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## Differences Between the Reintegration of Combat Veterans and Noncombat Veterans While Controlling for Stigma

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# Walden University

College of Psychology and Community Services

This is to certify that the doctoral dissertation by

Caroline Hulse Ramos

has been found to be complete and satisfactory in all respects,  
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the review committee have been made.

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Walden University  
2024

Abstract

Differences Between the Reintegration of Combat Veterans and Noncombat

Veterans While Controlling for Stigma

by

Caroline Elizabeth Hulse Ramos

MS, Walden University, 2016

MS, University of Phoenix, 2012

BS, University of Phoenix, 2010

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Psychology – Social Psychology

Walden University

November 2024

## Abstract

Veterans face challenges in reintegrating into civilian life. Experiences of public stigma arise from socially learned stereotypes about military service and mental health issues, which can impact veterans' ability to reintegrate following military deployment successfully. Goffman's theory of stigma details its influences on personal adjustment. The purpose of this quantitative research study utilizing a survey design was to assess the role of public stigma as a mediator between the type of deployment and veterans' reintegration experiences. A snowball sample of 85 recently discharged veteran volunteers representing combat zone deployed or non-combat zone deployed completed the Military Stigma Scale and the Military to Civilian Questionnaire. Regression analysis failed to show a significant relationship between type of deployment and reintegration. Post hoc analyses did reveal a significant relationship between type of deployment and stigma. Findings suggest more research is warranted on the role of stigma in veteran reintegration. This can lead to positive social change by highlighting the need to better understand the impact of stigma for military veterans which in turn can help identify where greater support is needed.

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## Dedication

I dedicate this work to my son, Malakai; my husband, Joseph; my mom, Kathy; and my sister, Cassandra. Their unwavering support and encouragement inspired me to persevere when I doubted myself. This accomplishment is a testament to their belief in me. I hope it teaches my son that with determination, anything is possible. Joseph always reminded me that I would succeed. He was a large part of my strength during this process. Cassandra and I shared countless conversations about dreams, with her steadfast support never allowing me to give up. My mom's unwavering belief in me pushed me through every obstacle. I am deeply grateful for their love and encouragement!

I want to thank Maggie for standing by me in so many ways – your confidence in me gave me wings. Thanks to my family and friends who have encouraged me throughout this process. Your support has been a source of strength.

Finally, to those struggling veterans: know there is help, and you are not alone in your journey. If you are having thoughts of suicide, please dial 988; you are not alone.

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## Chapter 1: Introduction to Study

Veterans transitioning to civilian life face a variety of new beginnings when they depart from active duty. One of those new beginnings is reintegrating into daily life with their families. The reintegration process could be hindered due to public stigma. According to Slomski (2014), between the years 2000 and 2011, “there have been 936,283 diagnoses of psychological disorders among current or former service members” (para. 1). Veterans tend to miss appointments for mental health despite having referrals to be seen (Deviva et al., 2016, p. 44). Missed appointments correlate with stigma and perceived barriers to care (Deviva et al., 2016). Much of the empirical literature focused on how combat veterans experience stigma (Caldwell & Lauderdale, 2021; Harding, 2017; Markowitz et al., 2020). However, service members are subjected to military stressors even if not deployed in combat positions. There is a gap in the literature regarding how veterans perceive stigma and reintegration (Charrys, 2021). This study focused on types of military service experience and experiences of public stigma as a predictor of self-reported reintegration among veterans. The positive social change this study offers is to provide data to organizations that serve veterans reintegrating into civilian life. Having this data may assist them in creating effective programs and opportunities that meet the needs of veterans on a personal basis.

Although there is some research on reintegration of veterans who were combat-deployed, there is a need for literature outlining reintegration for veterans who serve in noncombat zones as well as those veterans who do not deploy at all. Veterans face many obstacles that make it difficult to reintegrate into civilian life. Veterans who were not

deployed or did not serve in a combat zone have difficulties like not being gone for long periods and being away from their families, like those veterans who were combat-deployed. Reintegration into civilian life may be deterred considering each veteran's experience in combat, long periods in combat zones, and painful memories (i.e., losing friends, knowing people who were injured, or lost their lives) (Woodruff et al., 2018). Stigma experienced by service members can be a significant response barrier. This study focused on types of military experience and perception of public stigma as a predictor of self-reported veteran reintegration.

### **Background**

Identifying these behaviors was challenging because veterans often also struggle with reintegration. In some cases, this might be because of public stigma. Socially learned stereotypes generate the perception of how veterans should behave and some expectations about how people with combat-related mental diagnoses (i.e., posttraumatic stress disorder (PTSD), traumatic brain injury (TBI)), are recognized or depicted. These stereotypes are not always positive considering veterans labeled as 'psycho.' When veterans internalize negative beliefs about themselves, this creates a barrier to treatment called self-stigma, which may also hinder reintegration processes (Ashley, 2016). Self-stigma and public stigma can both reduce the likelihood of successful reintegration.

These injuries manifest in a wide variety of structural neurobiological changes. Biological degeneration, emotional memory formation in impaired regions of veteran's amygdala and hippocampus, impairing long-term storage of memories, susceptibility to stress and fear, and neurochemical alterations for example. With neurochemical

alterations, neuroendocrine changes may lead to conditions such as depleted sex hormones, experiencing leadership, community, purpose, and belonging. Labeling post-conflict trauma as PTSD ensures that veterans are offered the healthcare guarantee they deserve. American psychiatrist Jonathan Shay led the charge to acknowledge and honor the invisible war veterans' wounds in *Achilles in Vietnam: Combat Trauma and the Undoing of Character* (1994); this account related to the legacy of the Trojan War. The DSM-5 describes Posttraumatic Stress (PTS) as symptoms of PTSD. PTS symptoms differ by individual, although there may be overlaps due to shared experiences of battle shock, survivor's guilt, and trauma. Some veterans may encounter nightmares and intrusive memories, depersonalization, and detachment from family and friends, avoidance of people or situations associated with reminders of traumatic memories, fear, anger, irritability, hypervigilance, and social isolation, among many other PTSD-related symptoms (Burbach et al., 2024; Walker, 2016; Ware, 2017).

Researchers indicated that combat zone deployments may cause a wide range of risk factors (on a continuum) impacting a veteran's mental health. However, there is ample evidence that even veterans who were not deployed to combat positions face considerable stressors such as separation from family; harsh or unsafe conditions; long hours of duty, hyper-disciplinary environment; poor or toxic leadership; noncombat zone deployments, and other challenging encounters that involve potential risks to their wellbeing (Charrys, 2021). Furthermore, there is often a significant stigma that hinders veterans from receiving the mental health treatments they need (Markowitz et al., 2020). Such researched stigmas include feelings of otherness (Kranke et al., 2019); feelings of

being a trauma victim caused by events, not of their doing (Kranke et al., 2017); stigmas surrounding mental health (Markowitz et al., 2020); and stereotypes presuming that veterans are unstable (Schreger & Kimble, 2017). These stigmas may make veterans feel isolated and cause reintegration difficulties after they are discharged from service. As a result, high rates of homelessness, mental health issues, and suicide persist among veterans (Slaven & Llorente, 2019; United States Department of Veterans Affairs & Office of Mental Health and Suicide Prevention, 2020).

Although reintegration following combat zone deployment was studied in various veteran groups, researchers have not studied reintegration following noncombat zone deployment, or veterans without deployments. There are many issues veterans face when transitioning to civilian life. Veterans with mental illness are even more vulnerable in their reintegration. However, empirical research indicated that stigma can and has stopped veterans from seeking the treatment they need (and have a right to) that ultimately hinders reintegration (Deviva et al., 2016; Markowitz et al., 2020). Much stigma research on reintegration involved combat veterans (Caldwell & Lauderdale, 2021; Harding, 2017; Resnik et al., 2011). However, military stressors also affect service members not deployed to combat positions.

Veterans are exposed to stressors and trauma throughout their military service, which can significantly affect their ability to transition back into civilian life (Charrys, 2021). Mental health concerns are among the most common barriers to reintegration (Botero et al., 2020; Linn et al., 2019; Perkins et al., 2020). For veterans who served in Operation Enduring Freedom and Operation Iraqi Freedom, Linn et al.(2019) explained

that depression and PTSD are common problems that veterans may develop. However, 42% of veterans who battle with depression or PTSD may decline to seek treatment due to self-stigma and public stigma (Barr et al., 2022; Currier et al., 2017; Kranke et al., 2019). If we can learn how each veteran group (i.e., combat deployed, non-combat deployed, no deployment veterans) views stigma and reintegration with their group perspective, it may prove beneficial to tailor individualized group reintegration programs rather than programs created for all veterans. The way each veteran successfully reintegrates into their community will differ due to the individuality of their service experiences.

### **Problem Statement**

This study examined the research problem of whether public stigma predicts the veteran reintegration experience for someone who has been deployed, who has not been deployed, and who has never served. Veterans face so many challenges transitioning back to civilian life that it can often be a significant source of hardship. It is not uncommon that these challenges contribute to mental health detriments through PTSD, major depressive disorder (MDD), alcohol use disorder (AUD), and other problems. Scientists estimated that an average of 31.7 veterans commit suicide per day in the United States every day (United States Department of Veteran Affairs, 2022).

Reintegration can also be made more difficult by public stigma. Socially learned stereotypes regarding how veterans should behave and how people with mental illness are viewed can make reintegration difficult (Caldwell & Lauderdale, 2021). Internalizing these negative beliefs, or self-stigma, compounds this challenge (Harding, 2017). This

difficulty in reintegrating into civilian life is a significant social problem because veterans possess many skills and unique experiences that make them valuable workforce and society members. The focus on stigma and reintegration experienced by veterans is a gap in the literature (Charrys, 2021).

### **Purpose of the Study**

This quasi-experimental quantitative study aimed to determine if stigma predicts the reintegration of combat-deployed, noncombat-deployed, and non-deployed veterans into civilian life while mediating public stigma. Veterans from the three deployment categories were asked to complete the Military Stigma Scale (Skopp et al., 2012) and the Military to Civilian Questionnaire (Sayer et al., 2011) to measure their public stigma and reintegration into civilian life, respectively. The independent variable was the type of military experience (combat zone deployed, non-combat zone deployed, or nondeployed), while the dependent variable was the reintegration score. Public stigma was a covariate variable.

### **Research Questions and Hypotheses**

RQ1: Is there a relationship between the type of military experience (combat, noncombat, not deployed), as measured by self-reported military experience, and post-service reintegration, as measured by the Military to Civilian Questionnaire?

$H_0$ 1. There is no relationship between the type of military experience and reintegration.

$H_a$  1. There is a relationship between the type of military experience and reintegration.

RQ2: Does post-service public stigma experience, as measured by the Military Stigma Scale, mediate the relationship between type of military experience, as measured by self-reported military experience, and post-service reintegration, as measured by the Military to Civilian Questionnaire?

*H<sub>0</sub>2.* Post-service public stigma does not mediate the relationship between the type of military experience and reintegration.

*H<sub>a</sub> 2.* Post-service public stigma does mediate the relationship between the type of military experience and reintegration.

### **Theoretical Framework**

The theory that grounded this study is Erving Goffman's (1963) theory on stigma. Goffman (1963) defined a stigma "as an attribute that is deeply discrediting" (p.3). Such attributes may be connected to a person's religion, ethnicity, physical state, or mental health (Goffman, 1963). The author understood society as a place of actors who performed specific roles in front of other actors under a social rulebook. The individual actors performed to present the 'ideal' version of themselves to those around them. In his theory on stigma, Goffman (1963) anticipated the exchange perspective of society where "persons seek to present themselves in attractive ways and are judged by others accordingly" (Goffman, 1963, p. 38). Goffman's (1963) process of stigmatization, incorporated how "people seek to discredit, label, and 'spoil' the current appearance or behavior of individuals who, in their eyes, have unacceptable appearances or who exhibit behavior that is perceived as abnormal to the norms of their society" (Atmaca, 2020, p. 113).

The process of stigmatization was defined as: ‘the mechanisms by which people attempt to discredit, label, and “spoil” the outward appearance or behavior of people whose appearance or manner of conduct the dominant norms of a society regard as peculiar or unconventional’ (Atmaca, 2020, p. 113). Goffman’s theory centered on how society sorts individuals into normal group or deviants group (Carnevale, 2007). Deviants included people with a physical disability or deformity, mental illness, homosexuals, and so on (Carnevale, 2007). Lichtenstein et al. (2002) explained Goffman’s theory, stating, “Identity emerges once the self is considered deviant in the case of stigmatized illnesses, disability, or disfigurement” (p. 28). Active-duty soldiers seeking mental health services may have a negative public stigma about mental illness, which could keep them from seeking treatment post-deployment.

The logical connections between the framework presented and the nature of my study concluded that stigma is conceptualized as a process where people attribute someone with negative qualities because they do not necessarily fit in with conventional societal norms. In this manner, stigma is attributed to someone by someone else. However, stigma can also be self-attributed, in which individuals undergo self-devaluation and take on their stigmatized label as an identity (Goffman, 1963). My study investigated perceived social stigma and reintegration among veterans who were combat zone deployed, non-combat zone deployed, or non-deployed.

### **Nature of the Study**

This quantitative research study examined the topic of reintegration using a quasi-experimental design with the survey method (Creswell, 2014). I collected data from

veterans in combat zone deployed, non-combat zone deployed, and non-deployed within the last five years after IRB approval. For my desired quasi-experimental research design, I collected each veteran participant's results from the Military Stigma Scale (MSS; Skopp et al., 2012) and the Military to Civilian Questionnaire (M2C-Q (Sayer et al., 2011)). I used the scores on the MSS to quantify the level of public stigma perceived by veterans as well as the score on the M2C-Q to quantify veterans' self-reported reintegration into civilian life. The independent variable was military combat experience [Combat zone deployed (1), non-combat zone deployed (2), and not-deployed (3)]. The dependent variable was the reintegration score on the post-service reintegration (M2C-Q). However, the public social stigma does mediate as the MSS quantifies it.

Since this study had a categorical independent variable to investigate the relationship between that variable and a continuous dependent variable while controlling for the effects of a second continuous variable, mediation analysis was based on a simple linear regression. In the case of a regression analysis, the dependent variable's means were tested to see if they were the same across multiple categorical independent variables. As discussed earlier, the independent variable used in this study was a categorical construct: military experience, which was operationalized as either combat zone deployed, non-combat zone deployed, or not deployed. The dependent variable was operationalized as a continuous construct – reintegration was measured on a scale with a numerical value. A continuous construct of the proposed mediator variable, stigma, was also used. For the linear regression, the model began with a linear regression using both

the independent and dependent variables. Then, the line was computed, and the proposed mediator was added to see if it fits the model.

### **Definitions**

*Combat zone deployed:* A combat zone is a deployed location where the veteran receives combat pay during deployment (Absher, 2022).

*Community reintegration:* Community reintegration is defined as culturally and developmentally appropriate reintegration into social roles during the transition from military to civilian life (Elnitsky et al., 2017).

*Deployment:* Department of Defense (2021) defines deployment as “the movement of forces into and out of an operational area” (p. 62).

*Military experience:* This study defines the veteran’s military deployment experience as combat zone deployed, non-combat zone deployed, or non-deployed.

*Non-combat zone deployed:* This study defines a non-combat zone as a deployed location where the veteran did not receive combat pay.

*Non-deployed:* For this study, non-deployed is defined as a veteran on active duty who has never been combat deployed or non-combat deployed.

*Public stigma:* Society is conceptualized as a place where actors take on specific roles dictated by social rules and norms to present their most idealized selves to society (Atmaca, 2020).

*Self-stigma can be self-attributed:* Individuals undergo self-devaluation and take on their stigmatized label as an identity (Goffman, 1963).

*Stigma:* The ways “in which people attempt to discredit, label, and ‘spoil’ the appearance or behavior of individuals who, according to the norms of a society, possess an unusual or unconventional appearance or who exhibit peculiar behavior” (Atmaca, 2020, p. 113).

*Veteran:* A veteran is an active-duty service member who has departed from active status and transitioned to civilian life (Hewitt, 2020).

### **Assumptions**

This research filled a gap in understanding whether a type of military service experience and public stigma predicts post-service reintegration into civilian life. According to the National Council for Behavioral Health (Hewitt, 2020), about 30% of active-duty service members deployed in Afghanistan and Iraq experienced a mental health condition inhibiting their reintegration upon completing duties. Furthermore, the NCBH found less than half of veterans needing mental health treatment sought treatment (Hewitt, 2020) Currier et al. (2017) pointed out that individuals were hesitant to get help because of the stigma of seeking help for mental health. Therefore, it is essential to understand how different groups of veterans’ experience reintegration due to stigma. The results from this study helped fill a gap in the knowledge of possible risk factors that predict how well combat veterans and non-combat veterans reintegrate into civilian life. The findings from this study may enable the development of more effective support or intervention programs targeted towards specific groups of veterans.

### **Scope and Delimitations**

This study aims to address the gap regarding whether public stigma predicts the experiences of combat, non-combat, and non-deployed veterans to self-reported re-integrate into civilian life. Goffman's (1963) theory on stigma was used for the impact on the post-service reintegration of veterans. Active-duty and National Guard service were excluded from the study. The operant ways of the variables were operationalized with the Military Stigma Scale (MSS; Skopp et al., 2012) and The Military to Civilian Questionnaire (M2C-Q (Sayer et al., 2011)); both tools focused on veterans.

### **Limitations**

Access to willing participants posed a challenge in my study because I asked veterans about potentially sensitive topics. I explored possible online groups, organizations, etc., where my target population was found. Due to my ties with the military, I also constantly evaluated any personal biases and ensured that these did not interfere with the research process.

### **Significance of the Study**

This study was significant because it filled a gap in the knowledge of predictors of how well combat veterans, non-combat, and non-deployed veterans reintegrated into civilian life. The findings from this study have implications for positive social change by informing the development of more effective programs targeting specific veteran groups.

### **Summary**

Veterans reintegrating into civilian life need resources and services even though they are no longer on active duty. There was a gap in the literature on non-combat zone

deployed and non-deployed veterans' reintegration into civilian life. Each veteran's successful community reintegration is unique due to their individual service experiences. This difficulty in reintegrating into civilian life is a significant social problem because veterans possess many skills and unique experiences that make them a valuable workforce and society members. Understanding how public stigma predicted self-reported reintegration among the three service experiences (combat-deployed veterans, non-combat deployed veterans, and non-deployed) may help those serving veterans recognize their individual reintegration needs. This recognition may lead to individualized reintegration programs' development and greater utilization.

Using Goffman's (1963) theory of stigma, this quantitative study focused on military experience and public stigma as predictors of post-service reintegration into civilian life. I employed a quantitative research design to conceptualize the prediction model. I sampled veterans with the three types of military experiences and presented an online survey. Chapter 2 presents an extended review of the relevant literature, and Chapter 3 describes the methodology for this study.

## Chapter 2: Literature Review

The social problem related to this project was whether combat veterans, noncombat veterans, and nondeployed veterans have similar reintegration experiences while mediating to see if public stigma is a predictor of reintegration experiences. Veterans exit the military with skills and unique experiences that make them valued members of society and the workforce. Reintegration can be more difficult due to public stigma. The focus on stigma and reintegration experienced by veterans was a gap in the literature (Charrys, 2021). Although resources such as Military One Source (2022) offer short-term reintegration assistance, long-term reintegration assistance is lacking (Christopher, 2020). The results from the current study may help fill a gap in the knowledge of possible risk factors that predict how well combat veterans and non-combat veterans reintegrate into civilian life. The findings from this study may enable the development of more effective support and intervention programs targeted toward specific groups of veterans.

### **Literature Search Strategy**

In this review, I cited peer-reviewed journals, military literature, and older literature to provide a historical perspective and better understand previous research on military experience, stigma, and reintegration. I searched multiple databases in preparation for this study. Discussed in the following paragraphs are the databases, the keywords and combination of words, and the iterative process.

**Databases**

I used the Walden University library and Google Scholar. The databases used were EBSCO host (Military and Government Collection, SocIndex, and Psycho Infor), which is devoted to providing articles associated with the helping professions. I used scholarly journals, Walden Dissertations, and peer-reviewed journals to identify pertinent literature. This combined search included using several databases at once, including MEDLINE/PubMed, CINAHL, APA PsycInfo, SocIndex, ScienceDirect, Academic Search, Social Sciences Citation Index, Education Source, ERIC, IEEE Xplore, Emerald Insight, Directory of Open Access Journals, Political Science Complete, International Security & Counter Terrorism Reference Center, Computers & Applied Sciences Complete, Communication & Mass Media Complete, Gale Academic OneFile Select and several others.

**Key Search Terms**

I selected search terms to identify literature pertinent to this research topic. Relevant terms included veteran(s), post-military, transitioning service members, reintegration, self-stigma, public stigma, deployment, combat zone deployment, non-combat zone deployment, military to civilian questionnaire, veteran programs, community reintegration, transition, Goffman, and military culture.

**Scope of Literature Review**

I searched through the databases listed in the same manner as using Google Scholar. Using Google Scholar, I combined sets of terms for a more specific topic search, such as suggestions for non-combat deployed veterans, suggestions for future research

regarding reintegration, future research for veteran public stigma, and future research for veteran self-stigma. I narrowed my search to articles published in 2018–2024.

### **Theoretical Foundation**

#### **Erving Goffman's Theory of Stigma**

This study utilized Erving Goffman's theory on stigma. According to Goffman (1963): "Stigma may be concealed or displayed, reciprocally accepted or rejected, avowed or denied – depending on group associations and changes in the prevailing climate of opinion" (p.3). Goffman's theory on stigma furthered our understanding of how stigma hinders veterans' reintegration. In Goffman's theory, society is viewed as a theatre that portrays human actors assuming roles with societal rules and norms that present to the public the worthiest idealized identities (Atmaca, 2020). Simultaneously, stigma can be self-attributed, such that the self-discredited person undergoes self-devaluation and adopts the stigmatized identity label as part of their current identity (Goffman, 1963). In this way, the 'processes of stigmatization would, then, be defined as how people attempt to attempt and "spoil" the appearance or behavior of others who, according to the norms of a society, possess an unusual or uncommon appearance or who exhibit peculiar behavior (Goffman, 1963, p. 113). Relatedly, Goffman describes the processes of stigmatization: The target person is held in less esteem, sidelined socially, denied opportunity, and restrained from – lives less fruitfully. He foresaw that even social norms and expectations could also change, leading to a shift in the spectrum of opportunities open to various collectivities, a shift in who now runs what risks of social stigmatization.

Goffman's (1963) theory might help to understand stigma in military cultures and how self-stigma and public stigma influence the relative success of re-entry into civilian life. As outlined above, social stigma is a process by which persons say something wrong about an individual or regarding a group mainly because they do not necessarily 'fit in' – do not align with conventional social norms. the process of stigma emerges when negative group thought is placed on someone by another individual. However, stigma can also be imposed upon oneself through an act of self-devaluation, self-stigmatization, or the taking on of one's stigmatized label as identity.

My study investigated perceived social stigma and reintegration among veterans who have been combat zone deployed, non-combat zone deployed, and non-deployed. My first research question asked if there was a relationship between the type of military experience and reintegration. My second research question asked if post-service stigma experience mediated the relationship between the type of military experience and reintegration.

The phenomenon of interest for this study was how Goffman's (1963) social stigma () played a role in reintegration into civilian life based on veterans' military experience. Social stigma was conceptualized as a process where people attributed someone with negative qualities because they did not necessarily "fit in" with conventional societal norms. However, stigma can also be self-attributed, in which individuals undergo self-devaluation and take on their stigmatized label as an identity.

## **Literature Review**

### **Historical Overview of Veteran Reintegration Into Civilian Life**

During and immediately after World War I, 4.7 million Americans fought the prevailing view that veterans would naturally and smoothly reintegrate into civilian life (Stump, 2020). These veterans returned home to a society that changed drastically. Women earned the right to vote, and veterans' jobs before the war were taken by others (Maloney, 2017). Veterans came home suffering from physical ailments and psychological disorders such as “shell shock”, now known as Post Traumatic Stress Disorder (Jackson, 2019). Government agencies did not account for the psychological and social adjustments required.

With the experiences of World War II and the Korean War, it became evident that combat-related trauma, including PTSD, significantly impacted reintegration (Bound & Turner, 2002; Hayman et al., 1987; Mccranie & Hyer, 2000). Bound and Turner (2002) found,

The manpower demands of World War II brought together a total of 16 million military personnel between 1940 and 1945. To put this in perspective, 4.7 million individuals participated in World War I, 5.7 million in the Korean conflict, and 8.7 million in the Vietnam conflict. (p. 787).

This model recognized the need for mental health support and treatment for veterans struggling with combat-related psychological issues.

During and after the Vietnam War, it was clear that many veterans faced substantial challenges during reintegration (Hayman et al., 1987; Marini et al., 2020;

Sayer et al., 2014). Vietnam veterans also faced societal rejection, anti-war sentiment, and a lack of support (Hayman et al., 1987; Marini et al., 2020). The reintegration of veterans of the Vietnam War was experienced comprehensively, impacting many different aspects of their lives, from family to community to work. As time progressed, more focus has been on veterans' strengths, resilience, and positive growth (Hayman et al., 1987).

Veterans can recover, flourish, and find meaningful growth in their lives as they reintegrate – often with the support of community resources and social relationships and connections (Marini et al., 2020). The wars in Iraq and Afghanistan brought additional focus to the challenges faced by post-9/11 veterans (Barr et al., 2022; Morgan et al., 2020; Orazem et al., 2017; Park et al., 2021; Sayer et al., 2014;), especially concerning the need for improved mental health services, educational opportunities, and employment supports. Many contemporary approaches to veteran reintegration adopted a holistic perspective, that considered the psychological and economic aspects and the social, cultural, and educational factors influencing successful reintegration (Etchin, 2018). It is important to note that each veteran's experience is unique, and reintegration varies widely based on individual circumstances and the era in which they served.

### **Factors Influencing Veteran Reintegration**

A wide range of factors impact the reintegration process, and those factors differ from one veteran to another. For those who have combat experience, such as veterans of combat tours on the battlefield, reintegration can be complicated by PTSD and other mental illnesses brought on by the combat experience (Barr et al., 2022; Hayman et al.,

1987; Sayer et al., 2014). The intensity and duration of combat experiences likely impacted reintegration. The duration of service in the military and the type of deployment can make reintegration harder, for example, with more extended or multiple deployments. Strong social networks that facilitate reintegration with family, friends, and local communities are conducive to an individual's reintegration. Social networks offer social support that, in turn, facilitate an individual's post-service adjustment to civilian life, referred to as positive social support. Positive social support is crucial in one's adjustment to civilian life (Elnitsky et al., 2017).

For reintegration to be successful, they must have access to meaningful employment and education opportunities. Veterans might need help translating military skills or aptitudes to appropriate civilian jobs or understanding and adjusting to the culture of civilian workplaces. Physical injuries or disability and mental health disorders such as PTSD, depression, or anxiety can impact successful reintegration (Barr et al., 2022; Park et al., 2021; Sayer et al., 2014). Access to healthcare and mental health services is crucial—socioeconomic status, cultural context, and the community environment all impact reintegration experiences. Veterans who identify as Black, Indigenous, and people of color (BIPOC) or part of other minoritized communities can experience different reintegration effects compared with their fellow veterans (Elnitsky et al., 2017). This questions to what extent skills learned in the military are utilized in new settings. Veterans might need assistance identifying skills and learning to translate and communicate them to employers in civilian work environments. The availability and effectiveness of transition programs, such as job placement services, counseling, and

education support, can significantly impact reintegration (Shepherd-Banigan et al., 2021). The quality of these resources varies across different regions and military branches (Sayer et al., 2014). The dynamics within the veteran's family, including relationships with spouses and children, can influence reintegration. Family support and understanding are crucial for a smoother transition. Everyone's resilience and coping with stress and change are vital in reintegration (Mallonee et al., 2020). Some veterans may naturally adapt more quickly, while others may require additional support and coping mechanisms (Park et al., 2021). Understanding and addressing these factors can contribute to developing more effective support systems and policies to facilitate a successful transition for veterans as they reintegrate into civilian life.

Elnitsky et al. (2017) performed a meta-analysis of existing literature to examine the broader context in which military service member and veteran reintegration occurs. While many factors that affect reintegration were identified, the term still needs a comprehensive definition and framework. After synthesizing the literature, the authors found that coping with life stressors was critical to reintegration. They also found that the literature did not comprehensively represent reintegration among military service members and veterans. Key domains of reintegration identified were psychological health, social interactions, physical health, employment, financial, housing, education, legal, spiritual, and non-specific.

Public stigma can negatively impact a veteran's ability to reintegrate. Hipes and Gemoets (2019) explored how the stigmatization of workers with mental illness affected the participant's ability to be hired for a job. They found that employers who found out

the potential employee had a history of mental illness were less likely to hire due to the stigma of mental illness. Military core principles, beliefs, and assumptions are taught through various means, including basic training, leadership development programs, and ongoing training and education throughout a military career (Cmerek, 2019). The principles serve as a framework for the conduct and behavior of military personnel and are intended to ensure the military's effectiveness, professionalism, and ethical standards (Barrett, 2021; Cmerek, 2019). Values and principles can evolve. Additionally, military personnel are subject to the laws, regulations, and rules of engagement that govern their military branch and mission.

Barr et al. (2022) found that many veterans who served in Operation Enduring Freedom and Operation Iraqi Freedom suffered post-traumatic stress disorder (PTSD) and depression. One study noted that PTSD and depression were barriers to an adaptive civilian life transition (Kranke et al., 2017). Self-stigma was also noted as a factor hindering positive transition to civilian life. Harding (2017) explored veteran culture and self-stigma through the lens of Giger and Davidhizar's transcultural assessment model. This model was useful when providing care to a diverse group of patients because it emphasized how an individual's unique cultural background affects their care experience. Self-stigma was "the internalization of negative beliefs which are then applied to one's self-concept" (Harding, 2017, p. 438).

Britt et al. (2015) examined the role of "four different stigma perceptions on these outcomes: perceived stigma to career, perceived stigma of differential treatment, self-stigma from seeking treatment, and stigmatizing perceptions of soldiers who seek

treatment” (p. 142). Britt et al. (2015) found that participants’ self-stigma had more of an impact on seeking help and suggested addressing this in the initial sessions to help the participant finish the treatment plan.

### **Evolution of Veteran Support Programs and Policies**

Linn et al. (2019) explained the positive impact of animals on active duty and veterans. The authors defined reintegration as "the process of adjusting to life as a civilian and includes accessing health care, benefits, and new employment or educational opportunities as well as reestablishing relationships with family and friends" (p. 50). They explained that preexisting mental health conditions and conflict with family may complicate reintegration. They also explained that there is a need for reintegration programs. There may be a research gap to determine if reintegration programs are offered to veterans at the most opportune time. They conducted a qualitative study to find out if having veterans help animals will help with their reintegration into civilian life. The Dog Tags Niagara program mainly involves pit bulls that have been surrendered to be rehabilitated and find their forever homes. The volunteers work with the stigmatized breed to help them find homes. One of the participants in the study stated,

[It is] being able to connect with some of the animals, getting rid of that stigma that certain people have about a particular breed [of dog]. You know, many people have that feeling about veterans with PTSD, that we are damaged goods or there is something wrong with us (Linn et al., 2019, p.53).

The study found that veteran participants experienced positive moods and reintegration after volunteering with the program. Various mechanisms and services may

relieve military service's adverse emotional and social effects and assist with reintegration. Unfortunately, only one in five veterans use transitional support services (Cmerek, 2019).

### **Gaps in the Existing Literature**

Although research on how combat-deployed veterans reintegrate exists, there was a gap in the literature on non-combat-zone-deployed and non-deployed veterans' reintegration into civilian life. Veterans reported not using mental health services after returning home due to stigma and being classified as weak (Falck, 2018). Military culture of never showing weakness can be a part of the stigma of seeking help (Ganz et al., 2021). These difficulties may be due to public stigma that originated in socially learned stereotypes regarding how service members ought to behave and how people with mental illnesses such as PTSD are perceived (Caldwell & Lauderdale, 2021).

### **Historical Context of Veteran Reintegration**

Reintegration of Veterans' experiences was a composite process, a multifaceted experience framed and influenced by historical events or eras. To understand the processes or policies, it was essential to identify key historical moments and eras that impacted the reintegration experiences of Veterans. After the First World War, many Veterans returned home and faced a challenging process of reintegrating into a society that had evolved in their absence (Maloney, 2017; Stump, 2020). The Vocational Rehabilitation Act of 1918 aided veterans honorably discharged from WWI in their rehabilitation training (Stump, 2020). Those who were no longer gainfully employed were provided with a monthly allowance known as veteran disability payment. Economic

downturns combined with complex job markets, including the Great Depression, and lack of psychological support for conditions such as shell shock (now known as PTSD) Sayer et al. (2014). Economic recessions, job scarcity, such as the Great Depression, and lack of psychological support to shell shock (now renamed as PTSD), The Servicemen's Readjustment Act of 1944 (i.e., G.I. Bill) provided benefits to veterans, including education, training, and housing (National Archives and Records Administration, 2022).

Although some of this stigma spilled over into the public sentiment towards returning soldiers from the Second World War, they faced far less overt public resentment and criticism than Vietnam veterans (public stigma) (Hayman et al., 1987). They returned to the country amid an escalating unpopular anti-war movement that colored the kind of reception they received back home. They returned to the kind of field medicine that identified Agent Orange and PTSD in record proportions among the ranks of combat soldiers and to a system for collective healthcare services and mental health that picked up and ran with it.

With repeated deployments overseas in wars in Iraq and Afghanistan, symptoms of PTSD remain concerning. Service members were also exposed to the dangers and chronic conditions from combat injuries, including traumatic brain injuries. As a result, returning veterans said, 'I would rather be in (insert combat deployment here),' compared to the stress of reintegrating into family life and, for some, the shock of leaving elitist military culture behind to return 'into the outside world' (Meyer et al., 2016; Park et al., 2021; Sayer et al., 2014). As the conflicts were followed by a series of programs, including the Post-9/11 G.I. Bill, mental health services, and jobs training, to ease the

reintegration, veterans and their advocates continued to complain about gaps and challenges. In a dynamic process of deciding veterans' new destinies, idiosyncratic events of the past two decades, social attitudes, and economic conditions interact daily to shape how contemporary veterans enter civilian life. If we do not grasp the roots of this constant ebb and flow, it will be hard to improve and maintain a successful post-service reintegration for veterans returning from war.

### **Historical Reintegration Efforts**

Several historical examples reveal the obstacles and successes of veteran reintegration efforts and hold lessons for assisting veterans today. Passed in 1917 as part of a larger bill, the Smith-Hughes Act provided WWI veterans with vocational training in industrial trades, agriculture, and home economics (Maloney, 2017). The Servicemen's Readjustment Act of 1944 (i.e., the GI Bill) was passed to assist the nation's returning World War II veterans (National Archives and Records Administration., 2022). The GI Bill offered education benefits, inexpensive mortgages, and unemployment compensation to participating veterans (Barr et al., 2021). To take advantage of these benefits, entitled veterans had to be honorably discharged. The GI Bill helped maintain economic stability as the war ended and contributed to the post-war economic boom (Barr et al., 2021). Six million veterans used their educational benefits, and five million accessed low-interest mortgages. Almost 12 million veterans took advantage of the unemployment compensation benefit (United States Department of Defense, 2019). The GI Bill led to a rise in education levels and homeownership rates.

The Vietnam Veterans Readjustment Assistance Act of 1974 provided both inpatient and outpatient medical treatment as well as peer services and psychological or social services that addressed the specific challenges of the veterans returning from the Vietnam War; the Act included education, job training, and counseling (Sayer et al., 2014). This was a complete change in recognizing that servicemen and women faced psychological and social challenges in transitioning back home from war, and that this return process needed specific attention on mental health services and readjustment to civilian life. The 2008 Post-9/11 GI Bill and the 2008 and 2010 Veterans Educational Assistance Act have expanded educational benefits to war veterans in Iraq and Afghanistan (Sayer et al., 2014), including a tuition subsidy, housing allowances, and subsidies for books (Sayer et al., 2014). The act has already funded training and certification for more than 1 million veterans in the new skills and vocations they need for civilian employment.

Following injuries among veterans from the Iraq and Afghanistan wars, the Wounded Warrior Project was founded to address their unique needs. Available since 2003, its programs and services, such as mental health support, adaptive sports, and employment assistance, have positively impacted the lives of wounded veterans, as observed by Arredondo et al. (2010) and Woodruff and colleagues (2010). A program called Operation New Dawn in 2010 concluded the US military operation in Iraq, which involved the transition of personnel as their forces withdrew. Transition assistance services, the support of employment programs for vets and their spouses, the management of reintegration into civil life, and mental health services were implemented

for vets and their families. The preceding examples represent various ways of reintegrating veterans into civil life at different historical periods. They all emphasize that thorough post-reintegration support, reintegrated individuals' education, new employment opportunities, rehabilitative mental health services, counseling, and emotional support are indispensable for successful reintegration.

### **Changing Societal Attitudes Toward Veterans Over Time**

Cultural, political, and social changes influenced changing perspectives on veterans. Despite the wide variations in how veterans are perceived and treated at different times in history and how veterans have experienced their lives, it is possible to identify common threads in the evolution of veterans' meanings.

Following the First World War, veterans returned home and failed to readjust to civilian life (Maloney, 2017). Veterans did not have a support system to aid them in returning to civilian life and have battled with the then-unknown reality of repeated experiences of post-traumatic stress (Jackson, 2019). Veteran hospitals and medical services were designed in response to WWI – at the time, it was believed that these resources would be temporary and serve to aid in the healing of the wounded veterans from the war (Jackson, 2019). Today, veteran hospitals and medical facilities are part of the Veterans Health Care System (Jackson, 2019).

Attitudes toward veterans also improved in the Second World War era and remained positive in the immediate postwar period. A 'Greatest Generation' narrative emerged, viewing veterans as civic warriors who fought for freedom and democracy (Huebner, 2011). This positive portrayal of the hero-veteran led to tremendous societal

respect for veterans (Hayman et al., 1987). The Vietnam War era was another time of rapid change in attitudes toward veterans. Unlike the allied heroes of the Second World War, Vietnam veterans were often met with hostility, not celebration, after they returned home (Sayer et al., 2014). Anger towards the warbled into anger towards these veterans. Not only that, but these soldiers were returning with new mental health issues and concerns they could not talk about, all of which translated to a lack of mental health support for PTSD in veterans (Sayer et al., 2014).

Indeed, learning from the treatment of Vietnam veterans became a stated goal, and efforts were made to develop better healthcare and social reintegration systems for veterans of future armed conflicts. In the wars in Afghanistan (2001-) and Iraq (1999-2011), renewed attention was paid to the plight of veterans (Barr et al., 2022; Morgan et al., 2020; Park et al., 2021; Sayer et al., 2014). As a society, we essentially slow down the cadence of our ambivalence. We demonstrated increased sympathy for troops deployed in wars, speaking out more often about their difficulties at home, including PTSD and TBIs (Sayer et al., 2014). Yellow ribbons and ‘Support Our Troops’ campaigns became universal.

Veteran mental health has long been an issue: PTSD, depression, and other mental health problems among veterans have been subjects of extensive research for quite some time. Lately, there has been a more significant effort to help and heal veterans, and in 2024, there is significantly more emphasis on helping returning veterans maintain their mental health and reintegrate themselves into civilian life. There are numerous programs offered by governments, corporations, or non-governmental

organizations that support veterans by providing them with return-to-civilian life education, employment placement, or mental health support, and there are recognitions of the diversity among this group (Shepherd-Banigan et al., 2021). Veterans are no longer one-dimensional figures as they once were – their varied needs and backgrounds (e.g., veterans' age, gender, race, and sexual orientations) are seen and understood differently now than they were in the past.

There has been a positive change, even with the lingering issues of mental health stigma, the high level of homelessness among veterans, and struggles with timely and adequate access to care. There have been massive changes in the attitudes of society toward veterans. Overall, there is a greater appreciation for what veterans have done and continue to do for their countries. However, there are still some challenges that veterans face, and society is yet to learn the lessons needed for them to feel comfortable and supported.

### **Factors Affecting Veteran Reintegration**

#### **Veteran Reintegration Historically**

During military service, veterans were trained to forget aspects of civilian life to stay focused on their mission (Christopher, 2020). The mission refers to the military mission of the veteran while on active duty. One aspect of their training taught them that seeking help is a sign of weakness (Russell et al., 2016), which could hinder the mission. Christopher (2020) opined that common trainings within the military promoted an outcome where any service member perceived weaknesses were crushed. Service members are always expected to put the mission before anything else.

### **Segmentation by Different Conflicts**

There are numerous considerations for veterans reintegrating into civilian life. Mental health is a large area, along with many other considerations. Barr et al. (2022) noted that veterans serving in Operation Enduring Freedom and Operation Iraqi Freedom had the highest diagnoses of and struggles with post-traumatic stress disorder (PTSD) and depression. Self-stigma can prevent veterans and military service members from receiving a positive transition to civilian life (Barr et al., 2022). As suggested by Gratz et al. (2006), self-stigma may be one of the reasons veterans with PTSD and other adjustment problems do not actively seek mental health services.

The purpose of the Barr et al. (2022) study was to determine if using mindfulness positively or negatively impacted veterans who were diagnosed with PTSD, depression, self-stigma, and mental health help. The Self-Stigma of Seeking Help Scale (SSOSH) was used to provide clarity about self-stigma concerning people seeking help for mental health issues. Unfortunately, the prevalence of self-stigma prevents veterans and military service members from engaging in practices, such as daily mindfulness, that may offer a protective factor for them. Consistent with the present study, a recent survey of 1991 active and reserve-component service members found that having lower levels of perceived self-stigma of mental health was significantly related to receiving care for anxiety or depression, regardless of combat deployment or mental health symptoms (Barr et al., 2022).

## **Social Stigma and Reintegration Among Veterans**

In addition to self-stigma, veterans also run the risk of social stigma. Often, this is based on the public's current attitudes toward military operations and related governmental policies, which can vary across age, race, and political ideology groups (Falck, 2018). In addition, there is the risk of social stigma related to people's concern for veterans' challenges with PTSD, depressive symptoms, violence, substance abuse, or other adjustment issues, including un- or underemployment (Correll et al., 2021). The key focus of the proposed study is to examine veterans' experiences with social support and stigma and the possible effect on reintegration. Specifically, experiences were compared among veterans deployed to combat zones, non-combat zone deployed, and those never deployed.

## **Evolution of Support Programs and Policies**

Following the end of the First World War, the US Veterans Bureau (renamed the Veterans Administration in 1930) was established to provide healthcare and disability compensation to veterans; however, unemployment and stigma remained significant issues (Jackson, 2019; Maloney, 2017; Stump, 2020). The passage of the Servicemen's Readjustment Act of 1944 (i.e. GI Bill) heralded a landmark set of benefits for US veterans, providing educational and housing stipends, low-interest home loans, and unemployment compensation (Shepherd-Banigan et al., 2021). Veterans of the Korean War, as well as Vietnam War veterans, have varying degrees of support utilized upon return home. Vietnam Veterans of America (VVA) was established in 1979 (then called the Council of Vietnam Veterans), lobbying government and state agencies to support

and provide resources to Vietnam veterans (History 2023). Although GI Bill benefits were available for the latter period, social and political difficulties endured for many Vietnam veterans, including anti-war protests. Following the end of the Cold War, veterans of this period have been provided more targeted benefits, such as enhanced healthcare and education alternatives, via the VA and other services (Fahn & Hadjer, 2015).

We have indeed witnessed the changes due to developments in reintegration in the 21st century, especially for post-9/11 veterans of the Iraq and Afghanistan conflicts, expanded educational benefits through the Post-9/11 GI Bill, and improved health care services for veterans through services of the VA. This increased national, cultural, and political focus on mental health and addressing problems such as PTSD (Park et al., 2021). Despite the positive changes occurred, veterans from all wars still face challenges that stem from a lack of adequate support in the reintegration process. Veterans still suffer from mental health issues, unemployment, and homelessness. Problems like homelessness, mental health issues, and unemployment are still significant obstacles for many veterans across generations and conflicts (Slaven & Llorente, 2019). Millions of volunteers, non-profit organizations, and even government agencies are involved in helping to improve how veterans reintegrate after military service, such as providing training and job programs and addressing things such as veterans experiencing homelessness.

Perkins et al. (2020) evaluated a study done by “The Veterans Metrics Initiative (TVMI), a public-private collaboration led by Henry M. Jackson for the Advancement of

Military Medicine” (p. 243). The study's collaboration includes the Veterans Health Administration, private industry, and the academic/university setting; the goal is to understand service members' transitions to civilian life. This study follows participants for three years post-separation. The study aims to find out what programs veterans use during reintegration. The literature review by the authors found that one of the most needed services in the military-to-civilian transition was the need for mental health services unique to the needs of veterans and physical health and well-being.

### **Summary and Focus of Study**

There are significant challenges to successful reintegration of military veterans into civilian life. Various factors may influence reintegration. This study examined a current gap in the literature by surveying military veterans' deployments/activities during military service, post-separation experiences with social stigma related to military service, and reintegration into civilian life.

### Chapter 3: Research Method

This quasi-experimental quantitative study aimed to determine if public social stigma mediates the reintegration of combat-deployed veterans, non-combat deployed veterans, and non-deployed veterans into civilian life. Each veteran's community reintegration will be unique to their type of military service and the community's social responses. Reintegration can be more difficult if complicated by the public stigma of military experiences. Socially learned stereotypes regarding how veterans should behave and how people with mental illness are viewed can make reintegration difficult (Caldwell & Lauderdale, 2021).

This chapter describes planned procedures for operationalizing and measuring the variables under study, recruitment of participants, and planned analyses to evaluate the research hypotheses.

#### **Research Design and Rationale**

Quantitative research is a systematic and structured approach to studying phenomena in the natural and social sciences using numerical data and statistical analysis. This research methodology is characterized by its emphasis on objectivity, precision, and the quantification of variables (Bauer et al., 2021). Quantitative research is designed to produce objective, measurable, and replicable results. It minimizes the influence of the researcher's bias, personal opinions, or interpretations, thus increasing the reliability and validity of the findings (Mohajan, 2020). This objectivity is vital in situations where subjectivity might compromise the integrity of the research.

Quantitative research employed various statistical techniques to test hypotheses and relationships. Statistical methods enabled researchers to assess the findings' significance, quantify the association's strength, and draw conclusions about causality (Pesämaa et al., 2021). This statistical rigor helped ensure the robustness of research findings. Quantitative research can efficiently handle large-scale data collection. With the aid of technology, researchers can gather data from a substantial number of participants or sources, making it suitable for addressing complex research questions or trends that require a comprehensive dataset (Apuke, 2017). Quantitative research offers a robust, structured methodology for investigating research questions, providing objective, precise, and generalizable results (Pesämaa et al., 2021). Its reliance on statistical analysis enhances the credibility of findings and supports evidence-based decision-making in numerous fields. However, it is essential to recognize that quantitative research may not be suitable for all research questions, and researchers should choose the methodology that best aligns with the nature of their inquiries and objectives.

### **The Formal Research Questions for This Study**

RQ1: Is there a relationship between the type of military experience (combat, non-combat, non-deployed), as measured by self-reported military experience, and post-service reintegration, as measured by the Military to Civilian Questionnaire?

H1<sub>0</sub>. There is no relationship between the type of military experience and reintegration.

H1<sub>a</sub>. There is a relationship between the type of military experience and reintegration.

RQ2: Does post-service stigma experience, as measured by the Military Stigma Scale, mediate the relationship between type of military experience, as measured by self-reported military experience, and post-service reintegration, as measured by the Military to Civilian Questionnaire?

H2<sub>0</sub>. Post-service stigma does not mediate the relationship between the type of military experience and reintegration.

H2<sub>a</sub>. Post-service stigma does mediate the relationship between the type of military experience and reintegration.

### **Overview of Design**

To address the research questions in this quantitative study, the specific research design included a quasi-experimental design using the survey method (Creswell, 2014). I employed a linear regression analysis procedure to perform a mediation analysis to evaluate the relationship between a categorical independent variable (military experience: combat zone deployed, non-combat zone deployed, non-deployed) and a continuous dependent variable (reintegration experience) while controlling for the effects of another continuous variable (social stigma (Leppink, 2018)). Using the Baron and Kelly (1986) method, I first examined the correlation between the independent variables, followed by adding the proposed mediator variable to the regression equation to see if the addition modifies the prediction strength of the equation.

### **Sample Size and Power Analysis**

I analyzed the data using a regression analysis with one mediator variable. I used G\*Power to identify the minimum sample size for the study. With a planned effect size of

0.15,  $\alpha = .05$ , power of .80, and number of tested predictors = 2, the minimum sample size should be 68, with roughly equal numbers in each of the three groups for the independent variable.

### **Population and Sampling Procedures**

The target population were veterans who served on active duty and have transitioned from active duty to civilian life within the last five years. National Guard members were not part of the population for my study. I recruited volunteers by posting information on online veterans' groups that permit recruitment. For example, I requested permission from groups such as the US Department of Veterans Affairs ([www.research.va.gov/resources/oasc.cfm](http://www.research.va.gov/resources/oasc.cfm)), Veterans of Foreign Wars (VFW), Facebook groups (e.g., PTSD Survivors of America, The Caregiver Space).

I collected data from veterans deployed to combat zones, non-combat zones, and non-deployed. The recruitment information was posted online on Facebook and Instagram. Those who were interested clicked on a link to take them to the survey site, where they were presented with the informed consent form. After reading the informed consent form, those who agreed to participate were forwarded to Qualtrics. Qualtrics is an online data collection tool. Qualtrics allowed participants to complete a demographics questionnaire that included information about their military service, the MSS, and the M2CQ. To keep the confidentiality of participants, Qualtrics did not keep track of IP addresses.

At the end of the surveys, participants were encouraged to pass along the survey information to peers they thought might meet the criteria. Therefore, snowball sampling

was also used to obtain participants. Inclusion criteria were as follows: (a) the participant was over the age of 18; (b) a United States citizen; (c) detached from military service; and (d) started reintegrating into civilian life. Exclusion criteria were as follows: (a) noncitizens of the United States; (b) active-duty service members; (c) under the age of 18; and (d) demonstrated a lack of fluency in the English language.

One possible limitation of the proposed sampling method was that low-income samples may need help accessing computers and the internet. In addition, military populations are not always willing to share their perspectives freely, which also needs to be considered. However, the anonymity of their responses aided their comfort.

### **Instrumentation and Operationalization of Constructs**

The independent variable was military experience (combat zone deployed, non-combat zone deployed, or non-deployed) as reported on the demographic questionnaire. The dependent variable was the reintegration score on the M2C-Q. Public stigma was the mediator, as measured by the MSS. In addition to the following instruments to collect data, at the end of the survey packet, participants were advised to seek ongoing support if the experience of completing the survey materials caused stress or other considerations about their ongoing needs.

#### **Military Experience**

Participants were grouped by military experience, as indicated by responses to questions to identify the type of military service during active duty (i.e., combat zone deployed, non-combat zone deployed, not deployed). In addition, demographic data was collected to provide information on length of time in active duty, year of discharge from

active duty, age, ethnic/racial identity, and gender identity. The complete demographic questionnaire is presented in the Appendix.

### **Military Stigma Scale**

Military Stigma Scale (MSS) was developed by Skopp et al. (2012). One of the motivations for the development of the scale was to objectively measure stigma related to military mental health challenges and treatment. The MSS had 26 items that comprised two internally consistent subscales: one measured public stigma (i.e., 16 items to evaluate the individual's perceptions of stereotypes and prejudices of and labeling by others related to mental health challenges and care) and ten items for evaluation of self-stigma (i.e., the individual's own internalized feelings of insufficiency and incompetence). Internal consistency for the public stigma subscale of the MSS was estimated to be .95 for White/Caucasian, Black/African, and Asian American groups, .92-.93 for Latino/Hispanic groups and multi-racial groups .94 for both males and females, and .92-.95 across ranks (Skopp et al., 2012). The dimensionality and construct validity of the MSS continues was validated with current military service members (Vidales et al., 2024). By contrast, there was limited use of this scale with military veterans. For example, McGuffin et al. (2021) explored possible relationships between destructive and supportive leadership while on active duty and mental help-seeking behaviors as veterans. They found that military leadership was a significant predictor of willingness to pursue mental health support among both active service members and veterans. Sample items from the MSS were as follows:

*I am getting along with relatives (such as siblings, parents, grandparents, in-laws, and children not living at home).*

*Feeling like you belong in “civilian” society?*

*Confiding or sharing personal thoughts and feelings?*

The wording was modified to reflect expectations or actual experiences with the public and self-stigma.

Public stigma: *“I would be or currently am given less responsibility if others know I may be seeing a mental health provider.”*

Self-stigma: *“I would feel or currently feel inadequate if I went to a therapist for psychological help.”*

Items were presented with a 4-point Likert scale, including Strongly Disagree, Somewhat Disagree, Somewhat Agree, Strongly Agree.

### **Military to Civilian Questionnaire**

The Military to Civilian Questionnaire (M2C-Q) was developed by Sayer et al. (2011) to evaluate reintegration experiences and challenges among military veterans. It consisted of 16 items, each with a 5-point Likert scale (0 = No Difficulty to 4 = Extreme Difficulty). It can be completed in less than five minutes. The Cronbach’s alpha for those with and without probable PTSD was estimated at  $\alpha = .92$ . The scree plot supported a one-factor solution. Instructions asked respondents to respond to items considering how much difficulty they had had with each item during the previous 30 days.

Sample items were:

*Dealing with people you do know (such as acquaintances or strangers)?*

*Confiding or sharing personal thoughts and feelings?*

*Finding meaning or purpose in life?*

### **Selected Statistical Analyses**

As this study aimed to determine the relationship between a categorical variable and a continuous dependent variable while controlling for the effects of another continuous variable, mediation analysis was conducted using a simple linear regression in SPSS. A regression analysis was used to determine if the scores on the dependent variable were predicted in relation to the categorical independent variable (Leppink, 2018). The independent variable in this study, military experience, was categorical since military experience was classified as combat zone deployed, non-combat zone deployed, or non-deployed. The dependent variable, reintegration, was continuous and was measured as a numerical value. The mediator in this study, stigma, was also a continuous variable measured along a scale. A linear regression that included the independent variable, proposed mediator variable, and dependent variable was used to test the research hypotheses.

### **Internal Validity**

Internal validity refers to the extent to which a study accurately demonstrated a cause-and-effect relationship between the independent variable (i.e., military experience) and the dependent variable (i.e., reintegration score) while minimizing the influence of confounding factors. Internal validity was something I was mindful of due to my connection to the military population (Slack & Draugalis, 2001). Threats to internal validity included selection bias. Selection bias occurs when the sample does not represent

the population, leading to inaccurate inferences. To mitigate these threats, I posted to social media where veterans decided to participate in the study (Slack & Draugalis, 2001). Additionally, transparent reporting of methods and results helped ensure the reliability and validity of the study.

### **External Validity**

External validity in the context of quasi-experimental research with veterans referred to the extent to which a study's findings were generalized or applied to other populations or settings (Slack & Draugalis, 2001). Due to seeking veterans who reintegrated into civilian life within the last five years, I ensured that the sample of veterans in my study was diverse and representative of the larger veteran population. Veterans can vary widely in age, gender, branch of service, combat experience, and other factors. The more diverse my sample, the more likely my findings can be applied to a broader range of veterans.

### **Statistical Validity**

Statistical conclusion validity related to the appropriateness of the statistical procedures used in the analysis. Threats to statistical conclusion validity included low statistical power (Dwork et al., 2015). Low statistical power refers to inadequate sample sizes, which may fail to detect actual effects. Due to utilizing participants of a protected population, I was mindful of having an adequate sample size (Dwork et al., 2015).

### **Ethical Procedures**

Following the Walden University policy, I submitted my proposal for IRB approval before recruiting participants and collecting any collected data.

I paid close attention to ethical conduct as I utilized veteran participants; informed consent, participants' privacy, and the effect of my study on the participants emotionally and psychologically were considered. That is why the participants were notified that they could terminate the research at any time if they participated in the study. The participants were not reimbursed for their participation. To maintain confidentiality and keep the data safe, the USB is password-locked and held in a locked drawer; only I will have access to the USB for five years. At the end of the five years, all data will be erased and deleted from the USB, with no chance that the data cannot be recovered. The printed documents will be cross-cut diamond shredded, so make sure there is only a zero percent chance of recovering information.

I followed ethical procedures for informed consent. Informed consent is required whenever a researcher uses humans to conduct that study. Informed consent was necessary to inform the potential research participant of the processes, risks, and benefits of the study conducted (Nijhawan et al., 2013). Participants were informed that they had the liberty not to participate in the study and that they had the liberty to withdraw from the study at any time (American Psychological Association, 2014). Confidentiality was informed at the time, and the provider for the research provided them with contact information for the researcher and any university personnel, which helped the participant gain further information or discuss any grievances they had regarding the research and their participation.

The online study was set up so that participants worked on the materials in a roughly 20-30-minute session (or less), and they were free to end the study prematurely

at any time. There was no mechanism for picking up where they left off if they exited before the end.

### **Summary**

The reintegration of military veterans is an ongoing need. Military veterans often leave the service with challenges for readjustment to civilian life. The current study explored reintegration among veterans who experienced deployment with military combat, as compared with those who were deployed but not exposed to military combat or those who were not deployed at all. Social stigma was the primary focus as a mediator of reintegration experiences. It is hoped that the results of this research provided more guidance for possible unmet challenges and needs of certain veteran groups.

## Chapter 4: Results

### Introduction

This quasi-experimental quantitative study aimed to determine if combat experience and public stigma predicted military veterans' post-service reintegration into civilian life. Veterans from the three deployment categories completed the Military Stigma Scale (Skopp et al., 2012) and the Military to Civilian Questionnaire (Sayer et al., 2011) to measure their public stigma and post-service reintegration into civilian life, respectively. The independent variable was military experience (combat zone deployed and no combat experience), while the dependent variable was the post-service reintegration score. Public stigma was an intervening variable. The statistical analyses and assumptions (linearity, independence of observations, outliers, homoscedasticity, and normality) were addressed by utilizing the results of the analyses for the research questions. The results were interpreted to determine whether the results yielded statistical significance, whether the null hypotheses should be rejected, or whether the alternative hypotheses should be accepted.

### Research Questions and Hypotheses

The research questions and hypotheses for this quantitative study were as follows:

RQ1: Is there a relationship between the type of military experience (combat and no combat experience), as measured by self-reported military experience, and post-service reintegration, as measured by the Military to Civilian Questionnaire?

H<sub>10</sub>. There is no relationship between the type of military experience and post-service reintegration.

H1<sub>a</sub>. There is a relationship between the type of military experience and post-service reintegration.

RQ2: Does post-service stigma experience, as measured by the Military Stigma Scale, mediate the relationship between type of military experience, as measured by self-reported military experience, and post-service reintegration, as measured by the Military to Civilian Questionnaire?

H2<sub>0</sub>. Post-service stigma does not mediate the relationship between the type of military experience and post-service reintegration.

H2<sub>a</sub>. Post-service stigma does mediate the relationship between the type of military experience and post-service reintegration.

The focus was limited to public stigma for this study.

## **Methods**

### **Participants**

Walden University's ethics approval number for this study was 01-19-24-0404698. Snowball sampling was used to recruit participants using a combination of social media platforms—Facebook, Instagram, and LinkedIn. I also utilized Walden University's Participant Pool. This method effectively reached military veterans who reintegrated into civilian life within the last five years. No monetary compensation was offered for participation. The survey was launched on Qualtrics, and data collection began on January 16, 2024. The survey remained active for five months until June 20, 2024, when data collection was concluded. During this period, a total of 131 responses were gathered from participants. Surveys not fully completed were not included in the

final data set analysis. A total of 85 responses were completed. Specifically, the responses were categorized based on service experience: 52 combat zone deployed and 33 with no combat experience.

I used snowball sampling because it was particularly beneficial for accessing a population that might not be easily reachable through traditional sampling methods. Individuals were welcome to pass information about the study to other veterans. Survey materials were completed on Qualtrics.

### **Measures**

Three measures were used for this study.

#### ***Demographic Questionnaire***

I collected demographic data on service experience (combat zone deployed or no combat experience), years of active-duty service, age, race, and gender. Responses to this measure were used to classify participants for military experiences.

Two other measures were employed to evaluate social stigma and post-service reintegration into civilian life.

#### ***Military to Civilian Questionnaire (M2C-Q [Sayer et al., 2011])***

The Military to Civilian Questionnaire (M2C-Q), developed by Sayer et al. (2011) to assess the military-to-civilian post-service reintegration and challenges of veterans, includes 16 items, each rated on a 5-point Likert scale (0 = No Difficulty to 4 = Extreme Difficulty) and administered as a self-report questionnaire. Questions asked respondents about the difficulty of each activity related to post-service reintegration for the past month. The mean of the subscale items was used for scoring. The completion time of the

questionnaire was less than 5 minutes. The author reported Cronbach's alpha values for individuals with probable PTSD ( $\alpha = 0.95$ ) and without probable PTSD ( $\alpha = 0.92$ ), with no significant difference between the subgroups. A scree plot illustrated a one-factor solution.

***Military Stigma Scale (MSS; Skopp et al., 2012)***

The Military Stigma Scale (MSS) was a 28-item scale to measure objective stigma from a self-report of military-specific mental health issues and care. It included two subscales: 16 items evaluating public stigma (stereotypes and prejudices) and ten items measuring self-stigma (personal inadequacy). Previous exploration factor analyses by Skopp et al. (2012) indicated good internal consistency for both the public stigma scale ( $\alpha = .94$ ) and self-stigma scale ( $\alpha = .95$ ). Similar supportive results were found through confirmatory factor analyses (public stigma,  $\alpha = .89$ ; self-stigma,  $\alpha = .87$ ). Vidales et al. (2024) also confirmed the scale's dimensionality and construct validity when evaluating active-duty populations. However, the MSS has poor utility as a screening tool for military veterans. On the other hand, in a study by McGuffin et al. (2021), military leadership history strongly predicted veterans' willingness to seek mental health support.

## **Results**

This section encompasses demographic data for participants, summaries of descriptive statistics for variables, evaluation of data in relation to assumptions of planned analyses, and final results of analyses relative to the research questions for this study.

## Participants

A total of 85 military veterans completed all survey materials. I planned to collect data for three categories of military experience: combat zone deployed, non-combat zone deployed, and never deployed. However, the number of respondents in each of the latter two groups was less than what I needed for statistical power. Thus, I combined the latter groups, non-combat zone deployed and never deployed, categorizing them as having no combat experience (N = 68).

The characteristics of the resulting groups were as follows:

- Service Experience: 52 participants (61.2%) had been deployed in combat zones, while 33 participants (38.8%) had no combat experience.
- Age: The average self-reported age of participants was 37.42 years, ranging from 22 to 76 years old.
- Gender Identity: Participants self-reported their gender identities as follows: man 45 (52.9%), woman 34 (40%), 3 (3.5%) did not identify as transgender, and 1 (1.2%) preferred not to answer.
- Race: Participants self-reported their races as follows: Asian 1 (1.2%), Black 13 (15.3%), Indigenous, Aboriginal, or First Nations 3 (3.5%), Latino/Hispanic 14 (16.5%), White 57 (67.1%), other Slavic, Scandinavian 1 (1.2%).
- Years of Active-Duty Service: Distribution of years served in active duty was reported as follows: 1-3 years 9 (10.6%), 4-6 years 16 (18.8%), 7-9

years 13 (15.3%), 10-13 years 10 (11.8%), 14-17 years 4 (4.7%), 18-21 years 20 (23.5%), and 22 plus years 13 (15.3%).

- **Year of Discharge/Retirement from Active Duty:** Participants reported their years of discharge or retirement from active duty as follows (year, number in group, % of total participants): 2019, 18 (21.2%); 2020, 8 (9.4%); 2021, 12 (14.1%); 2022, 18 (21.2%); 2023, 15 (17.6%); 2024, 14 (16.2%).

Before the data was analyzed, I cleaned the data, removing insufficiently completed questionnaires. A total of 85 military veterans completed all survey materials. I converted the data from Qualtrics to an SPSS file for further analyses of the relevant variables. The M2C-Q questionnaire lets you choose 'N/A' for questions 6 to 9. Three participants incorrectly selected 'N/A' for questions 1, 2, and 16. Two respondents did not answer questions 9, 10, 11, and 12 on the MSS. Based on other participants' responses, I replaced these missing data with the respective mean for that question. The mean for these replacements was 2.0 for each of the two questionnaires.

### **Creating Military Experience Groups**

Recruitment only from a limited number of volunteers never guarantees the sample's representativeness in relation to the total population under study. However, the results did provide information for this sample of 85 participants. The sample was 125% larger than the 68-case sample minimum initially determined by power analysis. There were 52 participants of the 85 in the combat experience group . Due to the smaller number of participants in the remaining two groups, they were combined and classified as

non-combat. Thus, two military experience groups were used for further analysis: combat and non-combat.

### **Preanalysis Data Screening**

Correlational and linear regression analyses investigated the relationship between military experience (combat-deployed, no combat experience) and post-service reintegration (M2C-Q) with consideration of public stigma experiences as a moderating variable. Prior to further analyses to test research hypotheses via quantitative analyses, several assumptions related to parametric statistical analyses were evaluated.

Table 1 summarizes the descriptive statistics for the scores on the public stigma and M2C scale for both combat and noncombat veterans in the sample.

**Table 1**

*Descriptive Statistics for Scores on the Public Stigma and M2C Scale for Combat and Noncombat Veterans*

	N	Minimum	Maximum	Mean	SD	S	K
Public Stigma	85	1.04	3.65	2.17	.72	.01	-1.20
Combat	52	.94	3.53	2.19	.74	-.09	-1.18
Noncombat	33	.94	3.59	2.13	.83	.14	-1.23
M2C Scale	85	.94	3.59	2.17	.76	-.17	-.81
Combat	52	1.13	4.38	2.84	.81	-.16	-.78
Noncombat	33	1.06	4.44	2.94	.90	-.23	-.84

### ***Normal Distribution***

As seen in Table 1, the skewness values for the various scores were within acceptable values (-.23 to .14) for both the public stigma and M2C scale scores. While the kurtosis score on the M2C scale was  $K = -.81$  ( $SE = 0.52$ ), those for public stigma

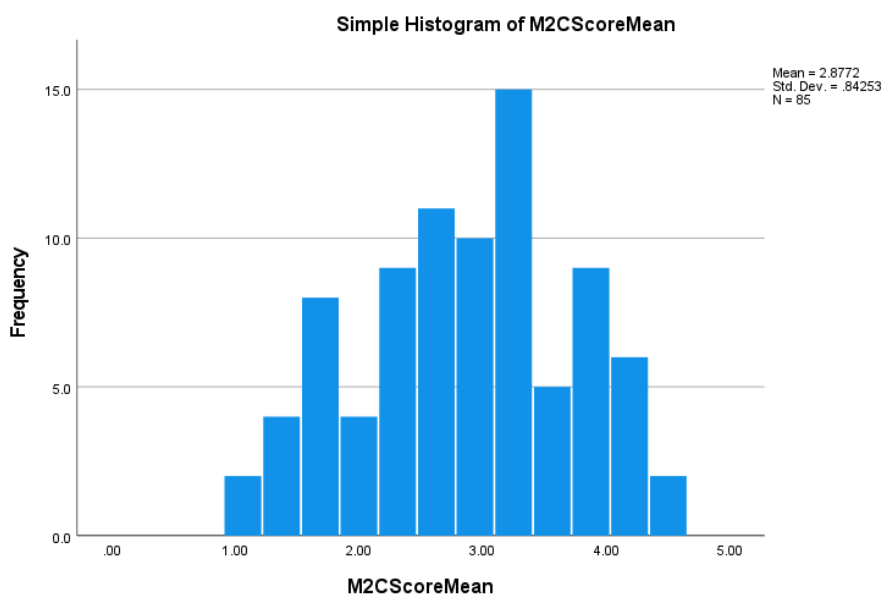
score ranged between  $K = -1.18$  and  $K = -1.23$ . I initially used the Shapiro-Wilk and Kolmogorov-Smirnov tests to evaluate normality; here, it is assumed that if the  $p$ -value for either test exceeds 0.05, one rejects the null hypothesis, suggesting the data are typically distributed. The results of the Kolmogorov-Smirnov test were  $p = .725$  and  $p = .109$  for the Shapiro-Wilks test. These differences implied interpretations of the data led me to conduct further assessments.

### *Levene's Test*

Levene's test was used to evaluate whether the variances of continuous variables were equal across groups. For the public stigma variable,  $L(1, 83) = .769$ ,  $p = .38$  (n.s.). For M2C scores,  $L(1,84) = .81$ ,  $p = .39$ . Results were not statistically significant, suggesting that the variances could be considered equal.

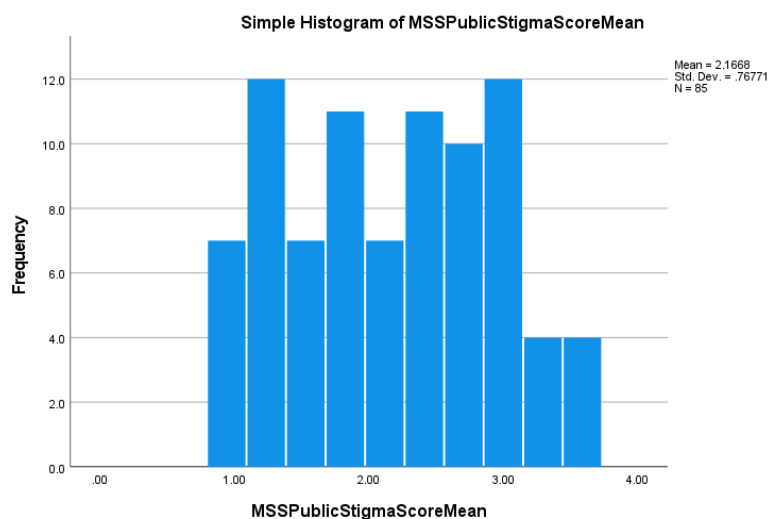
### **Figure 1**

*Histogram for Distribution of Scores on M2C Scale*



**Figure 2**

*Histogram for Distribution of Scores on the Public Stigma Scale*

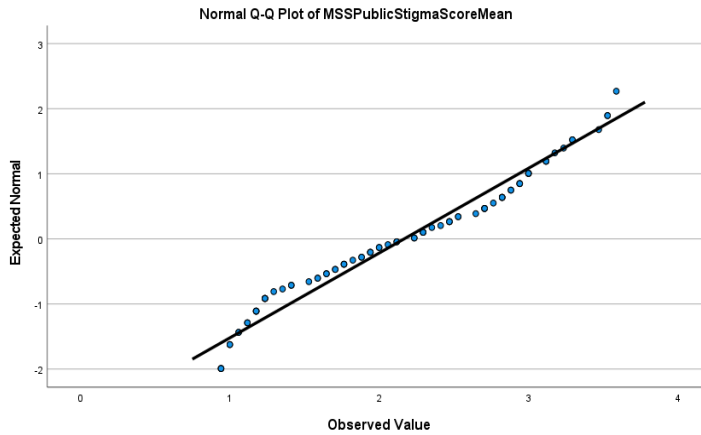


While the histogram for the M2C score means (see Figure 1) supported the assumption of a normal distribution, the scores on the Public Stigma scale did not approximate a normal distribution (see Figure 2). Further, the distribution of the scores for each of the two presumed quantitative variables was also examined using an average probability Q-Q plot that compares the observed distribution of values (x-axis) with the predicted distribution of value (y-axis) for that variable. Although normal Q-Q plots suggested that M2C score means generally fit the model (see Figure 3), MSS Public Stigma scores deviated from the straight line, especially for lower or higher values observed among combat and noncombat veterans (see Figure 4). As noted by Mertler and Reinhart (2017), outliers, especially more extreme values, can bias the results of statistical tests. Thus, given the results of both evaluations, Public Stigma scores were not

considered continuous for further analyses. Instead, it was to be modified to a categorical variable.

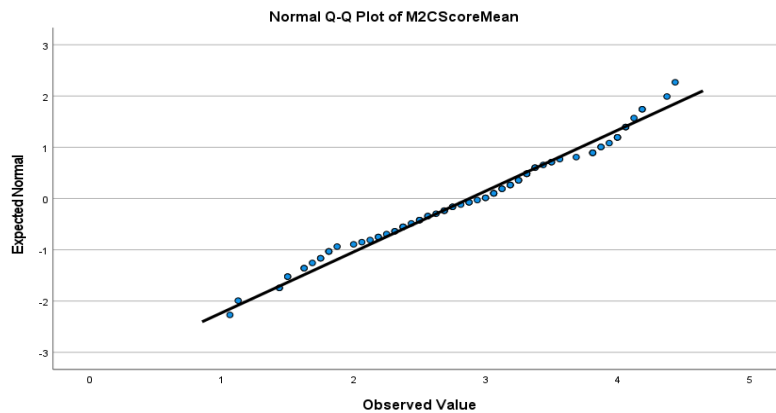
**Figure 3**

*Normal Q-Q Plot of Public Stigma Score Means*



**Figure 4**

*Normal Q-Q Plot of M2C Score Means*



### *Normality*

To complete the visual inspections, I conducted two formal statistical tests for the normality of the distribution of scores on the M2C: the Shapiro-Wilk test and the

Kolmogorov-Smirnov test. If the  $p$ -value for either test exceeds 0.05, one rejects the null hypothesis, suggesting the data are normally distributed. The results of the Kolmogorov-Smirnov test were  $p = .725$  and  $p = .109$  for the Shapiro-Wilks test.

M2C scores also met the requirement to fall along a Normal Q-Q plot (See Figure 4), which is one “in which plots fall close to the straight line” (Mertler & Vannatta, 2017, p. 47). The Q-Q plot compares the quantiles of the dataset against the quantiles of a normal distribution.

Similar results for M2C scores were noted when groups were separated by whether or not they had combat experience. The results of the Kolmogorov-Smirnov test were  $p = .20$  for both the combat deployed and no combat experience groups; those for the Shapiro-Wilks test were  $p = .30$  for the combat deployed and  $p = .245$  for the no combat experience group.

### **Homogeneity of Variances for M2C-Q Scores**

Homogeneity of variance ensures that different groups in our analysis have similar variances, which is essential for the validity of our statistical tests. The 85 participants were categorized into two groups based on military experience (combat-zone and no combat experience). The key variables are post-service reintegration scores (dependent variable) and group military experience (combat zone and no combat experience, independent variable). I conducted Levene’s test to evaluate the homogeneity of M2C-Q.

Based on the visual and statistical evaluations, the normality of the dataset has been confirmed. Results showed that the Levene statistic  $(1, 83) = .806, n.s.$  supports the

assumption of homogeneity of variance (Field, 2013). This informed my choice of statistical methods in subsequent analyses.

### **MSS-Public Stigma Subscale**

Initially, the mediating variable, public stigma, was assumed to be a continuous variable intended to provide insights into the relationship between service experience and post-service reintegration into civilian life. However, upon visual inspection of the frequency graphs, it became evident that the data exhibited distinct groupings rather than a continuous distribution. This prompted a re-evaluation of the controlling variable to reflect the data's actual nature. Consequently, public stigma was transformed into a categorical variable based on the median score of the MSS-Public Stigma subscale. Scores ranging from 1 to 2.235 were classified as lower public stigma, and those from 2.364 to 4 fell into the higher public stigma experience group. Transforming the mediating variable from continuous to categorical was crucial for accurately reflecting the data structure and deriving meaningful insights into the relationships under study.

Homogeneity of variance ensures that different groups in our analysis have similar variances, which is essential for the validity of our statistical tests. The 85 participants were categorized into two groups based on military experience (combat-zone and no combat experience). The key variables are post-service reintegration scores (dependent variable) and group military experience (combat-zone and no combat experience, independent variable), mediating variable public stigma. I conducted Levene's test to evaluate the homogeneity of MSS – public stigma. Results, Levene

statistic (1, 83) = .740, *n.s.*, support the assumption of homogeneity of variance (Field, 2013). This informed my choice of statistical methods in subsequent analyses.

### **Results**

My research questions were developed to follow the Baron and Kenny (1986) regression model to test the hypothesized relationships between the independent variable (military experience) and the dependent variable (post-service reintegration) with the hypothesized intervening variable (public stigma).

RQ1 – Is there a relationship between the independent variable, combat experience group, and the dependent variable, reintegration experience (M2C Score)?

The linear regression analysis did not support the hypothesized relationship between service experience (combat, no combat) and post-service reintegration (M2C Score):  $R^2(1, 83) = .003, n.s.$ ;  $F(1, 83) = .257, n.s.$

RQ2: Does post-service stigma experience, as measured by the Military Stigma Scale, mediate the relationship between type of military experience, as measured by self-reported military experience, and post-service reintegration, as measured by the Military to Civilian Questionnaire?

Because the evaluation of RQ1 did not support the assumption of a significant relationship between the IV and DV, mediation is not possible. However, there was a statistically significant relationship when public stigma score was added as a predictor variable:  $R^2(2, 82) = .17, p < .001$ . Thus, public stigma was found to be a significant predictor of post-service reintegration.

## Summary

I recruited military veterans who reintegrated into the civilian community within the past five years. Snowball sampling occurred through social media platforms and through Walden University's Participant Pool. The survey opened on Qualtrics on January 16th, 2024, and closed on June 20th, 2024. In total, I collected 131 responses but discarded those that were incomplete. After discarding, data from 85 respondents were used in analyses. Respondents were classified into two groups based on experience: 52 were deployed to a combat zone, and 33 were not; a demographic questionnaire collected information on respondents' experience with service. In addition, participants completed the Military to Civilian Questionnaire (M2C-Q) to assess reintegration challenges and the Military Stigma Scale (MSS) to provide information on experiences with public stigma after separation from service. Respondents were classified into two groups regarding combat experience: combat and noncombat veterans. The plan initially was to identify three groups for combat experience: combat-zone deployed, non-combat-zone deployed, and never deployed. However, they were combined due to smaller numbers in the latter two groups that would affect statistical power. Data were evaluated relative to assumptions related to the quantitative analyses: normality of distribution and homogeneity of variance. Results from a descriptive statistics analysis suggested that respondents' scores on M2C showed relatively acceptable values for skewness and kurtosis. However, the Public Stigma scale scores did not adhere to the normal curve. As a result, Public Stigma scores were redefined as a categorical variable using a median split.

The steps for analyses followed the Baron and Kenny (1986) method. The first step was to evaluate whether there was a significant relationship between the independent and dependent variable: there was no relationship between combat experience and post-service reintegration. Thus, there could not be a model with an intervening variable. However, public stigma significantly predicted reintegration outcomes.

There was no relationship between whether the veteran had or had not experienced combat deployment and their reintegration experiences after leaving the service. However, the extent of experiences with public stigma was a significant predictor of veterans' reintegration into civilian life. The following and final chapter discusses the research questions and methodology for this study, as well as conclusions from analyses, recommendations for future studies, and possible ways to support the reintegration of veterans into civilian life.

## Chapter 5: Discussion, Conclusions, and Recommendations

For many veterans, reintegration into civilian life is challenging, and many are suffering from mental illnesses. In 2022, the US Department of Veterans Affairs informed that there are 17.4 veteran suicides on average per day.

The results of this study confirmed the influence of other people's attitudes and emotions toward those returning to civilian life, especially following military experience. Also, they were supported by empirical studies that revealed the manner in which experiences of reintegration among veterans were shaped by sociopolitical prejudices and events both before, during, and following wars, as witnessed by many examples of varied experiences of reintegration among veterans of the First World War, Second World War, Korean War, Vietnam War, and, more recently, the wars in Iraq and Afghanistan (Bound & Turner, 2002; Hayman et al., 1987; Mccranie & Hyer, 2000; Stump, 2020). The review and comparisons reaffirmed the role of attitudes towards and reactions to veterans from various eras and conflicts.

Harding (2017) highlighted the need to reduce the stigma associated with veterans to support their reintegration into society. Veterans bring diverse skills and experience to the workforce and society, in general. Public stigma is a critical challenge to reintegrating veterans into civilian life (Caldwell & Lauderdale, 2021). Stereotypes of veterans' behavior and attitudes regarding their mental health can be a clear impediment to reintegration into civilian life. Even self-stigma by veterans who endorse the negative mental-health stereotypes of civilian peers can amplify the challenge (Caldwell & Lauderdale, 2021).

Recognizing the challenges of reintegrating these wounded and disabled veterans, Congress enacted the War Risk Insurance Act (WRIA) in 1917. This legislation guaranteed vocational rehabilitation for disabled veterans, representing a significant shift from previous veteran benefits (Adler, 2013). Linker (2016) explained that before this, injured soldiers typically received lifetime federal pensions without a requirement to seek employment or self-sufficiency. The WRIA aimed to alleviate the financial burden of veterans' pensions by facilitating the return of disabled veterans to productive employment (Schmick, 2022).

Reintegration programs that awaited returning veterans following the Second World War were more robust than those following the First (Bound & Turner, 2002; Hayman et al., 1987; Mccranie & Hyer, 2000). The educational benefits it afforded, as well as home-buying opportunities (which were not available to veterans returning from the First World War) and on-the-job training, were not there when the First World War veterans returned. For all the exuberance in welcoming veterans returning from the Second World War, there were no 'Welcome Home' parades to greet Korean War veterans, and there was little fanfare, if any, to celebrate their service. Of course, veterans of the Korean War still had the benefit of the GI Bill available to their counterparts, but the public spotlight had faded, and in the minds of many, they had failed to get their due.

The retreat was particularly difficult for veterans of the Vietnam War, a long and divisive war fought by an army seemingly unprepared to welcome home those who survived (Hayman et al., 1987; Sayer et al., 2014). Those who made it home to the US amid a bitter realignment of sentiments against the war often faced alienation on the

home front. There was so much psychic damage that returning veterans displayed symptoms that looked startlingly like PTSD, even while other forms of mental health affliction also appeared (Hayman et al., 1987; Marini et al., 2020). The Veteran's Administration was not prepared for nor comfortable with these new forms of need. Greater awareness and support for veterans' mental health challenges, especially conditions such as PTSD and TBI following the 9/11 wars in Iraq and Afghanistan, have made a difference. (Barr et al., 2022; Morgan et al., 2020; Park et al., 2021; Sayer et al., 2014).

All this to say, veterans who return to civilian life have always faced a daunting task. Each generation of combat veterans came home to different social realities related to reintegration. Each war example (e.g., the American Civil War, the First and Second World Wars, the Vietnam Conflict, the Cold War, Afghanistan) was different in focus, but also in Americans' attitudes towards them and those who served in military roles. Each reflected three distinct social eras with differing attitudes toward veterans.

In addition to more immediate reintegration challenges, many veterans need help for the rest of their lives through ongoing efforts. The more we understand the history and the changing roles and experiences of military veterans, the better prepared we can be to provide support, understanding, and opportunities to them while also standing up against prejudice to enhance veterans' social reintegration.

### **Factors Influencing Veteran Reintegration**

In all types of conflict, veterans tend to struggle the most with issues of wellness and mental health, deployment and the experience of reintegration, social and family

support, and practical issues surrounding the ability to find work, housing, and access to health care. Veterans of combat missions can have a challenging time reintegrating because many struggle with PTSD and other mental health issues. How combat missions were conducted can affect reintegration profoundly. (Barr et al., 2022; Hayman et al., 1987; Sayer et al., 2014). PTSD, depression, and anxiety frequently complicate the transition to civilian life (Barr et al., 2022; Park et al., 2021).

The longer the duration and type of service (e.g., deployments that span months and even years)-can result in more daunting reintegration challenges. A supportive family, friends, and community resources can ensure a smooth re-entry. Men and women who have served their country face several stressors and challenges that can lead to problems unique to individuals with a military background. Recent data on service members seen within the Department of Veterans Affairs (VA) health system revealed the full range of emerging psychosocial issues in this population that stem from their military experiences. Access to decent paid work and education are central to successful reintegration. Veterans may not be able to translate their military skills into the workforces they re-enter or the cultures of those workplaces. Injuries and disabilities, in addition to mental health problems, can create barriers to employment.

Access to healthcare and mental health services, as well as socioeconomic status, culturally informed and shared community environments, all play a role in shaping reintegration experiences and may lead to experiences shaped by aspects specific to veterans' cultural identity and socioeconomic and material circumstances (Elnitsky et al., 2017). The formal and informal transition programs that support veterans during

reintegration, such as access to job placement services, counseling, and other services to help veterans transition to civilian life, can provide crucial scaffolding but vary in effectiveness by region, military branch, and type of service (Sayer et al., 2014; Shepherd-Banigan et al., 2021). The configuration and nature of veterans' family relationships with a spouse and children are essential, too.

Public and self-stigma can also impede reintegration. Stigmatization of mental illness can impact prospective employers' willingness to hire this group (Hipes & Gemoets, 2019). Self-stigma can also hinder reintegration, where these negative beliefs about oneself are internalized. Recent research strongly supports extending interventions beyond diminishing symptoms, as self-stigma might contribute to lowered engagement in mental health treatment (Harding, 2017). Further work has begun to target this self-stigma so that subjective and behavioral reintegration outcomes are more favorable (Britt et al., 2015).

### **Comprehensive Understanding and Support**

Elnitsky et al. (2017) highlights the need for a comprehensive framework to understand veteran reintegration, encompassing psychological health, social interactions, employment, and other domains. Effective support systems and policies must address these diverse factors to facilitate successful transitions for active duty into civilian life. Linn et al. (2019) defined reintegration as adjusting to civilian life, which includes accessing healthcare, benefits, employment, and rebuilding relationships. They highlighted how preexisting mental health issues and family conflicts can complicate this process and recommended ways to address this. For example, programs like Dog Tags

Niagara, which rehabilitates and rehomes pit bulls, and aids veterans' reintegration (Linn et al., 2019). The program involves veterans working with stigmatized dogs, helping to dispel stereotypes about both the animals and the veterans themselves. Participants reported improved moods and better reintegration experiences through their involvement (Linn et al., 2019). However, the study also noted a gap in the utilization of transition support services. Unfortunately, only one in five veterans use transitional support services (Cmerek, 2019).

Nieforth et al. (2023) found that military deployment and reintegration pose significant challenges for veterans and their families, with 23% of post-9/11 veterans diagnosed with PTSD. Although psychiatric service dogs can alleviate PTSD symptoms, their role in building resilience within military families is under-researched. In a qualitative study of 101 participants (67 Veterans and 34 spouses), the researchers found that service dogs can build emotional reserves and a relational load, facilitating family relationships. The study recommends integrating service dogs into family systems through educational interventions and relational strategies by service dog trainers and mental health practitioners (Nieforth et al., 2023).

### **Historical Context of Veteran Reintegration**

This history reveals that reintegration was more nuanced and shaped by the times than is commonly framed: how veterans integrated into civilian life were profoundly shaped by the changing historical moment. Returning veterans struggled to re-enter a postwar world after the First World War (Maloney, 2017). The Vocational Rehabilitation Act of 1918 was an early effort to assist service members in their return to civilian life by

providing training for occupations and disability payments (Maloney, 2017). Economic hardships such as the Great Depression and the lack of medical and psychological support for conditions such as shell shock (what we now call PTSD) were all factors that complicated veterans' ability to reintegrate (Sayer et al., 2014).

When the Second World War broke out, the G I Bill of 1944 (officially the Servicemen's Readjustment Act of 1944) enabled US veterans to receive education and training and to buy homes. Benefits under this legislation, which contributed to the economic boom of the postwar boom years, also constituted a shift towards more generous reintegration support (Sayer et al., 2014). However, in sharp contrast with today's Afghanistan and Iraq veterans, Vietnam War veterans faced public resentment and stigma, which contributed to organizationally imposed barriers to their reevaluation. Congress responded with significant support in the Readjustment Assistance Act of 1974, which provided veterans with educational and vocational services and mental health support for their challenges due to their service (Hayman et al., 1987; Sayer et al., 2014).

These more recent wars in Iraq and Afghanistan led to new reintegration difficulties both from repeated deployments and from the demands on family life. The Post-9/11 G.I. Bill and the Veterans Educational Assistance Act of 2008 extended educational benefits and support so veterans returned to education able to acquire new civilian skills (Shepherd-Banigan et al., 2021). Organizations such as the Wounded Warrior Project, established in 2003, provide injured veterans with a wide organizational support range, including mental health, adaptive sports, education, and employment aid (Arredondo et al., 2010). In 2010, Operation New Dawn announced services to aid

veterans as US forces pulled out of Iraq, highlighting the importance of job placement, as well as other veterans' services.

### **Evolution of Support Programs and Policies**

In the wake of the First World War, President Woodrow Wilson established the US Veterans Bureau (which became the Veterans Administration in 1930) (Jackson, 2019; Maloney, 2017; Stump, 2020). This signaled the beginning of formal veteran support systems focusing on healthcare and disability benefits. Veterans continued to experience unemployment and stigmatization. The GI Bill livened up interest in veterans' futures. In 1944, the Servicemen's Readjustment Act gave veterans educational benefits, home loans, and low-interest loans, provisions still available to today's veterans (History 2023). However, the differently equipped American arsenals forged in the Second World War and the Cold War left those returning home from the Korean War and those coming home from Vietnam with varying types of support (Hayman et al., 1987; Marini et al., 2020). By way of comparison, only 16 percent of veterans returning home from the Vietnam War were given GI Bill benefits—an additional stigma attached to returning Vietnam veterans in the antiwar movement (History 2023).

The end of the Cold War was followed by more tailored veteran assistance, including expanded healthcare and educational benefits. In the 21st century, the Post-9/11 GI Bill improved educational benefits and placed more emphasis on the growing number of veterans experiencing mental health issues such as PTSD (Shepherd-Banigan et al., 2021). In the meantime, non-profits and states focused on veterans' mental health. In recent years, Congress and the White House members have turned government agencies'

disparate efforts related to veterans into an overall plan called the Veterans Metrics Initiative (TVMI) (Perkins et al., 2020). Congressional committees care about the services the Veterans Administration provides to veterans when they return home – not just healthcare but the vexing problems of mental health, employment, and homelessness. TVMI launched in 2015, addressing a serious question: What exactly is happening to veterans when they return home? It uses an impressive set of numbers to evaluate this critical question. Measurement and evaluation are part of transitioning well-trained young people into civilian life. What the VA has learned is that not just healthcare but tailored mental health services and overall well-being deserve more attention from a post-9/11 government.

Motl et al (2022) used quantitative methods to examine the stereotypes that student service members and veterans (SSM/Vs) believed others thought about them, as well as those that non-SSM/V students perceived about them. A university sample of 177 students (87 SSM/Vs and 90 non-SSM/Vs) completed a survey at a midwestern university, indicating that SSM/Vs tend to perceive harsher stereotypes about themselves compared with non-SSM/Vs. Results of a cluster analysis suggested six emerging stereotypes from the 48 attributes assessed: disciplined, leader, masculine, mentally ill, stuck in the past, and tense.

### **Findings in the Context of the Theoretical Framework**

Considering the results of this study, there is support for Goffman's (1963) argument that individuals can be stigmatized according to social expectations, such as assumptions about the assimilation of veterans back into society. Although no findings

revealed significantly more or less reintegration as a function of combat-related military experience, veterans' perceptions of experiences with public stigma remain a significant predictor of reintegration into the civilian domain.

According to Goffman's theory, this might mean that veterans are discredited in the eyes of society by their war or mental health experience or by their acceptance of mental health support, all of which might be seen as deviant and different from "normal" society. The result is that this public stigma might mean that veterans are seen differently by society and are treated differently than others. The high predictive power of public stigma for reintegration difficulty suggests that if veterans think they are seen as stigmatized, they might be more likely to report difficulties during reintegration (Carnevale, 2007).

It suggests that, while military experience in and of itself might not predict reintegration problems, results support the wisdom Goffman expressed when he claimed that stigma is not about the attributes of the person but about how people react to the attributes. Public stigmatization of veterans leads them to view themselves in the same negative way, which can bolster the difficulties of reintegrating back into society.

### **Limitations**

There were not as many willing participants as I had hoped to access. Access to willing participants was a significant barrier to the study and decreased the number of subjects in the sample size. Future research could incorporate various recruitment strategies – students, health providers, online forums, veteran organizations, and other community events geared toward veterans. A future study could look at other potential

online groups, organizations, or groups with a veteran population and could serve as a recruitment target.

Future studies on this subject could consider refining the current tools used to assess veterans' experiences or administering a qualitative perspective to their reintegration process, which could capture nuances in their experiences overall. Finally, the military continues to be reluctant about the concept of public stigma and the implications for service members returning from war and veterans (Caldwell & Lauderdale, 2021). A focus on public stigma provides one perspective when thinking about veterans' reintegration process. It does not address internalized stigma (self-stigma) or a focus on stigma within the military community, perhaps reflecting the changes as the military redeploys.

A fuller explanation of the reintegration process would also embrace these concepts. Furthermore, because I have military ties, I also reflected on any socialization issues that I may experience – as a reminder, a ‘stellar opportunity for self-reflection’ – that might hamper the work or biases I might harbor. The quasi-experimental quantitative work informs certain key features of the study in that it informs the interpretation of findings and tells us something about participants. However, the study design does not allow for questions regarding potential changes in veterans' experience over time and their perceptions, which a longitudinal study might offer. The conclusions may not be universal across all geographic regions or veterans of different backgrounds or circumstances. Future research studying this population could be conducted in different

geographic contexts, where the results gleaned may have greater generalizability to the broader population.

### **Recommendations**

Continued research could search for post-military reintegration experiences and traits related to reintegration into post-service life. If combat experience itself is not predicting stigma in military mental healthcare or post-service social reintegration, what other dimensions might there be? Consider whether rank, patient, and physician race predict active/post-military medical care (McFarling, 2024). Black military patients received less effort and care, independent of rank. Other research (Schwab & Singh, 2024) has reported gender differences in bias in health care for military personnel. Suppose these forms of bias occur while a veteran is still on active duty. In that case, it raises the risk that they are not monitored or supported during any preparation for post-service reintegration.

Now that we know that combat experience was not predictive of post-service reintegration, future studies should investigate other dimensions. Investigating socioeconomic resources, educational background, and community support systems related to veterans' reintegration experience could be helpful. Research that looks at veteran reintegration through an intersectional lens would examine how veteran identity, race, gender, and rank influence reintegration experiences and perception of stigma or availability of reinforcement. Hawkins and Crowe (2018) found there is a need for programs tailored specifically for women within the US Department of Veterans Affairs and civilian organizations that serve veterans. Comparative studies between groups of

veterans with different deployment experiences might highlight additional challenges or protective factors for those who have received PTSD and if the rate of suicide is high. These studies would help determine the role of community organizations or support networks for veterans during reintegration. What is working, and what needs to be changed? These findings could be used to inform policy, develop usable programs that help veterans transition more successfully, and develop tools for policymakers to reduce discrimination and stigma in veterans' reintegration into civilian life. How can local government ensure access to resources for all veterans, and how can they address and correct systemic biases? This research should have recommendations for policy changes. How can local government provide more access to specific resources for the veteran population? By addressing these areas, future research can contribute significantly to understanding and improving the reintegration process for veterans, ultimately leading to better support systems and outcomes.

### **Implications**

#### **Positive Social Change**

The significance of this study filled a knowledge gap regarding predictors of how well combat veterans and those with no combat experience may reintegrate into civilian life. To answer research question number one, there is no significance of service experience (combat and no combat experience) regarding the outcome of post-service reintegration. To answer research question two, the veteran's perception of public stigma regarding reintegration significantly impacts post-service reintegration. Based on this research study, positive social change implies that findings could be applied to designing

programs to bring awareness of how public stigma impacts veteran's post-service reintegration. The positive social change; this study offers the knowledge of specific populations that served, and it provides data to the organizations that work with veterans who are reintegrating into civilian life. Knowing this data may help them create programs that will be effective in assisting veterans in reintegrating into civilian life.

### **Conclusion**

Veterans go through a variety of new challenges upon maneuvering from active duty to their civilian lives, including family and everyday reintegration. However, public stigma can add to the complexity of their challenges. From 2000 to 2011, Slomski (2014) reported 936,283 diagnoses of psychological disorders among current and former service members. Having a supportive transition for all veterans leaving active duty is essential. Research suggests that combat-deployed, non-deployed, and non-combat veterans require support for reintegration success. Veterans have many valuable skills and have the potential to provide substantial societal benefits. This study explored the reintegration of combat and non-combat veterans through Goffman's stigma theory.

A quantitative investigation was conducted to examine the effects of public stigma on reintegration among veterans who had transitioned into civilian life within the past five years. Through an online survey of 85 participants (52 combat and 33 non-combat veterans) who were asked questions from a previously established Military to Civilian Questionnaire (M2C-Q (Skopp et al., 2012)) and the Military Stigma Scale (MSS; Sayer et al., 2011), I looked at how experiences of military service (combat versus

non-combat veterans) and public stigma influenced self-reporting post-service reintegration success.

The initial results showed that combat experience was not associated with reintegration. My study found that public stigma was a stronger predictor of reintegration than service experience. In other words, service experience does not predict reintegration, but public stigma predicts reintegration issues. High levels of perceived public stigma correlate with greater difficulties in reintegration, suggesting that veterans who feel stigmatized may report more challenges in adapting to civilian life. While my research findings are quite new, and much work remains to improve future programs for veterans, these are positive steps in addressing veterans' most pressing concerns.

According to the United States Department of Veteran Affairs (2022), an average of 31.7 veterans a day lose their lives to suicide. Overall, my study highlights that public stigma is an excellent barrier to veterans' reintegration, and it is hoped that this study can help to increase awareness and further develop reintegration programs for all veterans. The loss of any veteran to suicide is an absolute and immense tragedy.

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## Appendix: Demographic Questionnaire

Please provide the following information.

1. During your active-duty service, which of the following applies to you (please choose one):
  - Combat Zone Deployed: While active duty, a service member who was deployed to a location where you received combat pay during deployment
  - Non-combat Zone Deployed: While active duty a service member who was deployed to a location where the veteran did not receive combat pay.
  - Non-deployed: For this study, non-deployed - an active-duty service member who has never been combat deployed or non-combat deployed.
  
2. How long did you serve on active duty?
  - 1-3 years
  - 4-6 years
  - 7-9 years
  - 10-13 years
  - 14-17 years
  - 18-21 years
  - 22+ years
  
3. What year did you discharge/retire from active duty?
  - 2019
  - 2020
  - 2021

2022

2023

2024

4. What is your current age in years?

Please indicate it here: \_\_\_\_\_

5. When thinking about physical attributes usually ascribed to race, which of the following general labels, describe how you would describe yourself racially: (mark ALL that apply)

Asian

Black

Indigenous, Aboriginal, or First Nations

Latino or Hispanic

Middle Eastern

White

Other, please specify: \_\_\_\_\_

I prefer not to answer

6. In research, we often must present demographic information in categories. We understand these labels are limiting. If you had to select one of the options below, which one best describes your gender identity?

Agender

Gender fluid

Gender queer

- Gender questioning
- Māhū, or muxe, or two-spirit
- Man
- Nonbinary
- Woman
- I prefer not to answer

Do you identify as transgender?

- Yes
- No
- I prefer not to answer