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Healing, Accountability, and Support: Participants' Experiences in a Veterans Treatment Court

ORIGINAL RESEARCH

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ABSTRACT

Veterans Treatment Courts (VTCs) offer rehabilitation over incarceration for eligible justice-involved veterans dealing with substance misuse, mental illness, and/or other behavioral health conditions. Modeled on drug and mental health courts, VTCs specifically address combat-related and other service-related traumas. While quantitative data shows VTCs reduce recidivism and improve clinical outcomes, additional qualitative research is needed to identify factors that drive or hinder participants' success in these programs. The current study presents results of a process evaluation conducted on a VTC in Milwaukee County, Wisconsin to better understand participant experiences during program participation and to identify key strengths and challenges of program design. Qualitative interviews were conducted with 21 veterans between 2018–2019. Results of the analysis identified three overarching themes: (1) motivation to enter the VTC, (2) VTC programming, and (3) future goals following program discharge. Policy implications related to each of these themes are further discussed throughout the paper.

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Since the start of the War on Terror in 2001, there have been more than 1.3 million active-duty military members (Kellerman, 2023), with an increasing number of individuals experiencing deployment. According to Parker and colleagues (2019), 77% of military members have been deployed at least once post-9/11 compared to 58% deployed pre-9/11. While veterans make up 6.5% of the US population, they account for 31% of arrestees (Corr, 2023). It is also estimated there are over 181,000 veterans incarcerated in United States (US) jails and prisons (All Rise, 2023; Kellerman, 2023). In the state of Wisconsin alone, there are approximately 1,500 veterans incarcerated in the state's correctional system at any given time (Wisconsin Department of Veterans Affairs, n.d.).

Many veterans who have been deployed report negative impacts on both their physical and mental health, which can present difficult challenges as they return home and transition to civilian life. Numerous veterans experience instability in housing or employment, posttraumatic stress disorder (PTSD), mental health issues, cognitive impairment, and substance misuse, for which many do not receive treatment (Kellerman, 2023; Parker et al., 2019). These challenges can lead to an increased likelihood of criminal justice involvement. In fact, about 60% of veterans in state and federal prisons struggle with substance use disorders (Kellerman, 2023). These issues are often connected to the trauma of combat or other service-related experiences and thus require appropriate services to address them.

Veteran treatment courts (VTCs) are designed to meet the needs of veterans involved in the criminal justice system. The purpose of VTCs is to provide rehabilitation over incarceration for veterans charged with a criminal offense who have one or more substance use, mental health, and/or behavioral conditions (Smee et al., 2013). Based on the foundational principles set forth by drug court and mental health court models, VTCs go beyond the key components and address combat-related trauma and/or other traumas related to veteran status, as well as provide services directly from the US Department of Veterans Affairs (VA; Cartwright, 2011; Huskey, 2015; Johnson et al., 2016; Russell, 2015).

VTCs have existed since 2008; however, they are far less common than drug treatment courts nationwide, with approximately 600 VTCs compared to over 4,000 drug treatment courts (Bureau of Justice Assistance, 2023; Stewart, 2021). An abundance of research exists on the effectiveness of drug treatment courts, yet there is far less empirical research associated with VTCs. Research that is available on VTC efficacy has been dominated by quantitative evaluations, demonstrating lower recidivism and improved clinical outcomes such as reduced PTSD (Hartley & Baldwin, 2019; Knudsen & Wingenfeld, 2016; Shannon et al., 2017; Slattery et al., 2013; Smith, 2012; Tsai et al., 2018); yet there is a growing body of qualitative research examining their efficacy (Baldwin & Brooke, 2019; McCall et al., 2018).

While the VTC model is based on the foundational principles of the drug court model and an established list of ten key components (All Rise, 2008), most courts operate nationally with no set standardization of practices, making it increasingly difficult to ensure and evaluate efficacy of VTCs (Baldwin 2015; Baldwin & Brooke, 2019; Douds & Hummer, 2019; Finlay et al., 2019; Lux et al., 2024; McCall et al., 2018; Rapisarda et al., 2024). As such, there is a recognized need for continued phenomenological qualitative studies evaluating how VTCs are perceived in the eyes of justice-involved veterans (Baldwin & Brooke, 2019; Gallagher & Warner, 2018; Herzog et al., 2019). The current study offers results of a process evaluation conducted on a VTC in Milwaukee County, Wisconsin to better understand participant experiences with program implementation and what enhances, or detracts from, their success in the VTC process.

LITERATURE REVIEW

The VTC movement began in Alaska in 2004 and Buffalo, New York in 2008, with Buffalo being credited as the first official VTC (Russell, 2015; Smith, 2012). Today, there are more than 600 VTCs across the nation (Baldwin & Hartley, 2022; Kellerman, 2023), with much of this expansion occurring since 2016. One study has estimated that more than 7,900 veterans have been served by VTCs from 2011 to 2015 (Tsai et al., 2018). Like other specialty courts, VTCs emphasize rehabilitation over incarceration and address combat-related trauma and other trauma-related issues due to veteran status.

A collaboration of professionals (e.g., judges, attorneys, probation officers, case managers or veterans justice outreach representatives from the VA, community partners, treatment providers) provide support and services for veterans to address issues related to substance misuse, mental and physical health, cognitive impairments, and other instabilities (e.g., employment, financial, housing, education; Baldwin, 2015; Cavanaugh, 2011; Kellerman, 2023; Knudsen & Wingenfeld, 2016; Smee et al., 2013; Timko et al., 2016). VTCs further attempt to meet the unique needs of veterans by emphasizing military comradery, veteran mentoring programs, integration with the VA, no-cost treatment and services, and assistance in outreach and service delivery (Cartwright, 2011; Cavanaugh, 2011; Huskey, 2015; Johnson et al., 2016; Russell, 2015; Smith, 2012).

A growing body of literature has focused on the qualitative examination of VTC efficacy to better

understand how they are meeting the needs of justice-involved veterans. Studies have illustrated that veterans report deciding to engage in a VTC program for a variety of reasons: avoid incarceration, reduce charges and overall criminal record, and gain help in getting out of a lifestyle pegged by substance misuse and mental health issues (Guyden, 2020; McCall et al., 2019; Richard-Herzog et al., 2019). Once admitted to the program, participants felt they were treated fairly by VTC team members and that their needs were effectively addressed. Not only did the VTC team provide support and accountability, but all other services (e.g., treatment team, mentors, VA services) were helpful in guiding participants towards recovery (Guyden, 2020; McCall et al., 2019; Richard-Herzog et al., 2019). Through these studies, participants also shared several other positive aspects of VTCs. McCall and colleagues (2019) found that assistance with community reintegration, including the acquisition of material items, improving and engaging in relationships with family, and employment assistance helped participants feel that they were set up for success once they exited the program. Veteran participants in other studies also reported that their relationships with family and children were significantly improved because of VTC, that they gained stability through substance use and mental health treatment, and that the mentoring program was a major strength towards success not only in the program but towards long-term recovery as well (Guyden, 2020; Richard-Herzog et al., 2019).

Another study conducted by Ahlin and Douds (2016) emphasized the importance of comradery on program engagement. VTC participants reported that shared military culture was a motivating factor to enroll in the program initially, as well as to engage in treatment and to complete the VTC program. Participants expressed a connection with their fellow VTC participants that was built on shared experiences from their time in the military (Ahlin & Douds, 2016). While this collective purpose was advantageous for participants in this program, other studies have found conflicting results. Lux and colleagues (2024) conducted qualitative interviews with VTC participants and found that they valued authentic empathy and attention to their needs more than military context of the VTC or other aspects of the program. While acknowledging the value of military-style comradery and accountability, participants suggested that the program does not need to be exclusively military-focused (Lux et al., 2024). For example, participants shared that some civilian-provided treatment was more effective than VA-provided treatment. The study also determined several other factors that led to successful outcomes: therapeutic and restorative justice models, support and partnerships with the community, effective treatment, and mentorship programs (Lux et al., 2024).

Shannon and colleagues (2017) conducted a process evaluation in 2013–2014 on two urban VTCs in Kentucky and interviewed VTC participants about their perspectives on program components that helped towards their recovery and rehabilitation, challenges they experienced, and future suggestions/recommendations for change. Results indicated the VA, VTC program structure, accountability, and support were the most beneficial components to participants' recovery. Specifically, the VA provided individuals with medical care, substance misuse and/or mental health treatment, counseling services, and mentoring. The VTC program also provided participants with structure and accountability, as well as support and comradery from other veteran participants and the VTC team (Shannon et al., 2017). The process evaluation also indicated several challenges, including a lack of available mental health services, difficulties in controlling feelings of anger or mistrust with the VTC team or other veteran participants, and inconveniences with drug testing and meetings/group requirements. Participants suggested the court could be more consistent with program components and scheduling requirements, as well as including additional community partnerships (Shannon et al., 2017).

Stalcup (2022) conducted focus groups with participants in a northwestern VTC and found that participants felt they were treated fairly by the judge and VTC team, and they shared that the accountability and support from case management and treatment teams were positive aspects of the program. However, a lack of communication at times between the participant and VTC team acted as a barrier, as well as issues related to drug testing (e.g., issues with diluted drug tests and long waits; Stalcup, 2022). Similar results were found in a qualitative study by Gallagher and colleagues (2016), where VTC participants reported helpful aspects of the court to include accountability, compassion and knowledge from the VTC team, and receiving proper treatment towards recovery and reintegration. While the VA was helpful in providing services, some participants shared they felt pressured to take medications and there was a lack of family involvement in treatment (Gallagher et al., 2016).

CURRENT STUDY

With an emphasis on rehabilitation over incarceration, VTCs provide justice-involved veterans with support and services to address issues related to substance misuse, mental and physical health, cognitive impairments, and other instabilities (e.g., employment, financial, housing, education; Baldwin, 2015; Cavanaugh, 2011; Kellerman,

2023; Knudsen & Wingenfeld, 2016; Smee et al., 2013; Timko et al., 2016). Though research on VTC program effectiveness is not as plentiful as drug treatment courts, there is a growing, yet limited, body of qualitative research examining the efficacy of VTCs. However, results of these qualitative studies remain mixed, as there is a lack of standardization across VTCs (Baldwin 2015, Baldwin & Brooke, 2019; Douds & Hummer, 2019; Finlay et al., 2019; Lux et al., 2024; McCall et al., 2018; Rapisarda et al., 2024).

Further, the authors could not find any published studies on the effectiveness of veteran treatment courts in Milwaukee County or across Wisconsin. These gaps in literature create a recognized need for further research. The use of phenomenological qualitative studies allows for a richer understanding of the efficacy of a VTC. To truly understand which elements of a VTC drive participant success, the most valuable insights come directly from the participants themselves. Therefore, the current study provides results of a process evaluation that was conducted on a VTC in Milwaukee County, Wisconsin. Qualitative interviews were conducted with VTC participants to examine efficacy of the program as perceived through their eyes, including which factors enhanced and which factors detracted from their success in the VTC process.

METHOD

MILWAUKEE COUNTY VETERANS TREATMENT COURT (MCVTC)

The Milwaukee County Veterans Treatment Court (MCVTC) site was selected as part of an evaluation funded by the Substance Abuse and Mental Health Services Administration. MCVTC was established in 2012 in Milwaukee County, Wisconsin and has served 436 veterans since its inception (J. Patten, MCVTC coordinator, personal communication, August 15, 2024). Based on the 10 key components of drug treatment courts (All Rise, 2008), MCVTC is a hybrid of drug and mental health treatment court models, with the goal of servicing veterans with substance use, mental health, and co-occurring disorders.

MCVTC habilitates veterans by diverting them from traditional court case processing and uses evidence-based practices (e.g., interdisciplinary treatment teams, peer mentors, therapeutic interventions) to provide veterans with tools and resources that aid them in leading a productive and law-abiding life. MCVTC strives to reduce criminal recidivism, facilitate sobriety and abstinence, improve economic stability, achieve desired behavioral health outcomes, and offer social support by reinvigorating the core values of the military into participants' daily routines (Milwaukee County Veterans Treatment Court, 2022a).

MCVTC is a voluntary, community-based, post-plea deferred prosecution program that typically lasts from six to 12 months. To be eligible for MCVTC, individuals must have served in the US Armed Forces and received a discharge other than dishonorable, be facing criminal charges in the Milwaukee County Circuit Court, be approved by the MCVTC treatment team, and agree to abide by all program requirements (Milwaukee County Veterans Treatment Court, 2022b). Prior to admission, veterans are assessed and a risk/need profile is developed, and they are placed into one of four tracks: diversion phase [low risk/low need], accountability emphasis [high risk/low need], treatment emphasis [low risk/high need], and standard drug court [high risk/high need] (Milwaukee County Veterans Treatment Court, 2022b). At the least intensive track (*diversion phase*), participants do not have a formal phase structure and instead focus on prevention and education, with minimal reporting obligations.

The remaining three tracks require participants to follow a five-phase structure,[1] with each track increasing in the level of supervision and treatment. The *accountability emphasis* track focuses on abstinence and supervision and prosocial habilitation through housing, employment, or educational services. The *treatment emphasis* track focuses on substance use and/or mental health treatment and monitoring of participation. At the most intensive track, participants engage in a *standard drug court* track (Milwaukee County Veterans Treatment Court, 2022b). In any track that participants enter, they receive an individualized treatment plan and are required to abide by the MCVTC program requirements. Examples of such program requirements include maintaining sobriety, attending court appearances, supervision contacts, treatment sessions, submitting to random alcohol and drug testing, refraining from illegal activity, and complying with the treatment plan, among others (Milwaukee County Veterans Treatment Court, 2022a).

As participants progress through MCVTC, they are awarded incentives (e.g., verbal praise, bus cards, gift cards, reduced court appearances and/or case management appointments, Veteran of the Week, etc.) for engaging in prosocial behaviors and are given sanctions (e.g., warnings or admonishment, increased drug testing or court appearances, increased treatment, short jail stay, etc.) for violating program requirements. Participants are eligible for graduation upon successful completion of MCVTC program requirements and can have their deferred charge(s) reduced or dismissed. Individuals who do not successfully complete the program requirements are terminated from

MCVTC and sentenced by the presiding judge on their initial deferred charge(s) (Milwaukee County Veterans Treatment Court, 2022b).

SAMPLE

Qualitative interviews were conducted with 21 veterans in 2018 and 2019. Any veteran participant active in MCVTC scheduled for graduation could participate in the interview.[2] Participants were approached in the courthouse on the date of their graduation (i.e., final court hearing) and asked to partake in the interview. Recruitment yielded a high participation rate, with 93.1% of those identified and approached for the study agreeing to participate.

DATA COLLECTION

The qualitative interviews were semi-structured and included questions on why participants chose to enter MCVTC, the referral process, procedural fairness, strengths and weaknesses of the program, suggestions for improvement, treatment and service linkages, support systems, and participants' plans for the future. Participants were interviewed in a private jury room at the courthouse before their final hearing began. Each participant provided their written informed consent and was advised their involvement was voluntary, and their data would be kept confidential. All participants consented to have their interviews audio recorded, which were later transcribed for analysis. The interviews lasted anywhere from 15 to 45 minutes. All qualitative interviews were de-identified, including social and demographic characteristics to protect participants' confidentiality. All study procedures were reviewed and approved by the University of Wisconsin–Milwaukee (IRB # 21.146)

DATA CODING AND ANALYSIS

The constant comparative method (Boeije, 2002), which calls for reading, coding, subsequent re-reading, additional coding, and ultimate identification and categorization of codes and themes, was used to guide the coding of transcripts. Two coders met weekly during the coding process to ensure consistent application of codes, and adjustments were made to the data codebook as needed. The constant comparative method was used in conjunction with thematic analysis (Braun & Clarke, 2006). Thematic analysis was used to identify, examine, and emphasize patterns that emerged from within the data itself. Throughout this process, several themes and subthemes were identified within chunks of text. Dedoose 10, a qualitative analysis software, was used to manage, code, and assist with analysis of qualitative data.

RESULTS

Results of the analysis identified three overarching themes: motivation to enter MCVTC, MCVTC programming, and future goals following program discharge.

MOTIVATION TO ENTER MCVTC

Veterans learned of MCVTC through several mechanisms including hearing about it in court for the first time, word of mouth from another veteran (i.e., sometimes while being detained in jail), online while researching options for veterans involved in the criminal justice system, or through a Veterans Justice Outreach (VJO) program representative. Additional reasons for enrolling in MCVTC included possible charge reduction, starting over with a clean slate (second chance), stability, an opportunity for help, and a way to be involved with the criminal justice system for a shorter time than traditional court case processing. As stated by one MCVTC participant:

> It's a really good deal...this was the first criminal act that has ever been on my record, and the DA originally wanted to send me to jail. No agreements, nothing. When the VJO stepped in, I got my deferred prosecution [agreement] and this deal, and that worked out very well for me.

Another MCVTC participant cited personal motivations, recognizing the need to change their behaviors. They believed the program would provide structure and resources that would benefit them:

> Regular court was just sitting in their [jail] for 7 months and I still had the same problems when I got out of jail, but going through the [MCVTC] program, you're not drinking. If I just went through jail, I would come out drinking, it would be the same thing.

MCVTC was also identified as a way of asking for and receiving help with substance misuse and/or mental health issues without some of the perceived stigmas associated with asking for help. Veterans specifically acknowledged brotherhood and comradery within MCVTC. This is reflected in the following quote:

> Veterans are like a brotherhood; it's a bond that's almost unbreakable. No matter the branch of the service, we were all there together, and we're all there for a certain purpose. I think the majority of us understand that purpose, and we honor that purpose.

MCVTC PROGRAMMING

Throughout the interviews, MCVTC veterans discussed a multitude of programming aspects that were seen as both strengths and weaknesses of the program. The overarching benefits that participants shared were twofold: the variety of treatment and services offered in the program, and the accountability and support provided. First, participants spoke about the vastness of treatment programs that were offered including VA-based and community-based treatment. The VA is the main service provider for the MCVTC in which many, if not most participants, are engaged during the program. Many of the participants who were interviewed felt the variety and availability of services at the VA were valued and beneficial to their recovery. As one participant shared, "The multiple treatment programs they offer and the different support programs…[v]eteran's thrive on discipline so that was familiar and supportive and there was accountability." Participants provided an assortment of treatment they engaged in during MCVTC, such as residential treatment, anger management, substance use treatment, mental health treatment, coping skills, and aftercare. Another participant shared, "I mean we had a little bit of everything…art classes, guitars for vets. There's a lot of resources in the VA."

One of the most popular treatment components that veterans believed was particularly beneficial to recovery was peer mentoring/sponsorship. More than half of MCVTC participants spoke of this in the interviews and reported they typically found a peer mentor/sponsor through the VA, although some participants found one through community-based treatment or a family member. Of those participants who engaged in peer mentoring/sponsorship, they valued it for the accountability, consistent dialogue, and positive influence it provided. As one participant expressed: "We need somebody to share the journey…for accountability, for coaching, somebody that can be a cheerleader in all those aspects." Another participant suggested that:

> Every VTC in the country should have a peer mentoring program because everybody that comes in here needs an individual person to share the journey with. The guys around here like myself, need somebody to talk to about these everyday issues, about being a man. We have women here too, and they need somebody to talk to.

Even for those MCVTC participants who did not currently have a peer mentor or sponsor, they stated they were either looking for one but did not find someone who fit, they previously had a sponsor, but that individual had relapsed, or they did not want one because they felt their treatment was enough.

In addition to VA-based treatment, many participants engaged in community-based treatment, including individual therapy, and 12-step recovery programs such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA). Participants reported that these programs were supportive and were a good fit for their long-term recovery goals. One participant noted:

> AA taught me something, to stop listening just for the hardship, but listen to the struggles that people are going through. I know that going there is needful for me now, because those are the people you share the journey with.

Another participant shared their perspective:

> I got involved with NA and started chairing meetings…being clean and going through the twelve steps, you look at your addiction through a different light. I'm not responsible for who I was or what I did. I'm responsible for what I do now. It just helped me be more of an honest and integral person.

There were also several participants who discussed that individual therapy was the best option for them because they were not comfortable with group sessions. Having individual space to talk allowed them to better express their emotions and cope with their issues more privately.

The second overarching benefit and key to success that participants noted in the interviews was the accountability and support provided throughout the program. This came from other veteran participants and from the MCVTC team. Time and again throughout the interviews, participants mentioned a sense of comradery and brotherhood amongst the veteran population that was key to getting back on track and long-term recovery success. Particularly during the VA group treatment sessions, participants expressed that it felt like a bonding ritual to share each other's stories and experiences. They were able to connect on a different level beyond just a shared connection of substance misuse and/or mental health issues. Instead, there was also the shared veteran background, and participants felt more comfortable sharing their stories and being there for one another. One MCVTC participant explained:

> I'm meeting with veterans, you know it's very eye-opening…guys from as far back as the Korean war, the Vietnam war, the Middle Eastern conflicts. It's so many different types of people, so many age groups, so many races, and so many economic groups. Then you start to hear their stories. Just yesterday, a guy was barely able to hold it together, but at the same

> time, I'm in the room with 20 other guys, and the support that was given to this guy at that moment, I think that's what MCVTC and VA is all about. That type of support, these guys truly support each other.

In addition to other participants, veterans also acknowledged that the MCVTC team provided a great deal of support to help them be successful in the program as they work towards their recovery. One participant said:

> The people that were in my journey like my lawyer, case manager, PO, etc., I feel that it wasn't just a job to them but they really cared, and I was serious about changing my life and so I took grasp of it, and all these people that I mentioned they pointed me in the right direction with classes and stuff.

As another participant expressed in their interview, "This program saved my life and these people in my journey here, I can go to them and ask them for help." All participants reported in their interviews that they felt the presiding judge and case management services were the most helpful, and almost all participants felt their needs were met in the program. They indicated the judge showed empathy, listened attentively to participants in court, and was firm yet fair, positively influencing participant views on procedural justice.

Some participants reported that the praise from the judge was impactful in staying motivated in MCVTC and working towards their recovery. One participant stated, "It does help people, it gives them a little push. They see what you're doing, they're praising you for it, they're recognizing it.... I feel like they really care...you're not just a number." Another aspect of the MCVTC judge that participants felt was a benefit was honesty. Participants discussed that honesty was of the utmost importance with the judge; they expressed that if they were honest, the judge was more willing to help and give them a second chance or opportunity. As one participant stated, "the Judge was nice, but he was firm with that judge belt! He corrects you right there if you drift off a little bit...he will give a chance." Participants shared this was a helpful lesson not only for progressing through the program but also for long-term recovery because they needed to be honest with themselves, whether it was positive or negative.

Participants described case management as supportive and helpful in finding appropriate resources, treatment, and services. They also noted that case management encouraged them to stay on track and be accountable with sobriety, meetings/appointments, treatment, court hearings, and general program requirements. Most participants felt their treatment plans were individualized, and they were placed in appropriate services. Some participants also shared that case management helped them obtain housing, assisted them with health concerns (e.g., identifying appropriate care, making appointments, finding transportation to appointments), and helped them with employment-related tasks like conducting job searches, developing computer skills, and practicing for job interviews.

Participants also discussed that consistent case management meetings fostered accountability and provided motivation. One participant shared:

> The individual time helped me; it was the best. I'll tell you from a personal standpoint, I think men have a hard time processing emotion, and that's one of the things we have to do in order to be able recover. That individual time I had with my case manager helped me to work through things I was feeling.

Participants reported in the interviews that case managers would address what they were doing well, what they needed to improve upon, and point them in the right direction. For example, if a participant relapsed, the case manager would help them get back on track by discussing the circumstances that led to the incident and then creating a plan towards recovery. One participant stated:

> They will make sure you stay on track...they do a good job of pointing out the things that you're not doing correctly or properly and direct you in the right direction on getting it fixed. They seem to care about any problems you may have that interfere with completing the program.

These participants felt that any issues during the program were addressed in a fair way, and the MCVTC team worked together to address participants' needs. One participant reported:

> The beauty of it all was that any issues or disputes that occurred were addressed in a fair way and everybody did what they were supposed to do with their main role as far as their job and I have no complaints.

While MCVTC participants felt the benefits of programming far outweighed any barriers, they did report some challenges that hindered their ability to progress through the program at times, including general requirements of

the program, drug testing, and maintaining employment while simultaneously adhering to MCVTC requirements. There were a few participants who noted that the MCVTC requirements were overwhelming from the start. Although case management was helpful in their adjustment to program requirements, these participants reported the added stress acted as an initial barrier to their sobriety and progress in the program. This quote exemplifies these initial challenges but also offers some encouragement to veterans starting out in the program:

> The requirements of the court were a lot and were annoying at times, but I kept reminding myself that I could be sitting in jail instead or overseas and then I realize that it's okay. This program is really easy if you go along with the rules and do what is asked of you. It does give you your freedom even though it consumes a good portion of your day. Don't try to fight the program though, just follow along with the rules and it'll be easy. You can do it, but you have to want to do it.

Some MCVTC participants specifically reported that drug testing became a barrier to their success in the program at times. One participant reported issues related to several confirmed false positive drug tests. This participant reported frustration with the MCVTC team and felt that it created a barrier to their progress in the program because they had to prove their sobriety. A few participants also felt that timing was an issue related to drug testing. MCVTC participants were required to call into the testing site each morning to determine whether they were required to take the drug test that day. This process made it particularly difficult for employed individuals to make it to the testing site before they closed, as testing hours were limited. If a participant missed a drug test, they could be reprimanded. However, it was noted that in some cases alternative plans were approved so MCVTC participants could drug test at the VA after work hours instead of the drug testing site to allow them to test within the time limit that day.

Similarly, several participants reported that obtaining employment was a part of their treatment plans; however, maintaining employment while enrolled in MCVTC could be challenging. As one participant stated, "They want you to work but they also want you to put vet court first." Not only did employment create issues with drug testing mandates, but it also created barriers with the general requirements of MCVTC like attending treatment appointments, required court appearances, case management contacts, etc. For some participants, it became difficult to hold full-time employment and handle the many requirements of MCVTC. This created stress for the participants and impacted their day-to-day recovery process.

Another concern among some participants was being admitted to MCVTC with a mental health issue, not a substance misuse issue, and being required to adhere to several programming aspects that were not related to their needs. First, while these veterans did not have a known substance misuse issue, they were still required to complete mandatory drug testing. These participants stated they understood the standardization of the program's requirements, but they felt the extent of the drug testing was unnecessary. Second, they reported that some of the treatments they were required to complete were not tailored to their mental health needs but instead focused on addressing substance misuse. For example, Thinking for a Change (T4C) is a required in-house program for all MCVTC participants that focuses on cognitive behavioral change (Bush et al., 1997). Participants reported that they enjoyed the program, overall, but the focus of the program was on substance misuse rather than mental health-related issues.

FUTURE GOALS FOLLOWING PROGRAM DISCHARGE

Many participants discussed future goals related to sobriety, continuation of treatment and services, relationships with other veterans, family and children, as well as employment, housing, and education. Almost all participants felt it was important for them to remain sober once they left MCVTC. It was necessary to replace drugs with prosocial activities like treatment and continue to engage in positive relationships with family, friends, and other VA peers. Most participants had plans to continue their treatment both in the community and at the VA. In the community, participants planned to continue individual therapy, AA and NA meetings, and even church activities, which was considered to be a form of treatment. These participants felt that community-based treatment would allow them to practice their coping skills, meet and engage with others engaging in prosocial activities, and continue to receive support and accountability after MCVTC program completion.

Other participants expressed that VA-based treatment would be helpful for them to stay sober and continue to receive appropriate treatment following discharge from MCVTC. Participants shared a variety of services they were looking forward to either continuing or starting at the VA, including aftercare treatment, individual counseling, peer support, coping skills, cognitive processing therapy, substance use treatment, moral recognition therapy, opioid agonist therapy, and dialectical behavior therapy.

Additionally, the VA filled prescriptions, offered general health insurance coverage, and provided access to dieticians. One participant shared:

> The healthcare is going to save me a lot of money…I can get dieticians and things like that I can go to that are basically free…So yeah, like, now this got me pulled back into the VA. I'm getting the support and help that I need in other areas of my life. I've already lost seven pounds because I went to the dietician.

Participants reported that the VA facilitated connections and bonding with other veterans, allowing them to gain mutual support, share experiences, practice coping skills, and maintain a sense of comradery they had started while in MCVTC.

In addition to sobriety and treatment, participants discussed the importance of positive relationships to their long-term recovery plans. Once leaving MCVTC, all participants had a goal of some magnitude to prioritize positive relationships with others, including VA peers, family, friends, and children. Many participants were able to mend relationships during their time in the MCVTC, and participants wanted to continue that positivity in the future. They also shared that this was a strong motivation to stay sober: "Being around positive people, then positive things will happen. Don't play with your life, stay with the right crowd…" Peer mentors were also an important aspect of MCVTC both during the program, but also as a long-term recovery plan. Many participants wanted to continue relationships with their peer mentors at the VA, with several reporting a goal of becoming a peer mentor themselves. One participant stated:

> I like to share my experiences with other veterans or even civilians in need and help get them on the right path or even prevent possible issues. There's a large sense of comradery in the veteran community, and you want to give back and continue helping. I received mentoring in the program and now I want to become a mentor to others who were in my place.

Many participants also discussed their excitement to be living a sober lifestyle and having the resources they needed. As one participant stated:

> I've got a great job, I'm not homeless, the VA helps me out, and I'm standing on my own two feet, I'm interacting with my family again, and they don't have to close the blinds but they're happy to see me…you can have fun without drinking or getting high. I started working out, I go to the gym a lot, I watch a lot of movies, and I cook at home for my family.

Another participant said they were excited to pursue higher education and enjoy the other exciting developments in their life following discharge from MCVTC:

> Like now, I'm getting my bachelor's degree. I'm in a three-bedroom house. You know what I mean. I've got a baby on the way. I'm engaged. I've gotten all these things but because I put in the work to do it.

Other participants were eager to find a job once they were discharged from MCVTC. They noted they were receiving help from either the VA or their MCVTC case manager to identify potential employment opportunities.

DISCUSSION

The current study examined the experiences of MCVTC participants to better understand VTC efficacy, and the unique strengths and challenges associated with program participation and the overall reflections of participants' recovery journey. Results of the qualitative interviews revealed the biggest aspects of program success were the variety of programming and services offered, the comradery among veterans, as well as the support and accountability provided by the MCVTC team. These findings have been supported in other qualitative examinations of veteran participants' experiences in VTCs (Ahlin & Douds, 2016; Gallagher et al., 2016; Guyden, 2020; Lux et al., 2024; McCall et al., 2019; Richard-Herzog et al., 2019; Shannon et al., 2017; Stalcup, 2022). MCVTC participants were appreciative of the multitude of VA and community-based treatment services available to them, including individual therapy, AA, NA, substance misuse treatment, mental health treatment, and coping skills, among others. This allowed participants to individualize their treatment plans, which was seen as beneficial to their success throughout the program and in their long-term recovery goals.

Most participants planned to continue their treatment services both in the community and at the VA beyond MCVTC graduation, indicating these services would help them to maintain their sobriety, practice their coping skills, and meet and engage with people involved in prosocial activities. The support and accountability that came along with that treatment was also seen as a major element of the program and recovery success. MCVTC participants

were unique in that the veteran population thrives on a sense of comradery and brotherhood, something seen in other VTCs and stressed in the VTC key components (Ahlin & Douds, 2016; Cartwright, 2011; Cavanaugh, 2011; Huskey, 2015; Johnson et al., 2016; Russell, 2015; Smith, 2012). In the current study, that comradery provided a shared connection in treatment among other veteran participants, with treatment facilitators, and/or with peer mentors and sponsors. This allowed MCVTC participants to feel comfortable sharing their own experiences, feel supported, and be held accountable for their actions and progress towards their goals.

Participants shared that this sense of comradery was a driving force to continue treatment and services following MCVTC graduation, some of whom even had the goal of becoming a peer mentor or sponsor themselves. Participants also expressed a great strength of the program was the support and accountability provided by the MCVTC team, particularly from case management and the presiding judge. Similar results have also been supported in prior literature (Gallagher et al., 2016; Guyden, 2020; Lux et al., 2024; McCall et al., 2019; Richard-Herzog et al., 2019; Shannon et al., 2017; Stalcup, 2022) and aligns with evidence-based practices of the VTC key components (All Rise, 2008). Participants in this study shared that the judge was someone who was firm but fair, and who, above all else, expected honesty from their participants. Participants reported these same aspects were also seen in the military. When participants were held accountable for their actions, but still felt supported, they expressed this was a big motivator to stick to the program and their recovery process.

Participants expressed that they thrived on discipline, and prior to entering MCVTC, that discipline was lost. The program and the judge helped to bring some of that accountability back with consistent court hearings, praise for prosocial behaviors, and sanctions (i.e., accountability) for violating requirements. Similarly, case management was supportive in helping MCVTC participants find resources (e.g., housing, employment, education, medical, etc.) and treatment services, and be accountable for their sobriety and attending treatment, relevant appointments, court hearings, or completing general program requirements. These resources, coupled with support and accountability from the team, made MCVTC participants feel prepared to leave the program and continue their recovery. Participants shared that MCVTC allowed them to maintain sobriety, establish long-term recovery plans, mend relationships with family and children, and gain employment, housing, and education.

While many of the results from this study were positive, some key challenges that warrant additional consideration were identified. First, some MCVTC participants reported conflicting program goals regarding employment responsibilities and being able to complete MCVTC program requirements, such as mandatory drug testing. This highlights the importance of VTCs and other problem-solving courts being flexible and adaptive in participants meeting all program requirements when they have other real-world obligations (e.g., employment, education, caregiving obligations) that the court considers to be essential prosocial behaviors. The challenges revealed in this study were not unique to those found in prior studies (Gallagher et al., 2016; Shannon et al., 2017; Stalcup, 2022).

In some instances, the MCVTC established after-hour drug testing at the VA for those participants who were employed during daytime hours. Second, and perhaps the most important structural barrier identified in the current study, those MCVTC participants who were admitted to the court due to a mental health issue without the presence of a substance use disorder or history of substance misuse were required to complete drug testing and some mandatory substance misuse focused programming. Participants reported that some of these programming requirements were onerous and unnecessary. While this did not hinder the success of these participants, it does stress the importance of individualized treatment planning.

LIMITATIONS AND FUTURE RESEARCH

Although this study contributes to existing literature, there are limitations that need to be acknowledged. First, this evaluation was limited to one urban county in Wisconsin. As there is great heterogeneity among VTC implementation nationally, the experiences and perspectives of VTC participants may vary across locations and could produce different results than were found in the current study. Second, all interviews that were conducted in this study included participants who graduated from the MCVTC. Interviews were typically conducted on the day of the participant's graduation, so it is possible that individuals may have been more likely to agree to participate in the interview because they successfully completed the program, ultimately leading to the study's high participation rate. Only interviewing graduated participants could have influenced the responses received during semi-structured interviews. Attempts were made to interview revoked individuals; however, they either declined to participate or were not accessible due to court scheduling or transfer to jail. Future research would benefit from interviewing participants who were not successful in VTC programs to better understand their perspectives and experiences, particularly their challenges and what could have been done differently for them to be successful.

CONCLUSION

VTCs prioritize rehabilitation over incarceration, offering justice-involved veterans holistic support for mental health, substance use, and socioeconomic challenges. Although the broader evidence base remains mixed due to a lack of program standardization, the MCVTC specifically proved effective through the eyes of the participants themselves. This qualitative study confirmed that the MCVTC effectively supports long-term recovery through a combination of individualized treatment, consistent accountability, and, notably, a strong sense of peer comradery among veterans. Participants also planned to continue engaging with these tailored services to maintain sobriety, highlighting the program's success in fostering lasting, prosocial, and community-based support.

DATA ACCESSIBILITY STATEMENT

The qualitative interview transcripts generated and analyzed during this study are not publicly available, as the Institutional Review Board (IRB) approval for this research and the subsequent participant written consent did not include permission to share this data outside of the research team and their ultimate dissemination of the findings through publications and presentations.

NOTES

1 The five-phase structure focuses on progressive recovery, starting with stabilization and moving through intensive treatment, community support, and maintenance, with increasing personal responsibility and aftercare (Milwaukee County Drug Treatment Court, 2022).

2 Veteran participants revoked or self-discharged from MCVTC were not included in the current study for two reasons: they refused consent to participate, or they were incarcerated and transported to the House of Corrections and researchers did not have access to enter the facility.

ETHICS AND CONSENT

Ethical approval for this study was obtained from the University of Wisconsin–Milwaukee.

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COMPETING INTERESTS

The authors have no competing interests to declare.

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REFERENCES

Ahlin, E., & **Douds, A.** (2016). Military socialization: A motivating factor for seeking treatment in a veterans' treatment court. *American Journal of Criminal Justice, 41*(1), 83–96. https://doi.org/10.1007/s12103-015-9332-4

All Rise. (2008). *The ten key components of veterans treatment courts*. https://allrise.org/wp-content/uploads/2022/07/10-Key-Components-VTC.pdf

All Rise. (2023). *Justice for vets*. https://allrise.org/about/division/justice-for-vets/

Baldwin, J. M. (2015). Investigating the programmatic attack: A national survey of Veterans Treatment Courts. *Journal of Criminal Law and Criminology, 105*, 705–751. https://scholarlycommons.law.northwestern.edu/jclc/vol105/iss3/4

Baldwin, J., & **Brooke, E.** (2019). Pausing in the wake of rapid adoption: A call to critically examine the veterans treatment court concept. *Journal of Offender Rehabilitation, 58*(1), 1–29. https://doi.org/10.1080/10509674.2018.1549181

Baldwin, J., & **Hartley, R.** (2022). *National Institute of Justice's multisite evaluation of Veterans Treatment Courts: Systematic assessment of implementation and intermediate outcomes* (Report No. 305013). National Institute of Justice, Office of Justice Programs, U.S. Department of Justice. https://www.ojp.gov/pdffiles1/nij/grants/305014.pdf

Boeije, H. (2002). A purposeful approach to the constant comparative method in the analysis of qualitative

interviews. *Quality and Quantity*, *36*(4), 391–409. https://doi.org/10.1023/A:1020909529486

Braun, V., & **Clarke, V.** (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Bureau of Justice Assistance. (2023). *Treatment courts across US states/territories (2023)*. https://ntcrc.org/wp-content/uploads/2024/06/2023_NTCRC_TreatmentCourt_Count_Table.pdf

Bush, J., Glick, B., & **Taymans, J.** (1997). *Thinking for a change.* National Institute of Corrections, United States Department of Justice.

Cartwright, T. (2011). To care for him who shall have borne the battle. The recent development of veteran's treatment courts in America. *Stanford Law & Policy Review, 22*(1), 295–316. https://law.stanford.edu/wp-content/uploads/2018/03/cartwright.pdf

Cavanaugh, J. M. (2011). Helping those who serve: Veterans treatment courts foster rehabilitation and reduce recidivism for offending combat veterans. *New England Law Review, 45,* 463–488.

Corr, A. (2023). *Veterans who have been arrested or incarcerated are at heightened risk for suicide.* The Pew Charitable Trusts. https://www.pew.org/en/research-and-analysis/articles/2023/11/08/veterans-who-have-been-arrested-or-incarcerated-are-at-heightened-risk-for-suicide#:~:text=Data%20also%20shows%20that%20veterans,of%20those%20in%-20federal%20prisons

Douds, A., & **Hummer, D.** (2019). When a veterans' treatment court fails: Lessons learned from a qualitative evaluation. *Victims & Offenders*, *14*(3), 322–343. https://doi.org/10.1080/15564886.2019.1595248

Finlay, A., Owens, M., Taylor, E., Nash, A., Capdarest-Arest, N., Rosenthal, J., Blue-Howells, J., Clark, S., & **Timko, C.** (2019). A scoping review of military veterans involved in the criminal justice system and their health and healthcare. *Health & Justice*, *7*(1), 6. https://doi.org/10.1186/s40352-019-0086-9

Gallagher, J. M., & **Warner, E.** (2018). Perceptions of procedural justice in veterans treatment courts. *Drug Court Review, 45*(2), 33–57. https://doi.org/10.1037/lhb0000441

Gallagher, J. R., Nordberg, A., & **Gallagher, J. M.** (2016). A qualitative investigation into Military veterans' experiences in a problem-solving court: Factors that impact graduation rates. *Social Work in Mental Health, 15*(5), 487–499. https://doi.org/10.1186/s40352-019-0086-9

Guyden, A. (2020). *The effectiveness of veterans treatment courts as perceived by veterans* [Doctoral Dissertation, Northcentral University]. ProQuest Dissertations & Theses. https://ezproxy.lib.uwm.edu/login?url=https://www.proquest.com/dissertations-theses/effectiveness-veterans-treatment-courts-as/docview/2421514677/se-2?accountid=15078

Hartley, R. D., & **Baldwin, J. M.** (2019). Waging war on recidivism among justice-involved veterans: An impact evaluation of a large urban veterans treatment court. *Criminal Justice Policy Review, 30*(1), 52–78. https://doi.org/10.1177/0887403416650490

Herzog, J., Ferdik, F., Scott, D., Denney, A., & **Conklin, S.** (2019). Participants perceptions of veterans treatment courts: A qualitative assessment and systems model. *Journal of Veterans Studies*, *4*(2), 78–93. https://doi.org/10.1186/s40352-019-0086-9

Huskey, K. A. (2015). Reconceptualizing the crime in veterans treatment courts. *Federal Sentencing Reporter, 27*(3), 178–186. https://papers.ssrn.com/sol3/papers.cfm?abstract_id=2602522

Johnson, R. S., Stolar, A. G., McGuire, J. F., Clark, S., Coonan, L. A., Hausknecht, P., & **Graham, D. P.** (2016). U.S. Veterans' Court programs: An inventory and analysis of national survey data. *Community Mental Health Journal, 52,* 180–186. https://doi.org/10.1007/s10597-015-9972-3

Kellerman, K. (2023). *Supporting justice involved veterans and connecting veterans to appropriate care, services, and resources* [teleconference power point slides]. U.S. Department of Veterans Affairs. https://vimeo.com/857632770

Knudsen, K. J., & **Wingenfeld, S.** (2016). A specialized treatment court for veterans with trauma exposure: Implications for the field. *Journal of Community Mental Health, 52,* 127–135. https://doi.org/10.1007/s10597-015-9845-9

Lux, F., Esmail, A., Cofeld, C., & **Phillips-Meek, M.** (2024). A qualitative measure of veterans treatment courts efficacy. *Journal of Crime and Criminal Behavior, 4*(1), 65–89. https://doi.org/10.23880/oajcij-16000116

McCall, J., Tsai, J., & **Gordon, A.** (2018). Veterans treatment court research: Participant characteristics, outcomes, and gaps in the literature. *Journal of Offender Rehabilitation*, *57*(6), 384–401. https://doi.org/10.1080/10509674.2018.1510864

McCall, J. D., Rodriguez, K. L., Barnisin-Lange, D., & **Gordon, A. J.** (2019). A qualitative examination of the experiences of veterans treatment court graduates in Allegheny County, Pennsylvania. *International Journal of Offender Therapy and Comparative Criminology, 63*(3), 339–356. https://doi.org/10.1177/0306624X18801462

Milwaukee County Drug Treatment Court. (2022). *Milwaukee County Drug Treatment Court policies and procedures manual 2022*. Milwaukee County Courts.

Milwaukee County Veterans Treatment Court. (2022a). *Milwaukee County Veterans Treatment Court participant handbook*. Milwaukee County Courts.

Milwaukee County Veterans Treatment Court. (2022b). *Milwaukee County Veterans Treatment Court policies and procedures manual*. Milwaukee County Courts.

Parker, K., Igielnik, R., Barroso, A., & **Cilluffo, A.** (2019). *The American veteran experience and the post-9/11 generation.* Pew Research Center. https://www.pewresearch.org/social-trends/2019/09/10/the-american-veteran-experience-and-the-post-9-11-generation/

Rapisarda, S. S., Kras, K. R., LeMoyne, G., Hummer, D., Socia, K., & **Byrne, J. M.** (2024). Veterans treatment courts: A nationwide review of enacting and eligibility state statutes. *Victims & Offenders, 19*(1), 32–58. https://doi.org/10.1080/15564886.2023.2263451

Richard-Herzog, J. R., Ferdik, F. V., Scott, D. L., Denney, A. S., & **Conklin, S. I.** (2019). Participant perceptions of veterans treatment course: A qualitative assessment and systems model. *Journal of Veterans Studies, 4*(2), 78–93. https://doi.org/10.21061/jvs.v4i2.108

Russell, R. T. (2015). Veteran's treatment courts. *Touro Law Review, 31*(3), 385–401. https://digitalcommons.tourolaw.edu/cgi/viewcontent.cgi?params=/context/lawreview/article/2656/&path_info=6._Russel__Veterans_Treatment_Courts__385_401.pdf

Shannon, L. M., Birdwhistell, S., Hulbig, S. K., Jones, A. J., Newell, J., & **Payne, C.** (2017). Examining implementation and preliminary performance indicators of veterans treatment courts: The Kentucky experience. *Evaluation and Program Planning, 63,* 54–66. https://doi.org/10.1016/j.evalprogplan.2017.03.003

Slattery, M., Dugger, M., Lamb, T., & **Williams, L.** (2013) Catch, treat, and release: Veteran treatment courts address the challenges of returning home. *Substance Use & Misuse, 48*(10), 922–932. https://doi.org/10.3109/10826084.2013.797468

Smee, D. E., McGuire, J., Garrick, T., Sreenivasan, S., Dow, D., & **Woehl, D.** (2013). Critical concerns in Iraq/Afghanistan war veteran-forensic interface: Veterans treatment court as diversion in rural communities. *The Journal of the American Academy of Psychiatry and the Law, 41*(2), 256–262. https://pubmed.ncbi.nlm.nih.gov/23771939/

Smith, J. (2012). The Anchorage, Alaska veterans court and recidivism: July 6, 2004-December 31, 2010. *Alaska Law Review, 29*(1), 93–111. https://scholarship.law.duke.edu/alr/vol29/iss1/4

Stalcup, J. D. (2022). *Evaluation of a veterans treatment court in the northwest united states* [Master's thesis, California State Polytechnic University, Humboldt]. Cal Poly Humboldt Digital Commons. https://digitalcommons.humboldt.edu/etd/543/

Stewart, K. (2021). *Veterans treatment courts and other veteran-focused courts served by VA veterans justice outreach specialists.* U.S. Department of Veterans Affairs. https://www.va.gov/HOMELESS/docs/VJO/Veterans-Treatment-Court-Inventory-Update-Fact-Sheet-Jan-2021.pdf

Timko, C., Flatley, B., Tjemsland, A., McGuire, J., Clark, S., Blue-Howells, J., & **Finlay, A.** (2016). A longitudinal examination of veterans treatment courts' characteristics and eligibility criteria. *Justice Research and Policy, 17*(2), 123–136. https://pmc.ncbi.nlm.nih.gov/articles/PMC6051754/; https://doi.org/10.1177/1525107117740087

Tsai, J., Finlay, A., Flatley, B., Kasprow, W. J., & **Clark, S.** (2018). A national study of veterans treatment court participants: Who benefits and who recidivates. *Administration and Policy in Mental Health and Mental Health Services Research, 45,* 236–244. https://doi.org/10.1007/s10488-017-0816-z

Wisconsin Department of Veterans Affairs (n.d.). *Local, state, and federal resources: Incarcerated veterans.* State of Wisconsin Department of Veterans Affairs. Retrieved from https://dva.wi.gov/

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