EXPLORING UNITED KINGDOM VETERANS' EXPERIENCES OF MORAL TRANSGRESSIONS IN SERVICE: A QUALITATIVE INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS

By

Holly Victoria Edwards

A thesis submitted to the University of Birmingham for the degree of
DOCTOR OF CLINICAL PSYCHOLOGY

Centre for Applied Psychology

School of Psychology

The University of Birmingham

May 2023

Thesis Overview

Trauma, defined by the International Classification of Diseases of the World Health Organization (ICD-11) and the Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-5) is the exposure to: death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence. There are several forms of trauma, including moral injury which is characterised by guilt and shame because of a perceived moral violation. Individuals at risk of trauma include law enforcement personnel through their experiences of direct contact with other people's trauma, known as vicarious trauma, and military veterans, through their experiences in service including experiencing/witnessing acts of betrayal and within-rank violence.

Chapter One of this thesis outlines a literature review using a meta-ethnographic approach to understand the experiences of law enforcement personnel who had experienced vicarious trauma whilst at work. The review found that law enforcement personnel's' experiences of vicarious trauma were influenced by factors including their exposure to the trauma which influenced their response to the trauma and how they coped with their experiences.

Chapter Two of this thesis outlines a qualitative research study of moral injury which specifically explored the experiences of veterans who had served in the United Kingdom Armed Forces who had experienced moral transgressions. The research found that veterans made sense of their experiences as a conflict between their childhood fantasy of the military and the reality of their morals being violated, resulting in betrayal.

The final chapter contains press releases providing an overview of the preceding chapters.

Table of Contents

List of Illustrations

Chapter One: What are the experiences of law enforcement personnel who have experienced vicarious trauma whilst at work? A Meta-ethnography

Chapter Two: Exploring United Kingdom Veterans' Experiences of Moral Transgressions in Service: A Qualitative Interpretative Phenomenological Analysis

List of Tables

Chapter One: What are the experiences of law enforcement personnel who have experienced vicarious trauma whilst at work? A Meta-ethnography

Chapter Two: Exploring United Kingdom Veterans' Experiences of Moral Transgressions in Service: A Qualitative Interpretative Phenomenological Analysis

Chapter 1: What are the experiences of law enforcement personnel who have experienced vicarious trauma whilst at work? A Meta-Ethnography

Trigger warning: Please note that topics that may cause distress to readers are discussed in this meta-ethnography such as child sexual abuse.

1.1 Introduction

Trauma is defined by the International Classification of Diseases of the World Health Organization (ICD-11) and the Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-5) as the exposure to: death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence. Such an event may be characterised by a sense of powerlessness and disruption of beliefs and expectations. (American Psychiatric Association, 2013; World Health Organisation, 2018). A World Mental Health Survey highlighted that 70.4% of respondents had experienced at least one type of traumatic event at some time in their life (Kessler et al., 2017).

Contact with other people's traumatic experiences can also lead to the development of trauma-related symptoms. This is interchangeably referred to as vicarious trauma, secondary traumatic stress, and compassion fatigue in the literature (Molnar et al., 2020). Secondary traumatic stress is a term used for first responders who are professionals *"called upon in the face of an accident, emergency or disaster to protect the lives, property and overall safety of nearby citizens"* (Arble & Arnetz, 2016, p.223). Secondary traumatic stress results from being psychologically overwhelmed by a desire to provide support and comfort in response to the witnessing of trauma. It is often acute and can occur after a single episode of trauma exposure (Figley, 1995). Compassion fatigue is a term used to describe the overwhelming feeling described previously, however the term is used more frequently by lay-persons and professionals (Branson, 2019; Figley, 1995). Vicarious trauma, a term that has been formally recognised as a form of Post-Traumatic Stress Disorder (PTSD) (American Psychiatric Association, 2013), refers to the witnessing of, or learning about, another individual's traumatic experience, which evokes an empathic response (Hallinan et al., 2020). For the purposes of this meta-ethnography, the term 'vicarious trauma' has been used to encompass all associated terms.

The cumulative and repeated exposure to others' traumatic experiences impacts the physical and mental health of those exposed and leads to challenges at an individual, organisational, and societal level (McNeillie & Rose, 2021). Those who are exposed to others' trauma experience changes in their perception of self, others, and the world (Bride et al., 2007)

and changes in their beliefs about safety, intimacy, and trust (Pearlman & Saakvitne, 1995). Individuals experience difficulties managing the impact of such exposure and report feelings of overwhelming emotions which can manifest as intrusive images and flashbacks (McCann & Pearlman, 1990). Through the witnessing of others' trauma, individuals' perception of the safety of the world and trustworthiness of others is challenged on a consistent basis, a process of which is succinctly summarised by Herman (1992) who stated, "trauma is contagious" (p. 140).

Research has also highlighted the positive impact of vicarious trauma known as vicarious post-traumatic growth, reporting that some individuals experience positive psychological changes when working with survivors of trauma (Arnold et al., 2005; Tedeschi & Calhoun, 2004). The results of such growth are reported to include compassion satisfaction, increased empathy, and an increased sense of admiration and hope (Figley, 2002; Splevins et al, 2010).

The impact of vicarious trauma was initially reported in professionals that encountered human suffering and death, for example mental health professionals exposed to narrations of distressing events (Bell et al., 2019; Johnson et al., 2014; Temitope & Williams, 2015), and law enforcement personnel through direct exposure to the events (Regehr et al., 2004; Sattler et al., 2014). Law enforcement personnel has been defined as *"an official employee who prevents and detects crime and who maintains and upholds the police"* (Collins Dictionary, 2023) and includes police officers who investigate criminal offences including violent crimes and crimes of a sexual nature. Research has identified three at-risk police cohorts including: first responders, specialists such as those investigating rape and sexual violence, and those involved in major disasters (Hesketh & Tehrani, 2019). Research has also identified that law enforcement personnel who are exposed to investigations involving sexual assault, and child abuse and neglect, are more likely to experience vicarious trauma (Brown, Fielding, & Grover, 1999; Burns et al., 2008; Lea, Auburn, & Kibblewhite, 1999). The impact of vicarious trauma has also been reported by law enforcement personnel who have been exposed to traumatic events through digital media files, such as law enforcement personnel who review Child Sexual Abuse Material (CSAM) as part of their role (Burns et al., 2008; Fortune et al., 2018; Seigried-Spellar, 2018).

Research has explored the attempts in which law enforcement personnel cope with their experiences and have identified coping skills including attempts to remain objective and disconnect from emotions (Evans, Coman, Stanley, & Burrows, 1993; Pogrebin & Poole, 1991; Sewell, 1994; Violanti, 1999). Over time, the repetitive exposure to trauma leads to difficulty

coping, increasing law enforcement personnel's risk of vicarious trauma (Haisch & Meyers, 2004; Violanti & Gehrke, 2004). In addition to the individual impact, vicarious trauma has been found to have a number of organisational effects including decreased efficiency (Dowdall-Thomae et al., 2011), increased employee turn-over (Middleton & Potter, 2015), and poor working environments that, in turn, reduces morale and increases absenteeism (Newell & MacNeil, 2010).

Researchers have developed interventions and identified mitigation strategies that may address the risks of vicarious trauma including specialised interventions for employees affected by vicarious trauma and adaptations of existing support mechanisms such as supervision and exit interviews that aim to address the risks of vicarious traumatisation (Kleim & Westphal, 2011; Sansbury et al., 2014). Research has highlighted the importance of implementing these strategies to address vicarious trauma to maintain organisational health (Brough, 2004). However, barriers exist within organisations which impact the ability to access these support mechanisms such as stigma, concerns about the consequences of sharing personal difficulties, and mistrust of outsiders (Karaffa & Koch, 2016; Kim et al., 2018; Regehr et al., 2005).

Meta-ethnography

Literature reviews aim to gather and synthesise primary findings from research studies conducted on a particular topic to provide an overview of the state of relevant knowledge in that area (Rozaz & Klein, 2010). Meta-ethnography is the synthesis of qualitative research through comparison and analysis of texts and creation of new interpretations in the process (Noblit & Hare, 1988). This synthesis of qualitative research is intended to enable more interpretative literature reviews, and critical examination of multiple accounts of an experience.

Aims of this meta-ethnography

A meta-ethnographic approach was chosen due to the emphasis on interpretation and the management of reflexivity to seek to explore the experiences of participants in order to develop the understanding of such experiences. The aims of a meta-ethnography, as well as producing new interpretations of qualitative research, include the preservation of the meaning of the original research in order to support the understanding of a phenomenon (Cochrane Methods, 2022). Campbell and colleagues (2011) noted *"Meta-ethnography is a highly interpretative method requiring considerable immersion in the individual studies to achieve a synthesis. It places substantial demands upon the synthesiser and requires a high degree of*

qualitative research skill" (p. iv). The current meta-ethnography aimed to expand on research about the experience of vicarious trauma by exploring law enforcement personnel's experiences of vicarious trauma based on the recognition that the role of a law enforcement personnel involves direct exposure to traumatic events. This exposure can be in the form of interviews, victim statements, and reviewing media files such as images of child abuse. This meta-ethnography served to be the first review in this specific area by exploring the current body of qualitative research that has explored the experiences of vicarious trauma in law enforcement personnel, to develop new interpretations of the existing research to understand the shared experiences among this population. A review of qualitative studies in this area can provide an understanding about the phenomenon of vicarious trauma, particularly concerning the experiences of law enforcement personnel and their meaning making of such a phenomenon.

To date, there are no meta-ethnographies or reviews that bring together the shared experiences of multiple qualitative explorations of law enforcement personnel who have experienced vicarious trauma. There have, however, been meta-ethnographies and systematic reviews which explored vicarious trauma in other professions such as therapists (McNeillie & Rose, 2021) and child welfare and child protection professionals (Molnar et al., 2020). These reviews highlighted the cognitive, physiological, emotional, and behavioural impact of vicarious trauma following repeated exposure to trauma. This meta-ethnography aimed to contribute to the existing research regarding vicarious trauma to support the understanding of the concept which may identify similarities and differences in the experiences of vicarious trauma across different professionals. In furthering the understanding of such experiences, consideration can be given to the development of strategies to reduce the impact of vicarious trauma on professionals such as those in law enforcement, child protection, and therapists.

1.2 Method

Noblit and Hare (1988) proposed a seven stage meta-ethnographic approach to synthesising qualitative research. These stages form part of an iterative research process and should be used to guide the researcher rather than as discrete stages. These stages can be found in Figure 1 below.

Figure 1

The seven phases of meta-ethnography

1. ***Getting Started****:* This involves identifying an intellectual interest that qualitative research might inform.
2. ***Deciding what is relevant to the initial interest:*** This involves developing a list of studies that might be included in the review based on justification.
3. ***Reading the studies****:* This involves analysing the characteristics of the study that are relevant to the topic of interest through repeated reading of the research and noting of interpretative metaphors.
4. ***Determining how the studies are related****:* This involves determining the relationships between the studies to be synthesised. Noblit and Hare suggest creating lists of key elements such as phrases and metaphors.
5. ***Translating the studies into one another:*** This involves comparing interpretations across the studies whilst maintaining central concepts within each study.
6. ***Synthesising translations****:* This involves making the whole into something more meaningful than the parts alone by comparison across interpretations.
7. ***Expressing the synthesis****:* This involves the consideration of communicating the synthesis to others in an appropriate way depending on the audience.

In line with phase one, the focus of this meta-ethnography developed from my interest in trauma. The nature of my role as a Trainee Clinical Psychologist involves the exposure to vicarious trauma through hearing accounts of others' traumatic experiences and developing appropriate mechanisms to deal with such instances. This led to a wider consideration of how other professionals understand and cope with their own experiences of vicarious trauma. Through discussion with my supervisor, the topic of law enforcement personnel's experiences of vicarious trauma, compassion fatigue, and secondary traumatic stress became my key area of interest.

Systematic literature search

In line with phase two, a systematic literature search was conducted to obtain the relevant qualitative literature to conduct the review. The outline of this process is detailed in the subsequent sections.

Search strategy

Shaw and colleagues (2004) acknowledged the difficulty in finding relevant qualitative research due to the slower pace of development of indexing systems for qualitative research

compared to quantitative research. They provided guidance on effective search strategies for qualitative research which included the combination of search strategies such as free-text terms and thesaurus terms to maximise number of relevant articles. Following these recommendations, search terms were developed relating to the question of 'what are the experiences of law enforcement personnel who have experienced vicarious trauma whilst at work?' A list of terms of law enforcement personnel was developed through identifying terms used in past research and during discussions with supervisors. The free-text search terms and truncations (denoted by an *) can be found in Table 1.

Table 1

Table to show search terms used in electronic database search

Group 1	Group 2	Group 3
Experience*	Vicarious trauma	Police*
OR	**OR**	**OR**
Qualitative	Compassion fatigue	Detective*
OR	**OR**	**OR**
Phenomenolog*	Secondary trauma* stress	Officer*
OR	**OR**	**OR**
Perspective*	Secondary trauma	Police Personnel
OR		**OR**
View*		Constable*
OR		**OR**
Feeling*		Inspector*
OR		**OR**
Lived experience*		Superintendent*
OR		**OR**
Interview*		Police community support officer*
		OR
AND	AND	Law enforcement

Footnote: 'AND'/'OR' are Boolean operators.

Six databases were searched: PsychInfo, PubMed, Web of Science, Medline, ProQuest, and Embase with the focus on peer-reviewed articles found in journals. The results from the six databases were exported to EndNote, a reference managing programme. Based on the inclusion and exclusion criteria, screening of the papers was conducted.

Inclusion and Exclusion Criteria

The first stage of the screening process was to exclude duplicate papers followed by screening of papers' titles and abstracts. Following this, full texts were screened to determine

relevance and finally, the references of the relevant full texts were screened to identify any further relevant research papers. All screening at each stage was based on the criteria outlined in Table 2 below.

Table 2

Table to outline inclusion and exclusion criteria for screening process

Inclusion Criteria	Exclusion Criteria	Rationale
Papers published are available in English	Papers are published in a language other than English	Translating papers from another language is likely to lose the inherent meaning which is vital for the synthesis process
Journal papers	Theses or dissertations, petitions, review articles, opinion articles, books, letters, surveys, audits	Journal papers go through a process of rigorous peer review so there is a high standard compared to university papers and other articles.
Qualitative papers and mixed-methodology papers with inclusion of quotes from participants in the paper	Quantitative papers	The focus of a meta-ethnography is to analyse qualitative research focused on shared experiences rather than the analysis of statistics.
Papers that include law enforcement personnel in their sample	Papers that do not include law enforcement personnel in their sample.	The focus of this meta-ethnography is on the experiences of law enforcement personnel.
Vicarious trauma, compassion fatigue, secondary traumatic stress	Experiences of law enforcement personnel that do not include or acknowledge vicarious trauma, compassion fatigue, or secondary traumatic stress	The focus of this meta-ethnography is on the experiences of law enforcement personnel's' experience of vicarious trauma, compassion fatigue, or secondary traumatic stress. These terms are used interchangeably in the literature and so were included in the search criteria for this review.

Systematic Screening Process

The systematic selection process of relevant papers was completed and is outlined in Figure 2 using the Preferred Reporting Items for Systematic Review and Meta-Analysis (PRISMA) model (Moher, Tetzlaff & Atman, 2009). Any queries regarding relevant papers were resolved through discussions with my supervisor. The retained papers are listed in Table 3.

Figure 2

PRISMA model of selection process

Records identified through database searching **(n = 410)**
Embase = n=9
ProQuest = n=118
Medline = n=21
PsychInfo = n=110
PubMed = n=35
Web of Science = n=117

Records **(n=410)** exported to EndNote and screening for duplicates.

Removal of duplicate papers from across databases **(n = 135)**

Titles and abstracts **(n=275)** screened.

Removal of non-relevant papers following abstract screening based on inclusion and exclusion criteria **(n = 253)**

Full text articles **(n=22)** retained

Removal of non-relevant papers following full text screening based on inclusion and exclusion criteria **(n = 16)**

Full text relevant articles **(n=6)** retained

Search references of included papers for additional relevant papers based on inclusion and exclusion criteria **(n = 3)**

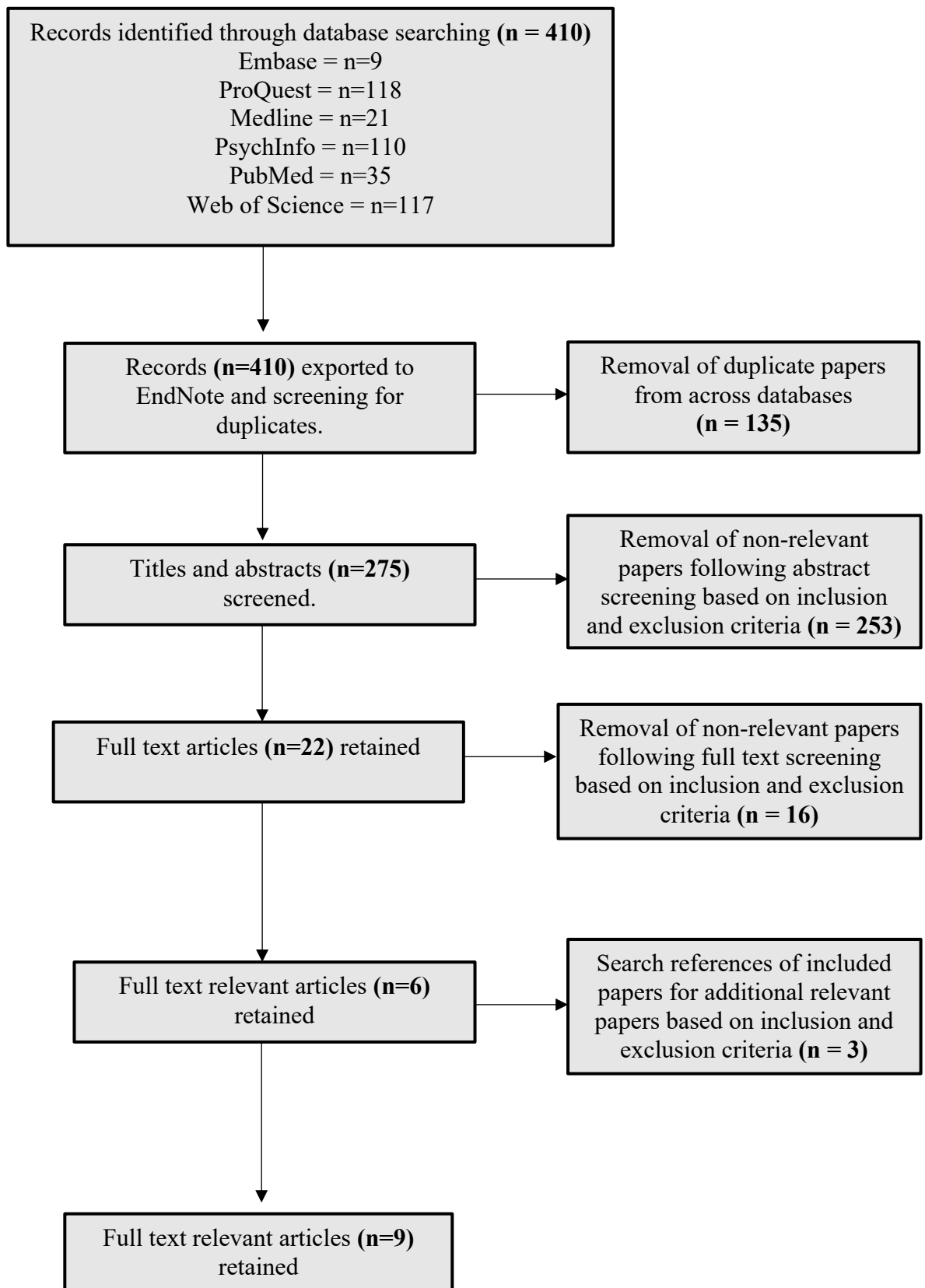Full text relevant articles **(n=9)** retained

Table 3

Table to detail study characteristics of the final included papers

Study title (Authors)	Aim/purpose of study	Participants	Participant Recruitment	Methodology	Location	Data analysis
An in-depth analysis of how police officers perceive and cope with daily work challenges (Wright et al., 2005)	To explore police officers' perceptions of the daily challenges involved in child abuse investigation and how those challenges affect their ability to undertake child abuse investigations, and to explore how these challenges are managed on a daily basis.	25 police officers (14 female, 11 male), located across three eastern states of Australia who were working in the area of child abuse investigation and were responsible for responding to complaints of suspected abuse (both current and historic cases).	Managerial staff in 14 different child abuse investigation units provided names of potential participants.	Individual in-depth interviews.	Australia	The interview data were organised, coded and analysed using the qualitative software program N6. The analytical process of identifying themes, categories and interrelationships within the data set was informed by principles of **Grounded Theory.**
The emotional impact on and coping strategies employed by police teams investigating internet child exploitation (Burns et al., 2008)	To explore the impact of ICE investigations and the coping mechanisms adopted to cope.	14 individuals (10 women and 4 men) working with the "E" Division ICE team participated in the interviews.	***Lack of data regarding participant recruitment***	In-depth semi-structured interview.	Canada	Data were collected and analysed using the **Critical Incident Technique.**
Police officers' perceptions of their reactions to viewing internet child exploitation material (Powell et al., 2015)	To extend prior work by allowing a relatively large and heterogeneous sample of investigators the opportunity to talk in-depth about their experiences of, and reactions to, viewing Internet Child Exploitation (ICE) material.	32 personnel, from the nine jurisdictions across Australia, with experience investigating ICE offences.	Managers who oversaw ICE investigators were approached by a police officer (the main project liaison) by email and asked to forward information onto staff members about the purpose of the project.	An anonymous telephone interview.	Australia	The analytical techniques employed were inductive and based on the principles of **Thematic Analysis**.
Psychological stress and coping strategies among child pornography police investigators: A qualitative analysis (Wößner & Graf, 2016)	The purpose of the study is to explore the impact of investigating child pornography on police officers and how they deal with the impact of this work.	Participants recruited from 5 police precincts. On average, the respondents were 50 years of age, had worked in the police force for 32 years, and had been involved in the investigation of child pornography for $M = 10.4$ years.	***Lack of data regarding participant recruitment***	Individual in-depth interviews.	Germany	Data was analysed in accordance with the method of **structured qualitative content analysis**, as described, for example, by Kuckartz (2016) or Mayring (2010).

Understanding and supporting law enforcement professionals working with distressing material: Findings from a qualitative study (Denk-Florea et al, 2020)	To provide further understanding of UK Law Enforcement Personnel's direct experiences with viewing distressing material and the corresponding factors modulating their well-being.	22 Law enforcement personnel (16 males, mean age = 40.65, SD = 11.91, age range = 26–67) working in a Police Force.	Managerial staff sent out an email with the advertisement of the study within the organisation. Following this, recruitment occurred through snowballing.	A semi-structured, 1:1 interview.	England	Inductive **Thematic Analysis** at semantic level.
Little red sandals: female police officers' lived experience of investigating sexual violence (Bozga et al, 2020)	The following research questions guided the study: RQ1. How do policewomen working on sexual offences experience and make sense of their work? RQ2. How do they experience and make sense of the influence that their work roles have on their lives on the job and beyond?	15 female police officers (9 detectives and 6 non-detective) with current or recent (less than a year ago) experience of working on sexual offences in a large Metropolitan Police Force in England being recruited. The age range was 24–51 years (average 38 years). Their involvement in rape investigations ranged from 8 months to 29 years (average five years).	An open invitation to take part in the research was sent to sexual offences teams.	In-depth semi-structured interview.	England	**Interpretative Phenomenological Analysis.**
Vicarious trauma, secondary traumatic stress or burnout? An exploratory study of the effects of investigating sexual assault cases on detectives (Marabito et al, 2020)	To enhance the understanding of the emotional experience of investigating crimes of sexual violence on the detectives who conduct them.	42 police detectives from 6 agencies who were responsible for investigating sexual assault.	Agencies were selected as part of a larger research study that collected and followed sexual assault complaint data from 2008 to 2010 based on various criteria.	Interviews were conducted throughout the record review process to enhance understanding of the processing of these cases.	United States	The coding and analysis process followed three main steps: "open coding" on all interview transcripts, then "focused approach" based on an emerging theme, and then the development of conceptual ("nodal") relationships using NVivo data analysis software.
On the back burner: Challenges experienced by change agents addressing vicarious trauma in first	To gain insight into the experiences within organizations that are navigating the process of improving their awareness and addressing of VT. We also seek to confirm previous research	Employees of 15 agencies from six cities/towns across diverse geographic regions of the United States. Law enforcement ranged from 56% to 75% male.	Participants recruited from pilot study to address the problem of vicarious trauma.	Focus groups and key informant interviews with	United States	**Thematic Analysis.**

response and victim service agencies (Hallinan et al, 2021)	about the impacts of VT within organizations. *Research Question 1:* How do organizational change agents within first response agencies perceive VT in their professional lives? *Research Question 2:* What do first response agencies encounter when they undergo an organizational change process to address VT?	Racial/ethnic demographics varied as well, from 5 organizations that had over 90% White employees, to a diverse suburban victim service agency with 38% White, 30% Black, and 30% Latino/a employees.		pilot study participants.		
I have to hold it together: Trauma in law enforcement couples (Campbell et al, 2021)	To understand the lived experiences of the impact of traumatic stress on the law enforcement couple dyad.	14 participants (7 male, 7 female)	Recruitment emails were sent to a number of listservs and online support groups and recruitment materials were shared on social media groups.	In-depth semi-structured dyadic interviews were conducted with six couples over the phone and one in-person.	United States	**Moustakas's (1994) phenomenological approach** to data analysis was followed.

In summary, the nine papers included in the meta-ethnography had samples of law enforcement personnel which included police officers who investigated child sexual offences and sexual assault. Not all studies stated the number of total participants however, the total number of participants across seven of the studies was 164 law enforcement personnel from countries including Australia and Canada. Participants were recruited using several techniques including being nominated by managers. Methodologies and data analysis varied across the studies, though none of the studies were mixed methods. Data were collected via interviews and the majority were analysed using Thematic Analysis.

Quality Appraisal

Debate exists over the use of quality review criteria for qualitative research. Some authors argue that traditional empiricist criteria are unhelpful when applied to ethnographic approaches (Bochner, 2000). Others argue that standardised criteria are helpful in qualitative enquiry (Altheide & Johnson, 2011). Qualitative research is often conducted within different research paradigms, using different analytical approaches, from different theoretical standpoints which complicates the assessment of the quality of a particular study. Despite this, there is recognition of the value of quality reviews to support the recognition of research with significant methodological issues (Dixon-Woods et al., 2007).

For this review, quality appraisal of included papers was used to qualify the interpretations and conclusions developed in the review. The quality appraisal can help determine if the research is of a high or good enough standard which can be used to determine the value and credibility of the data obtained. To determine the quality of the papers, they were measured against a quality appraisal checklist designed for qualitative papers (NICE, 2012; Appendix A). Adaptations were made to the appraisal checklist including whether the paper included a clear definition of vicarious trauma, secondary traumatic stress, or compassion fatigue. The item 'how well was the data collection carried out?' also considered 'were the methods reliable?' which is item seven on the NICE appraisal checklist. As per the checklist, this item considered whether data was collected by one or more method, whether these methods were clearly described, and whether they were appropriate to address the research question. The item 'data analysis' refers to item 10 on the NICE appraisal checklist and considered factors included in the checklist such as the involvement of different researchers in the coding of transcripts and data, and how differences or discrepancies were addressed and resolved. The term 'reliable' was excluded from this item as this term is not generally used when considering

qualitative research (Yardley, 2000). Finally, the item 'are the findings relevant to the aims of the study?' also considered item 11 on the NICE appraisal checklist 'are the findings convincing?' with the understanding that in order for the findings to be relevant to the aims of the study they also needed to be considered to be clearly presented, and internally coherent. The nine papers were read and marked with a (✓) if the criterion was met and colour coded 'green', marked with a (?) and colour coded 'amber' if it was unclear or the criterion was partially met, and a (x) and colour coded 'red' if the criterion was not met. Based on this, all papers were given an overall assessment on the quality of the papers as a percentage based on how many of the criteria were met. Criterion coded green was 1 point, criterion coded amber was ½ point, and criterion coded red was 0 point. For each paper, all criteria were added and divided by 11 (the number of criterion) and then multiplied by 100 to give an overall percentage of criterion met. Percentages were rounded to the nearest integer. Papers which met ≥90% of criteria were considered to be of very good quality, papers which met 80-89% of criteria were considered to be of reasonable quality, and papers which met ≤70% of criteria were considered to be of less reasonable quality. Table 4 outlines the quality appraisal results.

Table 4

Overview of quality appraisal review for included studies

Study	Is a qualitative approach appropriate?	Is the study clear in what it seeks to do?	Is there a clear definition of Vicarious Trauma or secondary traumatic stress or compassion fatigue?	How defensible is the research design/ methodology?	How well was the data collection carried out?	Is the role of the researcher clearly described?	Is the context clearly described?	Data Analysis	Is the data analysis sufficiently rigorous?	Is the data 'rich'?	Are the findings relevant to the aims of the study?	% of criteria met
An in-depth analysis of how police officers perceive and cope with daily work challenges (Wright et al., 2005)	✓	✓	✓	✓	✓	X	✓	✓	✓	✓	✓	91%
The emotional impact on and coping strategies employed by police teams investigating internet child exploitation (Burns et al., 2008)	✓	✓	?	✓	✓	X	✓	✓	✓	✓	✓	86%
Police officers' perceptions of their reactions to viewing internet child exploitation material (Powell et al., 2015)	✓	✓	?	✓	✓	?	✓	✓	✓	✓	✓	91%
Psychological stress and coping strategies among child pornography police investigators: A qualitative analysis (Wößner & Graf, 2016)	✓	✓	X	?	?	?	✓	✓	?	?	✓	68%
Understanding and supporting law enforcement professionals working with distressing material: Findings from a qualitative study (Denk-Florea et al, 2020)	✓	✓	?	?	✓	✓	✓	✓	✓	✓	✓	82%
Little red sandals: female police officers' lived experience of investigating sexual violence (Bozga et al, 2020)	✓	✓	X	✓	✓	✓	✓	✓	✓	✓	✓	91%
Vicarious trauma, secondary traumatic stress or burnout? An exploratory study of the effects of investigating sexual assault cases on detectives (Marabito et al, 2020)	✓	✓	✓	✓	✓	?	✓	✓	✓	✓	✓	95%
On the back burner: Challenges experienced by change agents addressing vicarious trauma in first response and victim service agencies (Hallinan et al, 2021)	✓	✓	✓	?	?	X	✓	✓	✓	✓	✓	82%
I have to hold it together: Trauma in law enforcement couples (Campbell et al, 2021)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	100%

Overall, five of the papers included for review were evaluated to be of very good quality, three of the papers were evaluated to be of reasonable quality, and one of the papers of less reasonable quality. The main area of weakness across the papers was the transparency regarding the role of the researcher including information regarding their reflexivity which may have supported the reader to understand their experiences and motivations for conducting the research. There were areas of strength across the papers including the clarity of the studies in what they sought to achieve, the context of the studies being clearly described, the detail on the data analysis, and whether the findings were relevant to the aims of the study.

The results of the quality appraisal were used to inform the results, for example, caution was taken when considering and including data in themes that were from papers that were deemed to be of less reasonable quality such as Wößner & Graf (2016) as the data was likely to be less transferable and less credible. In contrast, data that was included to develop themes that came from very good quality and/or reasonable quality papers, such as those by Bozga et al., (2020) and Denk-Florea et al., (2020) were considered to be more transferable and credible.

Data Extraction

To begin data extraction, phase three, reading the studies and noting the interpretative metaphors, was completed and relevant information obtained. All nine papers were read, focusing on extracting the findings of the papers. The 'findings' section of the papers contained various themes and subthemes that had been identified by the authors. To support this process, an extraction grid was developed containing the paper and a list of the themes and subthemes including relevant quotes.

Data Analysis and Synthesis

The extraction grid that was created also supported phase four to determine how the studies were related by noting common words, phrases, themes, and ideas across all studies in the grid. Phase five involved translating the studies into one another by maintaining the central concepts within the study whilst considering their relation to other concepts or metaphors across all studies. The relevant data for each translation were extracted from the research papers that contributed to the translation to synthesise the translations (phase six). Some translations were merged with each other as they could be translated into each other for example 'emotional response' and 'physiological response' were considered to be similar concepts and merged to form one translation as the physiological response was in response to an emotional response.

Other translations were not able to be merged as they were considered to be too broad, for example 'coping strategies', and were broken down into smaller translations, for example, 'cognitive factors' (Noblit & Hare, 1988).

Throughout the process of synthesising the data, I consulted with my research supervisor and attended a meta-ethnography support group to review themes and subthemes through critical discussion and evaluation to ensure the rigour and credibility of findings. This continued until it was determined that the themes represented the synthesised studies.

1.3 Results

Table 5 outlines three main themes, eleven subthemes, and the reciprocal translations which were constructed during the synthesis process. The number of papers that contributed to each theme and subtheme are indicated in brackets in the table below.

Table 5

Table to show themes and subthemes constructed during synthesis process

Themes	Subthemes	Translations/references/concepts
Factors influencing the direct experience of vicarious trauma (9)	Content of material (9)	*Norm violations, age-related factors e.g. age of victims, large age gap between victim and offender, victims behaviour e.g. crying or lack of response, unexpected content of material, type of pornographic material e.g. child, bestiality, sadistic.*
	Exposure to the content (9)	*Medium of content e.g., video, photographs, written, multisensory (e.g. audio and written), quality of the material e.g. high resolution, personal contact with the victim, length of exposure to the material, frequency of exposure including cumulative effect of exposure, volume of content.*
	Personal relevance and empathy (6)	*Having own children, victim resembles family member, empathy with victim, unconditional love and caring for victims.*
Responses to Vicarious Exposure	Cognitive Response (9)	*Intrusive images and thoughts, paranoia, protectiveness, nightmares, disillusionment, self-concepts, others' perceptions of law enforcement personnel.*
	Emotional and Physiological response (9)	*Shock, disgust, anger, weariness and exhaustion, victim empathy, anxiety including panic attacks, desensitisation and objectification, shutting down.*

	Social response (9)	*Being a parent and parenting practices, family as 'true victim' of vicarious trauma, relationship, colleagues.*
Mitigating or aggravating factors that influence the vicarious trauma response	Cognitive (8)	*Rationalisation for the role, measurement of job success, resilience.*
	Managing exposure to content (9)	*Viewing strategies, maintaining emotional distance.*
	Behavioural (5)	*Relaxation strategies, sport, self-care, physical work place.*
	Organisational (8)	*Job demands, support from superiors, modulation of exposure, technological introductions, training, legal conflicts.*
	Interpersonal (8)	*Sharing, protecting others, validation and invalidation, professional support, work-life balance*

The findings of the data analysis are outlined in the following section, representing the expression of the synthesis (Phase Seven of Noblit & Hare's approach). There were a number of factors which appeared to influence the direct experience of vicarious trauma including the content of the traumatic material, the exposure to the content, and the personal relevance of the content and/or material to the individual. There were also a number of different individual responses to the vicarious trauma experience that were grouped to include cognitive, emotional and physiological, and social. Lastly, there appeared to be several personal and environmental factors that mitigated and/or aggravated the vicarious trauma response. Each identified theme is described and explored, illustrated by quotes from original study participants and/or the study authors.

1. Factors influencing the direct experience of vicarious trauma

This theme acknowledges that there were a range of factors described by the studies that were considered to have an influence over the law enforcement personnel's direct experience of vicarious trauma. These included the content of the traumatic material including child pornography, the exposure to the material, such as whether it was witnessed in video or written form, and how the law enforcement personnel personally related to the victim of the trauma.

1.1. Content of the material

The content of material that the law enforcement personnel interacted with appeared to influence the experience of vicarious trauma, particularly when the content was unexpected as

part of their role. Content included types of pornography such as fetishes involving defecation and urination which *"stick in your mind, just as much as the child porn, if not more"* (Powell et al., 2015: pp108). The law enforcement personnel also acknowledged the shock of viewing the material:

> *"The worst that you can view is generally involving young children or infants, bondage or bestiality with very young children. It is quite shocking to the human eye and the human brain to see that sort of stuff."* (Powell et al., 2015: pp111).

The age of the victim was distressing for law enforcement personnel, particularly when the victim was under six years old and the age difference between the victim and offender was 20 years or over. The age-related factors appeared to amplify perceptions of victim helplessness, confusion, and violation of trust. This was exacerbated by seeing the victim's distress and suffering such as crying and when the *"victims acted like it was normal"* (Denk-Florea et al., 2020: pp6). This was considered to be a sign of long-term abuse. Powell and colleagues, supported by law enforcement personnel (Denk et al., 2020), proposed that the degree to which the traumatic act violated conventional norms influenced the experience of vicarious trauma particularly violations of norms related to motherhood, parenting, and sexuality. An example of such a norm violation was a mother offending against a child and as such, the abusive action violated the inherent trust and bond between mother and child.

> *"I think there is definitely something about kids and one's natural desire to protect tiny cute things which is the only reason that parents are not too angry at their annoying children because they are small and cute. There is definitely something about that that makes it for most people, probably myself included, often more distressing than some other harm, but it also depends what you are used to seeing."* (Denk-Florea et al., 2020: pp6).

1.2. Exposure to the content

In addition to the content itself, the exposure to the content appeared to influence the direct experience of vicarious trauma, particularly as the variability of exposure was unique to the individual's role and on a case-by-case basis leading to difficulty predicting when and for how long the exposure would occur. The physical amount of material and the cumulative effect of multiple exposure *"seeing it every single day, year after year"* (Hallinan et al., 2021: pp319) impacted on individuals' personality, their behaviour, and stress levels. The strength of response to vicarious trauma also appeared to be linked to the medium of exposure. For some participants, written content was most distressing because of the images formed in imagination

which was *"stronger than looking at someone else's interpretation"* (Powell et al., 2015: pp111. For others, video content, quality of the material (e.g., high resolution), and multisensory content due to the narrative aspect of watching *"from beginning to the end, the story tells itself" (*Denk-Florea et al., 2020: pp7) was most distressing because it forced law enforcement personnel to view the offence as it was happening. Therefore, they witnessed the trauma as it was experienced by the victim. One law enforcement personnel noted:

> *"the content has gotten worse [...] more and more videos, which are also much more intense and harder", the most stressful situation is "when I come into personal contact with the victims"* (Wößner & Graf, 2016: pp 5)

When local dialect was heard in videos which *"makes it clear that the victims live near here…and that the abuse takes place here"* (Wößner & Graf, 2016: pp 5) the authors noted this reduced the emotional distance from the victim and physical distance from the abuse and increased the personal relevance and empathy with the victims.

1.3. Personal relevance and empathy

The personal relevance and empathy with the victims, for example for law enforcement personnel who had children of their own, influenced their experience of vicarious trauma as they *"start picturing [their] own child being abused"* (Powell et al., 2015: pp109). The impact of this led to an increased desire to teach their own children about safety. Victims' resemblance to family members extended beyond their own children, to siblings and parents *"she reminded me of my deceased mother and that made it really hard"* (Morabito et al., 2020: pp 86). Bozga and colleagues noted the empathy the law enforcement personnel experienced with victims that influenced the experience of unconditional love, empathy, caring, and an unbreakable bond with each victim:

> *"They tell you this in the interview, they tell you in confidence so when they've shared that with you, nobody else probably knows apart from someone that's been to that part of their body or laid with them. You're connected, there's no breaking that connection, and when they want you or need you, you can't shut the door on them* (Bozga et al., 2020: pp 38)*.*

In summary, factors that influenced the direct experience of vicarious trauma included the content of the material, particularly when it violated conventional societal norms, the repeated exposure to the traumatic content particularly when the quality of the material heightened the narrative aspect of the material. This was most distressing for law enforcement personnel as

they witnessed the trauma as it happened, increasing their empathy with the victim. This was particularly distressing if the law enforcement personnel related to the victim as a member of their own family or felt a sense of connection to the victim. All of these factors, in combination or on their own, influenced the ways in which the law enforcement personnel responded to the experience of vicarious trauma exposure.

2. Responses to vicarious exposure

The ways in which law enforcement personnel responded to vicarious trauma experiences was understood through three subthemes: cognitive responses, emotional and physiological responses, and social responses. These responses to vicarious trauma included automatic responses to the material such as a physiological response or a response implemented by the law enforcement personnel in an attempt to understand their experiences such as through cognitive rationalisation. The awareness that is a direct result of exposure to vicarious trauma, influenced the law enforcement personnel's awareness of risk to their own family including children, partners, and wider communities.

2.1. Cognitive responses

Cognitive responses to vicarious trauma were understood across two categories: the response to the vicarious trauma itself at an internal, personal, phenomenological level and the response within the context of their experiences of work and role.

At an internal level, law enforcement personnel reported experiencing intrusive images and thoughts such as flashbacks triggered by events outside of work such as *"when I was doing baby changes"* (Denk-Florea et al., 2020: pp8) followed by an avoidance of the trigger. law enforcement personnel described being unable to escape the images *"I closed my eyes and I could just see the kids tormented over and over and over"* (Powell et al., 2015: pp107), and experiencing nightmares that haunted them:

> *"I looked out and I could see baby's legs and two red sandals and little socks, I didn't see his face but I could see he was sitting on the side…it was like he was waiting for me to wake up"* (Bozga et al., 2020: pp 39).

Some law enforcement personnel took on the experience of the victims and imagined *"it's me being raped"* (Bozga et al., 2020: pp 40) particularly during periods of heightened stress or found themselves thinking about the potential motives of the abuser such as *"Why would someone do something like that?"* (Denk-Florea et al., 2020: pp8). Cognitive responses

to vicarious trauma also included paranoia and mistrust of others, which led to overprotectiveness of those they cared about. This overprotectiveness took various forms such as hypervigilance, an overwhelming need to teach others about internet safety, and limiting the activities they allowed their child to do because *"I now know what they could do to my child"* (Burns et al., 2008: pp25).

In terms of the cognitive response to external experiences at work, law enforcement personnel described work as frustrating and grinding leading to a slow but irreparable damage to their self-concept. One participant described *"everyone's broken, all of my friends that were happy bubbly–me included, all a little washed out"* (Bozga et al., 2020: pp 39). law enforcement personnel also described a disillusionment with the job due to vague or false reports from victims:

> *"If you had ten jobs you'd probably have two which were top quality jobs, and two where they had lied, and the rest in the middle would be a mixture of half-truths, truths, he- said-she-said kind of stuff and that starts to grind you down, it truly does* (Bozga et al., 2020: pp 39).

For law enforcement personnel who worked on child abuse cases, there appeared to be a sense of feeling undervalued by other law enforcement personnel and a sense that sexual assault investigation is not afforded the same respect by law enforcement personnel who investigate other types of crime, leading to increased stress that Morabito and colleagues noted as "*beyond the traumatic nature of sexual assault*" (Morabito et al., 2020: pp87).

2.2. Emotional and physiological responses

Law enforcement personnel reported the presence of emotional and physiological responses to the vicarious trauma including *"shock and disgust that there are people like that around"* (Denk-Florea et al., 2020: pp5) and an absence of emotional response to the material through desensitising themselves to the material. The emotional impact of hearing and witnessing vicarious trauma was described as:

> *"By the time you come out of that interview and it's all finished it's such a relief it's like being unplugged and you feel like you want to collapse into a bag, it's like you're a skeleton with no bones by the time you finish because you're completely down and you just need to go and rest but of course there is no rest"* (Bozga et al., 2020: pp 38)

There was also a sense of having to respond in a way that felt manageable through (conscious or unconscious) desensitisation to the traumatic material over time which reduced

the emotional and physiological response to the material. For some, this desensitisation was the development of an unempathetic hardened and flippant attitude such as *"You do not know how it affects you subconsciously, but it does not appear to, no. I would happily eat sandwiches whilst doing it"* (Denk-Florea et al., 2020: pp5) while for others, this was a conscious choice to improve their ability to engage with the material from a non-emotional stance: "*I approach the material just as a numbers game. I don't look at it and dwell on what the material is. I don't think about the picture; I'm thinking about what it means to the job*" (Powell et al., 2015: pp109). This latter point appeared to be a key technique adopted by some law enforcement personnel, such as an objectification of the material despite awareness of the content which can be seen more clearly in the quote below:

> *"I evaluate the picture only as a thing. Of course, it is clear that behind every picture is an instance of sexual or serious sexual abuse. One is already frightened and thinks, "What's that asshole doing with the child" but I see the image rather as a thing. I just do not let it get to me anymore [...] My strategy is simply a kind of protective screen, which I have unconsciously built up*" (Wößner & Graf, 2016: pp 6).

This quote described how the emotional and cognitive responses could be related yet also disconnected from. There was an awareness of the content of the material as potentially traumatic which had an emotional response for the law enforcement personnel, fear. In response to this emotional response, law enforcement personnel used cognitive processes to try to rationalise an action that violated conventional norms. However, rather than connecting with the emotion and this thought, law enforcement personnel disconnected from the content of the material and the victim, preferring to view it as an object to protect themselves from the emotional and cognitive impact of the material.

2.3.Social response

The final subtheme in this category was the social response to vicarious trauma, particularly in relation to the family of law enforcement personnel. Law enforcement personnel's experiences affected their relationships with their children as they recognised that they became more overprotective and wary of risk. A response to this, was for law enforcement personnel to consider actions to protect their family including:

> *"This is what I'm thinking about for my kid, so you think about barricading the doors, moving country, going to another island, giving up your job. How can I keep him safe from this? And these thoughts cross your mind all the time to the point where I am*

looking at home schooling him, I am looking to completely change my career" (Bozga et al., 2020: pp40).

Bozga and colleagues noted that the impact of vicarious trauma on parenting was associated with feelings of emptiness and loss through avoidance of seeking relationships with others, as well as being consumed and trapped their response to the trauma.

There is an acknowledgement throughout the synthesis of the idea that the families are the true victims of vicarious trauma:

"[Officers] can't go home and be with their family and be emotionally intimate because they're so preoccupied with keeping themselves together, or they act out the impact of vicarious trauma on their family." (Hallinan et al., 2021: pp320)

Law enforcement personnel struggled to be emotionally intimate with their partners after experiencing vicarious trauma at work, and they struggled to manage the impact of vicarious trauma. There was also an acknowledgement of the impact of the perception of law enforcement personnel within the wider community with "*the stresses of the public looking in on you*" (Campbell et al., 2021: pp12). The existence of the dichotomous relationship between good cop-bad cop enhanced the overall traumatic stress of the law enforcement role because of feelings of distrust within some communities. Their experiences also influenced social aspects such as where they chose to live with their families because of an awareness of traumatic events within the community: *"Oh, murder/suicide happened right there; paedophile lives right there; gang members right there"* (Campbell et al., 2021: pp12).

In summary, responses to vicarious trauma were considered discretely in terms of cognitive, emotional, physiological, or social responses, however, were also understood as connected responses to trauma. Exposure to vicarious trauma led to intense emotional responses in law enforcement personnel which led to some law enforcement personnel feeling empty and drained. This may have led to a desire to disconnect from this emotional experience through cognitive processes such as rationalisation. However, cognitive processes also included intrusive images and flashbacks which evoked emotional responses followed by a desire to avoid connection with the traumatic material. There was also a recognition of both the immediate response of the law enforcement personnel and the wider social response of their family and community because their exposure to vicarious trauma increased their awareness of the risk to themselves and others. However, these responses did not occur in every law enforcement personnel who was exposed to vicarious trauma as there were factors which either mitigated and/or aggravated the response to the trauma.

3. Mitigating and/or aggravating factors that influence the vicarious trauma response

There are factors which may have mitigated or aggravated the response to vicarious trauma in law enforcement personnel which could be understood as cognitive factors, managing exposure to trauma, behavioural factors, organisational factors, and interpersonal factors. Some factors were implemented at a personal level such as controlling the extent of exposure to material or using humour to cope, whereas other factors relied on wider systems, recognising the need to support law enforcement personnel and implementing strategies such as technology to mitigate the impact of vicarious trauma.

3.1. Cognitive

Law enforcement personnel discussed the importance of feeling like they were making a difference in the world through convicting offenders. Discovering that their investigation contributed to the sentencing of an offender gave them meaning and closure which may have mitigated against the burden of having to be exposed to traumatic material. In comparison, not having information about an outcome of a case was demotivating because "*you feel you are being subjected to these images but with no real understanding of what contribution you have had*" (Denk-Florea et al., 2020: pp15). Denk-Florea and colleagues described how law enforcement personnel gained job satisfaction from alternative indicators such as gratitude from victims, praise from colleagues, and improved police-community relations. Law enforcement personnel's ability to cope with being exposed to traumatic material was influenced by their ability to cope through an innate ability to be resilient. Lack of resilience was considered an aggravating factor and influenced by exposure to traumatic material over time as well as the law enforcement personnel's personal experience of trauma.

> *"There is a new trend emerging of officers who have never done this type of work and never wanted to do this type of work being drafted into this unit to do work that involves being immediately exposed to images. [. . .] I think it is a ticking bomb."* (Denk-Florea et al., 2020: pp16).

3.2. Managing exposure to content

Law enforcement personnel developed strategies and techniques to mitigate their response to vicarious trauma before engaging with the traumatic material through mentally preparing themselves, and during engagement with the material. During interaction with the traumatic

material, law enforcement personnel actively engaged in techniques to limit their exposure to the materials by using the technological tools available such as flipping images to another view or *"many practitioners minimize the material, so generally they do not put it on a big screen. I think it is small practical things like that which mitigate the risk, but I think it is still risky"* (Denk-Florea et al., 2020: pp13).

There were also times when law enforcement personnel had to examine the evidence in more prolonged detail. In these situations, law enforcement personnel reinterpreted how they perceived the material by either pretending that the events depicted were not real:

> *"The way I deal with it is I see it as almost...you know how you can watch a film and it is not real life. I do not think of that, as that is someone, I think of that as that is the child that exists if that makes sense. It is literally like a movie."* (Denk-Florea et al., 2020: pp9),

This is similar to the emotional disconnection described in the 'emotional or physiological response' subtheme. Law enforcement personnel tried to maintain emotional distance by viewing the material as evidence and using contextual factors to facilitate an evidential perspective for example *"just apply the legislation to it and be ruthless, be clinical about it, don't get involved in what's actually being viewed"* (Powell et al., 2015: pp109).

Despite using these coping strategies, law enforcement personnel acknowledged there were times when they felt emotional when viewing these materials as noted in the earlier subthemes. Therefore, they relied on additional behavioural strategies to mitigate the impact of vicarious trauma.

3.3.Behavioural

Law enforcement personnel described activities that they engaged in outside of work which they reported improved their ability to cope with their experiences. Examples included taking regular exercise, using grounding activities, gardening, and petting animals:

> *"I go running every day or go to the gym every day, meditate, do yoga, anything which I can use to switch my brain off. If I am doing something where my brain has become more unconscious, if you are running, meditating, it gives you an opportunity for thoughts to flow in your mind rather than fixating on them."* (Denk-Florea et al., 2020: pp10).

Sport was considered to be a distraction as well as a management strategy as a means to provide both mental and general stability. Law enforcement personnel also recognised the importance of self-care within the workplace and emphasised particular aspects of the work environment such as having enough physical space and natural light. Whilst an open plan office

environment was considered by some to be supportive, other law enforcement personnel noted that this increased the likelihood of accidental exposure to traumatic material by viewing colleagues' computer screens or hearing colleagues' discussions:

"*Outside my room they [the colleagues] were reviewing a paedophile's computer and they had it on a massive screen. So normally [. . .], if they are reviewing something, they have it small, so it is only them that are really exposed to it*" (Denk-Florea et al., 2020: pp13).

The unexpected exposure could have undermined attempts to implement individual mitigating strategies such as those described in the 'managing exposure to content' subtheme because of the uncontrolled aspect of the exposure to this material. This was considered by some law enforcement personnel to be the responsibility of the organisation to implement strategies to mitigate the response to vicarious trauma and felt frustrated by a lack of understanding by management:

"*I became very frustrated because they [management] could not differentiate between an environment where it [indecent images cases] is constantly around you all the time, when you cannot escape it unless you leave the office, versus an environment where you can get away from it*" (Denk-Florea et al., 2020: pp14).

3.4.Organisational

Law enforcement personnel reported that the issue of accidental exposure to vicarious trauma was managed in some workplaces by organising separate spaces for staff to analyse distressing material. Other organisations were in the process of implementing daily limits to traumatic material. Law enforcement personnel had attempted to discuss the implementation of alternative strategies with management to support their mental health such as *"I highlighted [to management] that maybe some people were better suited to some things than others and I put forward the idea that maybe instead of a rotation everyone has to do you ask for volunteers"* (Denk-Florea et al., 2020: pp14) however there were concerns that there would be no volunteers. Organisations appeared to recognise the impact of vicarious trauma on law enforcement personnel and began to introduce technology to reduce the exposure to vicarious trauma *"what we have now are a lot of tools that can do the categorization of the images for us which is great"* (Denk-Florea et al., 2020: pp15). This was not the case across all departments and there was frustration amongst law enforcement personnel about the lack of response from organisations to support them despite the recognition of need:

"We do a really good job of identifying it, of identifying the consequences of it, but we don't do anything. We talk a lot about treatment and about things you can do to protect yourself, but it's freakin' talk." (Hallinan et al., 2021: pp321).

3.5. Interpersonal

Different interpersonal processes were noted to be used by law enforcement personnel to mitigate their responses to vicarious trauma. Law enforcement personnel received mutual informal support and benefitted in having shared experiences with colleagues. The significance of mutual support in the form of professional exchanges was noted through *"natural cooperation with colleagues"* to *"get to our goal by working together. We achieve that goal together"* (Wößner & Graf, 2016: pp 7). Law enforcement personnel also noted that a sense of humour, particularly black humour, helped them to deal with their experiences for example, one law enforcement personnel noted that *"black humour actually serves as a buffer to internalising children's traumatic experiences"* (Wright et al., 2005: pp506).

There was some ambivalence noted about talking with mental health professionals. On the one hand, this appeared to be linked to worries that they may lose their job by talking to a mental health professional, but on the other, some reported that they felt it was important to have regular check-ins with a psychologist:

"Most mental health support requires you to identify you have a problem— which is hard— know where to get help for that problem, then take the brave and difficult step of speaking out and then going to get that help" (Denk-Florea et al., 2020: pp12).

There was a recognition that seeking help could be difficult and take time, therefore if the organisation were to support this process through access to psychological support, this could have mitigated the effects of vicarious trauma. In the absence of this, law enforcement personnel had to *"just develop our own strategies to deal with things"* (Denk-Florea et al., 2020: pp12). Regardless of who the law enforcement personnel sought to discuss their experiences with, there was acknowledgement that *"just talking through it, talking through what we saw, and just processing it"* (Campbell et al., 2021: pp19) was helpful, particularly with others who shared similar experiences and could therefore have empathy with them. Talking things through also offered a third-party perspective which made it *"easier to see things more in a different light"* (Campbell et al., 2021: pp19-20). There was a recognition that law enforcement personnel could become stuck in a negative perspective that could be shifted

by talking their experiences through with a neutral third party who could offer a more positive perspective on the situation.

In summary, several factors which either mitigated and/or aggravated the impact of vicarious trauma were noted. Cognitive factors included feeling like law enforcement personnel were contributing to justice mitigated the impact of the job role. Where possible, law enforcement personnel attempted to manage their exposure to the content through cognitive strategies such as emotional disconnection or behavioural strategies such as engaging in exercise. Law enforcement personnel also described the importance of organisational support to mitigate the impact of vicarious trauma however noted frustration when this was not available.

1.4 Discussion

This meta-ethnography aimed to expand on previous research about the experience of vicarious trauma by exploring law enforcement personnel's experiences of vicarious trauma based on the recognition that the nature of the role involved direct exposure to traumatic events. This meta-ethnography aimed to contribute to the existing research regarding vicarious trauma to support the understanding of law enforcement personnel's experiences of vicarious trauma which may identify similarities and differences in the experiences of vicarious trauma across different professionals.

The meta-ethnography constructed three themes and 11 subthemes during the synthesis processes. The synthesis described how there were several factors which influenced the direct experience of vicarious trauma for law enforcement personnel which included the content of the traumatic material which they were exposed to, the amount of exposure to such material and the medium in which they were exposed, as well as their personal connection and felt sense of empathy to the victims. These findings were consistent with findings from a systematic review of the impact of vicarious trauma on child protection officers which found that greater exposure to trauma, distressing media, and direct trauma were highly associated with vicarious trauma (Molnar et al., 2020).The findings of the current meta-ethnography can also be understood in the context of Schaefer and Moos' (1998) integrative model of stress and coping which proposed a number of determinants for changes following traumatic events including: the characteristics of the trauma, including length and severity of exposure, and post-trauma factors including coping strategies and support. It is evident from the current meta-ethnography and past research, that the content and form of exposure varies greatly including interviews

with victims, discussions with other professionals, and exposure to video and photographic evidence of trauma. This highlights the need for both individuals and organisations to be aware of the number of different ways that individuals can be exposed to and be affected by vicarious trauma. There is not a 'one size fits all' strategy to address the experiences of vicarious trauma due to the varied nature of such exposure, so it is important that strategies to minimise the effect of vicarious trauma are individualised and adapted depending on the content and medium of exposure to the content to support individuals to cope with their experiences.

The Coping Circumplex Model (Stanislawski, 2019) is an integrative model and describes eight forms of coping styles, including hedonic disengagement, and efficiency, which were noted to be used by law enforcement personnel in response to vicarious trauma. Law enforcement personnel responded to vicarious trauma in different ways which included cognitive responses, emotional and physiological responses, and social responses. Some responses were automatic in response to the material however others were conscious attempts made by law enforcement personnel to understand their experiences. However, the increased understanding and awareness of danger and risk in the world, also led to a desire to protect their family, a finding that was also noted in a meta-ethnography regarding therapists' experiences of vicarious trauma (McNeillie & Rose, 2021). For therapists, much like law enforcement personnel, their responses to vicarious trauma enabled them to maintain emotional distance from their experiences though there was a recognition of the impact of vicarious trauma, described by Possick and colleagues (2015) as 'emotional heaviness'. Law enforcement personnel described experiences in response to vicarious trauma such as intrusive images, flashbacks, and disconnection which were also noted in previous research (Killian, 2008; McCann & Pearlman, 1990; McNeillie & Rose, 2021).

Past research identified positive emotions related to engaging with survivors of trauma despite vicarious trauma (Arnold et al., 2005; McNeillie & Rose, 2021; Tedeschi & Calhoun, 2004) and explored concepts such as vicarious post-traumatic growth (VPTG) (Tsirimokou, Kloess, & Dhinse, 2022). Research identified factors which facilitated VPTG including professionals' support system (Rizkalla & Segal, 2020), supervision (Knight, 2018), and the use of personal and organisational coping strategies (Cohen & Collens, 2013). Law enforcement personnel identified a number of personal and organisational coping strategies that mitigated and/or aggravated their response to vicarious trauma. Such strategies included the recognition of the significance of interpersonal support in mitigating their response to vicarious trauma, including talking things through with a third-party. Law enforcement personnel also acknowledged the importance of feeling like they were contributing to an

investigation at an organisational level which provided meaning to their work; however this was considered to be a mitigating as law enforcement personnel often felt like they did not have an understanding of how their contributions related to a case, which impacted their job satisfaction.

The findings from the current meta-ethnography related to the responses to vicarious trauma and the factors which aggravate or mitigate such responses, highlight the individualistic nature of the experience of vicarious trauma. These responses include cognitive, emotional, physiological, and social responses and vary from individual to individual. Therefore, it is important that organisations take the time to understand each individuals' response to vicarious trauma and then implement individualised strategies to minimise the effects of vicarious trauma. The findings in the current meta-ethnography are supported by previous research which recognised the role of work-place factors in the experience of vicarious trauma (Molnar et al., 2020). Law enforcement personnel noted the importance of the organisation in mitigating and/or aggravating the response to vicarious trauma, which supported previous research which highlighted the role of workplace factors in mitigating or aggravating various trauma (Molnar et al., 2020). Workplace factors included a lack of resources to address vicarious trauma, which was noted by law enforcement personnel as an aggravating factor to their response to vicarious trauma. Law enforcement personnel also identified the importance of the interpersonal aspect of their role, specifically the support from their colleagues. A systematic review by Molnar and colleagues (2020) noted that workplace factors were associated with the experience of vicarious trauma. They found that aspects such as job overload and lack of resources to address vicarious trauma were associated with greater negative responses to such trauma. Organisations also need to be aware of individuals' personal circumstances where relevant given that one of the identified factors influencing the experience of vicarious trauma is the personal relevance of the trauma and the empathy experienced by the individual who is exposed. This is particularly relevant for individuals who have children and are working on cases involving abuse of children. If organisations are more aware of the importance of this factor, strategies can be implemented to support individuals with children and can be taken into account when considering which professionals to allocate to certain cases. Molnar and colleagues' (2020) review also found that factors such as supervisor and co-worker support were associated with lower vicarious trauma.

In summary, the findings from this meta-ethnography supported findings from previous reviews into the experiences of vicarious trauma among different professionals. The findings suggested the need for increased awareness of the impact of vicarious trauma in professions

which are known to be associated with an increased risk of exposure to potentially traumatic events as well as consideration given to possible strategies that can be implemented to support professionals who work in these areas, at both an individual level and wider organisational level.

1.5 Practice Implications

Recommendations

One recommendation is for organisations to adopt vicarious trauma-informed approaches. Trauma-informed approaches are grounded in the recognition that exposure to trauma can impact an individual's development across several domains including their psychological development. There are six key principles of trauma-informed practice which can be found in Figure 3 along with an example of how each principle can be delivered (Office for Health Improvement and Disparities, 2022).

Figure 3

Six principles of Trauma-Informed Approaches

- ***Safety***: prioritisation of the physical, psychological and emotional safety of individuals e.g. attempting to prevent re-traumatisation.
- ***Trustworthiness***: transparency within policies and procedures to build trust amongst individuals e.g. organisations explaining what they are doing and why.
- ***Choice:*** shared decision-making, choice and goal setting e.g., listening to the needs and wishes of staff.
- ***Collaboration:*** valuing the experiences of individual e.g. using formal and informal peer support.
- ***Empowerment:*** shared power in decision-making e.g. validating concerns of staff.
- ***Cultural consideration:*** address cultural biases and stereotypes e.g. incorporating processes that are responsive to the needs of individuals.

Whilst there is an acknowledgement of the importance of a trauma-informed approach in policing and the criminal justice system, this is primarily focused on law enforcement personnel adopting the approach when working with offenders, rather than the organisation adopting the approach to support law enforcement personnel (Ezell et al., 2018). Based on the six principles, organisations could offer spaces to listen to the needs of law enforcement personnel so that they can be involved in decision-making processes, such as whether they are willing to work in the child sex abuse division and if so, for how long. Organisations could also improve transparency within processes based on the fact that law enforcement personnel

identified the importance of knowing the outcomes of cases to improve their sense of importance within cases.

Awareness of vicarious trauma has been found to act as a protective factor (Adams & Riggs, 2008; Ben-Porat, 2015; Iqbal, 2015) therefore, it would be beneficial for law enforcement personnel, and all professionals who work in a field which has been identified to have an increased risk of vicarious trauma, if organisations worked to increase awareness of vicarious trauma. Sutton and colleagues (2022) reviewed the contribution of organisational factors to vicarious trauma and identified six organisational factors. These included: caseloads, trauma training, peer support, supervision, organisational support, and organisational culture. The importance of on-going professional development as a mitigating factor against vicarious trauma was identified (Harrison & Westwood, 2009; Sommer & Cox, 2005) as well as the need for early and explicit training regarding awareness and self-care strategies to address vicarious trauma (Harrison & Westwood, 2009).

Additionally, research has found that professionals with a history of personal trauma are at increased risk of experiencing vicarious trauma (Adams & Riggs, 2008; Radey & Figley, 2007; Shannon et al., 2014). This highlights the importance of staff support such as supervision and protected time for reflection to process experiences (Branson, 2018). Research found that regular supervision, particularly emotionally supportive and educational supervision was important in reducing the risk of developing vicarious trauma (Hunter & Schofield, 2006; Joubert et al., 2013; Killian, 2008; Posselt et al.,2020;). Such spaces can offer organisations opportunities to increase choice, collaboration, empowerment, and cultural consideration which are key factors in an organisation being trauma informed. These suggestions for organisations to support professionals at risk of vicarious trauma are linked to the research related to vicarious post-traumatic growth to support professionals to find meaning and purpose in their experiences which in turn can increase compassion, resilience, and internal strength (Sansbury et al., 2015; Tassie, 2015).

Strengths and Limitations

This meta-ethnography mostly included papers of a very good-reasonable quality which were assessed using NICE's (2012) guidance on quality appraisal however one of the papers that was included was considered to be less reasonable quality and may therefore have reduced the credibility of the findings. It was considered to be important to include this paper as excluding it may have meant that important findings were not included which could have

potentially altered the overall findings and interpretations. In addition, although some papers contributed more than others to the reported results, this decision was chosen as it was considered that these papers were more conceptually rich. This means that the papers contained more conceptual detail in the data presented, such as more quotes from participants, which offered more insight into the phenomenon of interest, which in the case of this meta-ethnography, was vicarious trauma.

The nature of meta-ethnography recognises the importance of interpretation in the process which is dependent on factors such as the epistemological position of the researcher and personal histories. Though the interpretative nature of qualitative research may increase the possibility of interpreter bias, the meta-ethnographic approach offers greater description of methods and more in-depth interpretations of data compared to other more conventional qualitative literature reviews. There are multiple hermeneutic levels involved which were influenced by my own values and therefore will have influenced how the data was interpreted. I am a female, White British, Trainee Clinical Psychologist who was interpreting the phenomena that were experienced by male and female law enforcement personnel from different countries and cultures. It is possible that a researcher with a background or personal link to law enforcement may have interpreted the experiences in a different way. Attempts were made throughout the process to ensure the interpretations stayed close to the data through the use of quotes as evidence and discussion of my interpretations with others such as my supervisor. I also used a reflective diary throughout the process to notice repeated patterns or assumptions that may have been made, and to record feelings that were noticed in response to the data to ensure that interpretations were not being biased by such things.

Interpretative bias may have influenced the quality reviews though efforts were made to improve rigour to ensure completeness of the interpretation through accurate and in-depth review of the papers and discussions with supervisors and peers in a meta-ethnography support group. A sample of papers was also shared with a supervisor to improve rigour and credibility.

Whilst the purpose of the meta-ethnography was to contribute to existing literature about the experiences of professionals who are most at risk of vicarious trauma, it is important to note that the samples included in this meta-ethnography included law enforcement personnel from countries across the world. The experiences of law enforcement personnel may be different according to job expectations, cultural expectations and norms, and organisation support networks so it is therefore difficult to generalise from these results to include all law enforcement personnel in the world. However, given the limited qualitative research that has

been conducted in this area, this meta-ethnography serves as a foundation for future research into the area.

Additionally, the term law enforcement personnel encompasses a wide range of job roles and by incorporating all law enforcement personnel in this meta-ethnography, there is an assumption that all law enforcement personnel share similar experiences of vicarious trauma however, the experience of vicarious trauma may be dependent on job role. Again, given the limited qualitative research that has been conducted in this area, it was not possible to explore law enforcement personnel's experiences of vicarious trauma on a role-by-role basis.

As noted in Table 3 which outlined the characteristics of selected papers, there was often a lack of transparency from the authors about various aspects of the research including their own positionality. A lack of transparency about the authors' reflexivity would have provided information that would have been pertinent to understand potential influences on their interpretations of the data. In addition, table 3 identified different analytical approaches that were used in the research which means that they each had different epistemological and ontological approaches. This would have influenced the ways in which the authors interpreted and reported their data.

Finally, the subject matter of the review was emotive, particularly papers which discussed child sexual abuse cases, which evoked feelings of disgust, frustration, and injustice. At times I found myself prioritising the voices of participants who worked on these cases as though trying to ensure that their voice, and the voice of the children, was heard. Additional efforts were made to balance my interpretations and ensure the voices of all participants were represented. The use of my reflective diary was particularly helpful to notice my response to certain quotes and notice if there were particular papers or quotes that I was being drawn to.

Future Research

To address the limitation of a lack of qualitative research about law enforcement personnel's experiences of vicarious trauma worldwide, it would be beneficial for further qualitative research to be conducted with law enforcement personnel in more countries in the world. This research should include different job roles and should consider the relevance of the job role and wider cultural factors in the analysis of results.

The majority of research exploring law enforcement personnel's experiences of vicarious trauma have included samples of law enforcement personnel who work with child sexual abuse cases. It would be beneficial for further research to include law enforcement personnel who

investigate other offences including murder, which was also identified to increase the risk of vicarious trauma.

Additionally, given the range of responses to vicarious trauma in law enforcement personnel and the different mitigating and aggravating factors identified, it would be beneficial for future research to consider the sample of law enforcement personnel recruited for the research for example, to consider whether there are gendered differences across the experiences of vicarious trauma for law enforcement personnel.

Given that past research has demonstrated that professionals exposed to vicarious trauma such as health care professionals, can experience vicarious post-traumatic growth, it would be beneficial to explore this concept further for law enforcement personnel in order to inform the development of organisational and personal procedures to support law enforcement personnel who are exposed to vicarious trauma.

Overall, law enforcement personnel's experiences of vicarious trauma are impacted by the content and medium of the exposure which influences the response to the trauma and ways in which they attempt to cope with such experiences. Law enforcement personnel also identified several factors which mitigate and/or aggravate their response to vicarious trauma. It is hoped that this review highlighted some of the experiences of law enforcement personnel, ways in which to support law enforcement personnel with these experiences, and highlighted potential future research possibilities to further contribute to this area of interest.

1.6 References

Adams, S. A., & Riggs, S. A. (2008). An exploratory study of vicarious trauma among therapist trainees. *Training and Education in Professional Psychology, 2*, 26–34.

Altheide, D. L., & Johnson, J. M. (2011). Reflections on interpretive adequacy in qualitative research. In N. K. Denzin, & Y. S. Lincoln (Eds.), *The SAGE handbook of qualitative research* (pp. 581-594). Thousand Oaks, CA: SAGE.

American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*. American Psychiatric Publishing.

Arble, E., & Arnetz, B. B. (2016). A Model of First-responder Coping: An Approach/Avoidance Bifurcation. *Stress and Health, 33,* 223-232.

Arnold, D., Calhoun, L. G., Tedeschi, R., & Cann, A. (2005). Vicarious posttraumatic growth in psychotherapy. *Journal of Humanistic Psychology, 45*, 239–263.

Bartoskova, L. (2017). How do trauma therapists experience the effects of their trauma work, and are there common factors leading to post-traumatic growth? *Counselling Psychology Review, 32,* 30–45.

Bell, S., Hopkin, G., & Forrester, A. (2019). Exposure to Traumatic Events and the Experience of Burnout, Compassion Fatigue and Compassion Satisfaction among Prison Mental Health Staff: An Exploratory Survey. *Issues in Mental Health Nursing; 40*, 304–309.

Ben-Porat, A. (2015). Vicarious post-traumatic growth: Domestic violence therapists versus social service department therapists in Israel. *Journal of Family Violence, 30*, 923–933.

Bochner, A. (2000). Criteria Against Ourselves. *Qualitative Inquiry, 6*(2), 266-272.

Bozga, A., McDowall, A., & Brown, J. (2020). "Little red sandals": female police officers' lived experience of investigating sexual violence. *Policing: An International Journal, 44*(1), 32-48.

Branson, D. C. (2018). Vicarious trauma, themes in research, and terminology: A review of literature. *Traumatology, 25*(1), 2-10.

Bride, B, E., Radey, M., & Figley, C. R. (2007). Measuring compassion fatigue. *Clinical Social Work Journal, 35*, 155−163.

Brough, P. (2004). Comparing the Influence of Traumatic and Organizational Stressors on the Psychological Health of Police, Fire, and Ambulance Officers. *International Journal of Stress Management, 11*(3), 227–244.

Brown, J., Fielding, J., & Grover, J. (1999). Distinguishing traumatic, vicarious and routine operational stressor exposure and attendant adverse consequences in a sample of police officers. *Work and Stress, 13,* 312-325.

Burns, C. M., Morley, J., Bradshaw, R., & Domene, J. (2008). The Emotional Impact on and Coping Strategies Employed by Police Teams Investigating Internet Child Exploitation. *Traumatology, 14,* 20–31.

Campbell, A. R., Landers, A. L., & Jackson, J. B. (2021). I have to hold it together: Trauma in law enforcement couples. *Family Relations,* 1-26.

Campbell, R., Pound, P., Morgan. M, Daker-White, G., Britten, N., Phil, R., Yardley, L., Pope, C., & Donovan, J. (2011). Evaluating meta-ethnography: systematic analysis and synthesis of qualitative research. *Health Technology Assessment Programme, 15,* 1–164.

Cochrane Methods. (2022). *Meta-ethnography*. https://training.cochrane.org/resource/meta-ethnography

Cohen K., Collens P. (2013). The impact of trauma work on trauma workers: A metasynthesis on vicarious trauma and vicarious posttraumatic growth. *Psychological Trauma: Theory, Research, Practice, and Policy, 5*(6), 570–580.

Collins Dictionary. (2023). *Law enforcement officer*. https://www.collinsdictionary.com/dictionary/english/law-enforcement-officer.

Denk-Florea, C-B., Gancz, B., Gomoiu, A., Ingram, M., Moreton, R., & Pollick, F. (2020). Understanding and supporting law enforcement professionals working with distressing material: Findings from a qualitative study. *PLoS ONE, 15*(11), 1-28.

Dixon-Woods, M., Sutton, A., Shaw, R., Miller, T., Smith, J., Young, B., Bonas, S., Booth, A. & Jones, D. (2007). Appraising qualitative research for inclusion in systematic reviews: a quantitative and qualitative comparison of three methods. *Journal of Health Services Research & Policy, 12*(1), 42-47.

Dowdall-Thomae, C., Gilkey, J., Larson, W., & Arend-Hicks, R. (2011). Elite firefighter/first responder mindsets and outcome coping efficacy. *International Journal of Emergency Mental Health*, *14*(4), 269–281.

Evans, B. J., Coman, G. J., Stanley, R. O., & Burrows, G. D. (1993). Police officers' coping strategies: An Australian police survey. *Stress Medicine, 9,* 237-246.

Ezell, J.M., Richardson, M., Salari, S., & Henry, J, A. (2018). Implementing Trauma-Informed Practice in Juvenile Justice Systems: What can Courts Learn from Child Welfare Interventions? *Journal of Child and Adolescent Trauma, 11,* 507-519).

Figley, C. R. (2002). Compassion fatigue: psychotherapists' chronic lack of self-care. *Journal of Clinical Psychology, 58*, 1433–1441.

Figley, C. R. (ed). (2015). *Treating Compassion Fatigue* (3rd edn). New York, USA: Bruner-Routledge.

Fortune, N., Rooney, B., & Kirwan, G. H. (2018). Supporting Law Enforcement Personnel Working with Distressing Material Online. *Cyberpsychology, Behaviour, and Social Networking, 21,* 138–143.

Haisch, D. C., & Meyers, L. S. (2004). MMPI-2 assessed post-traumatic stress disorder related to job stress, coping, and personality in police agencies. *Stress and Health: Journal of the International Society for the Investigation of Stress, 20,* 223-229.

Hallinan, S., Shiyko, M., Volpe, R., & Molnar, B. E. (2021). On the back burner: Challenges experienced by change agents addressing vicarious trauma in first response and victim service agencies. *Traumatology*, *27*(3), 316.

Harrison, R. L., & Westwood, M. J. (2009). Preventing vicarious traumatization of mental health therapists: Identifying protective practices. *Psychotherapy: Theory, Research, Practice, Training, 46*(2), 203–219.

Herman, J. L. (1992). *Trauma and Recovery: The Aftermath of Violence*. New York, USA: Basic Books.

Hesketh, I., & Tehrani, N. (2019), Psychological trauma risk management in the UK police service, *Policing Journal of Policy Practice, 13*(4),531-535.

Hunter, S. V., & Schofield, M. J. (2006). How counsellors cope with traumatized clients: Personal, professional and organizational strategies. International Journal for the Advancement of Counselling, 28(2), 121–138.

Iqbal, A. (2015). The ethical considerations of counselling psychologists working with trauma: Is there a risk of vicarious traumatisation? *Counselling Psychology Review, 30*, 44–51.

Johnson, W. B., Bertschinger, M., Snell, A. K., & Wilson, A. (2014). Secondary trauma and ethical obligations for military psychologists: preserving compassion and competence in the crucible of combat. *Psychological Services, 11*, 68–74.

Joubert, L., Hocking, A., & Hampson, R. (2013). Social work in oncology-managing vicarious trauma-the positive impact of professional supervision. *Social Work in Health Care, 52*(2– 3), 296–310.

Karaffa, K. M., & Koch, J. M. (2016). Stigma, pluralistic ignorance, and attitudes toward seeking mental health services among police officers. *Criminal Justice and Behavior*, *43*(6), 759 –777.

Kessler, R. C., Aguilar-Gaxiola, S., Alonso, J., Benjet, C., Bromet, E. J., Cardoso, G., Degenhardt, L., de Girolami, G., Dinolova, R. V., Ferry, F., Florescu, S., Gureje, O., Haro, J. M., Huang, Y., Karam, E. G., Kawakami, N., Lee, S., Lepine, J-P., Levinson, D…Koenen, K. C. (2017). Trauma and PTSD in the WHO World Mental Health Surveys. *European Journal of Psychotraumatology*,8(5), 1353385.

Killian, K. D. (2008). Helping till it hurts? A multimethod study of compassion fatigue, burnout, and self-care in clinicians working with trauma survivors. *Traumatology, 14*, 32–44.

Kim, J. E., Dager, S. R., Jeong, H. S., Ma, J., Park, S., Kim, J., Choi, Y., Lee, S. L., Kang, I., Ha, E., Cho, H. B., Lee, S., Kim, E. J., Yoon, S., & Lyoo, I. K. (2018). Firefighters, posttraumatic stress disorder, and barriers to treatment: Results from a nationwide total population survey. *PLoS ONE*, *13*(1).

Knight C. (2018). Trauma-informed supervision: Historical antecedents, current practice, and future directions. The Clinical Supervisor, 37(1), 7–37.

Lea, S., Auburn, T., & Kibblewhite, K. (1999). Working with sex offenders: The perceptions and experiences of professionals and paraprofessionals. *International Journal of Offender Therapy and Comparative Criminology, 43,* 103-119.

McNeillie, N., & Rose, J. (2021). Vicarious trauma in therapists: a metaethnographic review. *Behavioural and cognitive psychotherapy, 49,* 426-440.

Middleton, J. S., & Potter, C. C. (2015). Relationship between vicarious traumatization and turnover among child welfare professionals. *Journal of Public Child Welfare*, *9*(2), 195–216.

Moher, D., Liberati, A., Tetzlaff, J., Altman, D. G., & Prisma Group. (2009). Preferred reporting items for systematic reviews and meta-analyses: the PRISMA statement. PLoS Med, 6(7).

Molnar, B. E., Meeker, S. A., Manners, K., Tieszen, L., Kalergis, K., Fine, J. E., Hallinan, S., Wolfe, J. D., & Wells, M. K. (2020). Vicarious traumatization among child welfare and child protection professionals: A systematic review. *Child Abuse & Neglect, 110*(3), 104679.

Morabito, M, S., Pattavina, A., & Williams, L. M. (2020). Vicarious trauma, secondary traumatic stress or burnout?: an exploratory study of the effects of investigating sexual assault cases on detectives. *Policing: An International Journal, 44*(1), 77-92.

National Institute for Health and Care Excellence (2012). *Appendix H Quality appraisal checklist – qualitative studies.* Methods for the development of NICE public health guidance (third edition).

Newell, J. M., & MacNeil, G. A. (2010). Professional burnout, vicarious trauma, secondary traumatic stress, and compassion fatigue. *Best Practices in Mental Health*, 6(2), 57–68.

Noblit, G. W., & Hare, R. D. (1988). *Meta-ethnography: Synthesizing Qualitative Studies*. Sage Publications Inc.

Pearlman, L. A., & Saakvitne, K. W. (1995). *Trauma and the Therapist: Countertransference and Vicarious Traumatization in Psychotherapy with Incest Survivors*. New York, USA: W.W. Norton & Company.

Pogrebin, M. R., & Poole, E. D. (1991). Police and tragic events: The management of emotions. *Journal of Criminal Justice, 19,* 395-403.

Posselt, M., Baker, A., Deans, C., & Procter, N. (2020). Fostering mental health and well-being among workers who support refugees and asylum seekers in the Australian context. *Health & Social Care in the Community, 28(*5), 1658–1670.

Possick, C., Waisbrod, N., & Buchbinder, E. (2015). The dialectic of chaos and control in the experience of therapists who work with sexually abused children. *Journal of Child Sexual Abuse, 24,* 816–836.

Powell, M., Cassematis, P., Benson, M., Smallbone, S., & Wortley, R. (2015). Police officers' perceptions of their reactions to viewing internet child exploitation material. *Journal of Police and Criminal Psychology, 30,* 103-111.

Radey, M., & Figley, C. R. (2007). The social psychology of compassion. *Clinical Social Work Journal, 35,* 207–214.

Regehr, C., Dimitropoulos, G., Bright, E., George, S., & Henderson, J. (2005). Behind the brotherhood: Rewards and challenges for wives of firefighters. *Family Relations*, *54*(3), 423–435.

Rizkalla N., Segal S. P. (2020). Refugee trauma work: Effects on intimate relationships and vicarious posttraumatic growth. Journal of Affective Disorders, 276, 839-847.

Rozas, L. W., & Klein, W. C. (2010) The Value and Purpose of the Traditional Qualitative Literature Review, *Journal of Evidence-Based Social Work, 7*(5), 387-399.

Sansbury, B. S., Graves, K., & Scott, W. (2015). Managing traumatic stress responses among clinicians: Individual and organizational tools for self- care. *Trauma, 17*, 114–122.

Sattler, D. N., Boyd, B., & Kirsch, J. (2014). Trauma-exposed firefighters: relationships among posttraumatic growth, posttraumatic stress, resource availability, coping and critical incident stress debriefing experience. *Stress and Health, 30*(5), 356–365.

Schaefer J. A., Moos R. H. (1998). The context for posttraumatic growth: Life crises, individual and social resources, and coping. In Tedeschi R. G., Park C. L., Calhoun L. G. (Eds.), Posttraumatic growth: Positive changes in the aftermath of crisis (pp. 99–125). Erlbaum.

Seigfried-Spellar, K. C. (2018). Assessing the Psychological Well-being and Coping Mechanisms of Law Enforcement Investigators vs. Digital Forensic Examiners of Child Pornography Investigations. *Journal of Police and Criminal Psychology, 33*, 215–226.

Sewell, J. D. (1994). The stress of homicide investigations. *Death Studies, 18,* 565-582.

Shannon, P. J., Simmelink-McCleary, J., Im, H., Becher, E., & Crook-Lyon, R. E. (2014). Experiences of stress in a trauma treatment course. *Journal of Social Work Education, 50,* 678–693.

Sommer, C. A., & Cox, J. A. (2005). Elements of supervision in sexual violence counselors' narratives: A qualitative analysis. *Counselor Education and Supervision, 45*(2), 119–134.

Stanislawski, K. (2019). The coping circumplex model: An integrative model of the structure of coping with stress. *Frontiers in Psychology, 10(*694), 1-23.

Splevins, K. A., Cohen, K., Joseph, S., Murray, C., & Bowley, J. (2010). Vicarious posttraumatic growth among interpreters. *Qualitative Health Research, 20*, 1705–1716.

Sutton, L., Rowe, S., Hammerton, G., & Billings, J. (2022) The contribution of organisational factors to vicarious trauma in mental health professionals: a systematic review and narrative synthesis, *European Journal of Psychotraumatology, 13*(1), 2022278.

Tassie, A. K. (2015). Vicarious resilience from attachment trauma: Reflec- tions of long-term therapy with marginalized young people. *Journal of Social Work Practice, 29*, 191–204.

Tedeschi, R. G., & Calhoun, L. G. (1996). The posttraumatic growth inventory: measuring the positive legacy of trauma. *Journal of Traumatic Stress, 9*, 455–471.

Temitope, K. M., & Williams, M. (2015). Secondary traumatic stress, burnout and the role of resilience in New Zealand counsellors. *New Zealand Journal of Counselling*, 35, 1–21.

Tsirimokou, A., Kloess, J. A., & Dhinse, S. K. (2022). Vicarious Post-traumatic Growth in Professionals Exposed to Traumatogenic Material: A Systematic Literature Review.

Trauma, Violence, & Abuse, 0(0). https://doi-org.bham-ezproxy.idm.oclc.org/10.1177/15248380221082079

World Health Organisation (2018). *International Classification of Diseases 11th Revision*. Geneva: World Health Organization.

Wright, R., Powell, M. B., & Ridge, D. (2005). Child abuse investigation. An in-depth analysis of how police officers perceive and cope with daily work challenges. *Policing: An International journal of Police Strategies & Management, 29*(3), 498-512.

Violanti, J. M. (1999). Alcohol abuse in policing: Prevention strategies. *FBI Law Enforcement Bulletin, January*.

Violanti, J. M., & Gehrke, A. (2004). Police trauma encounters: Precursors of compassion fatigue. *International Journal of Emergency Mental Health, 6,* 75-80.

Wössner, G., & Graf, J.S. (2016). Psychological Stress and Coping Strategies among Child Pornography Police Investigators: A Qualitative Analysis. Max Planck Law, https://law.mpg.de/pure/psychological-stress-and-coping-strategies-among-child-pornography-police-investigators-a-qualitative-analysis/

Yardley, K. (2000). Dilemmas in qualitative health research. *Psychology and Health, 15,*2, 215-228.

Chapter 2: Exploring United Kingdom Veterans' Experiences of Moral Transgressions in Service: A Qualitative Interpretative Phenomenological Analysis

2.1 Introduction

Morality

Morals, and morality, are defined as principles and beliefs which concern right and wrong behaviour (Collins Dictionary, 2023). They refer to codes of conduct, or 'moral codes' which are socially constructed to guide the behaviour of a group or individual and inform the individuals' expectations of others and the world (Stanford Encyclopedia of Philosophy, 2020). Aversive learning experiences from others who hold more power such as leaders, can lead to the expectation that others should also confirm to moral codes and rules, and if they do not, there should be consequences (Litz et al., 2009). Moral codes are maintained through moral emotions which are guided by the expectation of others' responses to a perceived moral transgression. The majority of research has focused on negative moral emotions such as the influence of shame and guilt on moral behaviour (Tangney, Stuewig, & Mashek, 2007). Tangney and colleagues (2007) reported that shame and guilt are 'self-conscious emotions' that are evoked by self-evaluation and function as an emotional moral guide to provide feedback on moral acceptability. Guilt is associated with a decreased likelihood of engaging in immoral behaviour and can result in attempts to repair relationships and wrongdoings to make amends. Gilbert and Andrews (1998) noted that shame can be considered in a number of ways such as an emotion, cognitions about self, behaviours and actions, and interpersonal dynamic interrelationships. From an evolutionary perspective, shame is rooted in a self-focused social threat system related to the need to prove oneself as acceptable to others (Gilbert, 2002). Shame involves global evaluations of the self along with behavioural tendencies to avoid and withdraw, which in turn exacerbates feelings of shame. Shame can result in interpersonal difficulties such as anger and decreased empathy for others (Litz et al., 2009), has more damaging effects on emotional and mental health than guilt and is an integral aspect of moral injury (Tangney et al., 2007).

Moral Injury

Potentially morally injurious experiences (PMIEs) are defined as *"Perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs and expectations"* (Litz et al., 2009, p. 697). PMIEs can be categorised into three event types:

acts of commission, acts of omission, or betrayal by a trusted other (Bryan et al., 2016). PMIEs are psychologically harmful because they undermine beliefs about the trustworthiness of self and others (Litz et al., 2009). Exposure to PMIEs is associated with moral injury, a form of psychological trauma that is characterised by guilt, shame, and a loss of trust that developed as a result of a perceived moral violation (Jinkerson, 2016).

Though there is no consensus definition of moral injury, (Phelps et al., 2022), Litz and colleagues (2009) developed a model of moral injury to support a dialogue about the concept. Moral injury is characterised by the violation of deeply held personal and societal moral standards and can be experienced by any individual who experiences a significantly stressful event, such as law enforcement personnel (e.g., Komarovskaya et al., 2011), refugees (e.g., Hoffman et al., 2018), ex-military personnel (e.g., Williamson et al., 2021), and healthcare workers such as those who worked on the front line of the COVID-19 pandemic (Haller et al., 2020). Factors such as childhood adversity, military rank, gender, sexuality, ethnicity, and race increase the risk of moral injury (Phelps et al., 2022).

Research has suggested that moral injury may lead to broken social bonds (Nash & Litz, 2013), negative shifts in psychological development (Harris, et al., 2015), and other impairments (Farnsworth et al., 2017). Moral injury is often accompanied by moral emotions, such as shame, guilt, anger, disgust, and contempt, which act as an indicator of a violation of personal or societal moral standards and provoke action aimed to minimise conflict or social damage. These moral emotions trigger avoidant behaviour that impairs the individuals' functioning (Litz et al., 2022). Moral injury may also have an impact on an individual's perception of self, others, and the world. Those who have experienced a moral injury commonly describe a loss of self-identity, a mistrust of others, and a worldview they no longer understand (Farnsworth, 2019; Yeterian et al., 2019). Individuals who were betrayed by a moral authority often cope with such betrayal through coping mechanisms such as escapism, disconnection from emotions, undermining trust relationships, excessive use of alcohol, and expressions of anger (Fleming, 2023).

Moral Injury in Veterans

Within the veteran population, moral injury can develop as a result of active participation in warfare during which transgressive acts occur. These acts include betrayal, for example when veterans are not treated how they expect to be treated by others in the military, incidents involving injury or harm to civilians, violence between individuals of the same rank,

inability to prevent death or suffering, and ethical dilemmas. A review found that that antecedents of PMIEs included environmental contributors, cultural and relational contributors such as dehumanising the enemy, psychological contributors such as a state of constant fear, and organisational contributors such as the negative perception of leaders (Griffin et al., 2019).

Despite battlefield ethics training and the rules of engagement, the unconventional aspects of war may increase the difficulty for veterans to decide on the most appropriate course of action (Brenner et al, 2015). For example, in 2007, 31% of soldiers and Marines indicated that they had insulted civilians, 5% had mistreated civilians, and 11% had unnecessarily damaged property (Mental Health Advisory Team V, 2008). With increasing demands on military personnel including longer deployments, the frustration related to these sacrifices may impact ethical decision making as seen by an association between deployment length and an increase in unethical behaviours in battle within the first ten months of employment (MHAT-V, 2008). In addition, military culture enforces a moral and ethical code of conduct. In war situations, violence and killing is normalised and being witness to violence and killing is to be expected. However, once separated from the military culture, some military personnel struggle to accommodate and justify their morally conflicting experiences (Litz et al., 2009).

Research has demonstrated the association between untreated moral injury and negative outcomes such as depression, suicidal ideation, problematic substance use, and poorer functioning and quality of life (Browne et al., 2015; Bryan et al., 2013; Griffin et al., 2019; Norman et al., 2018). Research also found that individuals who were exposed to potentially morally injurious events were at greater risk of developing mental health difficulties including suicidal ideation (Wisco et al., 2017) and challenges with occupational, psychosocial, and spiritual functioning (Frankfurt & Frazier, 2016; Griffin et al., 2019).

Is Moral Injury different to Post-Traumatic Stress Disorder (PTSD)?

It is not uncommon for individuals who present with symptoms of PTSD to also report symptoms which are characteristic of moral injury such as shame and guilt (Williamson et al., 2021b). However, there are distinctions between PTSD and moral injury (Barnes et al., 2019). Moral injury, which results from perpetrating or witnessing events that violate moral codes (Litz et al., 2009) or betrayal by a trusted authority figure (Shay, 2014), has been found to have distinct symptom profiles and mechanisms of distress compared to PTSD. The PTSD profile included memory loss, nightmares, and flashbacks, whereas the moral injury profile included shame, anger, guilt, and social alienation (Bryan et al., 2017; Jordan et al., 2017). Litz and

colleagues (2018) separated trauma types in military personnel with PTSD and found that perpetration-based moral injury was associated with higher levels of reexperiencing, guilt, and self-blame relative to life-threat traumas despite being the least prevalent trauma type.

Research Aims

The majority of research into moral injury has been conducted with samples recruited from United States (US) service personnel and veterans. However, US and United Kingdom (UK) militaries often differ in terms of demographics, deployment experiences, and rules of engagement, all of which affects the development and experiences of moral injury (Castro & Hall, 2021; Fear et al., 2014; Malcolm et al., 2015; Sundin et al., 2014). It is therefore important to explore the experiences of UK veterans separately. This research project aimed to contribute to the limited literature available regarding UK veterans' experiences of moral injury using a qualitative methodological approach.

Although Williamson and colleagues (2019) examined UK veterans' experiences of moral injury, the focus was to explore the perceptions and challenges of clinicians in treating moral injury-related mental health difficulties. Williamson and colleagues (2020) also considered UK veterans' responses to experiences of trauma and moral injury and the impact of the events on psychological wellbeing. Neither of these studies focused solely on understanding the experiences of moral injury, therefore, the present research project proposes to focus solely on understanding UK veterans' lived experiences of moral injury.

In addition, previous research acknowledged the lack of diversity within their sample of solely male veterans, so the current research study aimed to consider the experiences of veterans of different genders including male, female, and others such as non-binary. Whilst the lack of gender diversity in the military was recognised (Ministry of Defence, 2022), inclusivity was felt to be important when considering the sample for the current study.

Previous research identified that some treatment methods for moral injury-related mental health difficulties are insufficient and there is currently no manualised treatment programme for moral-injury related mental health difficulties (Drescher et al., 2011; Williamson et al., 2022). Often, treatment approaches that are used are based on PTSD and therefore do not adequately address the difficulties associated with moral injury (Maguen & Burkman, 2013). In some cases, treatments such as prolonged exposure exacerbate associated negative emotions such as shame, guilt and disgust (Maguen & Burkman, 2013). Whilst there is some evidence of potential treatments for moral injury-related mental health difficulties,

such as 'The Impact of Killing', these have been developed for US military populations, and do not address the range of PMIEs that UK veterans experience (Williamson et al., 2022). A better understanding of UK veterans' experiences of moral injury may therefore contribute to the development of appropriate treatment and support for UK veterans who experience mental health difficulties following moral injury.

In terms of data analysis, previous qualitative research (Williamson et al., 2019; 2020) used Thematic Analysis to identify themes and patterns in the data. This research aimed to use Interpretative Phenomenological Analysis (IPA) to analyse the data given the focus of the current research was to understand the lived experiences of moral injury and consider how the veterans made sense of their experiences. Therefore, rather than merely identifying common themes and patterns, IPA allowed a dual focus for the researcher to understand each veteran's individual experiences and how each veteran tried to make sense of their experiences, in addition to exploring possible similarities and differences between individuals.

2.2 Methodology

Phenomenology and the 'Lived Experience"

Phenomenology, founded by Edmund Husserl, is a philosophical approach to the study of understanding the experience of what it is like to be human, including what matters to us, and how we make sense of our experiences (Stanford Encyclopedia of Philosophy, 2022). Through the works of phenomenologists, there is a recognition of the complexity of human experience which invokes a lived process which is unique to the person themselves, sometimes referred to as the "lived experience" (Smith, Flowers, & Larkin, 2022).

Interpretative Phenomenological Analysis (IPA) is a structured approach to understanding participants' attempts to make meaning out of their experiences and analysing the hermeneutics and idiographics of the experiences. Hermeneutics refers to the theory of interpretation and considers that the meaning of a text can be understood on different levels, all of which relate to each other and offer different perspectives on the text. Idiographics is focused on the particular, in the sense of detail and depth of analysis. Understanding texts at both levels offers the opportunity to comprehend how experiences have been understood by those who have lived through them (Smith, Flowers, & Larkin, 2022).

Therefore, it was considered that IPA was an appropriate method to examine the lived experiences of moral injury of veterans who had served in the United Kingdom armed forces. Using IPA, the idiographic ways in which the veterans made sense of their moral injury were

analysed to try to understand the veterans' shared experiences of moral injury to build on the understanding of the phenomenological concept of moral injury. This is also referred to as the "double hermeneutic" which means the process of interpreting someone else's interpretation of an experience (Smith, Flowers, & Larkin, 2022).

Design

Participant Recruitment

As this research aimed to explore veterans' experiences of moral injury, it was necessary to recruit a sample from a pool of participants who fit these criteria. The research was conducted within a branch of a specialist NHS service which provides support including psychological therapy to veterans who have served in the United Kingdom Armed Forces and have experienced mental health and wellbeing difficulties as a result of their service. The NHS Service operates across six regions of England so to maximise recruitment opportunities, participants were recruited from two NHS Trusts.

Ethical approval was granted by the NHS Health Research Authority (HRA) (Appendix B) and approval to conduct the research within the NHS service was granted by Research and Innovation department of one Trust (Appendix C) and the Research and Development department of the second Trust (Appendix D). Ethical issues were considered including informed consent, use of online consent and demographic forms, data storage, and the development of a protocol to follow in the event of a disclosure such as a war crime (Figure 1).

Figure 1

Figure to outline acts that constitute a war crime (Metropolitan Police, 2023)

Violations of the laws or customs of war which includes:
- Offences against persons or property, constituting violations of the laws or customs of war.
- Murder, ill treatment or deportation to slave labour or for any other purpose of civilians in occupied territory.
- Murder or ill treatment of prisoners of war or persons on the seas.
- Killing hostages.
- Inhumane treatment including torture and biological experiments.
- Geneva Conventions breach.
- Plunder of public/private property.
- Destruction of villages, towns, or cities.
- Unjustified devastation.
- Destruction of property that is of cultural significance.

To ensure a sample of UK veterans who had experienced moral injury was recruited, inclusion and exclusion criteria were developed. These can be found in Table 1.
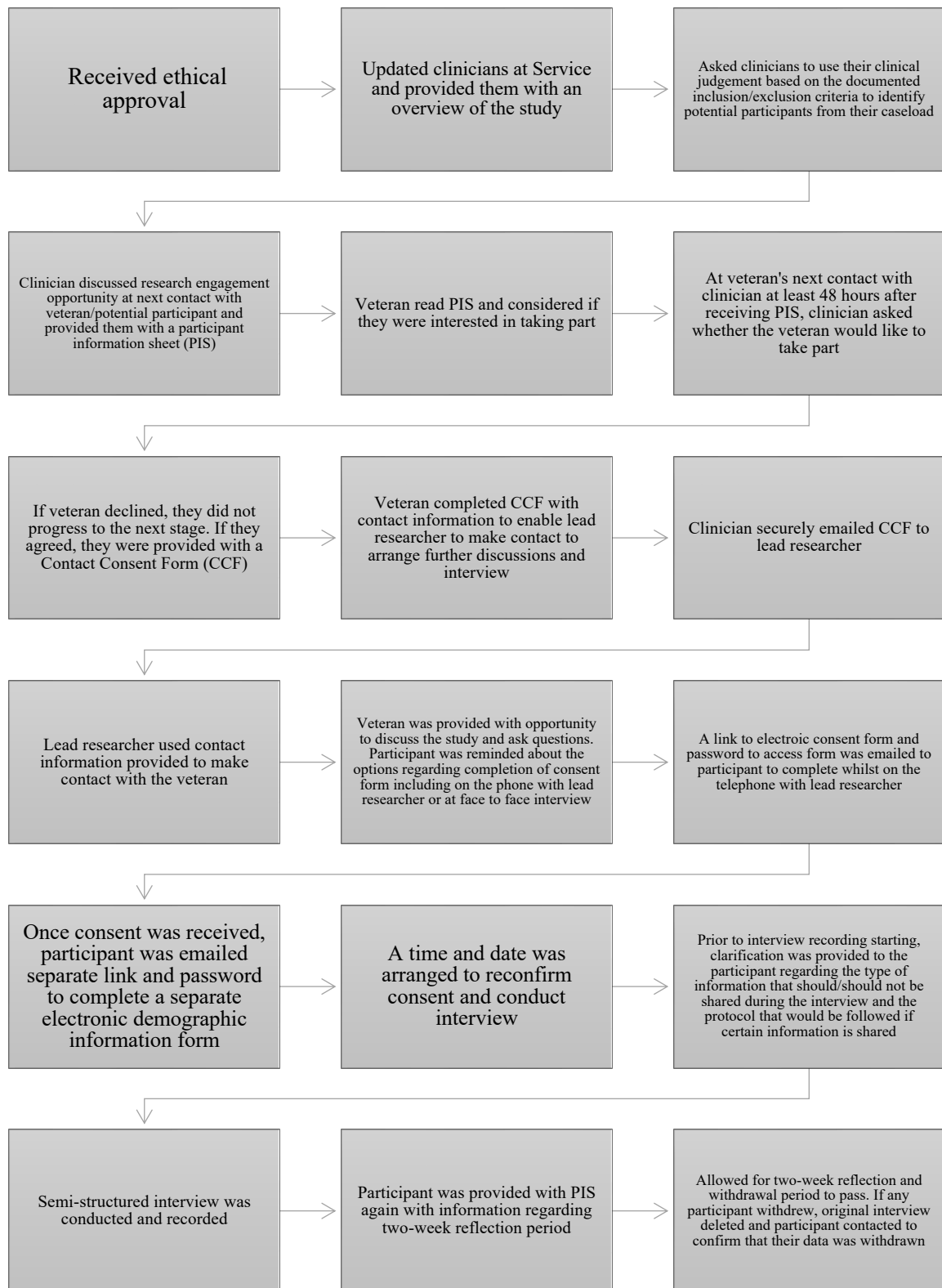
Table 1

Inclusion and exclusion criteria for participant recruitment

Inclusion Criteria	Rationale for use
A veteran aged 18 years or above who is receiving support from the NHS service and has an allocated clinician for the duration of their time participating in the study.	If the participant becomes distressed either during or after the interview, the participant can receive support from their allocated clinician at the service.
A veteran who has served with the United Kingdom Armed Forces.	This research focuses on the experiences of UK veterans, so it is important that the participant has served in the UK Armed Forces.
A veteran who identifies as any gender e.g., male, female, non-binary.	Previous research has focused on male only samples, so it was important to improve inclusivity for the current study.
A veteran who is able to communicate and articulate in verbal English.	As this study is qualitative, it would be beneficial if the participant is able to articulate themselves in verbal English to provide richer data.
A veteran who has experienced guilt or shame related to an event that occurred whilst in the military.	Guilt and shame are considered to be negative moral emotions associated with moral injury. If a participant has experienced these emotions related to an event that occurred whilst in the military, it is possible that this could be considered to be a moral injury.
A veteran who is able to distinguish between military and non-military trauma.	In order to be able to discuss only military-related moral injury during the interview.
A veteran who is able to self-regulate their emotions and able to access support in order to be able to tolerate the interview process.	The participant should be able to manage the interview process of discussing potentially distressing experiences without becoming overwhelmed and unable to manage emotions.
A participant can be included if they have a comorbid diagnosis if they meet all other inclusion criteria.	A comorbid diagnosis is not considered to have an impact on the participants ability to participate in the research if other criteria are met such as being able to self-regulate their emotions and seek support if required.
A veteran who has the capacity to consent to participate in the research.	The participant needs to be able to provide informed consent so must be deemed to have capacity to consent by their allocated clinician.

Exclusion Criteria	Rationale for use
If the veteran is presenting with acute mental distress for example, psychosis, active suicidal ideation, at the time of recruitment.	The participant needs to be able to manage the interview without becoming overwhelmed or distressed by the material discussed
If the veteran will not have an allocated clinician for the duration of their time participating in the study.	If the participant becomes distressed either during or after the interview, the participant can receive support from their allocated clinician at the service

Due to the NHS service providing treatment to the population required for the research, it was convenient for representatives of their clinical team to approach veterans on their caseload to enquire if they wished to participate in the study. Details of the schedule of events can be found in Figure 2 and are summarised below.

Figure 2

Schedule of events for participant recruitment

Received ethical approval	Updated clinicians at Service and provided them with an overview of the study	Asked clinicians to use their clinical judgement based on the documented inclusion/exclusion criteria to identify potential participants from their caseload
Clinician discussed research engagement opportunity at next contact with veteran/potential participant and provided them with a participant information sheet (PIS)	Veteran read PIS and considered if they were interested in taking part	At veteran's next contact with clinician at least 48 hours after receiving PIS, clinician asked whether the veteran would like to take part
If veteran declined, they did not progress to the next stage. If they agreed, they were provided with a Contact Consent Form (CCF)	Veteran completed CCF with contact information to enable lead researcher to make contact to arrange further discussions and interview	Clinician securely emailed CCF to lead researcher
Lead researcher used contact information provided to make contact with the veteran	Veteran was provided with opportunity to discuss the study and ask questions. Participant was reminded about the options regarding completion of consent form including on the phone with lead researcher or at face to face interview	A link to electroic consent form and password to access form was emailed to participant to complete whilst on the telephone with lead researcher
Once consent was received, participant was emailed separate link and password to complete a separate electronic demographic information form	A time and date was arranged to reconfirm consent and conduct interview	Prior to interview recording starting, clarification was provided to the participant regarding the type of information that should/should not be shared during the interview and the protocol that would be followed if certain information is shared
Semi-structured interview was conducted and recorded	Participant was provided with PIS again with information regarding two-week reflection period	Allowed for two-week reflection and withdrawal period to pass. If any participant withdrew, original interview deleted and participant contacted to confirm that their data was withdrawn

Experts by experience were involved in the design of the study. Veterans were asked to review the semi-structured interview schedule to determine whether they would be able and willing to answer the questions and to review the language used to ensure it was military sensitive.

Clinicians were provided with a copy of the Clinician Information Sheet (Appendix E) and were asked to use their clinical judgement based on the documented inclusion/exclusion criteria to identify potential participants from their clinical caseloads. Potential participants were provided with a Participant Information Sheet (Appendix F) and if they chose to engage, completed a Contact Consent Form (Appendix G). The lead researcher contacted the participant to discuss participation, consent, and the interview process. Electronic consent was obtained using Qualtrics.XM, an online survey development software platform (see Appendix H for example of completed consent form). The participant completed the consent form whilst the lead researcher was on the telephone with them. As part of the consent process, participants were also asked to provide consent for their GP to be informed of their participation in the research study. Following this, the electronic demographic information form (Appendix I) was completed. Once both forms were completed, a suitable date and time for the interview was arranged.

Sample

A total of six participants were recruited, five identified as male and one identified as female. A sample of six participants was considered appropriate for the study as it is recognised by Smith, Flowers, and Larkin (2022) that IPA studies often utilise small, purposely selected and carefully-situated samples. It is also recommended that for research at a professional doctorate level, between four and ten interviews are sufficient (Smith, Flowers, Larkin, 2009).

The demographic information of participants is provided in a summary below rather than presented in a table format to reduce the possibility of identifying participants. Five of the participants had served in the British Army and one in the Royal Navy, in various job roles, regiments, and corps including QARNC, REME, Infantry, and First Battalion. Four participants were regular members of their branch of the military, and two were reserve members. Participants had served in the military between 9 years - 29 years. At the time of the morally injurious event, participants were aged between 20-48 years old and held ranks including Captain, Lance Corporal, and Sergeant. Participants' reasons for leaving the military

included medical discharge, government cutbacks, and feeling like they had had enough. Their age when they left the military ranged between 23 years old – 53 years old.

Data Collection

Participants were offered the choice to have their interview face-to-face at an established clinical site used by the service, or virtually via Microsoft Teams. Prior to the start of the interview recording, confirmation that the participant completed an online consent form was sought to ensure that the person who completed the consent form was the person who participated in the study. Once confirmed, clarification was provided to the participant regarding the type of information that should and should not be shared and the procedure that would be followed in the event of a disclosure, for example disclosure of a war crime.

If the veteran continued to consent to proceed, the semi-structured interview was conducted (Appendix K) and recorded using an encrypted Dictaphone provided by the University of Birmingham. The semi-structured interview schedule considered the suggestions provided by Smith, Flowers, and Larkin (2022) which can be found in Figure 3 and covered the participants' views of the military before, during, and after service, the development of their own morals and values, their reactions to a morally injurious event over time, and their perception of the term 'moral injury' to describe their experience. Of note, participants in this research were purposely not informed that the aim of the research was to understand their experiences of 'moral injury' as the term was not included in participant-facing documents. Instead, the term 'moral transgression' was used to avoid the possibility of labelling the participant's experience as a moral injury which may have influenced their understanding of their experiences. The term 'moral injury' was only introduced at the end of the interview to provide an opportunity to understand the participants' perception of the term.

Interviews ranged in length between 42 minutes and 60 minutes with a mean length of 49 minutes.

Figure 3

Suggestions provided by Smith, Flowers, and Larkin (2022) for in-depth interviews

- Descriptive: *Please could you tell me what you do in your job?*
- Narrative: *Can you tell me about how you came to get the job?*
- Structural: *So what are all the stages involved in the process of dispatching orders?*
- Contrast: *What are the main differences between a good day and a bad day?*
- Evaluative: *How do you feel after a bad day?*
- Circular: *What do you think your boss thinks about how you do your job?*
- Comparative: *How do you think your life would be if you worked somewhere else?*
- Prompts: *Can you tell me a bit more about that?*
- Probes: W*hat do you mean by 'unfair'?*

Following the interview, the participant was reminded about the two-week reflection and withdrawal period. During this period, if any participant wished to withdraw from the study, they contacted either the lead researcher or their clinician at the service to inform them that they wished to withdraw all or part of their data. If they chose to withdraw completely, all of their data was deleted. If they chose to withdraw part of their data, for example, if they disclosed something during the interview and no longer wanted that information to be part of the research, this specific part of their data would not be included in the study. Of note, no data was withdrawn from the study.

Data Analysis

Once the two-week reflection and withdrawal period passed, data was pseudonymised and transcribed by the lead researcher. The transcribed data was then analysed using Interpretive Phenomenological Analysis by the lead researcher. The transcripts were analysed using the process described by Smith, Flowers, and Larkin (2022), details of which can be found in Figure 4.

Figure 4

Process described by Smith, Flowers, and Larkin (2022) for conducting IPA analysis.

1. ***Reading and re-reading****: the initial stage which involves immersion with the data to ensure the participant becomes the focus of analysis. Transcripts are read and reread one at a time and initial thoughts and recollections about the interview are noted in a reflective diary.
2. ***Exploratory noting****: this stage involves more detailed exploration of the content and language used by the participant on three different levels:
   a. *Descriptive:* focused on describing the content of what the participant has said and summarising key concepts in the text.
   b. *Linguistic:* exploring the specific use of language and what they may contribute to the understanding of the experience of the participant. Linguistic concepts include pronoun use, laughter, pauses, repetition.
   c. *Conceptual:* engagement with the text at a more interrogative level to understand the participants' overall understanding of their experience.
3. ***Constructing experiential statements***: this stage involves attempting to articulate the most important aspects of the exploratory notes. The statements are directly related to the participants' experiences or to the experience of making sense of what happened to them.
4. ***Searching for connections across experiential statements***: This stage involves understanding how the experiential statements fit together to form clusters and sub-clusters of related statements.
5. ***Naming the Personal Experiential Themes (PETS) and consolidating them in a table***: Each cluster of experiential statement is given a title which describes its characteristics which become the participant's Personal Experiential Themes.
6. ***Continuing the individual analysis of other cases***: This stage involves repeated the previous stages with all other transcripts. It is important to focus on one case at a time and not to be influenced by previous analysis.
7. ***Working with Personal Experiential Themes to develop Group Experiential Themes across cases:*** This stage involves identifying patterns of both similarities and differences across the PETS to create Group Experiential Themes (GETS).

Based on the process described in Figure 4, three Group Experiential Themes (GETS) were identified from the interview transcripts which will be explored in the results section.

Validity and Reflexivity

To ensure that the analysis and interpretation of the data are grounded in the interview data, several processes were considered. Throughout the exploratory process I consulted with my supervisor and local collaborators who have experience of working with veterans to review exploratory notings, experiential statements, PETS and GETS across participants. Additionally, I regularly attended qualitative support groups with peers and qualitative academic researchers to review and seek feedback on analysis. This feedback was then incorporated to refine the notings and experiential themes.

As mentioned previously, a double hermeneutic is inherent within IPA, so it is important to reflect on my own influence on interpretation of the data as the lead researcher. I have had an interest in supporting veterans after leaving the military for many years because of a belief that it is often too difficult for them to access the relevant support. Throughout my career I have developed an interest in the experience of trauma and how people make sense of their experiences. This, coupled with my passion and interest in supporting veterans, led to a curiosity about how veterans make sense of their experiences before, during, and after service. Therefore, when I had the opportunity to conduct research into a clinically relevant area that can provide a greater understanding of veterans' experiences, I was enthusiastic and committed to developing this research project. I maintained a reflective diary throughout the process of interviewing, transcribing, and analysing the data in which I recorded my initial reflections and curiosities and consulted these at various stages of the interpretation. This was particularly helpful when considering links to wider literature as well as for quality checks to improve coherence and plausibility of the research.

2.3 Results

Analysis of the interview data identified three Group Experiential Themes (GETS) and ten group-level sub-themes which outlined the participants' experiences of moral injury. Table 2 outlines the structure of GETS and sub-themes which are described in more detail using selected quotes in the sections below.

Table 2

Table to outline the GETS and sub-themes of participants' experiences of moral injury

Group Experiential Theme	Group-level sub-themes
The Fantasy of the Military	Expectations of the military influenced by early experiences The appeal of the military
The Power of the Military to Form a 'Military Identity'	Affirmation, shaping, and forming of morals and values The power of belonging Moral of caring for others
The Reality of the Military in Conflict with the Fantasy	Powerlessness to uphold your moral code Moral violations experienced as betrayal Loss of trust and respect for those with power Coping with their 'military identity' Repeated patterns of moral violations through attempts to cope

The Fantasy of the Military

All six participants experienced a desire to join the military from a young age due to reasons linked to their childhood experiences and for some, a desire to escape and seek new opportunities. The military appealed to the participants, due to what they felt it could offer them that they could not otherwise achieve as a civilian. A fantasy of the military was developed through hearing family members sharing their experiences and knowledge, joining the Cadets Scheme, and seeing videos of aspects of military life which appealed to them.

Expectations of the military influenced by early experiences

All six participants described early experiences that they themselves recognised were closely linked to their expectations of the military, including joining the Army Cadets or Scouts in childhood. John described a longstanding childhood dream to join the military which began with him dressing as a soldier as a child and playing the role, before he joined the Army Cadets and later, the British Army:

> *"At a young age that's all I ever wanted to do. Err kid parties I went as a soldier er and that's what I did err joined the Cadets then age of 14 (laughs) tried joining the army err I was too young. Then at 15 and 11 months I joined I got in, I was out of my depth I was, so I left, then 2 years later I'd rejoined, 19. It's all I ever wanted to do err I loved it"* (Lines 5-9).

For some participants, their experiences in the Army Cadets and Scouts also provided a means of escapism from a difficult home life such as that outlined by Ray: *"it was basically getting away from the family. Escaping."* (lines 7-8) and reiterated by David *"some people run away to the circus, I sort of ran away to the army"* (lines 12-13). Expectations of the military were also influenced by family members who had served in the military, including fathers and grandfathers. For Terry, his family's pride in serving positively shaped his perception of the military to what he perceived to be a realistic version of the military compared to others' perceptions:

> *"I didn't take the view that it was a shouting and screaming Sergeant Major and you know sort of empathy and sorry, a system of fear. I knew it wasn't, so it was all very positive actually, all very positive"* (line 32-34).

In summary, participants' early experiences influenced their expectations of the military, believing that it could provide opportunities and a means of escaping. The following sub-theme explores the appeal of the military further and provides insight into what the participants thought that the military offered them.

The appeal of the military

All six participants spoke of aspects of the military which appealed to them. As noted in the sub-theme above, the expectation of the military was that it provided a means of escapism from difficult circumstances which was appealing to participants as it provided *"a kind of definite way out"* (Gary: lines 18-19). The military also provided abundant opportunities compared to limited opportunities that were available as a civilian. Ray spoke of wanting to *"go and see the world"* (line 30) and *"the easiest way and the cheapest way was going with the Armed Forces"* (line 32).

Other opportunities described by participants included training and development of skills which provided opportunities to feel pride in their achievements *"I was going to be a driver mechanic that's when I came into my element"* (David: line 70). Training opportunities and a sense of comradeship were described by Sarah as *"a lovely carrot being dangled in front of my nose"* (lines 33-34) and were *"opportunities that I would never ever had you know as a civilian person"* (Sarah: line 52).

The military also provided opportunities that could not be recreated as a civilian. For John this contributed to a love-hate relationship with the military described in the following

quote which highlights the appeal of the military providing opportunities for adrenaline in life and death scenarios:

> *"When you're there you hate it, when you're away from it you love it erm the buzz you get being in a firefight you got bullets going over your head you got rounds going down you're firing rounds. It's adrenaline. It's an adrenaline kick. There's nothing better. Nothing beats it. Riding a motorbike don't even beat it. Being in a firefight, you and them, it's who takes who"* (Lines 335-339).

The appeal of the military continued after leaving the military. John fondly recalled aspects of the military, though appeared to be conflicted by his desire to return and a simultaneous recognition of the negative impact of his experiences on his mental health:

> *"I still get buzzes when I see things on Facebook like lads doing section attacks, moving equipment, firing GPMGs and things like that. I still love that shit. Would I do it all again? Yeah, course I would. I saw a picture earlier on of when we were in [location] and I was like 'fucking hell what would I give to be back there now?' but then that's made my head a bag of spanners"* (Lines 327-331).

In summary, all participants had developed a fantasy of the military based on early life experiences and their perceptions of what the military could offer which appealed to them for different reasons. When participants discussed their time in the military, they also spoke about the military's ability to shape their sense of self, to form an identity which was desired by the military.

The Power of the Military to Form a 'Military Identity'

Participants discussed their experiences after joining the military. Participants spoke about the military's influence over their morals and values, particularly those which related to caring for others, and reiterated the importance of belonging, which for some, was integral to their military experiences. Participants spoke about how the military was able to shape and develop their sense of self to form a 'military identity' which for some, was in contrast with their civilian identity and the morals and values they held. This is summarised by Sarah who described a sense of loss of an identity pre-military:

> *"I couldn't quite I I still can't explain this interplay between me as a person and it's like there was two versions of me. There's this version in the past that used to be alive, and now there's this version here that's erm...so I don't know whether moral I suppose it could be..Yeah, like erm a values injury yeah er I was very much changed as a person*

66

and and remain changed. I'll never be that person I was before I joined the army. That person is well and truly gone and and what's left is some kind of weird hybrid" (Lines 394-400).

These experiences are described in more detail below.

Affirmation, Shaping, and Forming of Morals and Values

Participants described how the military had the ability to affirm the morals and values they already held, shaped those that existed but required some adapting to suit the military, and also supported and encouraged the formation of new morals and values in line with the military identity. Participants described how their morals and values were initially developed through their early years, influenced by their parents and those around them and later affirmed and shaped by the military. David described how his *"higher levels of morals and standards come from way, way back but then were also updated if you like within the military"* (lines 125-127).

Terry described how there were expectations about the type of morals and values which would be held by those in the military *"such as selflessness, loyalty, honesty and commitment to the regiment that sort of thing"* which *"were all there, absolutely there"* (lines 47-49). For some, such as John, the military provided guidance on their actions, *"I knew that you couldn't do drugs and things like that, so it kept me on the straight and narrow"* (lines 22-24). This was expanded further to the belief that the military always had their members' best interests at heart *"my belief was no matter what I'm told to do, it will be the best interests and it'll be the right thing to do"* (Gary: lines 240-242) and that what the military teaches is right. John recalled a belief he held that described the trust in the military to follow orders *"I'm right, I'm in the army, I've gotta be right. This is what we do. That was that. That's what I believed. That's what we do. I'm right. Trained to kill (chuckles) that's what I did." (*lines 234-236).

This influence and power of the military to shape and even change morals and values to form a desired military identity was likened to joining a cult:

> *"You then are..your values that you used to hold are very much changed and and you become this thing, a part of this group, and so I think by the very definition of a cult, that's what I think you know. I mean, I think they build you up, then strip you of your who you are and then they break you down. That's how they train you. And then they build you up into what they want the best of what you can achieve. So yeah, so it is a cult (laughs) a weird military cult but it is. If you look at any cult that's how they work like rigid religious cults"* (Sarah: lines 365-371).

67

The guidance that the military provided and the influence on affirming or shaping morals benefitted the military as it meant that those who were serving had similar foundations to guide their decisions. This created a sense of cohesion within the group which was further enhanced by a sense of belonging within groups such as regiments and wider belonging to the military in general.

The power of belonging

The notion of being part of a group was discussed by all participants, though was considered from both a positive and negative stance. The power of belonging within the military was experienced in terms of how the feeling of belonging provided support to the veterans and also how the military promoted and benefitted from the sense of belonging.

The sense of belonging due to shared experiences was understood by participants, such as Gary, as the foundations for developing *"unbreakable bonds"* (line 76) because they *"served together, travelled around [together], went to war together"* (Gary: line 77). These unbreakable bonds led to a recognition of the importance of feeling supported, particularly on return from Operational Tours *"it's still that togetherness and erm I think that really helps"* (David: line 233). For some, the sense of belonging was a novel experience and contributed to a feeling of family and inclusivity within the military, as described by Ray:

> *"I think the most enjoyment in there is you moved around together as mates, brothers, and sisters so yeah it was a second family but in my instance, it was my first family, I felt I belonged in there. With my own family I didn't have any love, I didn't have...I didn't feel I belonged there, I felt like I was an unwanted child type thing. With the army, totally different"* (lines 72-76).

For Sarah, the notion of belonging to a group was less about the comradery and support, and more about loss of self-identity to facilitate *"taking on the identity of the group"* (line 362). She described further:

> *"You're then indoctrinated. You're then dehumanised, the your pers- who you are is stripped away from you and then wear a uniform, then you have to sleep, eat, mark play, socialise, have sex whatever with the same group of people"* (lines 362-365).

Taking on the group identity and being influenced by those around them was also described by Ray as being *"brainwashed into doing stuff the way it is and you, like with anything, you follow your leader"* (lines 202-203). The *"sense of loyalty and belief and faith in each other and the system"* (Gary: Line 406) meant that the possibility of losing this had the

power to influence the actions and beliefs of those in the military. Ray described how a fear of being outcast by the group led to him condoning the actions of others because of his belief that belonging to the group led to a sense of safety:

> *"At the time, no, I didn't think there was nothing wrong with it at all because the way I seen it, the guys who bullied me, when they first joined they probably got the same treatment or worse erm so I went along with it because if you didn't go along with it as well they still outcast you…and to fit in with a team is like trying to like, what's the word, bring you closer so if you go into a war situation they know I've got their back, I know they've got my back"* (Lines 145-151).

Participants described how the decision to leave the military was difficult because of the sense of loyalty which *"entices people to stay"* (Gary: line 406). The sense of belonging was lost once they left as participants spoke about a realisation that *"no matter how much a part of the family of how much they make you feel at the end of the day when it comes down to the crunch everybody's just a number"* (Gary: lines 376-378). This led to a feeling of rejection and lack of care from the military *"when you're in there you think it's your family and you think it's great er all you are is a number and once you leave you're gone. That's it. No one gives a shit"* (John: Lines 38-40).

In summary, the sense of belonging was experienced as a positive aspect of the military for participants, providing support and companionship whilst they were serving, however participants described a developing realisation that the sense of the belonging was a façade which conflicted with their morals about the importance of caring for others.

Moral of caring for others

All participants described the importance of caring for others and prioritising others' needs over their own. They recognised that this moral had developed in childhood, influenced their decision to join the military, and was reaffirmed in the military. John's morals that were related to caring for others was reciprocal in nature and developed through his mother:

> *"Big thing with me, treat people right. My mum always told me this, many years ago before I went away to [location A] in 2003 'treat people the way you wanna be treated' and I do. It comes back and reaps ya so very much that, 'treat people the way you wanna be treated"* (Lines 90-93).

For the participants, their morals about caring for others were often affirmed during their time in the military. David recalled how he prioritised the needs of the soldiers he was

responsible for above his own needs *"I was a senior rank in [location B] that's where I neglected my own erm physical and mental health because the blokes were more important than I was"* (Lines 257-259). This notion was supported by Terry who stated *"the selflessness to put other people before yourself. So whether it's your family, your friends, think of others and in the military context that would be the regiment"* (lines 76-78). This idea was particularly prevalent when the participants were higher in rank and their "*world revolved around my soldiers*" (Terry: line 427). There was also a noticeable change in responsibility with promotion in rank:

> *"When you become an NCO, like a Lance Corporal, you got 8 guys you're responsible for and to look after and lead by example. That's when I started realising things weren't right and I was against a lot of things but it couldn't..I had no control over it, I couldn't do anything about it but all I could control and protect was the 8 guys below me in my team and I would defend them"* (Ray: lines 180-192).

Although the moral of caring for others was affirmed in the military and shaped by the military to support members through the sense of belonging, there were times when this moral was discordant with the behaviour that was expected and the orders that participants were required to follow. Sarah recalled an incident whereby she was faced with a dilemma of having to follow the orders of a senior ranking officer which conflicted with her desire to care for a civilian who was extremely unwell. In this instance, Sarah attempted to regain power and control in the situation to ease a potential moral conflict:

> *"And so, I was an officer and I said to this combat medic technician, 'he's keeping the oxygen' erm he just looked at me and said 'well you can't do that' and I went 'yes, I fucking can' erm he goes 'well, I'm gonna report you' and I said 'go ahead and report me but we're giving him a chance to get him up the road to wherever it was'. And so I gave away our oxygen tank er to him to that guy"* (Lines 163-167).

In summary, whilst morals related to caring for others were reinforced in the military, there were situations whereby participants experienced a conflict between the fantasy of the military that cared for them and promoted caring for others, and the reality of their job roles and the expectation to follow orders regardless of the moral conflict.

The Reality of the Military in Conflict with the Fantasy

All participants spoke about the reality of being in the military, including experiences when they felt unable to uphold their own moral code due to the expectation to follow orders

of higher ranks, and experiences when their attempts to seek help were rejected or dismissed which they perceived as a form of betrayal against the moral code of caring for others. The impact of this betrayal included a loss of respect for those they had previously trusted, and the use of various coping mechanisms, some of which also violated their moral codes, reinforcing existing feelings of shame.

Powerlessness to uphold your moral code

All participants experienced a sense of powerlessness at being unable to uphold their moral code. They described a discordance between their own morals and the expectations and demands of the military. Sarah described this discordance as follows:

"I am very much a socialist and actually quite a pacifist so erm I only believe in armed forces as a deterrent or protective mechanism, and I used to erm oh what's the word when..discordant? So the..erm..the name when you you you your brain thinks something, but your actions… I can't remember that's called and it was discordant. My..what I was doing in the army didn't reflect my values. So I'm a pacifist, I'm a left wing person, I don't believe in war and here I am in the army" (Lines 72-78).

David also experienced the moral challenge of the reality of being faced with conflict on a daily basis whilst serving in the military:

"there's a side of me which is going towards the morals and standards that you know I'm just a really nice decent…I don't like hassle I don't like conflict. It's not me, and yet there I was in situations where I'm faced with it every single day for months on end" (lines 275-278).

When participants became aware of this discordance, for example, when they were faced with a situation which challenge their morals, they described a sense of realisation that their fantasy about their role in the military was not reality:

"I knew that my values as a nurse, as a human and the reason why I joined the Red Cross 'Ohh I'm here to help'. That was all a load of shit basically and I was there as as an occupying force and and not as a helper" (Sarah: lines 172-174).

The sense of powerlessness of being unable to uphold their moral code was experienced by participants as being *"indoctrinated shall we say, so it was always a bit of a weird feeling that never sat right with me"* (Sarah: lines 93-94) and a powerlessness through lack of autonomy *"being 20 years old at that time you was looking to your leaders and if your leaders weren't doing nothing about it, you wouldn't do anything about it"* (Ray: lines 293-295).

Participants felt an obligation to follow the orders of others despite the moral challenge that accompanied. John described:

"Being made to fight someone erm and you don't wanna hurt 'em erm and then you're being bullied and then fuckin' 'ell…it makes you feel like a dog…someone fighting someone else erm..a bit demeaning like you're a slave basically you're a gladiator for someone else's entertainment" (lines 137-140).

However, for some participants, the powerlessness was a result of being unable to act despite wanting to, particularly when this related to helping others: "*I had noted, that they were suffering from, well, I perceived to be possibly PTSD and you know, I can't I can't make that decision but I knew they weren't right*" (Terry: lines 113-115). Both being made to act and being unable to act despite moral conflicts led to frustration at the lack of power to influence situations and questioning of the decisions made:

"that's where the moral side of it comes in and and that decision our our local commanders, the head of hospitals they kind of agreed, but we see the bigger picture. You're gonna do this, but it was still no one could really answer us like. So why are we? You've got to because it's what you would do in the UK or the West, but then the end outcome is that we've just put them through two months' worth of extra pain and suffering for the for the same outcome and and so who's making these decisions? and erm and who thinks that's the that's the right decision when they're non-medical personnel?" (Gary: lines 187-194).

Despite the sense of powerlessness in these situations, participants were aware of the consequences for not following orders which were linked to the threat of losing the sense of belonging which they valued. Ray described feeling unable to talk to senior officers about bullying because he feared being outcast from the group:

"They'd get wind of what you've done, like sticking up for somebody, they don't want you and you end up in headquarters company where you end up doing, I dunno, waitering for the sergeants' mess or sweeping the drill square or painting the stones outside the guard room, things like this. So you don't become..you're degraded because that's their way to get you to leave the army because they don't want you there but they're not saying that to you, they're pushing you to do it so they can say 'we did nothing wrong, he decided to leave on his own cause'" (lines 173-179).

In summary, participants' inability to uphold their moral codes was experienced as a sense of powerlessness due to a discordance between their own moral code and the expectations of their role, a lack of power in the wider system such as being lower in rank, and also due to

the fear of no longer belonging to the group. The powerlessness was understood and experienced as a betrayal because their morals related to caring for others were perceived to have been violated either by those with power or their fellow soldiers.

Moral violations experienced as betrayal

Participants described how quickly their morals were violated *"that's how that was day two in theatre and I'd already had my morals and values very much smashed as it were"* (Sarah: lines 177-178). As mentioned in a previous theme, participants valued caring for and helping others. This created an expectation of how others should treat them. However, for participants, when these expectations were not met, it was experienced as a betrayal. Terry described his experience of morals being violated within a particular unit in which the morals he valued were not upheld:

> *"When I joined this particular unit there was a toxic atmosphere and the like of which I've never come across before. A team led by a Brigadier with a colonel underneath him and about 25 people in it; military and civilians and RAF as well. That empathy that looking after your soldiers was not there at all"* (lines 105-109).

This experience led to the questioning of why someone in the military did not hold the same values which he had expected them to based on his experience of other leaders: *"Why are they doing this? Why? Why is there no compassion? You know I could think of other officers, senior officers that would have seen me and gone 'let's have a chat, what's wrong? What's going on?"* (Terry: lines 166-168).

Participants also described experiences of trying to seek help whilst they were struggling in the military and experiencing rejection from those who they expected to help them:

> *I did try and come forward and ask for help I was just told to 'man the fuck up' and that really went against everything er morals and someone's encouraged to go in there to be told 'just man the fuck up and get out'. As a 20-year-old...what was I? 22? Fucking completely like what the fuck? I'm here crying asking for help and you're saying 'oh just man the fuck up'"* (John: lines 407-412).

These experiences of moral violations led to participants' perceptions and beliefs about the military changing. Sarah described a feeling that she had been lied to *"it's just a big lie basically a big massive lie: how they treat their soldiers, how they treat how soldiers treat their*

wives, how soldiers treat females you know, it's just not great, not great" (Lines 308-310) which created a realisation that they are not as valued as they believed they once were:

> *"Its quite a large organisation no matter how much a part of the family of how much*
> *they make you feel at the end of the day when it comes down to the crunch everybody's*
> *just a number because it's such a large organisation, the military that..it's set up really*
> *well so locally you feel like you're really well supported and everything else and*
> *involved in decisions but decisions are made far far above that are nowhere near that*
> *local command and so it's that whole kind of thing that actually yeah, we we do look*
> *after each other phenomenally well locally, but senior and decisions are made that they*
> *just don don't really take that into account. Yeah, everybody's just literally a number"*
> (Gary: lines 376-384).

In summary, the betrayal experienced by participants as a result of moral transgressions led to changes in their perception of the military from a military that could offer them opportunities for training and belonging, to a military that lied and did not care for its members.

Loss of trust and respect for those with power

The change in perception of the military was expanded further by participants who all spoke about a loss of trust and respect for those with power. Participants, such as John, had an idealistic fantasy of how those in power, such as medics in the military, should treat others "*You go into medicine to help people not to put them down or when they're asking for help just to..send them away with nothing*" (Lines 414-416). Participants also spoke about the importance of trusting and following leaders to guide actions, particularly as a junior rank:

> "*as a young private on the streets of [location C], as a junior rank in [location A], you*
> *really turn to your bosses, your commanders and luckily on the two tours I just*
> *mentioned, [location D] and [location A], I had some really good commanders so you*
> *just looked to them and you have all faith in them"* (David: Lines 254-257)

However, the fantasy of how people in the military should behave was discordant with the reality described by participants, who spoke about their realisations of this discordance and the subsequent impact on their respect for those in the military:

> "*I don't really respect them I think there's two sides to the army that they'll talk about*
> *you know morals and values and yet they certainly don't practise what they preach, and*
> *in many many many, many ways, not just that, just you know, other things that went*
> *on"* (Sarah: lines 305-308).

Sarah spoke about her realisation that her superiors did not know what they were doing and the recognition of her own abilities in comparison*: "I just thought 'you don't know what you're doing here. You know you're jumping around like little green soldiers, and you probably don't do this job day in day out, but I do'* (Lines 289-291). Gary's perception of his superiors as people did not change, however, he experienced a sense of doubt in their abilities to make the right decisions in difficult circumstances. Although, unlike Sarah, he recognised that he would not have been able to do so himself: "*I'm not overly convinced that these guys actually had a clue, they were bloody good guys and good commanders, but I don't think any of us actually really understood and had the control over what we're doing*" (lines 61-63). The impact of this is a loss of trust and respect in leaders because "*there was that blind loyalty because I mean then you just have that blind faith, and a faithful trust*" (Gary: lines 360-361).

In summary, participants experienced a loss of trust and faith in their superiors over time. Their fantasy of how a leader should behave was in contrast with their experiences of reality and when the fantasy was shattered and morals were violated, participants resorted to different coping mechanisms to manage their experiences.

Coping with their 'military identity'

Participants reflected on the power of the military to form a military identity, promoting concepts such as belonging. However, after the participants experienced betrayal in response to moral violations and a loss of trust and respect in those with power, participants attempted to cope with these experiences and the associated emotions. Attempts to cope included trying to make sense of their military identity and their associated actions and emotions. David described how the military changed his perception of the world and minimised his emotional response to his experiences:

"*My education was ruined because of mental health. Had that happened I would never have joined the military and I would have been a person that was, you know, the real person, the real me, very similar to my wife, where you know I would have had faith in the future, in the world and in people. I would have been completely different, so I I think it's turned me into a person into into a tough attitude towards a lot of things and erm quite hardened to a lot of stuff*" (David: lines 353-358).

For others, the power of the military to influence the behaviour of those who belong was recognised: "*It's almost like a mind trick. How they can get you to do things that are*

against your values is unbelievable what they can indoctrinate you to do" (Sarah: lines 218-222).

Participants recognised that that their behaviour was a shared method of coping with their experiences though acknowledged that at the time, this was more difficult to recognise *"I just thought I was one of the lads and that's what we did. That's what I thought was normal behaviour but it weren't, it was me masking something, the hurt and betrayal behind it. Me hurting, my way of lashing out"* (John: lines 165-167).

Participants also tried to disconnect from their experiences. For some this was through escapism through music *"what I used to do during downtime in between patrols and whatever I'd been doing I used to just disappear with headphones"* (David: lines 194-196) or *"distraction, trying to throw myself into going to the gym when I could do because there's nothing to do with your spare time so you just try and occupy every every minute"* (Gary: lines 230-232). For other participants, the disconnection was through dissociation:

> *"I don't know whether it's my body or my head and my brain just going 'Yeah, you're not gonna remember this you're gonna block this out' and I do have problems with dissociation, so I wonder and that was just a coping mechanism"* (Sarah: lines 238-240).

In summary, participants attempted to cope by trying to make sense of their experiences in the context of their 'military identity' which they recognised had changed their perception of self, others, and the world. Participants also coped through distraction and disconnection from these feelings and turned to coping mechanisms which ultimately exacerbated feelings of moral transgressions.

Repeated patterns of moral violations through attempts to cope

Participants described feelings of shame associated with their actions in the military and shame related to their methods of coping such as partying, and drug and alcohol use which further violated their morals. Sarah described:

> *"The way that we coped with stress or the combatant stress or, or you know, mortars coming in and fear of being attacked or you know whatever was just to party and have as much fun as we could on our downtime. Yes ,so that that wasn't great and it and that once again fed in…that made my…just to cross my my values and standards as a person and completely eroded them completely"* (lines 199-204).

David spoke about the use of drugs in the military generally and how his own drug use violated his morals of being 'anti-drugs':

There was quite a lot of drugs in the army erm…I only found out after I'd left how rife it was in my regiment. I didn't know anything about it because I was really anti-drugs so the friends that were taking drugs certainly wouldn't approach me because they knew I was very anti but yeah…when I left the regular army I had a drink problem and its come back and gone away a few times over the last thirty years. And also as a reservist so in between my tour in [location A] and my tour in [location B] I did turn to cannabis, I had a really problem with it and it got to the point where the dealer said 'no more' (Lines 213-220).

Participants also used alcohol to cope with their experiences as described by John "*I felt ashamed that I didn't fight back erm when I came back I used to drink a lot. I used to get into fights..looking for fights as well*" (lines 157-158). Terry felt shame in relation to his use of alcohol to cope with his experiences which was noted by his children *"I think I recognise that was not a good way to to be, and there was the the sort of sense of shame about that and that my children did say ohh, you know If I had another beer 'oh you're having another beer dad?' and it was meant in a jocular way, but I knew it wasn't"* (lines 218-221). Participants also described a feeling of shame when considering their behaviour in the military and contemplation of how they should have behaved. In line with the value of caring for others, Ray described:

"I could have done better. I should have stood up and spoken out knowing I probably got some.....disgust against me let's put it that way but I'd rather have that than see somebody ending their life being bullied. I'd rather take disgust against me than see that" (lines 288-291).

In summary, participants recognised that their methods of trying to cope with their experiences often violated their own morals, further exacerbating existing feelings of shame.

2.4 Discussion

Summary of Results

This research project aimed to contribute to the limited literature available regarding UK veterans' experiences of moral injury using a qualitative methodological approach. An Interpretative Phenomenological Analysis of interviews with six veterans who had experienced

moral injury during service in the military was used to explore their understanding of these experiences.

The explorative nature means that the purpose of the research is to provide a narrative of UK veterans' experiences of the moral injury rather offering a definitive explanation or definition. The analysis has suggested that participants' experiences of moral injury included an initial fantasy of the military and what it could offer them which they perceived was unattainable as a civilian. This fantasy was influenced by early childhood experiences which were both positive and negative and contributed to the desire to join the military. For some participants, the positive fantasy of the military continued after they had left, although this conflicted with a recognition of the reality of the negative impact of their military experiences on their mental health. The participants' experience of the fantasy of the military contributed to their expectations about the experiences they would have in the military, how they and others would behave, and the values that would be held by those in the military. Previous research has explored the idea of being "called to serve" (DiRenzo, Tosti-Kharas, and Powley, 2022). The authors recognise that serving in the military involves loyalty, self-sacrifice, and a sense of moral duty, all of which have been identified as important factors when an individual perceives their career as a calling. Although this research focuses on US military personnel, the research offers insight into the experiences of those who have an ambition to join the military and supports the notion of military personnel experiencing a fantasy before joining (Bunderson & Thompson, 2009; Dik & Duffy, 2009). Previous research also supports the findings of the current study as it has also found that individuals who experience a strong sense of calling, may experience an over-exaggerated sense of carer potential and it may impact the perception of others who are deemed to be trusted (Dobrow & Tosti-Kharas, 2012).

Participants described the formation of a 'military identity' through the affirmation, shaping, and development of morals and values which aligned with those desired by the military. For some, this was expected and aligned with their initial fantasy of the military however for others, on reflection of their experiences, described the process as an indoctrination process used to create a new sense of self. Throughout the process of developing a military identity, participants described how morals related to caring for others were emphasised in the military which contributed to and reinforced a sense of belonging. This influenced participants' behaviour, particularly with regards to how to treat other people, and influenced their expectations of the behaviour of others, including senior officers and the military itself. Participants expected to be cared for and not be placed into situations which may violate their own moral codes however, all participants described a conflict between the

fantasy and the reality of the military. The reality included a lack of power to uphold their own moral code due to the expectations of their role and lower ranking, which was supported by previous research that also found that power and rank play an important role in the process of morally injurious situations (Held et al., 2019). The research, conducted with veterans from the US military, found that those of a lower rank had less power to uphold their moral codes and those who were in a higher-ranking position identified the importance of looking after their fellow service members. The current research also identified the importance of a fear of being outcast from the group and losing the sense of belonging, aspects which were not described or expected when participants described their fantasy of the military. Participants described how their morals, particularly those related to caring for others, were violated by themselves through their own actions, and by others through others' actions. This was experienced as a betrayal of morals related to caring for others which in turn led to feelings of deception, shame, and confusion. Again, this was supported by previous research with both US and UK veterans which noted the emotional response to a potentially morally injurious event (Williamson et al., 2019). Held et al. (2019) acknowledged the experience of shame and guilt, particularly in relation to their perception of self, which led to feelings of self-hatred for some veterans.

In response to the participants' moral injury and associated negative moral emotions, participants experienced a change in perception of both the military and those in the military over time. This included a change in trust in and loyalty towards their leaders and the military, to doubting the abilities of leaders, losing trust, a sense of rejection from the military and realisation of their insignificance in the wider context of the military. Participants struggled to cope with their experiences and described attempting to understand their military identity and the power that the military held to influence their sense of self, others and the world which led to feelings of negative moral emotions such as shame. The process of trying to understand their experiences is supported by previous research which identified that veterans ruminated on the events and tried to understand what they could have done to change the outcome. This often intensified when veterans returned from deployment which further increased negative emotions (Held et al., 2019). These negative moral emotions were also further exacerbated through participants' attempts to cope with their experiences through partying, and use of drugs and alcohol, which were further violations of their moral code. Previous research has also found that veterans try to manage their distress by engaging in maladaptive coping strategies including numbing behaviours (Williamson et al., 2019). The use of substances such as alcohol was also reported in previous research which found that veterans began to use alcohol to cope with their experiences though they noted that alcohol increased their negative experiences such

as rumination and moral emotions such as guilt and shame (Held et al., 2019; Williamson et al., 2019).

Research findings in context

The experiences of '*The Fantasy of the Military'* can be understood by the function of fantasy, particularly for children. Fantasies support children to overcome challenging developmental processes such as identity formation, the creation of self, and the regulation of functions such as self-esteem. They provide an expression of desires such as a need for revenge and seeking power (Knafo & Feiner, 2013). Research has found that predisposing factors such as exposure to adverse childhood experiences (ACEs) is a potential risk factor for moral injury (Williamson et al., 2020). Of note, approximately 24% of the general UK Armed Forces have reported exposure to high levels of childhood adversity (Murphy & Turgoose, 2019). For participants of this study, the fantasy of the military provided both an imaginative escape from difficult family circumstances and the possibility of a real-life escape from such circumstances. Opportunities such as joining the Army Cadets Scheme provided means for participants to role play scenarios in which they could re-enact their fantasies of military life which for some, confirmed their desire to join.

David Gee (2007) detailed the recruitment practices of the military in the UK in an independent report. He reported that promotion and recruitment strategies are targeted at children and adolescents including visits to local cadet forces which may have an influence on developing a fantasy of the military for this demographic. Gee (2007) further reported that the messages in recruitment practices are tailored to this demographic's interests and values with military roles being promoted as exciting and glamorous and warfare is portrayed as enjoyable. Recruitment literature emphasises potential benefits including career opportunities, comradeship, travel, and training opportunities, all of which were identified by participants in the study as aspects of the military that appealed to them. Gee (2007) also argues that the literature omits information regarding the ethical issues related to killing, risks to physical and mental health, and the change from a civilian to military lifestyle.

In '*The Power of the Military to Form a 'Military Identity'*' participants noted the importance of a sense of belonging and comradeship within the military. They described the importance of caring for others and in return feeling cared for, something which may be explained by the attachment system which plays a critical role in trauma-related experiences and adjustments (Mikulincer, Shaver & Solomon, 2015). Attachment theory proposes that

attachment to primary caregivers is developed through continued contact and interaction (Bowlby, 1973). In response, individuals form expectations about how others will respond to their needs and how responsive others will be in times of distress (Feeney & Noller, 1996). The transition from adolescence into young adulthood is a critical period in development (Allen, 2008; Scharf & Mayseless, 2007) and this is often the time when the majority of individuals are considering military service. At this point, separation from primary caregivers occurs, activating attachment models of behaviour (Mayseless, 2004). For the participants, their attachment figures can become each other and higher-ranking officers who provide guidance and leadership. As mentioned, attachment models of behaviour provide expectations about how others will respond, therefore participants who held morals about how to treat others and how others will treat them would have expected that these would be upheld in the military. When participants' experienced inconsistencies in how others upheld this moral code, this could have mimicked an insecure attachment relationship. Bowlby (1973) hypothesised that insecure attachment with care givers is associated with internalising difficulties, including anxiety, depression and low self-esteem (Brumariu & Kerns, 2010; Pakenham et al., 2006) which may be exacerbated by warfare experiences of increased threat. Individuals with insecure attachment styles often rely on secondary attachment strategies, which may include deactivation strategies which minimise their own needs because they are unable to obtain the support and felt security that is desired (Marshall & Frazier, 2019). This was supported by participants' accounts of minimising their own needs, prioritising the needs of others in line with their moral code about caring for others, and their use of substances to minimise and/or numb their needs.

In *'The Reality of the Military in Conflict with the Fantasy'* participants described feelings of shame associated with their actions in the military and shame related to their methods of coping. Past research about moral injury has highlighted that those who experience moral injury report negative moral emotions such as anger, guilt and shame (Frankfurt & Frazier, 2016; Litz et al., 2009). The ways in which participants managed these experiences can be understood using the psychoanalytic concept of defences. Malan (1979) proposed that individuals develop coping mechanisms to defend against the possibility of threat. Gilbert (2002a) proposed that shame acts as an inner warning of threat to self which triggers automatic defence mechanisms such as a desire to escape and anger (Tangney et al., 1996). For the participants in the study, their feelings of shame were managed through anger and a loss of trust and respect of others, and escapism through disconnection.

Clinical Implications

The significant association between the experience of moral injury and suicidality suggests that this area could be considered an important public health concern however, as stated previously, there is currently no manualised treatment for moral injury-related mental health difficulties though a pilot study is under review at the time of writing (Williamson et al., 2022). Given the awareness of the role of shame and guilt in the development and presentation of moral injury, exposure-based treatments for PTSD which often pay insufficient attention to the processing of these negative moral emotions, are considered to be harmful to patients (Maguen & Burkman, 2013; Steinmetz & Gray, 2015). Clinicians have also reported high levels of anxiety and uncertainty about how to work with individuals who present with moral injury related difficulties (Currier et al., 2020; Williamson et al., 2021b; Williamson et al., 2020). Therefore, there is an acknowledgement in the existing literature for the need of a specific treatment that has been developed for those who have experienced PMIEs (Williamson et al., 2022).

Treatment possibilities have been developed in the United States to target moral injury which have been found to be beneficial in helping veterans acknowledge distress and increase feelings of forgiveness (Maguen et al., 2017). However, these treatment options do not address the range of PMIEs that are experienced by UK veterans and focus solely on acts of perpetration. There are key differences between UK and US military populations in terms of deployment, trauma exposure and mental health difficulties (Sundin et al., 2014) which means that applying the treatment programmes to UK veterans is challenging and does not address the distinct experiences of UK veterans. Therefore, the current research study offers an insight into the experiences of moral injury of UK veterans to further the understanding of their experiences which is needed to develop clinically relevant treatment programmes. In turn this may support clinicians to feel more confident to support veterans who present with moral injury-related difficulties.

Strengths and Limitations

Whilst the sample size meets the recommendations of Smith, Flowers, and Larkin (2009), the research may have benefitted from recruiting more participants, particularly those who identify as female, to provide a more comprehensive understanding of the experiences of moral injury. The small sample size, though expected in qualitative literature, particularly in

studies using IPA to analyse data as it provides specific and detailed insights into a new area of enquiry, means that the transferability of the results is reduced, and they cannot be transferred to all individuals who have experienced moral injury. Despite this, the research has contributed to the limited literature available regarding UK veterans' experiences of moral injury.

Nizza and colleagues (2021) identified quality indicators which can be used to review the quality of IPA research. Indicators included the importance of developing a vigorous experiential and/or existential account which gives depth to the analysis and close analytic reading of the participants' words. This study provided a detailed account of the participants' experiences of moral injury including the analysis and interpretation of quotes within the narrative. However, the reliance on the double hermeneutic in IPA means that it is possible that alternative interpretations may be found if the transcriptions were analysed by others. It is therefore possible that there were themes that existed within the data set that were not identified in this study. Attempts to reduce the likelihood of this were taken through the use of a journal to record interpretations and initial impressions, discussions with supervisor, and also discussion with peers in a qualitative support group.

The lack of consensus of a definition of moral injury means that it can be conceptualised in different ways such as the extent to which individuals appraise themselves as having committed a moral violation which leads to symptoms based on perpetration, or the extent to which individuals appraise themselves as victims of someone else's transgression, which leads to difficulties related to betrayal. It is possible that participants conceptualised their experiences of moral injury in different ways though this in itself is helpful to consider in understanding their experiences of moral injury. As previously noted, participants in this research were purposely not informed that aim of the research was to understand their experiences of 'moral injury' as the term was not included in participant-facing documents. Instead, the term 'moral transgression' was used to avoid the possibility of labelling the participant's experience as a moral injury which may have influenced their understanding of their experiences.

Future Directions for Research

As mentioned previously, there is a dearth of existing qualitative literature in this area therefore it is recommended that future research is conducted to continue to add to the body of literature. This literature should continue to explore and compare the experiences of moral injury of UK veterans in order to understand whether the experiences of the participants in this

study are unique to this cohort or if the experiences are shared among other UK veterans. Of note, the majority of participants in this study were in the British Army and it would be helpful to expand the research to explore the experiences of participants from all branches of the UK Armed Forces including Royal Air Force (RAF). Additionally, all participants were White and therefore future research is recommended to include participants from racialised and marginalised groups to enhance the understanding of moral injury within these populations.

In addition, similar to previous research studies, the majority of the sample consisted of male veterans and only one female veteran. Research has identified the concept of military masculinity which includes being *"physically violent but subordinate to orders on the one hand, dominating and organizationally competent on the other hand,"* (Connell, 1985, p.9). Belkin (2012) suggested that these concepts of military masculinity function as the archetypal form of masculinity and although a female military narrative exists it is done so *"in such a tokenized way that the associations with manhood and masculinity are retained"* (Brown, 2012, p.5). Brown argued that because the military masculinises so many noncombat roles, women in the military still need to conform to masculine standards. It is therefore important that any future research acknowledges the existence of toxic masculinity and seeks to understand the gendered experiences of trauma in the military.

Overall, UK veterans' experiences of moral injury are linked to their fantasy of the military that they had developed in childhood which was influenced by their perception of how the military appealed to them such as the opportunities it could provide. Veterans also described their experiences after joining the military which included the power of the military to shape and form a military identity. This included the morals they valued including the importance of belonging to a group and caring for others. These morals were expected to be upheld by others in the military including those of senior rank however when this was not the reality, participants experienced a conflict. This conflict included feeling powerless to uphold their own morals and violations of such morals were experienced as a betrayal. Participants coped with their experiences in different ways which, on occasion, further exacerbated their experiences of moral injury and resulting shame. It is hoped that this research has highlighted some of UK veterans' experiences to contribute to the limited literature that is available about their experiences of moral injury and highlight potential future research possibilities to further contribute to this area of interest.

2.5 References

Allen, J. P. (2008). The attachment system in adolescence. In J. Cassidy & P. R. Shaver (Eds.), *Handbook of attachment: Theory, research, and clinical applications* (pp. 419–435). The Guilford Press.

Barnes, H. A., Hurley, R. A., & Taber, K. H. (2019). Moral injury and PTSD: Often co-occurring yet mechanistically different. *Journal of Neuropsychiatry and Clinical Neurosciences, 31*(2), A4–103.

Belkin, A. (2012). *Bring me men: Military masculinity and the benign façade of American empire, 1898-2001.* New York, NY: Columbia University Press.

Bowlby, J. (1973). *Attachment and Loss; Vol. 2: Separation*. New York: Basic Books

Brenner, L. A., Betthauser, L. M., Bahraini, N., Lusk, J. L., Terrio, H., Scher, A. I., & Schwab, K. A. (2015). Soldiers returning from deployment: A qualitative study regarding exposure, coping, and reintegration. *Rehabilitation Psychology*, *60*, 277–285.

Brown, M. T. (2012). *Enlisting masculinities: The construction of gender in U.S. military recruiting advertising during the all-volunteer force.* New York, NY: Oxford University Press.

Browne, K. C., Trim, R. S., Myers, U. S., & Norman, S. B. (2015). Trauma-related guilt: Conceptual development and relationship with posttraumatic stress and depressive symptoms. *Journal of Traumatic Stress, 28,* 134–141.

Bryan, C. J., Bryan, A. O., Anestis, M. D., Green, B. A., Etienne, N., Morrow, C. E., & Ray-Sannerud, B. (2016). Measuring moral injury: Psychometric properties of the moral injury events scale in two military samples. *Assessment, 23*(5), 557–570.

Bryan, C. J., Bryan, A. O., Roberge, E., Leifker, F. R., & Rozek, D. C. (2017). Moral injury, posttraumatic stress disorder, and suicidal behaviour among national guard personnel. *Psychological Trauma: Theory, Research, Practice, and Policy*, *10*, 36–45.

Bryan, C. J., Morrow, C. E., Etienne, N., & Ray-Sannerud, B. (2013). Guilt, shame, and suicidal ideation in a military outpatient clinical sample. *Depression and Anxiety, 30,* 55–60.

Bunderson, J. S. & Thompson, J. A. (2009). The call of the wild: Zookeepers, callings, and the double-edged sword of deeply meaningful work. *Administrative Science Quarterly, 54,* 32-57.

Cassidy, J., & Shaver, P. R. (Eds.), *Handbook of attachment: Theory, research, and clinical applications* (2nd ed.) (pp. 419-435). New York, NY, US: Guilford Press

Castro, C., & Hall, J. K. (2021). Post-traumatic stress disorder in UK and US forces deployed to Iraq, *The Lancet, 368*(9538), 837.

Collins Dictionary (2023). Moral. https://www.collinsdictionary.com/dictionary/english/moral

Connell, R. W. (1985). Masculinity, violence, and war. In P. Patton & R. Poole (Eds.), *War/Masculinity,* (pp. 4-10). Sydney, Australia: Intervention.

Currier, J. M., Holland, J. M., Drescher, K., & Foy, D. (2015). Initial psychometric evaluation of the moral injury questionnaire—military version. *Clinical Psychology & Psychotherapy*, *22*, 54–63.

Currier, J. M., Holland, J. M., & Malott, J. (2015). Moral injury, meaning making, and mental health in returning veterans. *Journal of Clinical Psychology*, *71*, 229–240.

Currier, J. M., Smith, P. N., & Kuhlman, S. (2017). Assessing the unique role of religious coping in suicidal behaviour among U.S. Iraq and Afghanistan veterans. *Psychology of Religion and Spirituality*, *9*, 118–123.

Currier, J. M., Drescher, K. D., & Nieuwsma, J. (2020). Future directions for addressing moral injury in clinical practice: Concluding comments. *Addressing Moral Injury in Clinical Practice, 27*(1), 61–68.

Dik, B. J,. & Duffy, R. D. (2009). Calling and vocation at work: Definitions and prospects for research and practice. *The Counselling Psychologist, 37,* 424-450.

DiRenzo, M. S., Tosti-Kharas, J., & Powley, E. H. (2022). Called to serve: Exploring the relationship between career calling, career plateaus, and organisational commitment in the U.S. Militayr. *Journal of Career Assessment, 30*(1), 60-77.

Dobrow, S. R., & Tosti-Kharas, J. (2011). Calling: The development of a scale measure. *Personnel Psychology, 64*(4), 264-280.

Drescher, K. D., Foy, D. W., Kelly, C., Leshner, A., Schutz, K., & Litz, B. (2011). An exploration of the viability and usefulness of the construct of moral injury in war veterans. *Traumatology, 17*(1), 8–13.

Farnsworth, J. K., Drescher, K. D., Evans, W., & Walser, R. D. (2017). A functional approach to understanding and treating military-related moral injury. *Journal of Contextual Behavioral Science*, 6, 391–397.

Farnsworth, J. K. (2019). Is and ought: Descriptive and prescriptive cognitions in military-related moral injury. *Journal of Traumatic Stress, 32*(3), 373–381.

Fear, N. T., Jones, M., Murphy, D., Hull, L., Iversen, A. C., Coker, B., Machell, L., Sundin, J., Woodhead, C., Greenberg, N., Landau, S., Dandeker, C., Rona, R. J., Hotopf, M., & Wessely, S. (2010). What are the consequences of deployment to Iraq and Afghanistan on the mental health of the UK armed forces? A cohort study. *The Lancet, 375*(9728), 1783–1797.

Feeney, J., & Noller, P. (1996). *Adult Attachment*. Thousand Oaks, CA, US: Sage Publications, Inc.

Fleming, W. H. (2023). The moral injury experience wheel: An instrument for identifying moral emotions and conceptualising the mechanisms of moral injury. *Journal of Religion and Health, 62,* 194-227.

Frankfurt, S., & Frazier, P. (2016). A review of research on moral injury in combat veterans. *Military Psychology, 28*(5), 318–330.

Gee, D. (2007). *Armed forces recruitment practice in the United Kingdom.* Informed Choice, https://www.forceswatch.net/wp-content/uploads/informedchoicefull.pdf.

Gilbert, P. (2002). *Body Shame: A Biopsychosocial Conceptualisation and Overview, with Treatment Implications.* London: Brunner-Routledge.

Gilbert, P., & Andrews, B. (Eds.). (1998). *Shame: Interpersonal behavior, psychopathology, and culture.* Oxford University Press, Incorporated

Griffin, B. J., Purcell, N., Burkman, K., Litz, B. T., Bryan, C. J., Schmitz, M., Villierme, C., Walsh, J., Maguen, S. (2019). Moral injury: An integrative review. *Journal of Traumatic Stress, 32,* 350–362.

Harris, J. I., Park, C. L., Currier, J. M., Usset, T. J., & Voecks, C. D. (2015). Moral injury and psycho-spiritual development: Considering the developmental context. *Spirituality in Clinical Practice*, *2*, 256–266.

Haller, M., Norma, S. B., Davis, B. C., Capone, C., Browne, K., & Allard, C. B. (2020). A model for treating COVID-19-related guilt, shame, and moral injury. *Psychological Trauma: Theory, Research, Practice, and Policy, 12*(1), 174-176.

Held, P., Klassen, B. J., Hall, J. M., Friese, T. R., Bertsch-Gout, M. M., Zalta, A. K., & Pollack, M. H. (2019). "I knew it was wrong the moment I got the order": A narrative thematic analysis of moral injury in combat veterans. *American Psychological Association, 11*(4), 396-405.

Hoffman, J., Liddell, B., Bryant, R. A., & Nickerson, A. (2018). The relationship between moral injury appraisals, trauma exposure, and mental health in refugees. *Depression and Anxiety,* 1-10.

Hoge, C. W., Castro, C. A., Messer, S. C., McGurk, D., Cotting, D. I., & Koffman, R. L. (2004). Combat duty in Iraq and Afghanistan, mental health problems, and barriers to care. *The New England Journal of Medicine, 351*, 13−22.

Jordan, A. H., Eisen, E., Bolton, E., Nash, W. P., & Litz, B. T. (2017). Distinguishing war-related PTSD resulting from perpetration- and betrayal-based morally injurious events. *Psychological Trauma: Theory, Research, Practice, and Policy*, *9*, 627–634.

Jinkerson, J. D. (2016). Defining and Assessing Moral Injury. *Traumatology, 22* (2), 122-130.

Karin, O., Young, R.A., & Schultz, I.Z. (2015). *Handbook of qualitative health research for evidence-based practice.* Springer.

Knafo, D., & Feiner, K. (2006). *Unconscious fantasies and the relational world.* The Analytic Press/Taylor & Francis Group.

Koenig, H. G., Ames, D., Youssef, N. A., Oliver, J. P., Teng, E. J., Haynes, K., . . . Pearce, M. (2018). The Moral Injury Symptom Scale–Military Version. *Journal of Religion and Health*, *57*, 249–265.

Komarovskaya, I., Maguen, S., McCaslin, S. E., Metzler, T. J., Madan, A., Brown, A. D., … Marmar, C. R. (2011). The impact of killing and injuring others on mental health symptoms among police officers. *Journal of Psychiatric Research, 45*, 1332– 1336.

Litz, B. T., Contractor, A., Rhodes, C., Dondanville, K., Jordan, A., Resick, P., . . . Yarvis, J. (2018). Distinct trauma types in military service members seeking treatment for posttraumatic stress disorder. *Journal of Traumatic Stress*, *31*, 286–295.

Litz, B. T., Plouffe, R. A., Nazarov, A., Murphy, D., Phelps, A., Coady, A., Houle, S. A., Dell, L., Frankfurt, S., Zerach, G., Levi-Belz, Y., & Moral Injury Outcome Scale Consortium. (2022). Defining and assessing the syndrome of moral injury: Initial findings of the moral injury outcome scale consortium. *Front Psychiatry, 13,* 923928.

Litz, B. T., Stein, N., Delaney, E., Lebowitz, L., Nash, W. P., Silva, C., & Maguen, S. (2009). Moral injury and moral repair in war veterans: A preliminary model and intervention strategy *Clinical Psychology Review, 29*(8), 695–706.

Maguen, S., & Burkman, K. (2013). Combat-related killing: Expanding evidence-based treatments for PTSD. *Cognitive and Behavioural Practice, 20*(4), 476–479.

Maguen, S., Burkman, K., Madden, E., Dinh, J., Bosch, J., Keyser, J., Schmitz, M., & Neylan, T. C. (2017). Impact of killing in war: A randomized, controlled pilot trial. *Journal of Clinical Psychology, 73*(9), 997–1012.

Malcolm, E., Stevelink, S. A. M., & Fear, N. T. (2015). Care pathways for UK and US service personnel who are visually impaired. *Journal of the Royal Army Medical Corps, 161*(2), 116–120.

Marshall, E. M., & Frazier, P. A. (2019). Understanding posttrauma reactions within an attachment theory framework. *Current opinion in psychology, 25*, 167–171.

Mayseless, O. (2004). Home leaving to military service: Attachment concerns, transfer of attachment functions from parents to peers, and adjustment. *Journal of Adolescent Research*, *19*(5).

Mental Health Advisory Team (MHAT-V). (2008, February 14). Operation Iraqi Freedom 06-08: Iraq; Operation Enduring Freedom 8: Afghanistan. Retrieved April 12, 2023, from http://www.armymedicine.army.mil/reports/mhat/mhat_v/mhat-v.cfm

Metropolitan Police. (2023). What is a war crime? Retrieved from https://www.met.police.uk/advice/advice-and-information/war-crimes/what-is-a-war-crime/

Mikulincer, M., Shaver, P. R, & Solomon, Z. (2015). An attachment perspective on traumatic and posttraumatic reactions. In M. P. Safir, H. S. Wallach, & A. "S." Rizzo (Eds.), *Future directions in post-traumatic stress disorder: Prevention, diagnosis, and treatment* (pp. 79–96). Springer Science + Business Media.

Ministry of Defence. (2022). UK armed forces biannual diversity statistics: 1 April 2022. Retrieved from https://www.gov.uk/government/statistics/uk-armed-forces-biannual-diversity-statistics-april-2022/uk-armed-forces-biannual-diversity-statistics-1-april-2022

Murphy, D., & Turgoose, D. (2019). Childhood adversity and mental health in veterans seeking treatment for mental health difficulties: Comparisons with the general military population. *Psychological Trauma Theory Research Practice and Policy, 14*(5), 805–811.

Nash, W. P., & Litz, B. T. (2013). Moral injury: A mechanism for war-related psychological trauma in military family members. *Clinical Child and Family Psychology Review*, *16*, 365–375.

Nizza, I., Farr, J., & Smith, J. A. (2021). Achieving excellence in interpretative phenomenological analysis (IPA): four markers of high quality. *Qualitative Research in Psychology, 18*(3), 369-386.

Norman, S. B., Haller, M., Kim, H. M., Allard, C. B., Porter, K. E., Stein, M. B., Venners, M. R., Authier, C. C., Rauch, S. A. M., Progress Team. (2018). Trauma related guilt cognitions partially mediate the relationship between PTSD symptom severity and functioning among returning combat veterans. *Journal of Psychiatric Research, 100,* 56–62.

Phelps, A. J., Adler, A. B., Belanger, S. A. H., Bennett, C., Cramm, H., Dell, L., Fikretoglu, D., Forbes, D., Heber, A., Hosseiny, F., Morganstein, J. C., Murphy, D., Nazarov, A., Pedlar, D., Richardson, J. D., Sadler, N., Williamson, V., Greenberg, N., Jetly, R., & Members of the Five Eyes Mental Health Research and Innovation Collaborative (2022). Addressing moral injury in the military. *BMJ military health*, e002128. Advance online publication.

Scharf, M., & Mayseless, O. (2007). Putting eggs in more than one basket: A new look at developmental processes of attachment in adolescence. *New Directions for Child and Adolescent Development*, (117), 1-22.

Shay, J. (2014). Moral injury. *Psychoanalytic Psychology*, *31*, 182–191.

Stanford Encyclopedia of Philosophy. (2020). The definition of morality. https://plato.stanford.edu/ENTRIES/morality-definition/

Stanford Encyclopedia of Philosophy. (2022). Edmund Husserl. https://plato.stanford.edu/entries/husserl/

Sundin, J., Herrell, R. K., Hoge, C. W., Fear, N. T., Adler, A. B., Greenberg, N., Riviere, L. A., Thomas, J. L., Wessely, S., & Bliese, P. D. (2014). Mental health outcomes in US

and UK military personnel returning from Iraq. *The British Journal of Psychiatry, 204*(3), 200–207.

Tangney, J. P., Stuewig, J., & Mashek, D. J. (2007). Moral emotions and moral behaviour. *Annual Review of Psychology, 58,* 345−372.

Tangney, J. P., Wagner, P. E., Hill-Barlow, D., Marschall, D. E., & Gramzow, R. (1996). Relation of shame and guilt to constructive versus destructive responses to anger across the lifespan. *Journal of Personality and Social Psychology, 70*(4), 797–809.

Williamson, V. Greenberg, N., & Murphy, D. (2019). Moral injury in UK armed forces veterans: a qualitative study. *European Journal of Psychotraumatology, 10*(1), 1562842.

Williamson, V., Murphy, D., Stevelink, S. A. M., Allen, S., Jones, E., & Greenberg, N. (2020). The impact of trauma exposure and moral injury on UK military veterans: A qualitative study. *European Journal of Psychotraumatology, 11*(1), 1704554.

Williamson, V., Murphy, D., Stevelink, S. A. M., Jones, E., Wessely, S., & Greenberg, N. (2020). Confidentiality and psychological treatment of moral injury: The elephant in the room. *BMJ Military Health, 167*(6), 451– 453.

Williamson, V., Murphy, D., Stevelink, S. A. M., Allen, S., Jones, E., & Greenberg, N. (2021b). Delivering treatment to morally injured UK military personnel and veterans: The clinician experience. *Military Psychology, 33*(2), 115–123.

Wisco, B. E., Marx, B. P., May, C. L., Martini, B., Krystal, J. H., Southwick, S. M., & Pietrzak, R. H. (2017). Moral injury in US combat veterans: Results from the national health and resilience in veterans study. *Depression and Anxiety*, *34*, 340–347.

Yeterian, J. D., Berke, D. S., Carney, J. R., McIntyre-Smith, A., St. Cyr, K., King, L., Kline, N. K., Phelps, A., & Litz, B. T. (2019). Defining and measuring moral injury: Rationale, design, and preliminary findings from the moral injury outcome scale consortium. *Journal of Traumatic Stress, 32*(3), 363–372.

3.1. Urgent Support Needed for Law Enforcement Personnel Exposed to 'Second-Hand Trauma'.

Background

Professionals who are exposed to other people's trauma as part of their job can experience second-hand trauma, which known as 'vicarious trauma'. As a result, these professionals experience changes in how they see themselves, other people, and the world around them which can be difficult to manage. Professionals who are at risk include therapists and law enforcement personnel such as police officers and detectives who investigate sexual assault and child sexual abuse offences. Law enforcement personnel are exposed to other peoples' trauma during interviews, taking victim statements, and reviewing media content such as images of child abuse.

The Review

Holly Edwards, a Trainee Clinical Psychologist at the University of Birmingham conducted a review of research that explored the experiences of law enforcement personnel who had been exposed to vicarious trauma in an attempt to understand their experiences and contribute to ideas to support those at risk. Holly Edwards stated *"this review is the first of its kind to explore vicarious trauma in law enforcement personnel and I hope that it can contribute to the limited literature that is available on such an important topic"*.

Qualitative research papers that explored the experiences of law enforcement personnel who had been exposed to vicarious trauma were synthesised using a meta-ethnographic approach. The relevant research papers were found using a systematic literature search and assessed using a quality review checklist which had been adapted specifically for this review. Data from the relevant research papers were extracted and analysed looking for similarities and differences across the research.

What did the review find?

The review found that there were several factors which influenced law enforcement personnel's' experiences of vicarious trauma. These included the content of the trauma, how and when they were exposed to the trauma, and how personally connected they felt to the trauma and victim. Some law enforcement personnel were exposed to other people's trauma on a daily basis which they found highly stressful. They were also exposed through different

formats including images and videos of child abuse which was distressing for them. This was particularly distressing for the law enforcement personnel if they had their own children.

Law enforcement personnel described different ways of responding to such distressing experiences. This included having flashbacks and nightmares which haunted them. Some law enforcement personnel tried to understand the motives of the offender because they thought this might help them to cope whereas others found that they became overprotective of their own children because they were so aware of the dangers facing their children. Some law enforcement personnel avoided thinking about the victims and tried to shut off from their emotions, though this was often difficult, and they turned to their colleagues for support.

Law enforcement personnel also described different factors which would increase or decrease their response to the trauma. This included the importance of knowing the outcome of cases that they had worked on because this gave them a sense of purpose. Other law enforcement personnel described how they tried to limit their contact with trauma and spent time enjoying hobbies outside of work such as going to the gym. Law enforcement personnel also described how important it was for their managers to understand what they were going through however it was often the case that they felt like they were ignored, and nothing was done.

What does the review mean?

Several recommendations were made as a result these findings to try to support professionals who are at risk of vicarious trauma. Organisations were encouraged to provide opportunities for professionals to be involved in decision-making process to improve communication. This may help professionals feel more valued in their role. Organisations were also encouraged to provide opportunities for staff to have supervision to be able to talk through their experiences and feel supported by their managers.

This remains an important area that requires further research. Law enforcement personnel will continue to be exposed to other people's trauma due to the nature of their job role so it is imperative that they are supported to do so. More research is required to understand the experiences of law enforcement personnel, particularly trying to understand whether the experiences are different for different types of law enforcement personnel across the globe.

3.2. UK Veterans' Fantasy of Military Life Conflicts with a Reality of Betrayal, Shame, and Moral Injury

Background

Morals, and morality, are defined as principles and beliefs which concern right and wrong behaviour which form 'moral codes' to guide the behaviour of individuals. Individuals can experience a moral injury when moral codes are broken by themselves or other people and as a result, they experience shame and guilt which are difficult to cope with. Individuals at risk of moral injury include military personnel who face an increased risk of being exposed to potentially morally injurious experiences (PMIEs) during their service. These experiences include betrayal, incidents involving injury or harm to civilians, within-rank violence, inability to prevent death or suffering, and ethical dilemmas. Moral injury has been linked to depression, suicidal ideation, substance misuse, and poor quality of life and is therefore an important concept to understand further.

What did the study do?

The study aimed to contribute to the limited research that has been conducted exploring the experiences of UK veterans who experienced their moral code being broken whilst they were in service. Most research in the past had focused on the experiences of male veterans in the US military which would be different those in the UK military and does not account for the experiences of females. The current research study interviewed six veterans who had served in the UK military and had experienced their moral codes being broken, in order to understand how they had made sense of their experiences.

What were the findings of the study?

UK veterans' experiences of moral injury were linked to a fantasy of the military that they had developed in childhood. The fantasy was influenced by their perception of what opportunities the military could provide compared to limited opportunities available as a civilian. The veterans' fantasy of the military contributed to their expectations about the experiences they would have in the military, how they and others would behave, and the values that would be held by those in the military. Veterans described their experiences after joining the military which included how the military was able to shape and form their morals to develop a military identity which would value and prioritise a feeling of belonging to the group and caring for others. Veterans expected to be cared for and not be placed into situations which

may break their own moral codes. They also expected that their morals would be upheld by other people in the military however when this was not the reality, veterans experienced a conflict. Veterans described feeling powerless to uphold their own morals and experienced betrayal when others did not uphold their morals, particularly morals related to caring for others. This led to feelings of betrayal and shame, which are commonly associated with moral injury. Veterans struggled to cope with their experiences and used different strategies to cope, some of which worsened their experiences of moral injury and resulted in further shame about their behaviour and anger towards others who did not protect them.

What do the findings mean?

Treatment options have been developed in the United States to target moral injury which have been found to be beneficial in helping veterans however, these treatments do not address the range of experiences of UK veterans. The research study offers an insight into the experiences of moral injury of UK veterans to further the understanding of their experiences which is needed to develop clinically relevant treatment programmes.

Further research is needed to continue to understand the experiences of UK veterans, particularly considering aspects such as the branch of the armed forces, military rank, and gender, which may affect the veterans' experiences of moral injury.

Appendices

Appendix A: NICE Quality appraisal checklist – qualitative studies

Study identification: Include author, title, reference, year of publication	
Guidance topic:	**Key research question/aim:**
Checklist completed by:	
Theoretical approach	

1. Is a qualitative approach appropriate? For example: • Does the research question seek to understand processes or structures, or illuminate subjective experiences or meanings? • Could a quantitative approach better have addressed the research question?	Appropriate Inappropriate Not sure	Comments:
2. Is the study clear in what it seeks to do? For example: • Is the purpose of the study discussed – aims/objectives/research question/s? • Is there adequate/appropriate reference to the literature? • Are underpinning values/assumptions/theory discussed?	Clear Unclear Mixed	Comments:
Study design		
3. How defensible/rigorous is the research design/methodology? For example: • Is the design appropriate to the research question?	Defensible Indefensible Not sure	Comments:

• Is a rationale given for using a qualitative approach? • Are there clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques used? • Is the selection of cases/sampling strategy theoretically justified?		

Data collection

4. How well was the data collection carried out? For example: • Are the data collection methods clearly described? • Were the appropriate data collected to address the research question? • Was the data collection and record keeping systematic?	Appropriately Inappropriately Not sure/inadequately reported	Comments:

Trustworthiness

5. Is the role of the researcher clearly described? For example: • Has the relationship between the researcher and the participants been adequately considered? • Does the paper describe how the research was explained and presented to the participants?	Clearly described Unclear Not described	Comments:
6. Is the context clearly described? For example: • Are the characteristics of the participants and settings clearly defined? • Were observations made in a sufficient variety of circumstances • Was context bias considered	Clear Unclear Not sure	Comments:

7. **Were the methods reliable?** For example: • Was data collected by more than 1 method? • Is there justification for triangulation, or for not triangulating? • Do the methods investigate what they claim to?	Reliable Unreliable Not sure	Comments:
Analysis		
8. **Is the data analysis sufficiently rigorous?** For example: • Is the procedure explicit – i.e. is it clear how the data was analysed to arrive at the results? • How systematic is the analysis, is the procedure reliable/dependable? • Is it clear how the themes and concepts were derived from the data?	Rigorous Not rigorous Not sure/not reported	Comments:
9. **Is the data 'rich'?** For example: • How well are the contexts of the data described? • Has the diversity of perspective and content been explored? • How well has the detail and depth been demonstrated? • Are responses compared and contrasted across groups/sites?	Rich Poor Not sure/not reported	Comments:
10. **Is the analysis reliable?** For example: • Did more than 1 researcher theme and code transcripts/data? • If so, how were differences resolved? • Did participants feed back on the transcripts/data if possible and relevant?	Reliable Unreliable Not sure/not reported	Comments:

• Were negative/discrepant results addressed or ignored?		
11. Are the findings convincing? For example: • Are the findings clearly presented? • Are the findings internally coherent? • Are extracts from the original data included? • Are the data appropriately referenced? • Is the reporting clear and coherent?	Convincing Not convincing Not sure	Comments:
12. Are the findings relevant to the aims of the study?	Relevant Irrelevant Partially relevant	Comments:
13. Conclusions For example: • How clear are the links between data, interpretation and conclusions? • Are the conclusions plausible and coherent? • Have alternative explanations been explored and discounted? • Does this enhance understanding of the research topic? • Are the implications of the research clearly defined? **Is there adequate discussion of any limitations encountered?**	Adequate Inadequate Not sure	Comments:
Ethics		
14. How clear and coherent is the reporting of ethics? For example: • Have ethical issues been taken into consideration?	Appropriate Inappropriate Not sure/not reported	Comments:

• Are they adequately discussed e.g. do they address consent and anonymity? • Have the consequences of the research been considered i.e. raising expectations, changing behaviour? • Was the study approved by an ethics committee?		
Overall assessment		
As far as can be ascertained from the paper, how well was the study conducted? (see guidance notes)	++ + –	Comments:

Appendix B: NHS Health Research Authority (HRA) approval

07 June 2022

Dear Miss Edwards

HRA and Health and Care Research Wales (HCRW) Approval Letter

Study title:	**Exploring United Kingdom Veterans' experiences of moral transgressions in service: a qualitative Interpretive Phenomenological Analysis.**
IRAS project ID:	**304115**
Protocol number:	**RG_22-014**
REC reference:	**22/SW/0050**
Sponsor	**University of Birmingham**

I am pleased to confirm that **HRA and Health and Care Research Wales (HCRW) Approval** has been given for the above referenced study, on the basis described in the application form, protocol, supporting documentation and any clarifications received. You should not expect to receive anything further relating to this application.

Please now work with participating NHS organisations to confirm capacity and capability, in line with the instructions provided in the "Information to support study set up" section towards the end of this letter.

How should I work with participating NHS/HSC organisations in Northern Ireland and Scotland?
HRA and HCRW Approval does not apply to NHS/HSC organisations within Northern Ireland and Scotland.

If you indicated in your IRAS form that you do have participating organisations in either of these devolved administrations, the final document set and the study wide governance report (including this letter) have been sent to the coordinating centre of each participating nation. The relevant national coordinating function/s will contact you as appropriate.

Appendix C: Research and Innovation department approval

Subject: IRAS ID: 304115 – Exploring United Kingdom Veterans' experiences of moral transgressions in service – Confirmation of Local Capacity and Capability at Birmingham and Solihull Mental Health NHS Foundation Trust
Date: 21 June 2022 at 16:52:48 BST
To: Holly Edwards < ▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨

Dear Holly

IRAS ID: 304115 – Exploring United Kingdom Veterans' experiences of moral transgressions in service – Confirmation of Local Capacity and Capability at Birmingham and Solihull Mental Health NHS Foundation Trust

This email confirms that ▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨ has the capacity and capability to deliver the above referenced study. Please find attached the agreed Organisation Information Document as confirmation.

Start and end dates:

We agree to start this study on **with immediate effect.**

We understand that recruitment will end on **29/09/2023**. We are aware that at this point, archiving is the responsibility of ▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨

Recruitment figures:

Please note that you will be contacted by the R&I department periodically to obtain your current recruitment figures.

The target date for first patient recruited is **21/07/2022** – 30 days post confirmation of local capacity and capability.

During your study:

During the study, researchers are required to fulfil the following duties:

- Inform R&I of any amendments to the study, both substantial or non-substantial
- Inform R&I when the study has completed at the Trust
- Inform R&I of the total recruitment number at the Trust
- Submit a final report to the R&I department.

All of the above can be submitted to ▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨

If you wish to discuss further please do not hesitate to contact me.

Finally, we would like to wish you all the best with your research.

Kind regards
Research & Innovation

Appendix D: Research and Development department approval
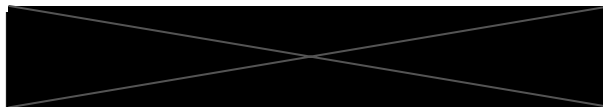
Research & Development

28/09/2022

Dear ✗✗✗✗✗✗✗✗

RE: CONFIRMATION OF CAPACITY AND CAPABILITY

Study Title: Exploring United Kingdom Veterans' experiences of moral transgressions in service: a qualitative Interpretive Phenomenological Analysis

BHFT REF: 2022-24　　　　　**IRAS Project ID**:304115　　　　**Non- Portfolio study**

I am pleased to confirm that ✗✗✗✗✗✗✗✗✗✗✗✗✗✗✗✗✗✗✗✗✗✗✗ has the capacity and capability to undertake the above named research study. This confirmation is dependent on formal approval from the HRA, which includes a favourable ethical opinion (where required) from a National Research Ethics Service Committee if applicable. The HRA approved documents should be provided to us, and where appropriate, all localised patient facing documents.

✗✗✗✗✗✗✗✗✗✗✗✗✗✗✗✗✗ agrees to start this study on 28/09/2022 as previously discussed with you. This confirmation of capacity and capability is dependent on you and the sponsor commencing the study within 3 months from the date of this letter. If the study does not commence by 27/12/2022 then please notify the R&D office as the Trust position may have changed and this confirmation of capacity and capability may need to be reassessed. This study ends on 29/09/2023.

Recruitment

You are required to inform us the number of participants recruited on a monthly basis until the end of the study. The Trust's involvement in your study will end on 29/09/2023. Please provide us with the end of study report when you finish your study activities and do contact the R&D department should you have any concerns ✗✗✗✗✗✗✗✗✗✗

Access to NHS for Research Purposes

Completion of a Research Passport Application may be required for researchers who do not hold a substantive or honorary contract with an NHS organisation. Research activity should not take place at this site until either a Letter of Access or Honorary Research Contract has been issued for individuals where this applies. Please contact the R&D office to check if this is required.
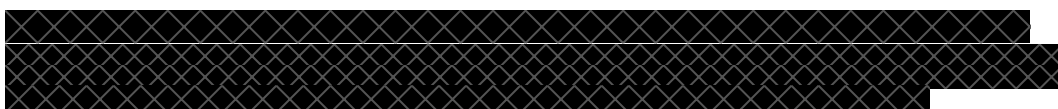
Appendix E: Clinician Information Sheet
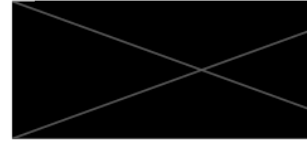
CLINICIAN INFORMATION SHEET

Title of Project: Exploring UK Veterans' experiences of moral transgressions in service: a qualitative Interpretative Phenomenological Analysis

Name of Researcher: Holly Edwards

This information sheet explains what supporting this research project would involve as a clinician. This document is designed to be read in conjunction with the Participant Information Sheet. Please read both information sheets carefully, and contact the lead researcher if there is anything that is not clear, or if you would like more details. Thank you for taking the time to read the information sheets and considering supporting this research study.

Please note, that although the term 'moral injury trauma' is used throughout this document, it is important that the term is not used by clinicians when discussing participation in the research study with the client. This is in accordance with previous research as the term could be viewed as labelling and/or detrimental to the wellbeing of an individual

What is the purpose of the study?

Moral injury trauma is characterised by the violation of deeply held personal and societal moral standards. Moral injury trauma can be experienced by any individual who experiences a significantly stressful event, such as refugees, ex-military personnel, and more recently, healthcare workers working on the front line of the COVID-19 pandemic. Research has demonstrated the association between untreated moral injury trauma and negative outcomes such as depression, suicidal ideation, problematic substance use and poorer functioning and quality of life. Within the veteran population. moral injury trauma can develop as a result of active participation in warfare during which transgressive acts occur. These acts include betrayal, incidents involving injury or harm to civilians, within-rank violence, inability to prevent death or suffering, and ethical dilemmas. Moral injury trauma is often accompanied by moral emotions, such as shame, guilt, anger, disgust, and contempt, which act as an indicator of a violation of personal or societal moral standards and provoke action aimed to minimise conflict or social damage.

The majority of research into moral injury trauma has been conducted with samples recruited from United States service personnel and veterans. However, US and UK militaries often differ in terms of demographics, deployment experiences, and rules of engagement, all of which may affect the development and experiences of moral injury trauma.

This research project proposes to contribute to the limited literature available regarding UK veterans' experiences of moral injury trauma by specifically understanding the veterans' personal experiences of moral injury trauma using a qualitative methodological approach.
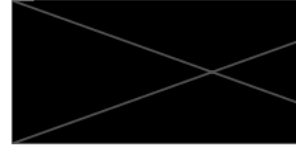
What would taking part involve as a clinician?

- Reviewing your clinical case load and identifying suitable clients who meet the inclusion and exclusion criteria
- Discussing the research opportunity at your next contact with your client and providing them with a Participant Information Sheet
- Reviewing client's interest to participate in the research at your next contact, at least 48 hours after they have received the Participant Information Sheet
- If they are interested, providing client with a Contact Consent Form to complete
- Securely emailing the Contact Consent Form to the lead researcher's NHS email to use to contact the client regarding participation in the research and securely destroying the paper copy
- Once the participant has consented to their GP being informed of their participation in research, the team administrator will be asked to send the GP Information Letter with Participant Information Sheet included, to the participant's GP. The relevant clinician will be copied into the email for their information.
- Once the participant has completed their online consent form with the lead researcher, a copy of this and the participant information sheet will be securely emailed to the team administrator via NHS mail from the lead researcher. This will then be required to be saved in the client's records and a copy provided to them. A copy will also be saved by the lead researcher on the secure Research Data Store.
- Being aware that the client may wish to withdraw from the research at some point and may request you to inform the lead researcher of this request on their behalf

Once all the necessary study approvals have been received, the lead researcher will contact ▨▨▨ ▨▨▨ and ▨▨▨▨▨▨▨ at the ▨▨▨▨▨▨▨▨▨▨▨ to inform them of the approval. These clinicians will then send a copy of the Clinician Information Sheet, the Participant Information Sheet, the Contact Consent Form, and GP Information Letter to all clinicians at the ▨▨▨▨▨▨▨▨▨▨▨ ▨▨▨▨▨▨▨ who have agreed to support with the research.

If you have received these forms and are interested in supporting the research, please read the forms carefully and contact the lead researcher if you have any questions. Then, based on the inclusion and exclusion criteria, please review your caseload and use your clinical judgment to determine whether any individuals on your caseload may be suitable for the research study. Once suitable individuals have been identified, you should mention to them during your next contact that there is an opportunity to take part in a research study about their experiences and understandings of an event/s when their morals and values were challenged whilst serving in the Armed Forces. You will provide them with the Participant Information Sheet to take away and consider if they are interested in taking part in the
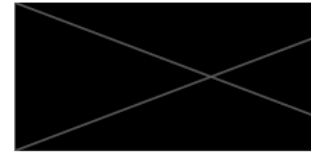
research. Potential participants should be given at least 48 hours to read the Participant Information Sheet. During your next contact with the client, you will review their interest in participating in the research. If they would like to participate, you will provide them with a Contact Consent Form to complete which you will securely email to the lead researcher using NHS email accounts. The lead researcher will then use this information to contact the individual to provide them with an opportunity to discuss the research and ask any questions. If they are still interested in participating, the participant will move to the next stage of the research related to completing and online consent form, an online demographic information form, and completing the interview. If the participant consents to their GP being informed of their participation in the research study, the lead researcher will contact the ▨▨▨▨ administrator to request that the GP Information Letter is sent to the participant's GP with a Participant Information Sheet included for additional information. The relevant clinician will be copied into the email for their information.

What are the inclusion and exclusion criteria?

1.1.1. Inclusion criteria

- A veteran who is receiving support from the ▨▨▨▨▨▨▨▨ and will have an allocated clinician for the duration of their time participating in the study
- A veteran who is aged 18 years or above.
- A veteran who has served with the United Kingdom Armed Forces
- A veteran who identifies as any gender e.g., male, female, non-binary
- A veteran who is able to communicate and articulate in verbal English
- A veteran who has experienced guilt or shame related to an event that has occurred whilst in the military
- A veteran who is able to distinguish between military and non-military trauma in order to be able to discuss only military-related moral injury trauma during the interview
- A veteran who is able to self-regulate emotions and access support in order to be able to tolerate the interview process
- A participant can be included if they have a comorbid diagnosis if they meet all other inclusion criteria
- A veteran who has the capacity to consent to participate in the research

1.1.2. Exclusion criteria

- If the veteran is presenting with acute mental distress for example psychosis, active suicidal ideation, at the time of recruitment
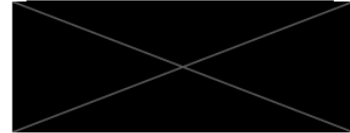
- If the veteran will not have an allocated clinician for the duration of their time participating in the study

What if a participant tells me they want to withdraw?

Participants can withdraw from the study at any time without giving a reason. If they withdraw from the study, it will not affect their rights in any way. They will be able to ask for all or some of their interview data to be withdrawn up to two weeks after it has been collected. After this date, analyses will have begun, and it will not be possible to withdraw their data from the study.

Participants may contact the lead researcher, or they may contact their clinician at █████ to inform them of their wish to withdraw. In this instance, you should email the lead researcher promptly to inform them that your client has requested to withdraw from the study and the lead researcher will contact the client to discuss whether they wish to withdraw all or some of their data from the study.

What are the possible disadvantages and risks of taking part for participants?

The interview will require participants to think about their experiences during the Armed Forces, some of which may be particularly difficult to think about. The interview will not ask them to talk about specific details of these experiences but will ask them to consider how these experiences have affected them and how they have made sense of these experiences. Before the interview begins, the researcher will speak with participants about the type of information that should and should not be disclosed and the protocol that will be followed in the event of a disclosure (see below). The researcher will also speak with participants about how to communicate that they would like a break or would like to stop the interview. The researcher also has experience of discussing sensitive topics and will be able to provide support if this is needed.

Disclosure of war crimes protocol

In the event of a disclosure related to crimes or detailed events that occurred whilst the participant served in the Armed Forces, the following procedure will be followed (see flow chart below). This procedure is adapted from the protocol that is in place at the ██████████████ ████████ in the event of disclosure of a war crime.

Appendix F: Participant Information Sheet

PARTICIPATION INFORMATION SHEET FORM

Title of Project: Exploring UK Veterans' experiences of moral transgressions in service: a qualitative Interpretive Phenomenological Analysis

Name of Researcher: Holly Edwards ⬛⬛⬛⬛⬛⬛⬛⬛⬛⬛⬛⬛

This information sheet explains what taking part in this research project would involve. Please read it carefully, discuss it with others if you wish, and ask us if there is anything that is not clear, or if you would like more details. Thank you for reading this information sheet.

Invitation

You are being invited to take part in a research study. Before you make your decision, it is important for you to understand why the research is being done and what it may involve. Please take your time to read the following information carefully.

What is the purpose of the study?

There may have been occasions during your time in the UK Armed Forces when you had to do things or witnessed other people doing things that went against your own morals and values. Research has highlighted a possible link between these experiences and negative outcomes and emotions such as shame, guilt, and anger. Most of the research has focused on United States male veterans and there is not a lot of research that has focused the experiences of UK veterans who have been in these situations. Therefore, the purpose of this study is to support and add to current research by interviewing UK veterans about their understandings and interpretations of their experiences when their morals and values were challenged whilst serving in the Armed Forces.

Can I choose whether or not to take part?

It is up to you to decide whether or not you want to take part. The researcher will not have any contact with you whilst you are deciding to take part. If you do want to take part, we will ask you to sign a consent form. If you change your mind after agreeing to take part, you can withdraw at any time up to the point at which your data is anonymised and transcribed for analysis. You do not have to give a reason for your withdrawal. If you decide not to take part, or to withdraw, this will not affect your rights or treatment with the ⬛⬛⬛⬛⬛⬛⬛⬛⬛⬛⬛⬛ in any way.

What would taking part involve?

- Reading this information sheet and having the opportunity to ask questions
- Completing a contact form

- Having a telephone discussion with the lead researcher to ask any questions you may have and arrange a suitable date for the interview
- Completing an online consent form using a link that will be emailed to you
    - This will be completed whilst the lead researcher is on the telephone with you to offer support or,
    - If you do not have access to equipment that allows you to access the internet, you can complete the form on the day of your interview if your interview is conducted in-person
- Completing an online anonymous form to gather demographic information e.g., how many years you served in the Armed Forces, using a link that will be emailed to you
    - This will be completed whilst the lead researcher is on the telephone with you to offer support or,
    - If you do not have access to equipment that allows you to access the internet, you can complete the form on the day of your interview if your interview is conducted in-person
- Taking part in an interview about your experiences which will take approximately 60-90 minutes. It is your choice whether you would like the interview to be carried out virtually or in-person. If carried out virtually, the interview will be held on Microsoft Teams. If carried out in-person, this will be held at clinical sites which are regularly used by the █████████ ████

After receiving this information sheet, you will be asked to take it away with you to read carefully and consider whether you may want to take part in the research. Your clinician at the ███ will then follow up with you about the research after you have had at least 48 hours to read this information sheet. If you decide that you are interested in taking part, you will be asked to complete a contact consent form. The contact information that you provide will be used by the lead researcher to contact you to provide you with an opportunity to ask any questions. If you are still interested in taking part, the lead researcher will remind you of the different options you have to complete the online consent form: with the researcher via telephone, or on the day of your interview. If you complete the form prior to the day of your interview, you will be emailed a link and password to access the form. The consent form asks if you agree to different aspects of the study, and you will be asked to provide your name. This information will be stored securely on a Research Data Storage system at the University of Birmingham and will be stored separately to other information collected. To ensure confidentiality, your data will be pseudonymised. This means that identifiable data you provide, for example, your name, will be replaced with an alternative name so that your data is not identifiable.

After completing the online consent form, you will be asked to complete a separate anonymous online form which collects demographic data, for example the number of years you served in the Armed Forces. You will also be reminded of the different options you have to complete the online demographic

information form: with the researcher via the telephone, or on the day of your interview. If you complete the form prior to the day of your interview, you will be emailed a link and password to access the form. The data collected in this form will not be identifiable.

After completing both forms, you will take part in an interview about your experiences. It is your choice whether you would like the interview to be carried out virtually or in-person however in-person interviews will only take place if it is safe to do so in accordance with Government and local guidelines related to the COVID-19 pandemic. If carried out virtually, the interview will be held on Microsoft Teams. The interviews will be audio recorded. Before the interview recording begins, the lead researcher will provide clarification regarding the type of information that should and should not be disclosed such as war crimes. In the event of a disclosure, you will be reminded of the discussion regarding disclosure, and asked if you would like to continue with the interview. Following the interview, the lead researcher will discuss the possible disclosure with her supervisor and relevant clinicians from ▨ to seek advice regarding the next steps to take. If necessary, the crime will be reported to the Police and/or other responsible body. During the interview, you can choose not to answer a question and only share experiences that you feel comfortable with. You will also be able to stop the interview at any point.

After the interview has been completed, you will be given a two-week reflection and withdrawal period. During this time, you can choose to withdraw completely from the study, or you may wish to retract something specific you mentioned during the interview. If you choose to withdraw all, or part, of your data, you should contact either the lead researcher via email (see above) or contact your clinician at the ▨ who will then contact the lead researcher to inform them of your decision. At the end of the two-week reflection and withdrawal period your data will be pseudonymised, and you will no longer be able to withdraw your data from the research. As part of the write up of this research, quotes from interviews will be included. To ensure confidentiality, a pseudonym (a different name) will be allocated to each participant and identifiable information in quotes will be removed, for example, if a specific location is mentioned, this will be referred to as 'location A'.

What are the possible disadvantages and risks of taking part?

The interview will require you to think about your experiences during the Armed Forces, some of which may be particularly difficult to think about. The interview will not ask you to talk about specific details of these experiences but will ask you to consider how these experiences have affected you and how you have made sense of these experiences. Before the interview begins, the researcher will speak with you about the type of information that should and should not be disclosed and the protocol that will be followed in the event of a disclosure. In the event of a disclosure, the researcher will consult their academic supervisor and/or relevant clinicians from the ▨▨▨▨▨▨ to consider whether further action is required. This may include reporting the disclosure to the police and/or other relevant bodies.

The researcher will also speak with you about how to communicate that you would like a break or would like to stop the interview. The researcher also has experience of discussing sensitive topics and will be able to provide support if this is needed.

What are the possible benefits of taking part?

There is currently not a lot of research that has investigated UK veterans' experiences of moral transgressions during service with the Armed Forces. A better understanding of UK veterans' experiences may contribute to the development of appropriate treatment and support for UK veterans who experience mental health difficulties following experiences of moral transgressions during service. This means that by taking part you may help others in the future.

How will we use information about you?

We will need to use information from you for this research project.

This information will include:

- Your name
- Your telephone number
- Your email address
- Demographic information such as the number of years you served in Armed Forces
- Information provided by you in the interview

People will use this information to do the research or to check your records to make sure that the research is being done properly.

People who do not need to know who you are will not be able to see your name or contact details. Your data will have a code number instead.

We will keep all information about you safe and secure.

Once we have finished the study, we will keep some of the data so we can check the results. We will write our reports in a way that no-one can work out that you took part in the study.

**What are your choices about how your information is used?**

You can stop being part of the study at any time, without giving a reason, but we will keep information about you that we already have unless you decide to withdraw within 2 weeks after the interview.

We need to manage your records in specific ways for the research to be reliable. This means that we won't be able to let you see or change the data we hold about you.

Where can you find out more about how your information is used?

You can find out more about how we use your information

- at www.hra.nhs.uk/information-about-patients/
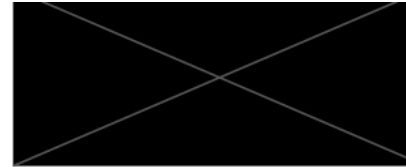
- our leaflet available from **www.hra.nhs.uk/patientdataandresearch**
- by asking one of the research team
- by sending an email to ██████████████ or dataprotection@contacts.bham.ac.uk

Will my participation in the study be kept confidential?

Your participation and all of the information that we collect about you during the study will be kept strictly confidential. Only the members of the research team will have access to your personal information. If you agree, your GP will be sent a letter stating that you have agreed to take part in a research study. They will be provided with information about the study; however they will not have access to data that you provide as part of the research. Interviews will be recorded using an encrypted Dictaphone. Once the interview has been completed, the audio data will be transferred to the Research Data Store at the University of Birmingham and deleted from the Dictaphone. The audio file of the interview will be stored temporarily on the Research Data Store until it has been transcribed by the lead researcher after which the audio file will be deleted permanently. Any records that we make during the study will be stored securely and separately from any of your personal details. No-one outside the research team will be able to identify you personally from these records, and no-one will ever be able to identify you personally from anything that we write or say in public about the research.

What will happen if I change my mind about taking part?

You can withdraw from the study at any time without giving a reason. If you withdraw from the study, it will not affect your rights in any way. You will be able to ask for your interview data to be withdrawn up to two weeks after it has been collected. After this date, analyses will have begun, and it will not be possible to withdraw your data from the study.

What will happen to the results of the research study?

When the study is complete, it will be written up as part of a doctoral research project. This will be available online. The results may also be presented at scientific conferences and published in scientific journals. The results will be shared with healthcare professionals who may use the findings to make changes to healthcare services. If you would like to know the results, we can provide a summary of the findings. We expect the results to be available in 2023.

Who is organising and funding the research?

This research project is sponsored and insured by the University of Birmingham and is led by Holly Edwards, a Clinical Psychologist in Training, at the University of Birmingham. The project is being supervised by Dr Andrew Fox. This research is being completed as part of the requirements of the Clinical Psychology Doctoral training course. This training course is funded by NHS England.

Who has reviewed the study?

This study has been reviewed and approved by the NHS ethics committee [22/SW/0050/RG_22-014]

Will I be paid for taking part in the study?

We are very grateful for the contribution of everyone who participates, but we do not have any funds to pay you for taking part.

Resources for support:

If you require support following your interview, you can use the following resources, including contacting your allocated clinician from the Complex Treatment Service.

- NHS:
  - Access support through your GP
  - ▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨
- Contact your allocated clinician at the ▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨
- Veterans UK: https://www.gov.uk/government/organisations/veterans-uk/about#contact-us
- Samaritans: Call 116 123 or visit the website https://www.samaritans.org/

Who can I contact for further information?

For more information, please contact the lead researcher:

- **Holly Edwards**, *Clinical Psychologist in Training* (School of Psychology, Centre for Applied Psychology, University of Birmingham, 52 Pritchatts Road, Birmingham, B15 2TT. Email: ▨▨▨▨▨▨▨▨▨▨▨▨

What if something goes wrong?

If you are unhappy or dissatisfied with any aspect of your participation, you can contact any of the following:

- **Holly Edwards**, *Clinical Psychologist in Training* (School of Psychology, Centre for Applied Psychology, University of Birmingham, 52 Pritchatts Road, Birmingham, B15 2TT. Email: ▨▨▨▨▨▨▨▨▨▨▨▨
- **Dr Andrew Fox**, *Project Supervisor* (School of Psychology, Centre for Applied Psychology, University of Birmingham, 52 Pritchatts Road, Birmingham, B15 2TT. Email: ▨▨▨▨▨▨▨▨▨
- Patient and Liaison Service (PALS) for informal, impartial, and confidential advice regarding any concerns you may have about the care you have received. Telephone: ▨▨▨▨▨▨▨ ext: ▨▨▨▨▨▨▨. Email: ▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨

Thank you for reading this information sheet and for considering taking part in this research study

Appendix G: Contact Consent Form

Contact Consent Form: Version 2 (07.02.2022)
IRAS ID: 304115
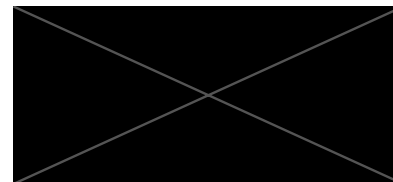
CONTACT CONSENT FORM

Title of Project: Exploring UK Veterans' experiences of moral transgressions in service: a qualitative Interpretive Phenomenological Analysis.

Name of Researcher: Holly Edwards ████████████████

You have been given this form as you have expressed an interest in participating in the research study called 'Exploring UK Veterans' experiences of moral transgressions in service: a qualitative Interpretive Phenomenological Analysis'. By completing this form, you are agreeing for the information you provide to be used by the lead researcher to contact you to discuss your participation in the research study and provide you with an opportunity to ask any questions. Once you have completed the form, please return it to your allocated clinician at the ████████████ who will then securely email it to the lead researcher and destroy the original copy.

Full name: _____

Telephone number (please provide at least one):

Home: _____

Mobile: _____

Work: _____

Other: _____

Email Address: _____

Thank you for completing this contact consent form. The lead researcher will be in touch shortly to discuss the research with you in more detail.

Appendix H: Example of completed electronic consent form

Version: 3
Date: 09.05.2022
IRAS ID: 304115
Example of copy of consent form that will be emailed to participant with copy of Participant Information sheet for their records.

Q1. Please enter your name (First name, Surname)

Joe Bloggs

Q2. I confirm that I have read the Participant Information Sheet (Version 3). I have had the opportunity to consider the information, ask questions and have had these questions answered satisfactorily.

● Yes
○ No

Q3. I understand that my participation is voluntary and that I am free to withdraw at any time up to the end of the two-week reflection period, without giving any reason, without my treatment with the Complex Treatment Service for Military Veterans service or legal rights being affected.

● Yes
○ No

Q4. I understand that the interview will be audio recorded. The data will then be transcribed by the lead researcher and pseudonymised to maintain confidentiality.

● Yes
○ No

Q5. I understand that the final written report and any future publications will contain pseudonymised direct quotes from the nterview

● Yes
○ No

Q6. I understand that my GP will be informed that I am participating in the research project

● Yes
○ No

Q7. I agree to take part in this research study

● Yes
○ No

Q8. When the study is complete, it will be written up as part of a doctoral research project. If you would like to know the results, a summary of the findings can be provided. The results are expected to be available in 2023. Please indicate below if you would like a summary of the findings.

● Yes
○ No

Q9. Please provide an email address that you are happy for the summary of the findings to be sent to

Joe.Bloggs@gmail.com

Appendix I: Questions that were included in the demographic questionnaire

1. In which branch of the Armed Forces did you serve?
    a. Royal Navy
    b. Royal Marines
    c. British Army
    d. Royal Air Force
2. What was your job role in the Royal Navy?
3. What was your job role in the Royal Marines?
4. What Regiment or Corps were you part of?
5. What was your job role in the Royal Air Force?
6. At the time of the incident that led to your morals and values being violated were you a reserve member or a regular member?
7. At the time of the incident that led to your morals and values being violated, what was your rank?
8. At the time of the incident that led to your morals and values being violated, approximately how old were you? (please give your answer to the nearest year)
9. What was your highest rank on leaving the Armed Forces?
10. What was the reason for leaving the Armed Forces?
    a. Completion of full service
    b. Early service leaver
    c. Medical discharge
    d. Discharge as of right (DAOR) during training
    e. Retirement
    f. Administrative discharge
    g. Redundancy
    h. Compassionate discharge
    i. Conscientious objector
    j. Other (please provide details).
11. How old were you when you left the Armed Forces? (Please give your answer to the nearest year)
12. In total, how long did you service in the Armed Forces? (Please give your answer to the nearest year)

Appendix J: GP letter

Date: 07.02.22
IRAS ID: 304115
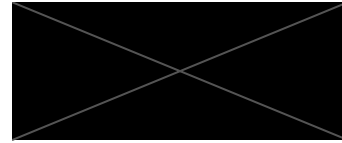
[Insert site address details]

Private and confidential

[DATE]

Dear [GP],

Re: DOB: NHS no:
Address:

I am writing to inform you that the above patient has recently consented to participate in a research project 'Exploring United Kingdom Veterans' experiences of moral injury trauma: a qualitative Interpretive Phenomenological Analysis'. The research project aims to support the understanding of moral injury trauma within the UK veteran population by conducting a semi-structured interview with the participant to specifically understand the individual's personal experiences of moral injury trauma.

There is no required action from you as a result of this letter, however should you wish to find out more information regarding the research project, please see the included Participant Information Sheet.

Yours sincerely

Holly Edwards
Trainee Clinical Psychological and Lead Researcher
University of Birmingham
XXXXXXXXXXXXXXXXXXXXXXXXX
Email: XXXXXXXXXX

Appendix K: Semi-Structured Interview Schedule

Semi-structured interview schedule

Prior to interview commencing clarification is given to the participant about the information that should and should not be disclosed during the interview. A discussion will also be had about how to communicate with the chief investigator that the participant would like a break or stop the interview. The participant will also be reminded that the interview will be audio recorded and consent will be reconfirmed before beginning the interview.

Introductory questions
- Can you tell me about joining the Armed Forces?
    - *(e.g. Why? (e.g. heroism, patriotism, status, economic?), Reflections on time served?)*
- *What were your views of the Armed Forces before joining?*
    - *E.g. What did you think it would be like? What did you think it stood for?*
- *What were your views of the Armed Forces whilst you were in the Armed Forces?*
    - *Have views changed? In what way?*
- *What are your views of the Armed Forces since leaving?*
    - *Have views changed? In what way?*
- Can you tell me about your own morals and values?
    - *How did you develop your moral code?*
    - *Have your morals and values been influenced by religion/spirituality? If so, in what way have they been influenced?*

Interviewer then reads out the following: *"There may have been occasions during your time in the UK Armed Forces when you had to do things that went against your own morals and values or there may have been things you weren't able to do that went against your own morals and values. In this interview I will be asking you to think about times when your morals and values were challenged whilst serving in the Armed Forces. Specific details are not required about the events, instead I will be asking you to think about how you understand and felt about these events. This could include acts of betrayal, incidents involving injury or harm to civilians, within-rank violence, inability to prevent death or suffering, and ethical dilemmas".*

Initial reaction to the morally injurious event
- Can you tell me how these experiences affected you at the time?
    - *Physically, mentally, emotionally, socially*
    - *What were you thinking? What emotions did you experience? At the time and immediately after.*
- Can you tell me how tried to cope with this at the time? At the time and immediately after?
    - *Behaviourally, emotionally, socially, cognitively (e.g. how they're trying to make sense of the event, strategies such as denial)*
    - *Positive coping, maladaptive coping*

Changes over time

- What reactions did you have to the morally injurious events <u>after</u> it occurred? (weeks, months years)
  - o What were you thinking?
    - ▪ *Can you tell me more about when these thoughts may have started? How did they progress? How did you feel? How did that change (if at all)? What did you do about these at the time (if anything)?*
- How do you see your role in the event?
- Do you think your view of yourself has changed since the event (s)? If so, in what way?
  - o *When did this change occur? What things are different now, and how did they change?*
- Do you think your view of other people has changed since the event(s)? If so, in what way?
  - o *When did this change occur? What things are different now, and how did they change?*
- Do you think your view of the world has changed since the event(s)? If so, in what way?
  - o *When did this change occur? What things are different now, and how did they change?*
- Do you think your view of the military has changed since the event(s)? If so, in what way?
  - o *When did this change occur? What things are different now, and how did they change?*
- *Do you think other people's view/opinion of you has changed since the event(s)? If so, in what way?*
  - o *When did this change occur? What things are different now, and how did they change?*

Moral Injury Trauma

- One term that has been used to describe the experience of your morals and values being challenged is 'moral injury trauma'. What are your thoughts about this?
  - o *Definition: "Moral injury refers to an injury to an individual's moral conscience and values resulting from an act of perceived moral transgression, which produces profound emotional guilt and shame, and in some cases also a sense of betrayal, anger and profound "moral disorientation"*
  - o *Is this a term you've heard before? What are your associations with this phrase? Is there an alternative phrase you would use to describe your experiences?*

120