Serving Wounded Warriors: Current Practices in Postsecondary Education

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Abstract

From September to October 2009 the Association on Higher Education and Disabilities (AHEAD) invited anonymous voluntary responses from 2,500 members and affiliates to complete a 29-question online survey on current practices in postsecondary education for serving veterans with disabilities (wounded warriors). Two hundred and thirty seven complete surveys were received. Survey results provide the numbers and types of disabilities served and type of accommodations provided to wounded warriors. Respondents indicated that identifying an institution point person to assist with the reintegration of veterans from military to classroom was a priority for improving services.

With the recent passage of the Montgomery GI Bill, VA officials estimated that more than 2 million veterans of the Iraq and Afghanistan wars would be eligible to pursue postsecondary education. With the Pentagon requesting a 15% increase over its annual Army and Navy ROTC quota of second lieutenants to 5,350 in 2011 (Field, 2008), the numbers of potential veterans could be higher. However, many may not enroll in postsecondary institutions because of an absence of easily accessible information, effective outreach, and veteran-friendly practices (ACE, 2008). As implementation of the new GI Bill begins in 2009, there is pressure on higher education to act immediately to develop programs that more effectively promote access and success for this group (ACE, 2008).

The American Council on Education (ACE), Student Affairs Administrators in Higher Education (NASPA) and the Association on Higher Education and Disability (AHEAD) have held summits, conferences and sessions addressing the needs of veterans. Publications by NASPA, the National Center for Post Traumatic Stress Disorder (NCPTSD) and other sources heavily reference the psychological and mental health concerns often presented by veterans.

According to the RAND Corporation (2008), at least one-third of the veterans will return from Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) with post traumatic stress disorder (PTSD), traumatic brain injury (TBI), or major depression. Of those returning troops who met criteria for PTSD or major depression, only 53% sought help from a provider for these conditions (RAND Corporation, 2008). Although most believe veterans recover naturally from their mental health conditions over a period of time, long-term individual and societal costs from those who do not recover can result in lost productivity, reduced quality of life, homelessness, domestic violence, strain on families, and suicide (NCPTSD, 2006).

Furthermore, OIF and OEF have seen an unprecedented number of women facing hostile fire and combat situations. It is still unknown to what extent women veterans may have been affected, since women in combat situations are a new phenomenon (Cantrell & Dean, 2007). Cantrell and Dean observed that much effort is spent on training citizens into becoming soldiers, yet little resources have been spent on re-training warriors into becoming civilians. Therefore, there is a need for more veteran reintegration programs and contacts when soldiers return to civilian status.

On July 25, 2008, the Office for Civil Rights (OCR) wrote a Dear Colleague letter that clearly addressed the role that colleges and disability providers should play

with wounded warriors. The letter acknowledged that institutions have been working on changes that while originally intended for students with disabilities, have improved the college experience for all students. This was a positive observation, given that unlike traditional students with a history of disabilities entering colleges, wounded warriors do not necessarily have a similar history of receiving disability-based accommodations in high school. Therefore, the traditional forms of providing accommodation may not be as effective with today's veteran population since most colleges and universities have not had a great deal of experience in accommodating students with the types of disabilities common among wounded warriors. The OCR expressed their commitment that under their new Wounded Warriors Initiative they would work "… with institutions and service providers wanting to know how best to support students with disabilities and encourage institutions to adopt innovative approaches to serve this important population" (OCR, 2008).

Per the July 25, 2008 edition of The Chronicle of Higher Education, cost and convenience help determine which institutions veterans will eventually attend. The article noted that a growing number of veterans are choosing to attend for-profit institutions based on the conveniences they provide, or community colleges for their affordability, and further noted that veterans tend to prefer community colleges located near military bases as they are apt to be more helpful about assisting veterans with accessing financial, academic, and disability accommodations. In addition, the article identified institutions providing "veteran-oriented" services having higher credibility among the veterans by profiling UC Berkeley as one of the campuses providing special orientation programs and priority enrollment for all veterans, a service normally associated for athletes or students with documented disabilities (Field, 2008).

Who Are Wounded Warriors?

For the purpose of this study, the term "wounded warriors" refers specifically to students enrolled at postsecondary institutions that served active duty in the Middle East wars, specifically Iraq, Afghanistan, or Kuwait (Operation Iraqi Freedom, Operation Enduring Freedom or Operation Desert Storm). These are veterans who may or may not have self-identified some form of disability and or need for disability accommodation (whether or not officially recognized by the Department of Veterans Affairs as being a service-related disability).

The term wounded warrior has strong military and government connections. In 2004, the U.S. Marines had a wounded warrior barracks at Camp Lejeune, North Carolina, and in 2007 officially established a Wounded Warrior Regiment (WWR, 2008). In November of 2005, the U.S. Army changed the name of its' Disabled Soldier Support System (DS3) to the Army Wounded Warrior Program (AW2), (Army Reserve Family Program, 2008). The official web site of the U.S. Air Force profiles Air Force Wounded Warrior (AFW2) initiatives (AFW2, 2008).

In 2007, the Dignified Treatment of Wounded Warriors Act was incorporated into the National Defense Authorization Act for Fiscal Year 2008 (2008 NDAA) and signed into law on January 28, 2008. Section 16 of the 2008 NDAA (FIR 1538-110th Congress, 2007) directs the Secretaries of the Department of Veterans Affairs and Defense to jointly develop and implement a comprehensive policy on the care and management of members of the Armed Forces who are undergoing medical treatment, recuperation, or therapy, are in medical hold or holdover status, or are otherwise on the temporary disability retired list for a serious injury or illness. Moreover, in the 2008 State of the Union Address, President Bush employed the term, stating:

> We must keep faith with all who have risked life and limb so that we might live in freedom and peace….we must reform our veterans system to meet the needs of a new war and a new generation....so we can improve the system of care for our wounded warriors and help them build lives of hope and promise and dignity (p. 1).

Disability Service Role in Serving Wounded Warriors

Given the multiple challenges that wounded warriors could present, the question of how disability professionals could help make a campus more accommodating to the veteran arises. It also raises the greater question as to whether disability professionals ought to do anything more than wait for the wounded warriors to self-identify their needs. Traditionally, the standard practice at institutions put responsibility for self-identifying disabilities on the students. To date, there are no published works related to the extent postsecondary education disability professionals' levels of involvement should be with wounded warriors. At minimum, in order to assist with the development of a holistic

and coordinated approach toward serving the wounded warriors, disability offices need to be involved in the institutions' discussions related to veterans (DiRamio, Ackerman, & Mitchell, 2008).

Therefore, the intent of this study was to learn what role Disability Service Offices (DSO) in postsecondary education played in the provision of services to wounded warriors. Additionally, we sought to determine what existing campus services and accommodations wounded warriors received. The results of this study provide increased understanding of current practices regarding wounded warriors at the postsecondary level.

Method

Survey Development

The authors developed a broad descriptive online survey (Gall, Gall, & Borg, 2007) in conjunction with AHEAD. The initial 32 questions asked several demographic questions and additional questions related to the categories of disabilities replicated from the 2008 Biennial AHEAD Survey of Disability Services (Harbour, 2008). Multiple professionals in higher education and disability and/or the education of wounded warriors reviewed the instrument between August and September 2008 with appropriate revisions implemented. The final survey featured 29 questions (see Appendix A), and was broken into five broad areas: (a) Respondent's Veteran Status, (b) Processing of Veterans in Disability Service Offices, (c) Assistance to Veterans and Wounded Warriors on Campus, (d) Campus Demographics, and (e) Wounded Warrior Disabilities. The final section provided an open comment opportunity where respondents could share their opinions about four specific questions (see Appendix for the complete AHEAD Wounded Warrior online survey).

Sample

Participants included the 2,500 members and affiliates of AHEAD (as of September 2008), who were invited to participate in this online study. Four solicitations occurred during a 6-week period from September through October 2008. Participants were guaranteed anonymity, were informed that their participation was voluntary, were allowed to skip any question they wished, and were allowed to exit the survey at any point. They were told that their willingness to participate or not, would not affect their relationships with AHEAD. 2,500 surveys were sent and 237 of the 267 responses were complete.

Analysis

Data analysis used SPSS 16.0 for Descriptive Statistics-Frequencies to identify the frequency and percent responses to the five broad areas of the survey. Analytical procedures follow the recommendations for Analyzing Interview Data (Gall, Gall, & Borg, 2007).

Results

Students Served

The respondents were asked to provide the numbers of wounded warriors by gender and disability type at their institutions. Psychological, medical/health challenges, mobility, and learning disabilities accounted for 90% of all of the reported disabilities, with psychological disabilities comprising the highest percentage, with males at 34%, and females at 11%. Health and medical challenges composing Health-Medical, Burned and Mobility accounted for 24.7% of male disabilities and 5.2% of female disabilities. Learning Disabilities represented 16% of the total disabilities (see Table 1).

Campus Descriptors

Respondents provided campus descriptors were for 208 of the 267 responses. Campuses in urban and suburban settings accounted for 42% of respondents. Respondents reported that 36% of their campuses offered doctoral programs with another 19% offering master's degrees but not doctoral degrees. Colleges offering only a bachelor's degree or two-year associate degree accounted for 5% of respondents with postsecondary institutions offering only two-year degrees accounting for 35% of respondents. Proprietary campuses represented 3% of respondents. Seventy-eight percent of the respondents were from public sponsored postsecondary institutions, with 21% from institutions that were either private or church sponsored. Only 1% of respondents reported an "other sponsored" campus.

Respondent Descriptors

Over 75% of respondents were females with few respondents having combat duty experience. Most respondents (55%) reported family members having military experience. Eleven percent of these respondents reported that the family members were serving

Table 1
Reported Wounded Warrior Disabilities (n=1,202)

	Male		Female	
Disability	Frequency	%	Frequency	%
Burned	10	0.83	0	0.00
Deaf-Blind	4	0.33	2	0.17
Hard-of-Hearing	60	4.99	8	0.67
Health-Medical	189	15.72	48	3.99
Learning Disability	103	8.57	84	6.99
Mobility	98	8.15	15	1.25
Psychological/Emotional	413	34.36	128	10.65
Sexual Assault/Trauma	6	0.50	29	2.41
Speech-Language Disabilities	5	0.42	0	0.00
Visual Impairment	0	0.00	0	0.00
Total	888	73.88	314	26.12

Note: Students may have multiple disabilities.

in combat at the time of the study (see Table 2). Participant's gender is similar to those found in a study (Madaus, 1996) of 564 DSO directors reported 75% female and 25% male (p. 81).

The authors are unaware of a study that reports veteran status and gender for DSO staff. Additionally, the survey did not ask respondents about educational background, length of service in the DSO office, position title, or previous experience with veterans and serves only as a starting point for additional research.

Services for Wounded Warriors. Respondents indicated disability offices mostly provide referrals for wounded warriors. Wounded warriors are referred 51% of the time to other offices (e.g., referring a wounded warrior to Student Orientation, Student Affairs, Department of Vocational Rehabilitation or Services, Disabled Veteran Outreach Placement). Over 70% of referred

services are located within 50 miles of the institutions. Of the 49% of respondents who indicated their office does not coordinate services for wounded warriors, the Office of the Registrar provides the coordination of services at 85% of their campuses.

Survey results indicate that wounded warriors receive referrals to more than one office on campus. Referrals to Financial Aid accounted for almost 25% of the total, followed by 22% to counseling and/or psychological testing (22%). Referrals to Career Services, Student Affairs and other services (e.g., academic tutoring, heath services, financial aid, registrar) combined made up most of the remaining 52% of referrals. Disability Services (DS) offices also reported making referrals to multiple agencies off campus. Referrals to federal agencies were made by 58% of the respondents, followed by referrals to local agencies (35%). The

Table 2
Respondent Demographics (n=237)

	Male		Female	
Characteristic	Frequency	%	Frequency	%
Gender	52	21.9	185	78.1
Respondent a Veteran	24	10.1	7	3.0
Respondent Served in Combat Duty	9	3.8	1	0.4
Currently in Guard or Reserves	1	0.4	1	0.4
Anyone in Family Currently in Combat Duty	4	1.7	22	9.3
Anyone in Family Currently in Guard or Reserves	3	1.3	17	7.2
Anyone in Family a Veteran	28	11.8	103	43.5

survey asked the respondents, "What percentage of time do you dedicate toward coordinating programs/ services for wounded warriors not otherwise available through your standard services for all students with disabilities?" Nearly 42% of the respondents (41.5%) reported providing extra time for wounded warriors' services. Data indicated that these respondents were more likely to be in two-year, public institutions. Approximately one-third of respondents (33.1%) reported that their intake forms ask for veterans' status.

In order to determine what types of specific services are provided to wounded warriors, the authors grouped various types of services into four broad categories: Academic, Disability, Therapy, and Veterans (see Table 3 for specific services within each category). The respondents were asked to choose if the service is provided on campus, within 50 miles of campus, or outside a 50-mile range from campus. Each area is described below.

Academic services. The most commonly provided on-campus services were evening student services (e.g., tutoring, writing labs) and evening on-line courses (22% each), followed by curricular adjustments (e.g., life credits, veterans only classes; 21 %), career counsel-

ing (e.g., assistance converting military experiences to civilian employment skills; 19%), and academic adjustments (e.g., priority registration, reduced course loads; 17%). However, academic adjustments were the most common service provided within 50 miles from campus (63%), followed by curricular adjustments (23%) and career counseling (8%). Career counseling was the most common service received beyond 50 miles from campus (47%), followed by academic adjustments (18%).

The respondents were asked to assess their offices' level of preparedness to serve the expected influx of wounded warriors. Based on the authors' interpretations of answers to this question, 219 useable responses were grouped into one of five categories: *don't know, low, fair, average* and *above average*.

The authors placed 54 (24.7%) in the *don't know* category. The second category, *low* included descriptors of not prepared, poor or low with 43 (19.6%) placed in this category by the authors. Forty-nine (22.4%) narrative signifiers such as fair or less than optimal were placed in the third category of *fair*.

Written comments from respondents within the first three categories cited concerns such as inadequate funding, and lack of faculty and staff training, and

resources as reasons for giving a self-rating of unprepared or poorly prepared. These respondents wrote that they offered only general assistance to all disabled students and nothing specific to veteran's needs, but would as one respondent said "roll with what the situation brings." However, one response stated in capital letters "We've never had a large influx of service people, but we are absolutely not prepared for what is coming – no knowledge of services already provided through branch of service…" Another respondent noted a tactic that was reflected in various similar responses from equally unprepared institutions "The College is not proactive. They will take a wait and see attitude." Most respondents at the unprepared level admitted they needed to learn more about the wounded warrior population.

The fourth category was *average*. Thirty-six responses (16.4%) used language such as "on a scale of 10 we rate a 5, or mid-way-we need more info on the financial aspects and need more transition program training, prepared or average" to indicate their self-rating. Those characterizations placed in the average category stated they believed they were prepared based on on-campus discussions in progress, or based upon their level of their involvement with campus initiatives, or larger numbers of veterans currently at their campuses still expressed concern that the students will shy away from DS. One respondent stated "…we are having a hard time getting them to access services and identify disabilities". Another expressed their primary concern as "… making wounded warriors aware of available services and appropriately connecting wounded warriors for services

The fifth category was above-average with 37 (16.9%) placed in this category. These respondents depicted their preparedness to serve wounded warriors as above average (e.g., "we are well-prepared; …services have been available on our campus for many years"). Again, comments in the narratives stated that these campuses had an active task force in place, staff training plans for their offices and across campus, a veterans' point person or office, and essential student services such as the disability office, registrar, financial aid, counseling and other units readied and coordinated (in some cases long before the legal mandates). One respondent reported feeling "very good" about the campus preparedness, as they were the only college in the state with an office for veterans. One respondent noted "College has a history of a large active duty military population so we are prepared on

many levels…currently in discussion with state VR&E (Veterans Administration vocational rehabilitation and employment division) folks on additional programs and services." Another respondent volunteered the fact that "Our institution has implemented a non-profit center specifically for combat injured veterans/student-veterans (wounded warriors). Enrollment in our program is currently 52."

From a generic student services perspective, one respondent noted that "…we already serve a number of students who have transitional needs - we have services and personnel in place." Another responded feeling "Very prepared, staff training has occurred as has coordination with other offices."

Disability services. Disability rights (e.g., discussing how disability eligibility under Section 504 and ADA compares/contrasts with military disability determinations, documentation needs) were the most common on-campus disability service referral (31%). The next most common on-campus referral was special brochures, pamphlets and other materials providing useful referrals to such resources as the Department of Vocational Rehabilitation and Disability Resources (28%). Only 9% of on-campus referrals were for psychometric evaluations, and/or other diagnostic testing. However, referrals for psychometric evaluations within 50 miles accounted for 19% of disability service referrals with 5% being at a distance greater than 50-miles from campus (see Table 3).

Therapy Services. Referrals for psychological counseling or therapy (e.g. combat reintegration to civilian life) was the most common on-campus service (54%) while most referrals for physical therapy were made to providers within 50 miles of campus (50%) with 39% of counseling referrals within 50 miles of campus. Twenty-one percent of physical therapy service referrals were more than 50-miles from campus.

Veterans' Services. On-campus referrals for financial counseling (50%) and scholarship service (44%) were reported. Most veterans' families support groups/activities were within 50 miles of campus (46%) with only 38% located on-campus. Referrals were also made to veterans' support groups, clubs, councils and/or organizations (44%); veteran's resource centers e.g., location where veterans could congregate, leave books, socialize, rest and network (50%); and workshops, seminars or institutes e.g. topics related to reintegration, entrepreneurship, relationships, upcoming deployment (48%) on-campus.

Table 3
Services for Wounded Warriors

	On-campus		Within 50 Miles		Outside 50 Miles	
Service	Frequency	%	Frequency	%	Frequency	%
Academic Services						
Academic Adjustments	141	16.5	46	63.0	14	17.9
Career Counseling	158	18.5	6	8.2	37	47.4
Curricular Adjustments	182	21.3	17	23.3	2	2.6
Evening/On-line Courses	186	21.8	3	4.1	12	15.4
Evening Student Services	187	21.9	1	1.4	13	16.7
Total	854	100.0	73	100.0	78	100.0
Disability Services						
Disability Rights	189	44.3	7	4.9	5	10.2
Psychometric Testing	56	13.1	112	78.9	33	67.3
Specially Printed Materials	182	42.6	23	16.2	11	22.4
Total	427	100.0	142	100.0	49	100.0
Therapy Services						
Physical Therapy	58	34.9	101	56.1	42	75.0
Psychological Therapy	108	65.1	79	43.9	14	25.0
Total	166	100.0	180	100.0	56	100.0
Veterans Services						
Financial Counseling	199	26.9	2	0.6	0	0.0
Scholarships	177	23.9	18	5.3	6	4.8
Veterans' Family Support Groups	77	10.4	92	27.1	32	25.4
Veterans' Resource Center	89	12.0	78	22.9	34	27.0
Veterans' Support Groups	101	13.6	76	22.4	24	19.0
Workshops/Seminars	97	13.1	74	21.8	30	23.8
Total	541	73.1	338	99.4	126	100.0

Open-Ended Responses

There were four open-ended questions at the end of the survey. These provided participants the opportunity to record suggestions, comments, observations or opinions regarding the provision of services for wounded warriors. The following are select quotes, comments and suggestions provided by the survey participants.

Top Priorities

Responses related to the top priorities for providing a "wounded warrior-friendly" environment repeatedly identified specific needs. These needs are for effective referrals, connections to other student veterans, ensuring smooth transitions, and coordination of services (e.g., admissions, orientations, financial aid, counseling, DS). Other top priorities are eliminating/reducing red tape, providing faculty and staff awareness trainings, and providing a safe environment (e.g., a veteran's lounge to relax, study). Additional practical needs are easier access to financial assistance, support for families involvement in education process, support groups, Veterans Resource office with advocates, connecting with other non-traditional students, course scheduling and academic policies, other academic accommodations, assistance with housing, informative web sites, connections to VA and other vet resources, extended office hours, and other basic disability accommodations. Further, a commonly repeated comment by respondents was the need to designate a point person or office for veterans to begin the process of reintegration. Respondents noted that it was important to identify the "go-to" people or office that assists vets. Several respondents suggested a central place on-campus for students to go to for veteran services.

Gender Differences

This question sought to determine whether there are distinctions between accommodations provided male and female wounded warriors and whether there were any distinctive differences in service needs. The majority of respondents did not believe there were any gender distinctions in either case. Conversely, a few respondents responded that they did think there were gender differences in treatment in that they believed females tended to be more willing to seek out accommodations and self-identify than males. In support of this observation, other respondents indicated that males were less likely to come in for accommodations, and were much less willing to self-identify. Another

acknowledged, "The introduction of women to combat alters the fabric of addressing the veterans' needs." Interestingly, some respondents believed that male students were more likely offered support and services than females, and reported that they had only seen male wounded warriors. Several respondents acknowledged that females were more likely to have experienced sexual trauma, in addition to other disabilities.

Other Comments

The final open-ended question asked if the respondents had any other thoughts to share on the topic of wounded warriors in postsecondary education not already covered in the survey. This question was as open as possible; to learn what else the respondents would volunteer. Responses covered a wide range of issues and topics. Most wrote that they thought the research was valuable, with one respondent stating "Keep doing what you are doing... this whole area is so valuable to the life of the colleges and our society." Another stated "Very happy that it is being addressed, needs to be supported NOW." The respondents repeated the need for more information on the topic, with one emphasizing, "We need much more information and fast!" One respondent admitted an attrition issue by noting "Several of the veterans who first registered with the disability services ended up dropping out of the classes before the add/drop deadline. It appears they may not be ready yet for the stress of returning to classes."

Some respondents indicated that participation in the survey changed how they were going to track students, in that now they would include veteran status in the intake process. As one person wrote, "Looks like we need to be doing a better job of tracking our wounded warriors."

One respondent noted that his/her campus had developed scholarships that include all expenses: tuition, room, board, books and computers for wounded warriors. Another commented, "I am so proud of our University for... implementing services for our veterans without what appears to be a lot of red tape." Another respondent reminded the researchers "Addressing campus climate (such as classroom discussions) also needs to be part of any comprehensive plan."

Discussion

As has already been identified, the response level to this study was disappointingly low, yet the data presented in this research did provide more information

than had previously been known, and does present the potential to provide a springboard for future campus discussions and/or research studies.

With only 33% of the respondents expressing comfort and/or knowledge of campus efforts to serve wounded warriors, the question lingers as to what the remaining campuses will do when they are in a situation where more than one wounded warrior suddenly appears at their campuses. The 17.3% of the respondents who identified that they had above average ability to serve wounded warriors were in the minority, and clearly have much to offer those campuses that are less confident or knowledgeable. Of the responses received from the above average group, it was evident that there was general agreement that there was a need to develop a warrior friendly campus by reducing as much red tape as possible, and designating a point person or office to work specifically with warriors. Each campus DSO needs to explore its' role in this process, to determine whether the DSO office may be a suitable candidate to serve as primary point, especially as it relates specifically to wounded warriors.

In identifying categories of disabilities that the wounded warriors present, not surprisingly psychological/emotional had the highest numbers, followed by health/medical and then learning disability. The learning disability figure was enlightening, as it was higher than mobility or any other disability category. This leads to the question whether the learning disability diagnosis occurred after completion of military service.

Respondents identified the most frequently utilized academic accommodations were curricular adjustments, evening/online courses, and evening student services. These accommodations outnumbered academic adjustments or career support. However, financial counseling ranked the highest in terms of veteran specific services utilized, outranking family support groups, and even veteran centers.

How DSO fit into the campus vision related to warrior services is a question that if not already in progress, needs future discussion. Given the open-ended responses from the DSO that felt above average in comparison to those who felt below average preparation, the DSO who played active roles in the warrior campus discussions were more confident about wounded warrior preparation than those who were not part of any campus warrior discussions.

Recommendations

Based on the responses from those who felt confident about their campuses level of preparedness, it was evident that inclusion in the campus dialogue and preparation process provided higher levels of DSO confidence with meeting wounded warrior's needs. Therefore, it is recommended that campuses throughout the nation have a campus dialogue on returning veterans, if it has not yet been initiated, and that DSO professionals be included in the discussion process from the beginning. Disability professionals should actively seek out other campus professionals to determine if a collaboration process is underway, and if not, take a leadership role in establishing these relationships at their institutions. Campus and community collaborative programs designed to educate faculty and staff on the unique needs and expectations of the wounded warriors is highly recommended in order to better prepare the campus to provide veterans a seamless transition into the classroom. Disability service providers are poised to take a leadership role on campuses in such an endeavor. Controversial as it may sound, the survey results identified that wounded warriors are allowed a level of courtesy and access to resources and accommodations that are more than what is offered to their fellow students. Therefore, recommended unique services included a need for veteran specific reintegration orientations, university points of contact, a "safe" place for veterans to congregate, and other services that also include the families of the veterans.

Areas for Future Research

The specific population of wounded warriors enrolled in postsecondary institutions remains a data frontier worthy of further exploration. Even less researched are the experiences and needs of wounded women warriors (WWW). Future research projects could provide further fact finding related to WWW in postsecondary education. Research related to wounded warrior enrollment and retention would be valuable. Research shows that students with disabilities graduate from postsecondary education at a lower rate than their peers without disabilities (U.S. Department of Education, 1999) therefore, wounded warriors could pose similar, if not, unique retention concerns.

Limitations

The results presented in this study must be considered in light of some limitations, of which the

primary one is the overall response rate of 9.5% being extremely low for a substantive statistical study. The low response rate and anonymous nature of responses made follow-up research not feasible. Efforts were made to improve the response rate, including keeping the survey as brief as possible and using skip logic to shorten response time. An electronic survey was used to ease response. Additionally, all four email solicitations for participation were sent by the Executive Director of AHEAD.

Reasons for low response are purely conjectural. It is possible that non-responding DSO's felt any combination of the following sentiments: they felt that they had nothing to contribute to the subject matter, they were overwhelmed by surveys and this was just one more request for their valuable time, and/or they weren't aware of the survey request for whatever reason.

Additional limitations relate to the campus descriptor choices and background demographic information obtained. Campus descriptor choices are different from those used by the National Center for Education Statistics (2008), thus limiting campus descriptor comparisons. Additionally, the survey did not ask respondents about educational background, length of service in the DSO office, position title, or previous experience with veterans and serves only as a starting point for additional research. Despite the low response limitation, the descriptive data presented here provides an important, albeit preliminary look at the role disability service providers in postsecondary education have in providing services to wounded warriors.

Conclusions

Higher education needs to insure that veterans have a safe, smooth, and accommodating transition into the world of academics and ultimately the world of work. However, providing effective veteran reintegration services may mean providing the wounded warriors services that go beyond what is available to other students. As one respondent noted, institutions need to be "Making sure they get the services due them, providing an accepting environment where they can get an education, and meeting their academic needs through appropriate accommodations."

The traditional methods for providing disability accommodations by waiting for student to self-identify accommodation needs, and presenting appropriate documentation to qualify for accommodations, may not be as effective with the current wounded warrior population. For better or worse, how disability professionals do their jobs has been changing in light of the national attention on veterans, and in particular wounded warriors. The Department of Education OCR Dear Colleague made this issue clear, that more proactive versus reactive support was needed. Considering the new ADA Restoration Act expectations, more focus on reasonability, and less emphasis on documentation, may mean that DSO will need to rethink their traditionally reactive (self-identification) stances in favor of proactive (reasonable) approaches.

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Appendix

AHEAD Wounded Warrior Online Survey – 2008

<u>Survey of Current Practices in Serving Wounded Warriors</u>

Note: In the event you are unable to respond to some of the following questions, it is recommended that you contact your institution's official records keeper (Registrar), your Counseling Service, and/or other institutional contacts that may have more direct involvement with veterans**.**

Part 1 of 5

In this part of the survey, we will ask for your personal demographics.

1. What is your gender?
    a) Male
    b) Female
2. Are you a veteran?
    a) Yes
    b) No
3. Have you ever served combat duty?
    a) Yes
    b) No
4. Are you in the Reserves/National Guard?
    a) Yes
    b) No
5. Is anyone in your immediate family a veteran?
    a) Yes
    b) No
6. Is anyone in your immediate family currently serving combat duty?
    a) Yes
    b) No
7. Is anyone in your immediate family in the Reserves/National Guard?
    a) Yes
    b) No
8. What percentage of time do you dedicate toward coordinating programs/services for wounded warriors not otherwise available through your standard services for all students with disabilities?
    a) None
    b) Less than Quarter Time – less than 5 hours per week
    c) Quarter time – 6 to 10 hours per week
    d) Part-time (50%) – 11 to 20 hours per week
    e) Part-time (75%) – 21 to 30 hours per week
    f) Full-time (100%) – 31 to 40 hours per week
    g) More than Full-time – 41 or over hours per week

Part 2 of 5

In this part of the survey, we will ask questions related to your office.

9. Does your office intake process request veteran status information?
    a) Yes
    b) No
10. Have you referred wounded warriors elsewhere on campus? Check all that apply:
    a) Haven't referred them anywhere
    b) Career Services
    c) Counseling (e.g. support groups, psychological testing)
    d) Financial Aid (FAFSA, Montgomery GI Bill etc.)
    e) LGBT (Lesbian, Gay, Bi and Transgender) Services
    f) Orientation
    g) Student Affairs (veteran organizations)
    h) Other (please specify)
11. Does your office cooperate/collaborate with local agencies (within 50 mile radius of your city/county) to provide services/programs specifically for wounded warriors? Check all that apply:
    a) Have not collaborated/coordinated with any local agencies
    b) CVSO (County Veterans Service)
    c) DVR/DVS (Department of Vocational Rehabilitation or Services)
    d) DVOP (Disabled Veteran Outreach Placement)
    e) Independent Living Center
    f) LVER (Local Veterans Employment Representative)
    g) Military base with an educational center for veterans
    h) Veterans Affairs hospitals/clinics
    i) Veterans Affairs (VA)
    j) Veterans Center
    k) Veterans Educational Assistance Program (VEAP)
    l) VFW (Veterans of Foreign Wars)
    m) VR&E (Vocational Rehabilitation & Employment Office)
    n) VSO (Veterans Service Organization)
    o) Other (please specify)
12. Do you provide any form of training, presentation, orientation or other form of educational outreach to faculty, staff, students and/or community regarding wounded warriors' transitional needs and/or expectations they may have moving from warrior to student? If so, please specify what you provide.
    a) Yes
    b) No

Part 3 of 5

In this part of the survey, we will ask questions about your campus.

13. Does someone other than you develop and/or coordinate services for wounded warriors on your
campus?
    a) Yes
    b) No (Go to Question #15)
    c) Don't know (Go to Question #15)

14. If you responded yes to Question #13, does this other person/department cooperate with local agencies, (those within 50 mile radius of your local city/county) to provide services/programs for wounded warriors?
    a) Yes
    b) No
    c) Don't know

15. Does your Office of the Registrar provide any specific wounded warrior services? (e.g. Veterans Affairs website, information brochures, referrals, arranging meetings with the veterans' benefits representative etc.)
    a) Yes
    b) No
    c) Don't know

16. What is the average total number of fall student enrollment at your campus?
    a) Number of undergraduate/professional students: _____
    b) Number of graduate students: _____

17. How many wounded warriors does your campus currently have enrolled? If you don't know, mark "DK" for Don't Know in the answer blank.
    a) Number of graduate and professional students   _____
    b) Number of undergraduate students   _____
    c) Number of extension/continuing education/distance students _____
    d) Number of employees (faculty/staff)   _____

18. How many wounded warriors does your campus have employed? If you don't know, or don't work with this population, mark "DK" for Don't Know in the answer blank.
    a) Number of graduate and professional student assistants _____
    b) Number of undergraduate student assistants   _____
    c) Number of employees (faculty/staff)   _____

19. Which best describes how your services for wounded warriors are funded? Select one response.
    a) Permanent funding (hard money)
    b) Grants and other limited sources (soft money)
    c) Funded through a mix of hard and soft money
    d) Don't know

20. Please identify the military branches housed on your campus. Check all that apply.
    a) We have no military recruitment branches housed on campus
    b) ROTC

a) U.S. Army
b) U.S. Air National Guard
c) U.S. Army National Guard
d) U.S. Air Force
e) U.S. Coast Guard
f) U.S. Marine Corps
g) U.S. Navy

21. Which best describes your institution?
a) Church sponsored
b) Public or state-sponsored
c) Private/Independent
d) Other

22. Which category best describes the type of setting where your campus is located?
a) Urban – located in a large city
b) Suburban or Small Town
c) Rural – not located near a major city

23. Please choose the category which best describes the type of campus where you work:
a) Comprehensive university not offering doctorate degrees
b) University offering bachelor's degrees but not graduate degrees
c)   Two-year college offering associate degrees
d) Technical/trade/vocational/professional school

Part 4 of 5

In this part of the survey, we will ask questions about specific services provided by your office and/or campus. Please respond to the best of your ability.

24. Please indicate the primary letter code that applies for entries a-o below:

D) Primarily coordinated by your department
C) Primarily coordinated by other department or departments on your campus,
R) Primarily coordinated by other agencies/offices within 50 mile radius,
N) Not Offered in my department, campus or within 50 mile radius or
DK) Don't Know

a) _____ Academic adjustments (e.g. priority registration, reduced course loads etc.)
b) _____ Career counseling and/or job placement assistance with specific assistance converting military experiences into transferable civilian employment skills
c) _____ Curricular adjustments to make courses more relevant and applicable to veterans (e.g. "life credits" and/or military training in exchange for PE, course content designed to include the adult experiences, vets only classes etc.)
d) _____ Disability Rights (e.g. discuss how disability eligibility under Section 504 and ADA compares/contrasts with military disability determinations, documentation needs etc.)

e) _____ Evening/online course options

f) _____ Evening student services (e.g. tutoring, writing labs etc.)

g) _____ Financial counseling (e.g. financial aid materials specifically explaining the Montgomery GI Bill, VA disability benefits etc.)

h) _____ Physical therapy

i) _____ Psychological counseling or therapy (e.g. combat reintegration to civilian life)

j) _____ Psychometric evaluations, and/or other diagnostic testing

k) _____ Scholarships and/or other funds specific for wounded warriors

l) _____ Special brochures, pamphlets and other materials providing useful referrals to Department of Vocational Rehabilitation, Disability Resources etc.

m) _____ Veterans' families support groups/activities

n) _____ Veterans' support groups/clubs/councils/organizations

o) _____ Veterans Resource Center (e.g. for veterans to congregate, leave books, socialize, rest and network)

p) _____ Workshops, seminars or institutes (e.g. topics related to reintegration, entrepreneurship, relationships, upcoming deployment etc.)

o) _____ Other (please specify)

25. What disabilities do your wounded warrior students have (whether or not recognized by the VA and/or registered with your office)? If some students have multiple disabilities, you may count them under multiple categories. If you don't know, check off "DK." If you don't know exact numbers, please provide a rough estimate if this is known.

Type of Disability	Number of Students Served with this Type of Disability
a) Burned/Disfigured	Total _____ DK _____ Male _____ Female _____
b) Deaf-Blind (do not include these students under other categories such as c or j)	Total _____ DK _____ Male _____ Female _____

c) Hard-of-Hearing/Hearing Impaired or Deaf	Total _____ DK _____ Male _____ Female _____
d) Health and Medical Conditions (e.g. Diabetes, Epilepsy, AIDS)	Total _____ DK _____ Male _____ Female _____
e) Learning Disabilities	Total _____ DK _____ Male _____ Female _____
f) Mobility-Related/Orthopedic (e.g. (amputations, prosthetics, muscular/skeletal pain etc.)	Total _____ DK _____ Male _____ Female _____
g) Psychological/Emotional (e.g. PTSD, TBI, substance abuse, and other mental health issues)	Total _____ DK _____ Male _____ Female _____
h) Sexual Assault/Trauma	Total _____ DK _____ Male _____ Female _____
i) Speech and Language Disabilities	Total _____ DK _____ Male _____ Female _____

j) Visual Impairment (e.g. blindness in one or both eyes, low-vision etc.)	Total _____ DK _____ Male _____ Female _____
k) Other (please specify)	Total _____ DK _____ Male _____ Female _____

Part 5 of 5

In this part of the survey, we would like to know your opinions and observations. You are invited to make additional comments/observations regarding wounded warrior services that you believe are important for us to know.

26. What would you say are the top three priorities for providing a "wounded warrior-friendly" environment at your campus?
27. Recognizing that wounded warriors will soon be at your campus (if they are not already), how would you assess your offices' level of preparedness in effectively serving them? Please explain.
28. Have you observed, or are you aware of, any distinctions between male and female wounded warriors' access's and/or needs regarding services and/or accommodations?
29. Do you have any other observations you would like to share?

Thank You for Your Participation!

Results of this survey are expected to be published in the AHEAD JPED, March 2009