviews conducted by research-trained peers (also military-affiliated students, most of whom are also VMC employees), this study provided participants space to share personal stories in their own words, fostering rich insights into how they engage with VMC services and resources and how they perceive their effectiveness. The qualitative approach also aligns closely with trauma-informed research practices, which prioritize participant safety, empowerment, and trust (Bosk, 2023). This alignment was crucial given the potential for discussions to touch on past trauma, mental health challenges, or culturally sensitive experiences. Ultimately, centering the voices of military-affiliated students through qualitative methods contributes to a deeper and more authentic understanding of how veteran centers can support student resilience, academic persistence, and overall well-being.

The study used a convenience sampling approach, with recruitment assistance from the VMC. Between February and April 2024, researchers conducted 61 semi-structured interviews with participants who had been invited to participate at the university. Interviews lasted 45-60 minutes and were conducted either in private campus spaces or via secure Zoom, with professional transcription and secure data storage.

The research adhered to the Trauma-Informed Evaluation and Research (TIER) model (see Bosk, 2023) to ensure participants' psychological safety. This included training peer researchers in trauma awareness and education and was approved by the university's Institutional Review Board as exempt research. All participants provided verbal informed consent after reviewing their rights, including the option to participate voluntarily, confidentiality protections, and the right to withdraw at any time without negative consequences. Targeted outreach ensured representation across different military-affiliated subgroups while maintaining trauma-informed principles throughout the research process. During data collection, protocols emphasized participant comfort through private settings, clear consent procedures, and a $75 gift card incentive was offered for participation. Interviews continued until data saturation was reached, indicated by the consistent emergence of recurring patterns across responses (Charmaz, 2014).

Sample

The VMC sample comprised 61 participants, with an average age of 30.13 years. The majority identified as male (67%), while 33% identified as female. Most participants were White (54%), with additional representation from Hispanic/Latine (16%), Black/African American (13%), Asian (10%), and other racial and ethnic backgrounds.

Eighty percent of participants had served in the military, including 67% who identified as veterans and 13% as National Guard members (i.e., Air and Army National Guard). Military-connected family members made up almost 20% of the sample. Participants represented all major service branches, with the Army being the most common (25%), followed by the Marine Corps, the National Guard, the Air Force, and the Navy. Reservists, active-duty personnel, and Space Force members did not participate in this study (however, four chose not to identify their branch of service, so it is not possible to say with certainty). Regarding academic status, 54% were current students and 46% were recent alumni, allowing insights into active student experiences and post-graduation transitions (see Table 1).

Table 1. *Sample Characteristics (n=61)*

Characteristic	**n (%)**
Gender Identification	
Male	41 (67.2%)
Female	20 (32.8%)
Ethnic Background	
White	33 (54.1%)
Hispanic/ Latine	10 (16.4%)
Black/ African American	8 (13.1%)
Asian	6 (9.8%)
American Indian/Alaskan Native	2 (3.3%)
Pacific Islander	1 (1.6%)
No Response	1 (1.6%)
Military Service	
Yes	49 (80.3%)
No	12 (19.7%)
Military Status	
Veteran	41 (67.2%)
Family Member	12 (19.7%)
National Guard	8 (13.1%)
Military Branch	
Army	15 (24.6%)
Marine Corps	9 (14.8%)
National Guard	8 (13.1%)
Air Force	7 (11.5%)
Navy	6 (9.8%)
N/A Family member	12 (19.7%)
No Response	4 (6.6%)
Academic Status	
Alumni	28 (45.9%)
Current Student	33 (54.1%)
	Mean (SD)
Age	30.1 (8.05)

Data Analysis

The qualitative data analysis followed a grounded theory-informed approach, using the constant comparative method (Glaser & Strauss, 1967) to identify patterns and develop themes grounded in participant narratives. The process began with initial coding, in which two trained researchers independently coded a subset of interview transcripts using qualitative analysis software (ATLAS.ti version 24.2.0, 2024). This step enabled early immersion in the data, allowing for the identification of preliminary patterns and recurring concepts.

After initial coding, the team conducted thematic data analysis, organizing codes into conceptual themes aligned with the study's theoretical framework. By using grounded theory with an a priori orientation, the team began with theoretical categories (i.e., pre-entry attributes, institutional experiences, social integration, and emotional well-being) as initial lenses to organize the data, while still engaging in iterative coding and constant comparison to ensure that these themes were grounded in participants' experiences and open to refinement.

Throughout the analytic process, the researchers engaged in reflexivity by continually examining their assumptions, perspectives, and potential biases. The team also met regularly to reach analytic consensus, collaboratively discussing and refining codes and themes to ensure interpretations were both rigorous and reflective of the data. Additionally, the analysis phase incorporated member checking and peer debriefing to validate interpretations and enhance trustworthiness, ensuring the analysis remained grounded in participants' lived experiences and aligned with the guiding framework's intent.

Findings

For clarity of reporting, themes are organized into three overarching categories: strengths, challenges, and participant-generated recommendations. To safeguard confidentiality while preserving the authenticity of participants' perspectives, all quotations have been de-identified and are accompanied by a participant number.

Strengths

The VMC plays a vital role in supporting military-affiliated students through its dedicated staff, academic resources, and strong sense of community. Participants consistently highlighted three key strengths: supportive staff, educational support services, and social support networks. Together, these elements create an environment where students feel understood, empowered, and connected, ultimately contributing to their academic and personal success.

Supportive and Empathetic Staff

One of the most frequently noted aspects of the VMC was its professional staff, who were described as approachable, compassionate, and deeply invested in student success. Many participants viewed these staff members not just as advisors but as mentors, even as surrogate family. One participant noted, *"The VMC staff became like my [university] mom and dad"* (#8), illustrating the personal connections formed. The professional staff played a crucial role in helping students navigate complex processes, including GI Bill paperwork, course registration, and transitions between academic programs. Their proactive approach was especially valued, with one participant recalling, *"They went out of their way to make sure I was safe"* (#28). Beyond administrative support, staff also encouraged students to set and achieve personal and professional goals, fostering an environment where they felt motivated to pursue their ambitions.

Academic Navigation and Resource Connection

In addition to staff support, the VMC's academic resources were a cornerstone of student success. Tutoring services, peer-to-peer assistance, and structured academic events helped participants manage challenging coursework and stay on track with their studies. Many participants emphasized the value of having knowledgeable peers who could explain complex concepts in relatable ways. As one participant shared, *"Having people who understood the [academic] material and could break it down for me was super helpful"* (#33). The VMC's physical space also served as a hub for collaborative learning, with study areas, whiteboards, and proximity to tutoring centers enhancing academic productivity. Furthermore, staff-organized academic advising sessions ensured students met degree requirements, maximized their benefits, reduced stress, and stayed focused on their goals.

Community and Belonging

Equally important was the social support fostered within the VMC, which helped military-affiliated students transition to campus life and combat feelings of isolation. Shared military experiences created an immediate sense of camaraderie, making it easier for students to connect. One participant humorously remarked, *"We all embrace the suck"* (#49), underscoring the mutual understanding among peers. The center also provided emotional support through informal mentorship from military-affiliated peers and staff, as well as professional psychotherapeutic services offered by a part-time licensed clinical social worker as part of the Veterans Integration to Academic Leadership (VITAL) program, sponsored by the VA. Social work practicum students (master of social work [MSW] and bachelor of social work [BSW]) are also integrated into the VMC under field faculty supervision to provide psychosocial support and counseling to military-affiliated students. Beyond emotional support, the VMC facilitated intergenerational networking, where older veterans offered career advice while younger students contributed fresh perspectives, as one participant noted about the value of regular check-ins: *"Talking to an older adult monthly helped me stay grounded"* (#35).

Table 2. *Strengths: Themes and Subthemes*

Themes	**Sub-Themes**
1. Supportive Staff	- Staff as "family" and a familiar presence - Practical guidance and system navigation - Consistent availability and open communication - Encouragement of individual goals
2. Academic Support	- Peer and tutoring support - Structured academic events and advising - VMC as a study hub and resource connector - Guidance from supportive staff
3. Social & Emotional Support	- Shared experiences and peer bonding - Emotional support and formal/informal counseling - Inclusive community building - Practical peer advice and intergenerational guidance

These relationships often extended beyond graduation, evolving into lasting professional and personal connections. For some, the VMC was the only place where they felt comfortable being open about military experiences or asking for help. Refer to Table 2 for a summary of findings.

In summary, the VMC's strengths lie in its people, resources, and community. Supportive staff members guide students through challenges, academic services empower their success, and social networks provide a sense of belonging. By maintaining these strengths while addressing areas for growth, the VMC can continue to serve as a vital resource for military-affiliated students at the university.

Challenges

Transitioning from military service to academic life presents unique challenges for military-affiliated students at the university. Through participant interviews, four primary obstacles emerged: significant age gaps with traditional students, a sense of a military-civilian culture divide, feelings of being undeserving of veteran spaces (particularly among military-connected family members), and difficulties adapting to academic culture and routines. These challenges reflect the complex interplay between military and civilian academic environments and highlight the need for targeted support services.

Military Culture and Age Gaps

Military-affiliated students frequently reported feeling socially isolated due to age differences with their classmates. Many described feelings disconnected from younger peers who lacked similar life experiences. As one 31-year-old student noted, "*It's hard to fit in when I'm taking freshman classes with 19-year-olds*"(#2). This generational divide extended beyond social interactions and affected classroom dynamics, with some veterans finding it challenging to relate to both non-veteran peers and instructors. The transition from military structure to academic independence proved particularly challenging. As a participant explained, "*In the military, you're taught to wake up early, stay organized...so adjusting to college was difficult*" (#8). While the VMC helped bridge this gap by connecting students with similar backgrounds, the age difference persisted as a significant barrier to full integration on campus.

Feelings of Being Undeserving

Military-connected family members often reported feeling like outsiders in veteran spaces. Many struggled with self-imposed barriers, believing the VMC was primarily for service members or veterans rather than dependents. As one participant shared, "*As a dependent, I thought it* [VMC] *was for veterans, and I didn't really feel like I was part of that group*"(#12). Initial intimidation was common, with some individuals describing a hesitation to fully engage with the resources. However, these feelings often diminished over time, as another participant noted: "*For the first couple weeks I was scared to talk to anyone. But once we opened up, it became a calm, welcoming environment*"(#14). This

suggests that while inclusion challenges exist, positive experiences can overcome initial hesitations for some students.

Transition and Adjustment Difficulties

The cultural shift from military to academic life presented multiple adjustment challenges. Participants reported struggling with adapting their communication style, as military terminology and interaction patterns often did not translate well to classroom settings. A participant explained, "*I've had to adjust the way I talk...some things are appropriate in the military but not outside of it*"(#17). The unstructured nature of academic life contrasted sharply with military regimentation, creating difficulties with time management and self-direction. Mental and behavioral health considerations, including PTSD, added complexity to these transitions, with a participant noting challenges with "*dealing with big crowds*" (#4). Additionally, technological changes in education required significant adaptation, particularly for those returning to school after several years. Refer to Table 3 for a summary of challenges.

Table 3. *Challenges: Themes and Subthemes*

Themes	Sub-Themes
1. Age Gap	- Social disconnection from younger students - Generational and life experience gaps - Difficulty adapting to campus life
2. Undeserving of Veteran Space (military-connected family members)	- Feeling like an outsider - Perceived intimidation by veterans - Self-imposed barriers - Initial intimidation, but positive transitions
3. Transition and Adjustment	- Adjusting communication styles - Adapting to civilian and academic routines - Navigating educational changes and technology - Coping with unstructured environments

These challenges, including age-related isolation, feelings of exclusion among dependents, and difficulties with cultural adaptation, underscore the need for comprehensive transition support. While the VMC provides valuable community connections, additional programming addressing these specific pain points could further facilitate the integration of military-affiliated students into academic life. The findings suggest that targeted orientation programs, peer mentorship initiatives, and more transparent communication about resource eligibility could help mitigate these challenges during the transition.

Participant Recommendations

Participants offered a range of specific, actionable suggestions to strengthen the VMC. Many of these are centered on increasing accessibility, expanding capacity, and enhancing inclusivity for all military-affiliated populations. These suggestions have been grouped into the following themes: Greater visibility, enhancing outreach, more space, balancing quiet

and social areas, more funding, and considerations for diversity. Together, these recommendations support the previously expressed challenges.

Greater Visibility

Participants praised the VMC's resources but highlighted visibility and outreach as key challenges. Many discovered the center late in their academic careers, reducing its potential impact. A participant noted, *"I didn't know about the VMC until my junior year. Making it more visible to students who might want to use its resources would be helpful"* (#43). Another shared, *"I found it by accident after getting lost on campus"* (#5).

Participants cited poor signage and hidden locations as barriers. One remarked, *"It's kind of hidden away. I've heard people come in asking what it's for"* (#12). Others suggested clearer signage: *"I'd see the room early in the morning, but I never noticed it"* (#15). Emails alone from the VMC were insufficient, as illustrated by the following comment: *"I didn't know where it* [VMC] *was for a long time"* (#44).

Enhancing Outreach

Integrating the VMC into orientation was a recurring suggestion. A participant said, *"Bringing veterans in from day one, showing them key resources, would help"* (#25). Others proposed dedicated events: *"An introduction day could help new students meet the staff"* (#42). Flyers and consistent promotion of the VMC were also recommended: *"Flyers on [campus]bulletin boards could help"* (#43).

More Space

Participants emphasized the need for expanded space to accommodate growth. One noted, *"It feels like it* [VMC] *outgrew the current space quickly,"* and highlighted overcrowding: *"Last time I was here, it was too crowded"* (#47).

Balancing Quiet and Social Areas

The open layout disrupted focus for some. *"It's hard to do homework here because of socializing"* (#43). Noise was another issue: *"Staff should remind loud individuals to lower their voices"* (#18). Participants envisioned a larger space with dedicated zones for study and socializing. Another participant noted, *"Sometimes it's quiet, but when people who know each other talk, it's hard to concentrate. A more developed quiet space in the back would help those who need complete silence to focus"* (#48). For individuals who need quiet spaces—especially those with mental health challenges such as PTSD or cognitive impairments such as TBI, which can make it difficult to concentrate, this need is especially critical.

More Funding

Limited budgets constrained the VMC's potential. One participant said, *"They're pretty creative with damn near no budget"* (#1). Others stressed the need for reliable funding: *"Allocated funding each year would help"* (#41). Hiring additional staff was also critical: *"They should hire another full-time staff member"* (#27).

Consideration for Diverse Communities

While the VMC aimed for inclusivity, individual attitudes sometimes created barriers. One participant noted, *"Certain individuals can make new people feel unwelcome"* (#7). LGBTQIA+ and gender-diverse individuals faced challenges as illustrated by the following quotes: *"Some people were not keen on certain demographics,"* and *"topics like trans rights were avoided"* (#11). This may be influenced by military culture. Family members also felt excluded at times: *"People with kids don't feel as included"* (#6). Refer to Table 4 for a summary of participants' recommendations.

Table 4. *Participant Recommendations: Themes and Subthemes*

Themes	Sub-Themes
1. Greater Visibility	- Challenges with initial awareness - Improve signage and physical presence - Digital and email outreach- Integration with orientation - Flyer/poster campaigns and regular promotion
2. More Space	- Overcrowding and limited seating - Separation of quiet and social areas - Noise management - Dedicated quiet study zones - Larger facility to accommodate multiple uses
3. More Funding	- Expand resources and programming - Secure consistent/allocated funding - Hire additional staff to meet demand
4. Inclusive Community Building	- Address individual biases in the space - Improve inclusion of LGBTQIA+ and gender-diverse students - Acknowledge the possible influence of military culture - Support for family members and students with children
5. Strengthen Outreach to Family Members	- Reduce intimidation and feelings of not being deserving of space - Normalize family presence and participation - Proactively welcome family members through programming and messaging

Social Work Implications

The findings from this case study have important implications for social work practice, particularly in trauma-informed care and the operation of veteran centers within higher education, as well as for campus-based counseling centers. Military-affiliated students often navigate highly complex transitions involving identity reconstruction, cultural reintegration, and the management of mental health challenges or disabilities. These

transitions are frequently compounded by prior trauma, such as combat experiences, military sexual trauma, or the cumulative stress of military service (Borsari et al., 2017; Niv & Bennett, 2017). Social workers, situated within or alongside campus veteran centers, are uniquely positioned to respond to these challenges through interventions that are both trauma-informed and culturally competent.

Central to effective social work practice in these settings is applying trauma-informed care (TIC). Participants in this study consistently highlighted the importance of empathetic staff who understood military culture and genuinely cared about students' well-being. To embed TIC into veteran center operations, social workers can lead staff training efforts focused on trauma awareness, ensuring that all personnel, from administrators to front-desk staff, are equipped to recognize signs of distress and respond with sensitivity. Additionally, veteran centers can intentionally design their physical environment to promote safety and calm, including separate areas for quiet study and social engagement, as many participants suggested. Social workers can also educate other mental health providers about the potential for secondary stress or compassion fatigue (Figley, 1995; Kanno & Giddings, 2017) in working with populations who have experienced trauma and mitigate risk. Additionally, while not all social work education programs offer training in military social work, social workers can become better informed and educate others about social work practice with military and veterans through the Specialized Practice Curricular Guide issued by the Council on Social Work Education (CSWE, 2024) based on the latest Educational Policy and Accreditation Standards [EPAS] (CSWE, 2022).

Moreover, integrating mental health services directly into veteran centers, staffed by full-time social work clinicians experienced in military-specific issues, can reduce stigma and increase accessibility for students who might otherwise avoid seeking help. Beyond clinical services, social workers can facilitate proactive outreach strategies, such as incorporating veteran center introductions into new student orientations, hosting targeted events for military-connected family members, and maintaining consistent visibility across campus to mitigate feelings of exclusion or isolation. Establishing structured peer mentorship programs is another effective way to leverage veterans' shared experiences and ease transitions, thereby fostering a sense of community.

Importantly, social workers must remain attuned to the diverse identities and intersectional experiences within military-affiliated populations. Factors such as gender, race and ethnicity, sexual orientation, and caregiving roles can shape how individuals perceive and engage with available support. Tailoring services to reflect this diversity ensures that veteran centers remain inclusive and equitable spaces. Finally, social workers can engage in policy advocacy, work to secure institutional funding, expand physical spaces, and develop policies that sustain and enhance the veteran center's operations. Collectively, these trauma-informed, culturally responsive practices position social workers to play a critical role in supporting military-affiliated students' successful transitions into higher education and civilian life.

Limitations

While the case study offers rich, voice-centered insights, it is limited by its sample size and focuses on a single veteran center at an urban university. Participation in a non-random sample may have introduced self-selection bias, with individuals holding stronger opinions (positive or negative) more likely to respond. Additionally, while care was taken to center family member experiences, their numbers remain underrepresented in the total sample.

Despite these limitations, the depth and consistency of participant perspectives provide credible and actionable insights. The findings offer a strong starting point for improving the support landscape for military-affiliated students. Future research should expand the sample to include both rural and urban institutions, further examine family members' experiences, and assess longitudinal outcomes, such as graduation rates, job placement, and long-term well-being. The hypothesized framework, the Military-Affiliated Student Integration & Transition Model proposed in this study, should also be empirically tested.

Discussion

This study highlights the essential role that campus-based veteran centers play in supporting military-affiliated students and military-connected family members as they transition into higher education. Participants described the VMC as crucial for accessing services, fostering relationships, and maintaining emotional well-being. The voices of veterans, National Guard members, family members, and alumni reinforce a clear message: these centers matter not only for academic persistence, but also for identity affirmation, social belonging, and personal resilience. When staffed with empathetic personnel and resourced with care, veteran centers can become anchors in students' often-complex academic journeys.

However, this study also highlights persistent gaps, including challenges related to the center's visibility, space, mental health support, and cultural disconnects with non-veteran peers, staff, and faculty. The difficulty with connecting or relating to non-veterans has also been supported by Clary and Byrne (2023). These issues highlight broader structural barriers requiring institutional commitment, cross-campus collaboration, and state-level investment. The insights shared by participants go beyond anecdotes; they outline actionable pathways to build student-centered, military-informed, and trauma-aware ecosystems that can bolster retention, graduation, and overall well-being.

To advance these goals, campuses should implement ongoing training for faculty, advisors, staff, and administrators on military culture, trauma-informed care, and the diverse identities of military-affiliated students to reduce microaggressions and foster more supportive classroom experiences (Vacchi & Berger, 2014). The findings align with those of Selber et al. (2025), who surveyed military-affiliated students and found a desire for veteran-specific mental health services, social and recreational veteran groups, veteran-focused advising, and financial counseling.

Institutions should also partner with the VA to bring VITAL mental health services by embedding a licensed clinical social worker and by integrating MSW or BSW practicum

students into veteran centers, thereby combining these services with academic advising and wellness initiatives to reduce stigma and enhance mental health access.

Consistent with the U.S. Government Accountability Office's (U.S. GAO, 2024) call for improved data practices, institutions should refine intake processes to capture students' military status, family affiliations, mental health needs, and preferred supports, enabling more tailored services. Given research on college students and pandemic-related disruptions (Madaus et al., 2021), institutions should also proactively assess and address lingering impacts on mental health and engagement, particularly for students whose transitions were interrupted.

Expanded outreach is critical for reaching underserved populations, including military spouses, first-generation students, LGBTQIA+ veterans, and remote learners. Strategies should go beyond basic service listings to include storytelling, peer ambassadors, and visibility at campus-wide events. Structured peer-to-peer mentorship programs that pair newer military-affiliated students with upper-division peers or alumni can help reduce isolation and improve retention (Rumann & Hamrick, 2010). These initiatives should also extend to military-connected family members. Institutions are encouraged to design orientation modules and events specifically for military-connected family members, introducing them to campus resources, clarifying eligibility requirements, and fostering a sense of community to address feelings of marginalization noted in the literature (DiRamio & Jarvis, 2011). Additionally, applying trauma-informed design principles, such as sensory-friendly lighting, acoustic control, and designated quiet zones, can create physical environments that support stress regulation and academic success (Brink et al., 2021).

Creating advisory committees that include military-affiliated students, family members, alumni, and center staff will ensure programs remain culturally responsive and aligned with evolving needs (Vacchi, 2012). Fostering partnerships with campus offices, such as disability services, career services, campus counseling services, and first-generation programs, can generate joint programming and warm referrals, easing the burden on military-affiliated students and their families as they navigate complex systems. Dedicated breakout sessions within general orientation or first-year seminars on GI Bill navigation, military transitions, wellness workshops, and academic resources can further support early engagement and normalize seeking help for mental health concerns.

Consistent with the findings of their scoping review, Ghosh et al. (2020) recommended the meaningful engagement of military-affiliated students and key stakeholders, including veteran center personnel, throughout the development and implementation of future research. They further emphasized the importance of grounding such research in theoretically informed frameworks, both of which are exemplified in the present study. Together, these recommendations should guide future studies.

Finally, institutions should invest in systems to track long-term outcomes, such as persistence, graduation, and employment among veteran alumni, to inform internal improvements and strengthen funding and advocacy efforts (U.S. GAO, 2024).

Conclusion

With thoughtful implementation of these recommendations, colleges and universities can more effectively serve those who have served, and those connected to them, by building robust, inclusive environments that honor their experiences and support their academic and personal success. Doing so requires ongoing investment in trauma-informed practices, military-cultural training, and intentional outreach strategies that reduce barriers to engagement. These changes can not only strengthen the capacity of veteran centers but also promote campus-wide awareness of the strengths and needs of military-affiliated students. By elevating student voices and implementing institution-wide improvements, higher education systems can create learning environments that are socially and emotionally welcoming, more equitable, and more responsive. In turn, these efforts could contribute to improved persistence, graduation, and long-term well-being for military-affiliated learners and their families. The present study could be replicated in other veteran centers across the country to gauge military-affiliated students' experiences and inform responsive programming, which could then be evaluated to inform best practices.

References

Alschuler, M., & Yarab, J. (2018). Preventing student veteran attrition: What more can we do? *Journal of College Student Retention: Research, Theory & Practice, 20*(1), 47-66.

ATLAS.ti Scientific Software Development GmbH. (2024). ATLAS.ti (Version 24.2.0) [Qualitative data analysis software]. ATLAS.ti Scientific Software Development GmbH.

Barmak, S. A., Barmaksezian, N., & Der-Martirosian, C. (2023). Student veterans in higher education: The critical role of veterans resource centers. *Journal of American College Health*, *71*(8), 2406-2416.

Barry, A. E., Whiteman, S., Wadsworth, S. M., & Hitt, S. (2012). The alcohol use and associated mental health problems of student service members/veterans in higher education. *Drugs: Education, Prevention and Policy*, *19*(5), 415-425.

Barry, A. E., Whiteman, S. D., & MacDermid Wadsworth, S. (2014). Student service members/veterans in higher education: A systematic review. *Journal of Student Affairs Research and Practice*, *51*(1), 30-42.

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

Bosk, E. A. (2023). Creating a parallel process: A new methodological framework for conducting Trauma-Informed Evaluation and Research (TIER) in mental health settings. *Evaluation and Program Planning*, 97, 1-10 (102229).

Brink, H. W., Loomans, M. G. L. C., Kort, H. S. M., & van Loenen, E. J. (2021). Classrooms' indoor environmental conditions affecting the academic achievement of

students and teachers in higher education: A systematic literature review. *Indoor Air, 31*(2), 405-425.

Cate, C. A., Lyon, J. S., Schmeling, J., & Bogue, B. Y. (2017). *National Veteran Education Success Tracker: A report on the academic success of Student Veterans using the post- 9/11 GI Bill.* Student Veterans of America.

Charmaz, K. (2014). *Constructing grounded theory* (2nd ed.). Sage.

Clary, K. L., & Byrne, L. (2023). Emerging adult military-connected students express challenges transitioning into higher education: Implications for helping professionals. *Community College Journal of Research and Practice*, *47*(1), 22-37.

Council on Social Work Education [CSWE]. (2022). *Educational policy and accreditation standards.* Author.

CSWE. (2024). *Specialized practice curricular guide for military and veteran social work*. Author.

DeCoster, V. A. (2018). The needs of military veterans returning to college after service. *International Journal of Arts & Sciences, 11*(1), 11-19.

DiRamio, D., & Jarvis, K. (Eds.). (2011). Special issue: Veterans in higher education: When Johnny and Jane come marching to campus. Transition 2.0: Using Tinto's model to understand student Veterans' persistence. *ASHE Higher Education Report, 37*(3), 35-50.

Feaver, P. D., & Kohn, R. H. (2000). The gap: Soldiers, civilians and their mutual misunderstanding. *The National Interest*, 61, 29-37.

Figley, C. R. (1995). *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized*. Brunner/Mazel.

Glaser, B. G., & Strauss, A. L. (1967). *The discovery of grounded theory*. Aldine.

Ghosh, A., Santana, M. C., & Opelt, B. (2020). Veterans' reintegration into higher education: A scoping review and recommendations. *Journal of Student Affairs Research and Practice,* 57(4), 386-402.

Hinkson, K. D., Jr., Drake-Brooks, M. M., Christensen, K. L., Chatterley, M. D., Robinson, A. K., Crowell, S. E., Williams, P. G., & Bryan, C. J. (2022). An examination of the mental health and academic performance of student veterans. *Journal of American College Health, 70*(8), 2334-2341.

Hoerster, K. D., Campbell, S., Dolan, M., Stappenbeck, C. A., Yard, S., Simpson, T., & Nelson, K. M. (2019). PTSD is associated with poor health behavior and greater body mass index through depression, increasing risk for cardiovascular disease and diabetes. *Preventive Medicine Report*, *15*, 1-7 (100930)

Jones, K. C. (2013). Understanding student veterans in transition. *The Qualitative Report,18*(37), 1-14.

Kanno, H., & Giddings, M. M. (2017). Hidden trauma victims: Understanding and preventing traumatic stress in mental health professionals. *Social Work in Mental Health, 15*(3), 331-353.

Kranke, D., & Weiss, E. L., & Brown, J. L. (2017). Student veterans with invisible disabilities: Accommodation seeking in higher education. *Journal of Veteran Studies, 2*(2), 45-57.

Lehavot, K., Beckman, K. L., Chen, J. A., Simpson, T. L., & Williams, E. C. (2019). Race/ethnicity and sexual orientation disparities in mental Health, sexism, and social support among women veterans. *Psychology of Sexual Orientation and Gender Diversity*, 6(3), 347-358.

Madaus, J. W., Gelbar, N., Faggella-Luby, M., & Dukes, L. L. (2021). Experiences of students with disabilities during the COVID-19 interruption of in-person instruction. *Journal of Postsecondary Educ. Disability, 34*(1), 5-18.

Morissette, S. B., Ryan-Gonzalez, C., Yufik, T., DeBeer, B. B., Kimbrel, N. A., Sorrells, A. M., Holleran-Steiker, L., Penk, W. E., Gulliver, S. B., & Meyer, E. C. (2021). The effects of posttraumatic stress disorder symptoms on educational functioning in student veterans. *Psychological Services, 18*(1), 124-133.

Nichter, B., Norman, S. B., Maguen, S., & Pietrzak, R. H. (2021). Moral injury and suicidal behavior among US combat veterans: Results from the 2019–2020 National Health and Resilience in Veterans Study. *Depression Anxiety*, *38*, 606–614.

Niv, N., & Bennett, L. (2017). Veterans' mental health in higher education settings: Services and clinician education needs. *Psychiatric Services, 68*(6), 636-639.

Pedersen, C. L., & Wieser, C. (2024). Student veterans' transition and reintegration into education: A transnational scoping review. *International Journal of Lifelong Education*, *43*(6), 603-624.

Randles, R., & Finnegan, A. (2022). Veteran help-seeking behaviour for mental health issues: A systematic review. *BMJ Military Health, 168*(1), 99-104.

Rudd, M. D., Goulding, J., & Bryan, C. J. (2011). Student veterans: A national survey exploring psychological symptoms and suicide risk. *Professional Psychology: Research and Practice, 42*(5), 354-360.

Rumann, C. B., & Hamrick, F. A. (2010). Student veterans in transition: Reenrolling after war zone deployments. *Journal of Higher Education, 81,* 431-458.

Shackelford, A. L. (2009). Documenting the needs of student veterans with disabilities: Intersection roadblocks, solutions and legal realities. *Journal of Postsecondary Education and Disability, 22*(1), 36-42.

Selber, K., Clary, K. L., Rodrigues, N., Ortiz, R., West, B., & Morales, S. (2025). Continuing the mission. Findings from a needs assessment supporting the new generation of student veterans. *Studies in Clinical Social Work: Transforming Practice, Education and Research, 95*(2), 193-217.

Substance Abuse and Mental Health Services Administration. (2014). *SAMHSA's concept of trauma and guidance for a trauma-informed approach*. HHS Publication No. (SMA) 14-4884. Author

Tinto, V. (1993). *Leaving college: Rethinking the causes and cures of student attrition* (2nd ed.). University of Chicago.

U.S. Department of Veterans Affairs. (2024). *2024 National Veteran Suicide Prevention Annual Report. Part 2 of 2: Report findings*. Office of Suicide Prevention.

U.S. Government Accountability. (2024, February 15). *VA health care: Opportunities exist to further meet student veterans' mental health needs*. Author.

Vaccaro, A. (2015). "It's not one size fits all": Diversity among student veterans. *Journal of Student Affairs Research and Practice*, *52*(4), 347-358.

Vacchi, D. T. (2012). Considering student veterans on the twenty-first-century college campus. *About Campus*, *17*(2), 15-21. https://doi.org/10.1002/abc.21075

Vacchi, D., & Berger, J. (2014). Student veterans in higher education. In M. Paulsen (Ed.), *Higher education: Handbook of theory and research* (Vol. 29, pp. 93-152). Springer.

Widome, R., Kehle, S. M., Carlson, K. F., Laska, M. N., Gulden, A., & Lust, K. (2011a). Post-traumatic stress disorder and health risk behaviors among Afghanistan and Iraq War veterans attending college. *American Journal of Health Behavior*, *35*(4), 387-392.

Widome, R., Laska, M. N., Gulden, A., Fu, S. S., & Lust, K. (2011b). Health risk behaviors of Afghanistan and Iraq war veterans attending college. *American Journal of Health Promotion*, 26(2), 101-108.

Whiteman, S. D., & Barry, A. E. (2011). A comparative analysis of student service member/veteran and civilian student drinking motives. *Journal of Student Affairs Research and Practice, 48*(3), 297-313.

Whitworth, J. W., Scioli, E. R., Keane, T. M., & Marx, B. P. (2022). Physical inactivity, cigarette smoking, and psychiatric comorbidity among veterans with posttraumatic stress disorder. *Health Psychology, 41*(3), 169-177.

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