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Navigating Digital Exclusion After Incarceration: The Role of Peer Support in Veteran Reentry

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Abstract

The reintegration of formerly incarcerated veterans poses significant challenges, including housing instability, employment barriers, health concerns, and systemic stigma. Digital tools can support an individual in overcoming these challenges; however, lack of digital skills may exacerbate barriers and hinder their participation in daily life. This secondary qualitative study examined how digital technologies shape community reintegration among formerly incarcerated veterans participating in the US Department of Veterans Affairs Post-Incarceration Engagement (PIE) initiative. Data included semi-structured interviews with veterans and peer specialists, together with previously coded qualitative interviews, analytic memos, and implementation materials collected during development of the PIE initiative. Analysis identified six interrelated themes that reflected three broader dimensions of digital exclusion: structural, temporal, and relational. Peer specialists functioned as trusted relational digital navigators, helping veterans bridge technology-related barriers while simultaneously navigating housing, healthcare, benefits, and other reintegration challenges. This study adds a Veteran-specific perspective to global conversations on digital inclusion after incarceration. It underscores the value of investing in peer specialists who can tailor the intensity of support, based on a veteran's needs, to obtain access to technology and build digital literacy skills important to community integration.

Keywords

digital exclusion; incarceration; peer support; reentry; telehealth; veterans

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1. Introduction

The transition from incarceration to community life is a critical and often unstable period, marked by challenges related to housing, employment, healthcare access, and social reintegration. Unlike many returning citizens, formerly incarcerated veterans often navigate multiple institutional transitions simultaneously, including reconnecting with the US Department of Veterans Affairs (VA), accessing disability benefits, managing military-related physical and mental health conditions, and reestablishing civilian roles. These intersecting demands make successful community reintegration particularly complex and increase reliance on both formal and informal support systems. Successful reentry depends not only on access to services but also on the ability to navigate increasingly complex and digitized systems that mediate access to resources, communication, and support among vulnerable veterans (Denney et al., 2014; Finlay et al., 2019; Hyde et al., 2022a; Montgomery et al., 2023). While reentry has traditionally been conceptualized in terms of structural and social barriers, an increasingly important yet underexamined dimension is the role of digital technologies in shaping access to resources and participation in everyday life.

Digital technologies have become central to service delivery across healthcare, employment, housing, and social services. Online platforms are now routinely used to schedule appointments, apply for benefits, communicate with providers, and access critical information. While these technologies offer opportunities to improve efficiency and expand access, they also risk deepening existing inequalities for individuals who lack access to devices, connectivity, or the skills required to engage with digital systems. This has led to growing attention to digital exclusion, defined not only as lack of access to technology but also as disparities in skills, usage, and the ability to translate digital engagement into meaningful outcomes (Helsper, 2021; van Dijk, 2020). Within the VA, efforts to address digital inequities have primarily focused on improving access to technology among socially vulnerable Veteran populations. For example, the VA Digital Divide Consult and national tablet distribution initiatives have expanded access to video telehealth by providing internet-enabled devices to veterans experiencing homelessness and other barriers to care (Garvin et al., 2021a, 2021b). Other work has explored peer-led approaches to supporting veterans experiencing homelessness and substance use disorder in adopting telehealth technologies (Garvin et al., 2023). While these interventions demonstrate the promise of technology-enabled solutions, they often assume a baseline level of access, familiarity, and support that may not reflect the realities of individuals leaving incarceration.

Unlike many other populations experiencing digital inequities, formerly incarcerated individuals frequently return to communities after years or decades during which digital technologies, online communication, healthcare systems, financial institutions, and government services have fundamentally changed (Hwang et al., 2024; Reisdorf & DeCook, 2022; Reisdorf & Rikard, 2018). Successful reintegration therefore requires more than device ownership; it requires rebuilding digital confidence, learning unfamiliar technologies, and navigating increasingly digital institutions and the role of support systems in facilitating meaningful engagement (Helsper, 2021). Emerging work on administrative burden suggests that digital systems may introduce additional layers of complexity, requiring individuals to manage accounts, documentation, and communication across fragmented platforms (Herd & Moynihan, 2018). For individuals already navigating the structural and emotional demands of reentry, these digital requirements may exacerbate rather than alleviate barriers.

At the same time, a growing body of research highlights the importance of social support and structured assistance in facilitating successful reentry. Peer support has been identified as a critical component of reentry programs, offering trust-based, experiential guidance that complements formal services (Denney et al., 2014). Within veteran populations, peer-based interventions have demonstrated effectiveness in improving engagement, including with technology such as mobile apps for health (Blonigen et al., 2023), promoting community integration, and addressing barriers related to trust and stigma (Hyde et al., 2022a; Richardson et al., 2025). Additionally, research on transitional anxiety among formerly incarcerated veterans underscores the importance of supportive relationships in navigating uncertainty and adapting to post-release environments (Hyde et al., 2022b). Despite this growing recognition of the role of peers in reentry, their role in addressing digital exclusion remains underexplored.

This study addresses this gap by examining digital exclusion in the context of veteran reentry through the lens of the Post-Incarceration Engagement (PIE) initiative, a VA program that integrates peer specialists into reentry services. PIE enhances the support provided by Veterans Justice Program (VJP) social workers by incorporating peer specialists with lived experience who provide intensive, individualized support to veterans following incarceration. In practice, peer specialists often assist veterans in accessing and using technology, including mobile phones, telehealth platforms, and online systems for employment, benefits, and communication. They also model how to use ATMs, kiosks, and self-checkout aisles.

Drawing on literature from digital inclusion, incarceration, and peer support, we conceptualize digital exclusion as extending beyond unequal access to technology. Specifically, we examine digital exclusion as encompassing three interconnected dimensions: structural barriers (access to devices and digital systems), temporal disruption (technology changing during incarceration), and relational dimensions (dependence on others to navigate increasingly digital institutions). Using qualitative data collected during implementation of the VA PIE initiative, this study examines how these dimensions shape veterans' reentry experiences and how peer specialists facilitate digital inclusion as part of a broader community reintegration.

2. Methods

2.1. Study Design and Setting

The PIE initiative is a peer support intervention developed to improve community reintegration among veterans returning from incarceration. Building upon services provided through the VJP, the initiative integrates peer specialists with lived experience of incarceration into reentry planning and post-release support. Peer specialists provide individualized, recovery-oriented assistance by helping veterans reconnect with healthcare, housing, employment, benefits, and community resources while drawing upon their lived experience to foster engagement, trust, and hope (Fortuna et al., 2018). The present study draws on qualitative data collected during implementation and evaluation of the PIE initiative across multiple VA sites and focuses specifically on the role of digital technologies during community reintegration.

2.2. Data Sources

Data were derived from semi-structured interviews with veterans and peer specialists, as well as program-generated qualitative data including coded excerpts and analytic memos. The analysis draws on

two complementary sources of qualitative data. The first source consists of semi-structured interviews conducted during site visits with veterans and VJP peer specialists participating in the PIE initiative in 2023 during the PIE implementation at several sites across the US. The semi-structured interviews were conducted with veterans who had recently reentered the community and who were receiving assistance from a peer specialist implementing the PIE model and with peer specialists involved in PIE (see Table 1). Interview guides explored experiences with reentry, access to and use of technology, engagement with services, and perceptions of peer support. The interview guide was also designed to examine potential racial disparities in reentry experiences, including differences in access to resources, services, and support systems. The interviews were audio-recorded with the participant's permission, and the interviewers took notes as well. The majority of interviews were conducted and recorded using Microsoft Teams, which generated automated transcripts. Interviews ranged from 30 to 75 minutes, depending on the participants' availability and the depth of discussion. Veterans and peer specialists participated in a single semi-structured interview. As a token of appreciation for their time, veteran participants were compensated with a $30 gift card. The interview transcripts were subsequently reviewed and manually corrected by members of the study team to ensure accuracy and completeness. The verified transcripts were then used for coding and thematic analysis.

The second source is a purposive subset of coded excerpts from prior qualitative interviews and informal conversations collected during the PIE formative evaluation phase in 2018.

Table 1. Characteristics of veteran participants.

Characteristic	Formative veteran sample (n = 16)	2023 Veteran interview sample (n = 12)
Male	16 (100%)	12 (100%)
Mean age, years (range)	53 (28–74)	67 (35–84)*
Race/Ethnicity		
White/Caucasian	9 (53%)	2 (17%)
Black/African American	5 (33%)	9 (75%)
Hispanic/Latino	—	1 (8%)
Unknown	2 (14%)	—
Military branch		
Army	11 (74%)	3
Navy	4 (20%)	1
Marine Corps	1 (6%)	3
Air Force	—	2
Army and Navy	—	1
Unknown/Not available	—	2
Honorable discharge	14 (88%)	Not consistently available
Multiple incarcerations	11 (73%)	Not consistently available

Notes: The 2023 qualitative dataset also included interviews with four VJP peer specialists, one from each participating site; peer specialists are not included in the Veteran demographic statistics presented above; age was available for six of the 12 veteran interview participants; the reported mean and range were calculated using participants with available age data.

The formative implementation data were originally coded by members of the PIE evaluation team using a structured qualitative codebook developed to evaluate veterans' reentry experiences and implementation of the PIE initiative. The codebook combined descriptive and interpretive codes organized across multiple domains, including reentry experiences, housing, health, social support, transportation and navigation, personal documents, life skills, peer support, facilitators, challenges, and transitional experiences. Notably, the life skills domain explicitly included technology-related skills (e.g., use of new technologies, accessing services, and independent community living), providing an important foundation for the present secondary analysis.

Together, both sources of data provide contemporaneous and longitudinal perspectives on digital access, technology use, and peer support.

2.3. Data Analysis

Interviews were conducted by trained qualitative researchers (MDV, BAP, JKH), audio-recorded, and transcribed verbatim. All qualitative data were managed using NVivo 12 software (Lumivero, 2017). Initial coding was conducted by members of the research team based on interview guide domains and emergent topics, both informed by the study's focus on re-entry experiences and domains related to transitional challenges, peer support, health, and life skills. Longitudinal coded excerpts were then used to deepen and contextualize emerging themes. These data were not analyzed as a separate dataset but were integrated to assess consistency, variation, and persistence of themes across time and settings. Particular attention was given to identifying how digital exclusion was experienced in practice and how peer specialists intervened to mitigate these challenges.

For the present study, the first author (MDV) conducted a secondary analysis of coded data and memos to examine experiences related to digital technologies and digital exclusion. Previously coded excerpts and analytic memos were reviewed to identify passages related to technology use, digital skills, communication, navigation of digitally mediated systems, and peer support. These materials were then analyzed alongside newly collected veteran and peer specialist interviews to identify patterns that persisted across implementation phases and data sources. The analytical memos were used to contextualize coded excerpts and to preserve interpretative insights generated during earlier stages of analysis. The first author engaged in thematic synthesis across data sources, comparing veteran and peer accounts to identify patterns. Regular discussions with co-authors (JKH and SMB) supported analytic rigor and helped refine thematic interpretations and resolve discrepancies. This study was conducted as part of VA program evaluation activities. All data were de-identified prior to analysis.

2.4. Trustworthiness

Findings were triangulated across data sources and discussed among the research team to enhance analytic rigor. Trustworthiness was enhanced through triangulation across multiple qualitative data sources, including veteran interviews, peer specialist interviews, coded implementation data, and analytic memos. Findings were discussed among members of the multidisciplinary research team throughout the analytic process to refine thematic interpretations and ensure consistency with participants' experiences.

2.5. Ethical Considerations

This study was conducted as part of VA program evaluation activities. All data were de-identified prior to analysis.

3. Results

Themes presented below draw primarily from recent interviews with veterans and VJP peer specialists and are further supported by longitudinal qualitative data collected during PIE implementation. Together, these data illuminate how digital exclusion shapes reentry experiences and how peer specialists mitigate these barriers in practice.

3.1. Digital Disconnection as a Structural Barrier to Reentry

Digital barriers rarely occurred in isolation; rather, they emerged alongside other structural challenges associated with reentry, including obtaining identification documents, securing housing, reconnecting with healthcare, and accessing benefits. Lack of reliable communication disrupted coordination with healthcare providers, parole officers, and support services, particularly during the critical early stages of reintegration. In some cases, transitional housing environments attempted to mitigate these challenges by providing shared access to communication devices, such as communal phones, highlighting institutional recognition of the barriers posed by limited personal device access. These challenges were consistently echoed by peer specialists across longitudinal PIE data. One peer explained that "older gentlemen who don't have cellphones…it's hard to maintain contact," highlighting how lack of access immediately limits engagement.

Even when veterans had phones, instability remained a persistent issue. As another peer described, "the numbers change, the cards come and go," making it difficult to sustain communication over time. In response, peers described developing adaptive, often improvised strategies to maintain contact. One peer noted, "you just get creative…if they don't have a cellphone, somebody they know does," explaining how they would reach veterans through family members, acquaintances, or community contacts. Limited access to communication technologies at the point of release may also constrain veterans' ability to initiate contact with support systems, including VA reentry services, particularly when coordination is not already in place.

Participants described digital exclusion as part of a broader web of structural barriers, where issues obtaining identification, stable housing and transportation, and communication technologies often compounded each other: "I don't even have a phone because I ain't got an ID, so I'm missing my appointments. But I can use this [phone], you know. And then I can also use the phone at halfway house."

These findings suggest that digital exclusion operates at a fundamental level of device access and communication stability, requiring ongoing relational effort to compensate for systemic gaps.

3.2. Digital Confusion After Release

Many veterans described difficulty navigating contemporary technologies after release, particularly those who had experienced long periods of incarceration. Smartphones, online systems, and digital service platforms

were frequently perceived as unfamiliar, confusing, or overwhelming. One veteran described the difficulty of adjusting to unfamiliar technologies after release, noting:

> I still can't understand these phones, but I'm working on it. But it's a slow process because I've been…limited education and I went as far as the sixth grade. I'm self-educated. I got, I got educated in the chapel reading the Bible and going to services and, and that's how I, I educated myself to read and all that stuff and work in the chapel for 20 years. So, that's how, that's how I tried to, yeah. That's how, how it went.

Peer specialists vividly described this phenomenon as a form of technological shock. One peer explained that veterans reenter a world where "computers and the internet and cell phones…it's like Star Trek is here," underscoring the magnitude of technological change experienced during incarceration. Veterans themselves echoed this sense of disorientation, often describing reliance on others to complete basic digital tasks. For example, reflecting dependence on informal support networks, one veteran shared: "My nephew helped me with the websites, cause I don't know how to do it."

In some cases, veterans adapted by limiting their engagement with technology altogether. One Veteran described abandoning smartphones in favor of simpler devices: "I ended up going to a Jitterbug flip phone because I couldn't handle nothing else." Others expressed frustration and diminished confidence, noting that navigating digital systems could make them feel incapable or left behind.

3.3. Digital Systems as Overwhelming and Burdensome

Reentry required navigating multiple complex systems simultaneously, like housing, employment, healthcare, and benefits, many of which rely heavily on digital platforms. Participants described how digital systems created barriers to accessing services that required prior familiarity with technology. One veteran recounted attempting to access services shortly after release:

> "Did you make an appointment?" I said, "How was I supposed to do that?" They said, "With your phone." And I said, "Lady, I just did 20 years in prison. I barely even know how to answer this thing."

For individuals already managing the emotional and logistical challenges of reentry, these digital requirements compounded stress and confusion, highlighting the difficulties of navigating systems that assume prior familiarity with digital processes. These findings suggest that digital technologies can function as administrative burdens, increasing cognitive load and reinforcing barriers to engagement rather than alleviating them.

3.4. Peer Specialists as Digital Navigators

Across both recent and longitudinal data, peer specialists emerged as central actors in mitigating digital exclusion. Veterans consistently described peer specialists as essential sources of support for accessing technology, learning digital skills, and navigating digital systems. Peer specialists provided hands-on assistance with tasks such as setting up phones, accessing telehealth platforms, completing online applications, and communicating with providers. Veterans emphasized the importance of peer support in navigating unfamiliar technologies. As one participant shared:

> I didn't know nothing about this new technology out here and—actually, I never expected to get out of prison and he just was there with any questions I asked, him and [a peer specialist]. Anything I needed to know, they were there for me.

Veterans frequently emphasized that digital assistance was effective because it occurred within trusted relationships. Besides technology coaching, peer specialists remained available over time, answering questions and normalizing frustrations associated with learning unfamiliar technologies after years of incarceration: "He helped me adjusting…he gave me work….I did not know nothing about this new technology out here."

Peer specialists described engaging in ongoing, adaptive problem-solving to maintain connection and support engagement. For example, when veterans lacked phones or stable communication channels, peer specialists described reaching out through alternative means. Illustrating the extent of relational work required to sustain engagement, one explained: "I'll call your son…or your neighbor…or I'll stop by."

Another emphasized their constant availability, noting: "My phone is always on…it's hard to turn your phone off when you know there are people who might call."

These findings suggest that peers function not only as support providers but as "digital navigators" embedded within relational networks, actively bridging gaps in access, literacy, and trust. Their work represents a form of relational infrastructure, enabling veterans to engage with systems that would otherwise remain inaccessible. Peer specialists did not function solely as technology instructors. Rather, digital assistance emerged as one component of broader relational support through which peer specialists simultaneously helped veterans navigate housing, healthcare, transportation, benefits, and other challenges of reintegration. In this way, they functioned as relational digital navigators, helping veterans build confidence while simultaneously navigating unfamiliar digital systems embedded within reentry experiences.

3.5. Peer Networks as Informal Digital Learning Systems

Participants did not describe learning digital skills through formal instruction. Instead, digital learning occurred informally through repeated interactions with peer specialists during routine reentry activities. Veterans learned how to navigate smartphones, complete online applications, access appointments, communicate electronically, and solve unexpected technological problems while working alongside peers.

Many of these interactions occurred through participation in the PIE initiative, where veterans regularly engaged with peer specialists and other veterans receiving reentry support. These encounters created opportunities for informal learning, allowing participants to exchange practical advice and observe how others navigated unfamiliar technologies and digital systems.

One veteran noted that "the other veterans are helping the other veterans…they'd rather hear it from them," highlighting the importance of trust and relatability in information exchange. Another described how a peer specialist helped navigate the bureaucratic world:

> She [peer] was always good with that, if I needed to go to the post office or if I needed to go to the registration office, DMV, or social security office, she was right there. She's like, "Alright, we get the keys and we'll go"…She never blinked an eye telling me she was too busy or she couldn't do it…she took me to the registration office so I could register as a sex offender. She took me to the parole office to meet my parole officer.

As peer specialists accompanied veterans to appointments, helped them obtain identification documents or contacted community agencies, veterans developed skills and confidence which became essential for navigating modern society. While these activities were not inherently "digital," participants described them as interconnected with navigating institutions where documentation, scheduling, communication, and service access are becoming more digital.

3.6. Limits of Digital Solutions and Persistent Preference for Human Connection

Despite the benefits of digital technologies, participants consistently cautioned against viewing technology as a substitute for human support. Many described ongoing emotional uncertainty, unstable housing, health concerns, limited financial resources, difficulties in finding employment, the need to adhere to legal stipulations, and competing reintegration demands that could not be resolved through digital tools alone. Technology often facilitated access to services, but meaningful engagement depended on trusted interpersonal relationships.

Some veterans expressed resistance or discomfort with digital technologies altogether. One participant stated: "I hate these iPhones. I don't like this new technology stuff." Another veteran described limited engagement with digital communication, noting: "I don't do email. No, I don't do none of that stuff. I'm not into the computer age. I like the old time way of doing stuff, writing things out."

Peer specialists observed this variability in engagement. One noted *that* "some of the veterans actually like video conferences…others just aren't into it," reflecting differing levels of comfort and readiness. Another described limitations related to device access, stating: "We have one guy who still uses a flip-phone….I can't imagine everyone being able to use the virtual setting."

Participants emphasized that possessing a smartphone or internet connection did not necessarily translate into confidence navigating digital systems. Instead, technology became useful when veterans had someone they trusted to answer questions, troubleshoot problems, and encourage continued engagement during moments of frustration: "When he said, I'll be there, and he [peer specialist] showed up, that was the greatest moment of my life because I was lost."

Collectively, these findings suggest that digital exclusion among formerly incarcerated veterans cannot be understood solely as a lack of devices, internet access, or technical skills. Digital participation emerged as a social process shaped by structural barriers, the length of incarceration and evolving technologies, and the presence of trusted relationships that enabled veterans to confidently navigate an increasingly digital world and community systems.

4. Discussion

Our findings suggest that digital exclusion during community reintegration extends beyond unequal access to technology. Consistent with emerging scholarship describing digital exclusion as a multidimensional social process (Brottveit & Fransson, 2024; Eubanks, 2018), veterans experienced barriers that were simultaneously structural, temporal, and relational. At the same time, this work extends prior research by illustrating how digital exclusion is experienced in practice and how it is negotiated through interpersonal support. While previous studies have emphasized institutional access to technology or structured digital interventions (McDougall et al., 2017; Zivanai & Mahlangu, 2022), our findings highlight the importance of relational, trust-based support in enabling meaningful engagement with digital systems. Peer specialists played a critical role as intermediaries between veterans and digital environments, functioning as relational digital navigators who provided hands-on, individualized support. Through ongoing interactions, peer specialists helped veterans build foundational skills, reduce anxiety, and develop confidence in using digital technologies. Interactions with their fellow reentry veterans also helped to build skills, share information, and alleviate anxiety. Importantly, this support extended beyond technical instruction to include emotional reassurance and trust-building, particularly for veterans who were hesitant or distrustful of institutional systems.

Our findings suggest that successful reintegration post-incarceration requires not only access to digital tools but also the development of competencies and confidence to use them effectively (Reisdorf & Rikard, 2018). These findings complement ongoing VA initiatives designed to reduce digital inequities among vulnerable veteran populations. Programs such as the VA Digital Divide Consult, for example, have demonstrated that improving access to internet-enabled devices can increase health care engagement among veterans experiencing homelessness (Garvin et al., 2021a, 2021b). Similarly, peer-led telehealth interventions have sought to increase technology adoption among veterans with substance use disorders (Garvin et al., 2023). Our findings extend this work by suggesting that access to technology represents only one component of digital inclusion for formerly incarcerated veterans. Veterans in this study frequently described digital systems as barriers to accessing healthcare, employment, and benefits, reinforcing the idea that digital exclusion is a central dimension of reentry rather than a peripheral concern.

Rather than functioning as technology navigators alone, peer specialists acted as relational digital navigators who integrated technology support into broader reentry assistance. Assistance with smartphones, email, telehealth, patient portals, online applications, and digital communications occurred alongside support with housing, transportation, healthcare appointments, benefits, and emotional adjustment. This integration suggests that digital inclusion interventions for justice-involved populations may be most effective when embedded within trusted peer relationships rather than delivered as stand-alone digital literacy programs. Rather than framing digital inclusion solely as a matter of access or training, interventions should consider the importance of sustained, individualized support that acknowledges the broader social context of reentry.

4.1. Limitations

This study has several limitations. First, participants were recruited through the PIE initiative using purposive sampling, and the findings may not reflect the experiences of all formerly incarcerated veterans or those who do not engage with peer specialists providing VA reentry services. Second, the interview sample

consisted primarily of men, limiting our ability to explore potential gender differences in experiences of digital exclusion following incarceration. Third, this study employed a secondary qualitative analysis that integrated newly collected interviews with previously coded implementation data. Although this approach provided rich longitudinal insight across multiple sites and implementation phases, the original qualitative data were collected to evaluate the broader PIE intervention rather than digital exclusion specifically. Finally, because participants were interviewed after release, findings rely on retrospective accounts that may be influenced by recall bias. Despite these limitations, triangulation across multiple qualitative data sources, including Veteran interviews, peer specialist interviews, coded implementation data, and analytic memos strengthened the credibility and consistency of the findings across settings and time.

5. Conclusion

As healthcare systems, social services, and government agencies continue to expand digital service delivery, digital inclusion has become an increasingly important determinant of successful community reintegration. Among formerly incarcerated veterans, technology-related challenges intersect with aging, bureaucratic institutions, and supervision policies that shape reintegration experiences. Rebuilding digital capacity involves more than acquiring a device or internet connection; it requires relational support to regain confidence and to navigate unfamiliar technologies during a period of profound transition. Peer specialists are uniquely positioned to bridge the gap because they integrate digital navigation within broader recovery-oriented support grounded in shared lived experience. The PIE initiative demonstrates how peer specialists can function as digital navigators, enabling veterans to access devices, navigate bureaucratic systems, and build confidence in a digitally mediated society. Investment in peer-based navigation models may represent a scalable and human-centered approach to reducing digital inequities among justice-involved populations. Although this study focused on veterans, these findings may also inform digital inclusion efforts among other justice-involved populations and socially marginalized groups facing similar challenges to digital participation.

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Conflict of Interests

The authors declare no conflict of interests.

Data Availability

The qualitative data generated and analyzed during this study are not publicly available because they contain potentially identifiable information from participants and are subject to ethical and institutional restrictions established by the US Department of Veterans Affairs. De-identified data may be available from the corresponding author upon reasonable request and with appropriate institutional approvals, where permitted by applicable regulations and data use agreements.

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The first author used VA ChatGPT (an internal cloud-based LLM tool within the Veterans Affairs Firewall) to draft and condense the first iterations of the abstract.

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