

**The Intergenerational Impacts of Military Service-Related Moral Injury**

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### **Abstract**

Moral injury, defined as the psychosocial and spiritual distress resulting from actions or events that transgress deeply held moral beliefs, is increasingly recognized as a risk of employment within the Canadian Armed Forces (CAF). While much of the existing literature focuses on the internal experiences of morally injured service members and Veterans, there remains a critical gap in understanding the intergenerational experiences of moral injury in families, particularly children raised in military families. This study explores the retrospective experiences of adult children of CAF Veterans who participants perceived to have incurred a military service-related moral injury. Using a qualitative, phenomenological approach within interpretive and critical paradigms, this research centers the lived experiences of 11 adult participants through semi-structured interviews. Framed by the Family Adjustment and Adaptation Response (FAAR) model, a military-sensitive life course perspective, and a critical ecological lens, the findings reveal the long-term emotional, relational, and identity-based consequences of a parent's moral injury, as well as adaptive strategies developed in response to moral injury-related family dynamics. The study highlights the need for inclusive policies and support systems that acknowledge moral injury as a family experience. Recommendations are offered for research, policy, and practice aimed at improving the health and well-being of military-connected families.

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## Chapter 1: Introduction

The lasting psychological and social impacts resulting from the breach or transgression of moral values are evident throughout the history of humanity (Litz et al., 2022). Recently, the clinical significance of these harms has come into focus under the construct of moral injury. Moral injury is understood to be the biopsychosocial-spiritual impacts of commissions, omissions, or witnessing events that transgress morally held beliefs or expectations (Litz et al., 2009). The distress associated with exposure to morally injurious events has consistently been characterized by intense feelings of shame and guilt, distrust, spiritual distress, inner conflict about perceived transgressions, hindsight bias, and negative attributions about the self and the world (Litz & Kerig, 2019; Litz et al., 2009). Importantly, while research on the profound impacts of moral injury continues to expand, the familial implications of this phenomenon remain largely unknown. In particular, how a military service-related moral injury in a parent influences the experiences and well-being of children in military families across their life span is a critical gap. Therefore, this research provides valuable insights into the lived experiences of adults who believe their Veteran parent has incurred a military service-related moral injury and explores the ways in which parental moral injury has influenced their experiences across their life course.

Increasingly, moral injury can be considered a risk of employment for those in the Canadian Armed Forces (CAF), with over two-thirds of those deployed on behalf of the CAF reporting exposure to at least one potentially morally injurious event (PMIE; Hansen et al., 2021). Within the CAF, examples of PMIEs may include engaging children in combat, mission mandates that prohibit intervention, or witnessing large-scale human degradation and violence against civilians. Included in moral injury is also the experience of betrayal by someone who is

in a position of legitimate authority (e.g., a commanding officer) in a high-stakes situation (Shay, 2014).

While children in military families are often described as resilient (Easterbrooks et al., 2013; Saltzman et al., 2011), research has demonstrated that a serving parent's mental health directly impacts the child (Hisle-Gorman & Susi, 2021; King & Smith, 2016). This is important to note, as moral injury frequently appears to co-occur and escalate other mental health-related maladies, including post-traumatic stress disorder (PTSD), substance abuse, depression, anxiety, and suicidality (Davies et al., 2019; Kelly & Paul, 2018). Furthermore, a formative finding from my previous work suggested that children in military families have demonstrated the ability to detect changes in a parent after deployment to potentially morally injurious missions, including shifts in the parent's moral emotions (e.g., shame, anger) and changes in relational interactions consistent with moral injury (Reeves, 2024); however, the impacts of a parent's moral injury on the child and their development into adulthood requires further investigation. Research exploring how family members experience moral injury, and whether these experiences have lasting impacts on children, would strengthen the understanding of the impacts of moral injury beyond the individual.

This study aimed to understand the lived experiences of adult children in military families through retrospective accounts provided by adult children of Veterans who served in the post-Gulf War era (after 1990), where at least one parent is perceived by the participant to have presented with moral injury related to military service. Participants engaged in semi-structured interviews to share their retrospective accounts of their perspectives about how they believe moral injury presented in their parents, the ways in which their parents' moral injury influenced their experiences across the life span, and recommendations for research, policy, and practice. As

moral injury is not diagnosable through standardized measures, participants were asked to self-select to participate if they felt their experiences aligned with having a parent morally injured through military experience. This study aimed to explore how children perceive and respond to the demands created by a parent's moral injury, highlighting the capabilities they develop to cope. It focused on how children make meaning of these experiences and offered recommendations to support the health and well-being of military-connected families. Research questions for this project included: how does a parent's military service-related moral injury influence the life course for those raised in military families, what factors do adult children of Veterans believe influence the development and maintenance of moral injury, and what recommendations for policies or programs can be developed and/or supported to enhance the well-being of those growing up in military families where moral injury is present. A critical approach was employed throughout the design, seeking to understand how elements of military service common to both domestic and international deployment activities, such as military culture, may contribute to the creation and maintenance of practices that lead to moral injury in the CAF. Participant reflections in this study offer valuable insights into how moral injury manifests within the family system and how its effects extend beyond the injured individual to impact the entire family, particularly the children across the life course.

## **Chapter 2: Positionality & Reflectivity**

The ways in which a researcher frames and conceptualizes a study can be deeply rooted in that researcher's historical present and dynamic positionality (Westby, 2024). Understanding how one's identities intersect within their research is crucial in comprehending not only how they engage in the research but also how they conceptualize the findings their research is crucial

in comprehending not only how they engage in the research but also how they conceptualize the findings and implications.

### **Positionality**

This research was initially inspired by a comment made by a participant in my previous study (2024), which was conducted as part of my undergraduate honours thesis exploring the ways in which adult children of Veterans reflected on a parent's deployment to a potentially morally injurious mission. This participant noted to me that they felt that their parents' moral injury had profound impacts on them, and that because of how the moral injury was expressed by their parent, they felt their life course was shaped by the ways they adapted or adjusted. This participant further shared that they believed someone needed to examine moral injury from an intergenerational perspective to better understand the life course outcomes of moral injury for adult children of Canadian Armed Forces Veterans demonstrating symptoms of moral injury. Other participants in my previous work highlighted to me that while their parent had deployed on missions where moral injury was a possibility, it was duties undertaken on Canadian soil that appeared to be most damaging to their parent. As such, I approached this research project with the intention of honouring the knowledge gaps that my previous participants had identified as important.

I approach this work through the intersection of being a researcher and being a child of a CAF Veteran. Throughout my life, I have seen the tendency to overlook the experiences of children in military families and have lived the long-lasting consequences that arise due to the lack of acknowledgement. As a child, I experienced cross-country relocations, prolonged separations from my father, and persistent fear of the danger my father was exposed to during combat deployments. The stressors of military life were constant. However, it wasn't until I

became an adult that I realized how my perspectives on life differed from those of my civilian peers. Looking back as an adult allows the viewer to see how conflicts were resolved or overcome, something that is challenging to see when in the depths of crisis. As a child, I found that many of my social environments did not understand the aspects of military culture or stress that influenced my identity, making them unable to holistically address the concerns or problems that I faced. Therefore, I emphasize in my research how children of CAF personnel experience various domains (e.g., health, peer relationships, military culture) concerning their ‘military-brat’ identities. The term ‘military-brat’ is often used as a label that transcends race, religion, age, military branch, and parental rank, allowing children in military families to mark their own subculture and shared experiences with other military children (Schertz & Watson, 2018). Given the incremental nature of my observations on the impacts of military upbringing in my own life, I believe it is essential to explore the experiences of adult children. By examining experiences throughout the life course from the lived experience of adult children, I believe there is an increased opportunity to understand not only how experiences affected an individual but also how adverse experiences may have been resolved, allowing for important implications for policy and program development to be identified.

As a child from a military family myself, I am uniquely positioned to do this research. My shared culture and customs with other adult military children allow for an understanding and shorthand that can increase rapport and confidence. I have had opportunities to practice research at the intersection of these two identities through numerous projects, allowing me to see how a shared military culture can enhance research while also becoming aware of how to address and manage my own biases through reflective practices.

I also wish to acknowledge that there are certain aspects of my identity which influenced my experience as a military child differently than others. These include having a parent who was an officer and, therefore, who was positioned within the CAF to be respected and recognized by peers. Additionally, due to the nature of my father's position and trade while serving, I experienced more stability than might be true for some of my peers. I also acknowledge that, as my family was white, middle-class, and heteronormative, there are aspects of military life that were inherently easier for me than may be true for others. As such, throughout this research, I sought to navigate a space where my lived experiences were a strength, but also a potential bias. Throughout conducting data collection for this project, some of my perspectives and experiences were shared by both myself and all participants, some by myself and a subset of participants, and others were not shared at all. However, I acknowledge that my interpretation of findings is only one possible interpretation and that there are elements of others' experiences I may have unintentionally overlooked.

### **Reflexivity**

Westby (2024) describes research as a "sacred practice occurring in the relationships formed and relating within, between, and among the people involved" (p. 174). The process of reflexivity, which involves both reflection and subjectivity, is an intersubjective act in which both the self (the researcher) and the other (the participants) are considered and recognized (Freda & Esposito, 2017). In the context of sensitive or distressing research, reflexivity can enable researchers to explore not just why they are drawn to a topic but also how they respond to the data they collect (Karcher et al., 2024). Unlike reflection, which occurs at a single time point, reflexivity is an ongoing process involving iterative negotiations that take place throughout the research process (Smith & Luke, 2021). Probst and Bernson (2014) note that this can include the

pre-writing phase (situating the self), during data collection (diaries, memos, and debriefing meetings) and in the post-writing phase after the project is complete. Walsh (2003) describes four overlapping dimensions of reflexivity processes: Personal, interpersonal, methodological, and contextual.

### ***Personal Reflexivity***

Personal reflexivity requires the researcher to reflect on and clarify their position within a study. This form of reflexivity acknowledges that there is a complex and integrated relationship between a researcher's subjectivity and reflexivity (Bott, 2010). Engaging in personal reflexivity should exceed a simple positionality statement, and instead include practices which help bring forward the aspects that influence the researchers' motivations and decisions throughout the project (Finlay, 2002). Throughout this research project, I engaged in various personal reflexivity practices. These included the use of reflective journaling, de-briefing with my supervisor, psychotherapy, and critical self-reflection. Through these practices, I aimed to cultivate self-awareness, recognize moments of surprise or shock, and embrace transparency and vulnerability. These practices allowed me to continually reflect on potential bias, presuppositions, interpretations, and idiosyncratic predilections that may have influenced the research process. Reflexive journaling, in particular, facilitated emotional processing and self-monitoring, enabling me to identify issues, feelings, or assumptions that challenged me and bring them to the attention of my supervisor.

### ***Interpersonal Reflexivity***

Interpersonal reflexivity refers to the multitude of relationships that are included within a research project, most significantly the relationship between participants and researcher (Walsh, 2003). As such, interpersonal reflexivity includes recognizing and appreciating the unique

knowledge participants hold, and allowing space for their experiences to impact the research process. Within interpersonal reflexivity practices, it is also essential to acknowledge that interpersonal reflexivity also entails awareness of power dynamics (Finlay, 2002). Researchers may occupy power positions relative to their participants, as they may be seen as arbiters of what is considered “valid” findings (Olmos-Vega et al., 2022). Critical reflexivity is grounded in assumptions about power dynamics (Hordge-Freeman, 2018) and requires researchers to attend to their intersectional identities and the complexities of these identities within their research practice (Smith & Luke, 2023). As such, I aimed to remind myself of the privileges I was afforded throughout my own experiences in order to centre the experiences of my participants, whose experiences may have been otherwise marginalized or overlooked. I shared with participants my connection to my research question, including a brief overview of my status as an adult child of a military Veteran and my previous research experience. I attempted to make my connection to the research visible at multiple intersections, including through recruitment posts and allowing participants the opportunity to ask me questions about myself and my research off the record. I also ensured that participants had opportunities to review recommendations which arose from the findings. This allowed participants to validate that the recommendations, which I interpreted from the analysis of interviews, were in line with the experiences and expectations my participants may have had.

### ***Methodological Reflexivity***

Walsh (2003) describes methodological reflexivity as beginning with thoughtful considerations of the researcher’s paradigms and orientations. Through acknowledging and critically reflecting on research paradigms, methodological reflexivity helps situate the research study within shared understandings of boundaries. Through reflecting on the meaning-making

process, the researcher engages in a conscious decision-making process around paradigms and theoretical orientation. The process can therefore be examined for ethical and rigorous methods. As part of ensuring methodological reflexivity, I engaged in regular meetings with my supervisor to review my research practices.

### ***Contextual Reflexivity***

The final reflexivity subtype identified by Walsh (2003) is contextual reflexivity, which includes positioning a project within its cultural and historical context. This form of reflexivity highlights how research questions are embedded and influenced by social assumptions and practices (Naidu & Slied, 2011). Contextual reflexivity entails an understanding of how research may transform social fields in both intended and unintended ways. Through engaging in reflexive practices, ethical research aims to make a positive impact in the contexts where participants have reflected or engaged. In order to consider contextual reflexivity practices, I engaged in reflexive writing that sought to help me understand the position of my research and the ways in which my research can be disseminated to appropriate contexts.

## **Chapter 3: Review of the Literature**

Although the term moral injury was introduced first in 1994 by Shay as a socially-inflicted betrayal-based wound in military Veterans, many remain unfamiliar with the term and the associated consequences (Lamrock, 2022). For families, the lack of knowledge around moral injury may lead to further feelings of isolation or hopelessness. This is particularly true for children, who may observe changes in a parent's pattern of behaviour but lack the opportunity to assign meaning to it (Mordoch, 2010). Described by Kudler and Porter (2013) as "essentially invisible" (p. 163), children in military families are embedded in a complex ecosystem of overlapping civilian and military expectations. Canadian census data showed that in 2021, there

were 3,913,465 current and former individuals raised in military families (Statistics Canada, 2023), yet, despite this prevalence, the direct lived experiences of these children are often overlooked. In part, this may be due to a tendency for research on military families to focus on the family as a single entity (Manser, 2020), thereby allowing the nuanced experiences of individuals within those families to slip through the cracks.

### **Canadian Armed Forces**

Canadian census data, collected in 2021, indicated that 97,624 Canadians were currently serving in the Canadian Armed Forces (CAF) and 461,240 Canadians were Veterans of the CAF (Statistics Canada, 2022). Veterans Affairs Canada (VAC) recognizes any former CAF members who release with an honourable discharge and who successfully completed basic training as a Veteran (Veterans Affairs Canada, 2024). Composed of three main elements - the Royal Canadian Navy, the Canadian Army, and the Royal Canadian Air Force - and comprising both Regular and Reserve force members, the CAF is a unified military force representing Canada and its interests. The CAF operates under three primary ethical principles: respect the dignity of all persons, serve Canada before self, and obey and support lawful authority (Department of National Defense, 2022). In a report titled *Duty with Honour: The Profession of Arms in Canada*, the CAF states that “the very legitimacy of the profession of arms in Canada demands that the military embody the same fundamental values and beliefs as those of the society it defends, limited only by military functional requirements” (Department of National Defense, 2003, p. 15). In meeting these ethical principles, the CAF identifies six military values: loyalty, integrity, courage, excellence, inclusion, and accountability (Department of National Defence, 2022). It is plausible that these espoused values create a moral foundation for military members, although this has not been explored in academic literature. Moral Foundation Theory, proposed by Heidt

and Joseph (2004), suggests that cultures construct their own moralities, and as such, individuals within those cultures adopt moral systems congruent with their dominant culture (Graham et al., 2011). This shared foundation among members may contribute to unit cohesion among serving members and Veterans of the CAF. Unit cohesion can be understood as “the sustained commitment to other service members of the same unit, which helps them perform the unit’s mission” (Ward et al., 2024, p. 302). Unit cohesion includes bonding amongst the group, shared values, and feelings of belonging (Meredith et al., 2011). Within military contexts, unit cohesion has been found to buffer against adverse experiences, such as those associated with deployments, and symptoms associated with mental health conditions such as Post Traumatic Stress Disorder (PTSD) and suicidality (Mitchell et al., 2012; Ward et al., 2024; Zang et al., 2017). However, the strong moral ethos promoted by the CAF may also contribute to psychological dissonance when morally injurious events occur, as service members struggle to reconcile conflicting actions or inactions required to fulfill mission mandates with their internal moral codes. Veterans who share challenges they have with the CAF post-deployment, where they report feeling that they were unprepared for the experiences they would have overseas, including interactions with children and vulnerable populations (Baillie Abidi et al., 2025; Houle et al., 2024).

### ***Gulf War and Beyond***

The Gulf War (starting in 1990) era marked a significant shift in the CAF, as it transitioned its focus to international peacekeeping and coalition operations. Following the Gulf War, CAF personnel have been increasingly involved in a range of complex international missions, including peacekeeping, combat operations, and humanitarian efforts, which often expose military members to morally injurious events, operational stressors, and prolonged separations from families at a level, tempo, and intensity unknown, for the most part, to previous

generations of CAF members serving from the end of the Korean War up to the Gulf War. Studies show that Veterans have high rates of mental disorders, with Sareen and colleagues (2018) reporting that 58.1% of their sample met criteria or self-reported a mental disorder in their lifetime. These demands have significant implications not only for the well-being of service members but also for their families.

### **Military Culture**

Culture can be broadly understood as an actively constructed phenomenon that is expressed through shared meaning between members (MacKenzie & Wadham, 2023), and, for military personnel, military culture becomes entrenched from the moment of enlistment and often lasts throughout the life course (Atkins et al., 2023). As a construct, culture helps form how meaning is ascribed to social environments, making available insight into how groups coordinate identities, interactions, morals, and practices by providing compelling narratives and ideologies about why things are the way they are (Hamedani et al., 2024). Some research has illuminated military culture as being “uniquely entwined” with moral injury (Baillie Abidi et al., 2025, p. 12), where Canadian Veterans describe their duties as “violence under a strict moral code” (p. 13).

The all-consuming culture and demands of the military have led it to be described as a “greedy institution” (Segal, 1986), requiring loyalty and service to the country before self from personnel and their families. The values, traditions, norms, and perceptions espoused by the military influence how members and their families perceive and interact with one another and civilian populations (Coll et al., 2011). Dominant themes within a militarized culture include hierarchical structures, duty and honour, obedience, restraint, masculinity, discipline, combat readiness, unit cohesion, and self-reliance (Hall, 2011; Harrison & Laliberté, 1994; Tompkins et

al., 2022). For military-connected children, traits such as respect, fearlessness, pride, and adaptability can be traced to the values espoused by military culture and their serving parent(s) (Hanna, 2020). These cultural themes represent both strengths and vulnerabilities for military members and their families. Within a military context, the values and traditions of the military can bond members and strengthen camaraderie (Ganz et al., 2021). However, it has also been suggested that Veterans who have stronger military identities also present with higher levels of psychological distress (Lancaster & Hart, 2015; Vest et al., 2023) and more social challenges when transitioning from active duty to Veteran status (Flack & Kite, 2021).

Military family research has demonstrated that the impact of military culture extends beyond the serving member. For example, when military family members endorse military culture, the serving member reports higher overall satisfaction and increased job performance (DeGraff et al., 2016). Furthermore, when military-connected children have expressed satisfaction with military life, they report increased self-efficacy during military-related stressors (DeGraff et al., 2016). Conversely, when military-connected children appear to struggle with the culture or associated stressors, the serving parent is similarly and adversely impacted (O'Neal & Mancini, 2021). The growing awareness that perceived support and satisfaction function as a bi-directional relationship within military families validates the importance of addressing military culture within the broader family unit, allowing the CAF to increase the operational effectiveness of their serving members, as well as the health and well-being of the overall family.

### **Military Life Stressors**

Children in military families are exposed to stressors and strains, such as frequent relocations or prolonged separation from a parent, that civilian families would perceive as non-normative. However, in the military context, these become anticipated and normal events. These

events can create multiple demands on a family, adding up and requiring families to be in the process of continual adjustment and adaptation.

### ***Relocation***

Each year, approximately 9,400 CAF members are required to move to a new province or territory (Government of Canada, 2024). Frequent relocations, as often experienced by military-connected children, can cause a lack of geographical permanence, fractured social bonds, and detachment, which may, in turn, foster or exacerbate mental health concerns such as depression or anxiety (Williams et al., 2023). A study by Williams and colleagues (2023) noted that children often view relocation as their least favourite aspect of military life, leading to academic, emotional, and social implications. Children may find a military-ordered relocation to be unpredictable, a source of family tension, a disruption to social support, and academically challenging (Milburn & Lightfoot, 2013). The idea of relocations as challenging appears to be validated through studies, which have found that recent relocations are associated with elevations in depressive symptoms (O'Neal et al., 2022). Furthermore, it has been suggested that high mobility in military families impacts how adolescents experience identity formation (Thomas et al., 2024). Identity formation is considered a core developmental task (Luyckx et al., 2023), and includes elements such as self-concept and self-esteem.

It is important to note that, for military families, frequent relocations impose a barrier to accessing health and psychological care (Williams et al., 2023). Unlike serving members who access military-specific health care, Canadian military family members utilize the civilian health care system. For children who need specialized support, this can be detrimental. Long wait times, lack of primary care providers, disruption to treatment goals, and lack of military culture competence have been specifically identified by Canadian military-connected children as barriers

to care (Williams et al., 2023). Further demonstrating this are findings indicating that military-connected families are four times less likely to have a healthcare provider than their civilian counterparts (Rowan-Legg, 2017). This is particularly problematic when taken in context with findings that indicate an increased likelihood of adverse mental health in military-connected children (Cramm et al., 2019).

### ***Prolonged Separation***

Prolonged separation from the serving parent can happen as a result of training, deployments, or imposed restrictions (when one parent is posted and the other remains in the previous location). Overall, research has consistently demonstrated that the impacts of parental separation, particularly in the case of deployments, have a profound and negative impact on the mental health of military-connected children (Cramm et al., 2019). Additionally, long parental absences can have the unintended effect of increasing caregiver burden on the remaining at-home parent. Parents left at home are often left to assume the full responsibility for childcare, household tasks, and managing their own deployment stress or anxieties (Clark et al., 2018; DeVoe et al., 2020; Veri et al., 2021). In a qualitative study, DeVoe and colleagues (2020) found two primary trends in reactions from home-front parents: pride resulting from feeling as though they were contributing to the mission or anxiety over assuming the burden of parenting.

In military families, prolonged separations are often multi-phased, including initial notice of deployment or absence, training activities and/or deployment, and reintegration. Spouses of military members and their children seem to experience the deployment cycle differently, with children consistently viewing family functioning as less favourable than their parents (Crow & Seybold, 2012). In a comprehensive literature review, Maholmes (2012) described the differing difficulties resulting from age-related experiences that impact children in military families during

deployments. Notable findings included difficulties for infants and toddlers to form strong attachments with deployed parents, school-age children having challenges expressing internal experiences, and adolescents experiencing a form of role reversal where they step into the absent parent's duties for the duration of the deployment (Maholmes, 2012). Parents report that younger children, in particular, may have trouble understanding why their parent is missing and, as a result, have higher levels of behavioural difficulties during the deployment cycle (Williams, Richmond, et al., 2022) Children in military families have reported feeling that there is a notable lack of social support during parental deployment (O'Neal et al., 2022).

Reintegration following deployment appears to be a particularly vulnerable time for many children in military families, with many researchers noting that the reintegration stage of deployment is considered the most difficult and/or stressful for military family members (Huebner et al., 2007; Knobloch et al., 2014; Williams, Richmond, et al., 2022). There are a number of factors that may contribute to this, including active developmental changes and the emergent sense of self in children that deployed parents may be disconnected from (O'Neal et al., 2018) or parents missing important milestones. Additionally, some research has demonstrated that deployed parents often return home with changed personalities, which causes children to feel trepidation in their relationships (Williams, Richmond, et al., 2023).

Military-connected children have identified several questions that remain unanswered post-deployment, including what happened to their parent while deployed, why their parent enlisted in the military, how they can understand the new family dynamic, and whether there will be more deployments in the future (Knobloch et al., 2014). These questions, identified by Knobloch and colleagues (2014), suggest that military children would benefit from a more comprehensive understanding of the deployed parent's experiences to alleviate negative thoughts

and anxieties. Importantly, some research has indicated that military parents who do not disclose their deployment experiences to their family may unintentionally contribute to the transmission of secondary trauma to their child(ren), as the child attempts to make sense of what a parent may have experienced overseas by actively seeking out evidence (e.g., media, news, movies) or imaging situations that may be worse than the actual deployment experiences (May et al., 2023). For those whose parents return from deployment with mental health issues, such as moral injury, the challenges are likely to be further intensified (Lambert et al., 2014) as children attempt to make sense of behavioural or emotional changes in their parents.

### ***Risk of Parental Harm***

Due to the demands of military service, an inherent form of risk often accompanies military duty. Children in military families often report intense feelings of fear for their parent during the deployment cycle (Veri et al., 2021). While there is limited research that looks directly at how children from military families perceive the potential risk associated with military service, there has been substantial support that deployments are particularly challenging for children (e.g., Cramm et al., 2019). Children in military families may express these challenges through increased mental health problems (Cunitz et al., 2019) and externalizing behaviours (Hajal et al., 2020). Small effect sizes have been found to demonstrate that increased perception of harm to a parent is connected to increased depression or anxiety arising from fear (Cunitz et al., 2019). For parents who experience invisible injuries as a result of their military service (e.g., moral injury, PTSD, anxiety, depression), children may find it hard to understand why a parent becomes avoidant, emotionally numb, or inaccessible for support needs (May et al., 2023).

### **Children in Military Families**

For children in military families, military culture forms the fabric of their upbringing (DeGraff et al., 2016; Reeves, 2024; Wertsch, 1991), where the militarized expectations are interwoven with civilian-based expectations. Often referred to as “military brats”, military-connected children represent a marginalized group in Canada (Hanna, 2020) where the subculture transcends race, religion, age, military branch, and parental rank (Schertz & Watson, 2018). Children in military families represent a notable proportion of the population in Canada, with 2021 census data indicating there were 345,180 military families (84.5% Veteran families and 15.5% currently serving military families; Bastien & Tuey, 2025). Despite this, the direct experiences of children in military families are often neglected, with research often utilizing secondary reports (e.g., parents, teachers, health care providers) to gather insights (e.g., Crouch et al., 2025; Hill et al., 2023; Lester et al., 2024; Rogers et al., 2023; Soto et al., 2025). Further complicating the matter is that many civilian communities where military-connected children are present often do not consider the implications of military stressors on child development. For example, many public schools in Canada do not assess the military status of a parent (Kudler & Porter, 2013), leaving them unable to holistically reflect on how military stressors or culture may influence the child's social, educational, and emotional outcomes.

It has been reported in several studies that military-connected children have an increased risk of receiving a mental health diagnosis (Acion et al., 2013; Millegan et al., 2013), especially in connection with a parent’s deployment (Cramm et al., 2019) or a parent’s deployment-related mental health struggles (Krešić Ćorić et al., 2016). However, to date, no study has explored the ways in which a parent’s struggle with moral injury may directly impact the long-term well-being of military-connected children. Children appear to be aware of moral injury in parents,

even in situations where a parent has not explicitly discussed the morally injurious event, and experience long-term impacts resulting from the moral injury (Reeves, 2024). This relationship may be especially true in the child's development of their own moral beliefs and values, which are developed through the iterative process of cognitive assimilation and accommodation of information from credible sources and maintained by significant social and spiritual support networks (Nash & Litz, 2013). As families represent one of the most influential networks, it is likely that changes in parents' moral experiences directly relate to how children develop and sustain their own moral values. Understanding the complexities of the relationship between military service-related moral injury in a parent and the resulting impacts on the child is therefore vital in providing support, programming, and policies that address the mental health and resiliency of military families.

### ***Health and Wellbeing***

The impacts of military-related stressors can affect children's social, emotional, and academic development. When surveyed, during childhood children from military families were 28% more likely to report low well-being, 32% more likely to report feelings of hopelessness, 22% more likely to report psychological problems, 42% more likely to report low life satisfaction, and 37% more likely to report more frequent risk-taking behaviours (Mahar et al., 2023). Consistently, studies have indicated that children of active-duty military members are at increased risk for psychiatric diagnoses (Cramm et al., 2019; Picciano, 2023), with the majority of research exploring military-related life stressors (e.g., relocation and deployments). Deployments in particular have often been associated with adverse outcomes, including depression and suicidal ideations (Cederbaum et al., 2014). Parental employment-related injuries have also been shown to have profound impacts on children, resulting in an increased risk of

injuries, maltreatment, mental health concerns, and psychiatric medication use (Hisle-Gorman et al., 2019). One facet that has gained less attention is parental rank. Lucier-Greer and colleagues (2016) reported that parental rank, related to pay grade and stability, is associated with depressive symptoms, affectional ties, perceptions of available guidance, and maladaptive behaviours.

Children in military families often walk a fine line in relation to a parent's service-related struggles. However, as some research has demonstrated, military-connected children are often not given pertinent information on how they can manage their own health and well-being. For example, military children in public school systems often lack awareness of school-based support offered to them (Bradshaw et al., 2010; Brendel et al., 2013). Similarly, Canadian educators may lack awareness of mechanisms to identify military-connected children or collaborations that exist to support military-connected youth (Hill et al., 2022). While their parents may be able to cushion their experiences through the support of other serving or Veteran members, children have a limited understanding of military exposure to morally injurious events and limited access to peer groups, which would help them to contextualize their experiences. This is particularly true in more recent times, as Canadian military families are less likely to live in base housing compared to previous generations. McCormack and Devine (2016) further demonstrated the childhood turbulence associated with growing up in the shadows of a parent's combat experience, where the lack of knowledge about the parent's wartime experience created a heavy burden of self-doubt, misplaced blame, excessive sense of responsibility, and feelings of unworthiness in relationships. This is echoed by a systematic review conducted by Cramm and colleagues (2022), which synthesized the psychopathological impacts on children of military parents with PTSD, highlighting the anxiety and fear that current and former children associated

with parental PTSD. However, studies also suggest that, in adulthood, reframing the distress experienced in childhood due to a parent's service-related PTSD can promote growth by fostering greater empathy for the parent, enhancing positive self-regard, and supporting the development of forgiveness (Cramm et al., 2022; McCormack & Devine, 2016). These findings highlight the importance of understanding the meaning-making processes used by adult children of military members and Veterans, as this insight can inform efforts to better support military-connected children whose parents are affected by operational stress injuries.

### ***Resiliency in Military Children***

Definitions of resiliency lack uniformity; however, they typically feature several key themes, including the ability to bounce back, adapt or develop new capacities after stressful events (Jurček et al., 2022; van der Laan et al., 2023; Yoon et al., 2020). Family-based resiliency embodies these themes while also featuring the family's collectivity as it relates to the complex interactions between risk and protective factors (Benzies & Mychasiuk, 2009) through exploring the dynamic process of fostering adaptation through adversity (Luthar et al., 2000). Using family resiliency frameworks allows for families to be assessed in the context of their current values, structure, resources, and challenges (Walsh, 2003). Importantly, recent research highlights the need for family resilience to be considered in the context of larger social policies or resources that mitigate harmful impacts of adversity (e.g., Last et al., 2024). Although research exploring resiliency specifically in military-connected families is limited (Manser, 2020), the same ideas of 'bouncing back' have been shown to apply to Canadian military families (Cramm et al., 2018; Manser, 2020). For military families, it is important to consider resilience through the balance of risk and protective factors (Russo & Fallon, 2014). While risk factors increase the vulnerability of families, protective factors are variables which increase the ability for the family to resist

stressors (Duncan & Goddard, 2011). In a narrative review by Cramm and colleagues (2018), several processes acting as protective factors that enhance military family resiliency were identified, including the ascription of meaning and purpose to military-related stressors through the family's belief system, open and ongoing communication processes, and secure organizational patterns.

However, it is important that, in labelling military families as resilient, they are not unintentionally responsabilized for adverse experiences. Psychological views of resiliency may unintentionally convey resilience as an innate trait, wherein individuals who lack resilience are viewed as flawed. Within military families, there may be polarized messages which position military families as strong and resilient while also being at increased risk (Cramm et al., 2018). Mahdiani and Ungar (2021) propose viewing resiliency as a spectrum where vulnerabilities or adversities can be examined as they relate to available resources. Within this view, resilience is a social construct that supports individuals through social policy, resources, and social capital.

Although the stressors of military life can be challenging, children in military families have many sources of strength that can support the development of resilience (Easterbrooks et al., 2013). Parents of children in military families have reported feeling that the military lifestyle has prepared them for challenges such as transitioning to college, developing robust coping skills, and increasing interpersonal skills (Williams et al., 2023). Children from military families have reported increased confidence in themselves through attributes like determination, pride, and fearlessness as a result of growing up in the military culture (Hanna, 2020). Additionally, military-connected children often self-identify as having high levels of respect, self-reliance, and discipline, which they attribute to the stressors of military-related life (Hanna, 2020). While many factors are hypothesized to contribute to resiliency in military children, connection to the

military community at large seems to be important. Children who grew up in base housing have noted that these communities facilitate the development of a unique social capital, where a shared identity and increased empathy help buffer the adverse effects (Norris et al., 2024). Similarly, Lucier-Greer and colleagues (2016) found that military-connected children who participated in military-sponsored activities experienced enhanced well-being compared to their non-engaged peers.

### *Adult Children of Military Members/Veterans*

For adults who were raised in military families, the ‘military brat’ identity persists into adulthood, offering a sense of belonging and shared history (Norris et al, 2024). This may be particularly important for those who were raised in military families, particularly those who experienced high rates of mobility, as they age and question concepts like ‘where is home’ and how they fit into their world (Thomas et al., 2024). However, findings from a research report by Chappell and colleagues (2025) on adult children of UK Veterans suggest that adult children of Veterans may feel a sense of ‘otherness’, where they perceive civilian peers to not understand the complexities associated with their military upbringing.

Adult children of military members or Veterans often describe personal attributes, such as social skills, empathy, adaptability, patriotism, and worldviews, as being shaped by their military upbringing (Norris et al., 2024). While some studies of children in military families highlight increased odds of adverse mental health (Acion et al., 2013; Cramm et al., 2019; Krešić Ćorić et al., 2016; Millegan et al., 2013), other studies have found that when these children reach adulthood, they are no more likely to have depression or anxiety symptoms than their civilian counterparts (Johnson et al., 2018). However, they may also differ from civilian counterparts in complex ways. For example, Freeman and colleagues (2024) found that adult children of military

personnel may be more likely to exhibit insecure attachment styles. Additionally, those who experienced a parent deploy or who have a parent with military-related PTSD may show higher levels of alexithymia, a personality construct marked by difficulty identifying and expressing emotions, limited imaginative capacities, and a tendency to focus on external rather than internal experiences (El Moujabber et al., 2023; Freeman et al., 2024). Similarly, some studies suggest that adult children of Veterans with PTSD reported greater psychological distress in adulthood and more difficulty with intimacy than those who have a Veteran parent without PTSD (Dinshtein et al., 2011; O'Toole et al., 2017). Taken together, these findings may indicate that capacities developed during childhood experiences in a military family are not always sufficient when a serving parent incurs a psychological injury as a result of their service, leaving them at increased risk for adverse outcomes or challenges in adulthood.

### **Moral Injury**

As research on moral injury is still relatively new, with the majority of scales being developed within the last decade (Houle et al., 2024), there is a lack of consensus on the exact definition or presentation of moral injury. Richardson et al. (2020) identified 12 definitions cited across 124 articles on military service-related moral injury, with the most commonly cited definition emerging from research by Litz and colleagues (2009), where morally injurious experiences are described as “perpetrating, failing to prevent, and bearing witness to, or learning about acts that transgress deeply held moral beliefs and expectations” (p. 697). However, Shay’s (2014) definition of moral injury is also commonly used, with moral injury defined as “a betrayal of what is right by someone who holds legitimate authority (e.g., in the military- a leader) in a high-stakes situation” (p. 183). While both these common definitions centre on the type of events associated with moral injury, they may fail to capture the deep internal consequences. For

example, Veterans have described moral injury as a “soul wound” (Richardson et al., 2022, p. 466), a “violation of core beliefs” (Baillie Abidi et al., 2025, p. 12), and the “emergence of a darkness” (Kalmbach et al., 2024, p. 269). While the events which precede moral injury, often referred to as potentially morally injurious events (PMIEs), may lead to self-appraisals of wrongness associated with persistent feelings of guilt, shame, or blame (Zerach & Levi-Belz, 2022). Notably, moral injury is not defined by preceding events of fear or threat, but by the negative self and world evaluations (Dickinson, 2023), which helps distinguish it from how we understand PTSD (Barnes et al., 2019).

The lack of consensus on how moral injury is understood to develop and present can have significant implications for Veterans and their families, who may lack the understanding or context needed to explain the emotional, social, or spiritual changes they experience. This may then be exacerbated by a lack of acknowledgement towards PMIE post-deployment, with military members reporting that health surveys often fail to ask about the presence or impacts of such events (Runge et al., 2023). It is essential that efforts to understand and educate military members who may experience PMIE are extended to their families, as family members play a crucial role in destigmatizing the condition and identifying individuals who require additional support (Baillie Abidi et al., 2025; Houle et al., 2022). Additionally, given the increased likelihood for mental health concerns in military-connected children, it is essential for the military to provide family support when a serving member or Veteran is experiencing moral injury. Lawn and colleagues (2022) found that the role families play in a Veteran's ability to seek and access help is vital, yet military organizations often leave families feeling ignored after a parent has experienced morally injurious situations (Reeves, 2024).

### ***Moral Injury Related Outcomes***

As moral injury is not currently a diagnosable disorder, the use of medicalized terms such as symptoms should be employed with caution. While there are valid arguments for creating diagnosable criteria, including increasing psychological support, there are also important critiques about medicalizing normal reactions to abnormal situations (McElveen, 2013). As such, this research uses a more neutral term of moral injury-related outcomes (MIROs) to identify the conceivable biopsychosocial-spiritual impacts resulting from PMIEs. This construct of MIROs is consistent with the language used by Litz and colleagues (2022) when developing the Moral Injury Outcome Scale. While the understanding of moral injury remains a shifting landscape, several distinct intrapersonal and systemic outcomes help distinguish the presence of moral injury in military personnel and Veterans (Richardson et al., 2022). Most prominently, MIROs have been associated with painful emotions, beliefs or attitudes, and maladaptive behaviours resulting from moral pain (Currier et al., 2019). Additionally, it may be that acts of commission or omission have different effects than betrayal or bearing witness to others' moral wrongdoing (Frankfurt et al., 2017). When an individual feels directly responsible for moral wrongdoing, they may experience pervasive shame or guilt and self-handicapping behaviours. Conversely, when it is related to observing others' immoral choices or larger betrayals, MIROs may include increased anger or disgust and mistrust of others (Bravo et al., 2020).

The emphasis on internal conflicts or wounds differs from PTSD, where symptoms such as hyperarousal (e.g., increased heart rate, muscle tension, dizziness), hypervigilance (e.g., overreaction to stimuli, paranoia, fear), physiological re-experiencing, or avoiding/numbing are common (Koenig et al., 2018b). Furthermore, events resulting in MIROs may differ from events leading to PTSD, in that unlike events associated with PTSD, PMIEs are not required to be fear-

based (Barnes et al., 2019). Therefore, while events leading to PTSD may also act as PMIEs, not all PMIEs are associated with PTSD.

Understanding the complex interplay between PTSD and moral injury is important in disentangling the two concepts. While there are many overlapping similarities between moral injury and PTSD, there are also important distinctions. In order to meet diagnostic criteria for PTSD there are a number of criteria that must be met as outlined by the Diagnostic and Statistical Manual of Mental Disorders – fifth edition (DSM-5; American Psychiatric Association, 2013), including experiencing, witnessing, repeated exposure to, or learning of a traumatic event (Criterion A); recurrent, involuntary, and distressing memories of the traumatic event(s), which may include dreams, dissociative reactions and physiological reactions to internal or external cues that remind the individual of the traumatic event(s) (Criterion B); persistent avoidance of stimuli associated with the traumatic event(s) such as people, places, or activities (Criterion C); negative alterations to baseline moods, including the inability to remember important aspects of the event, persistent negative beliefs, misplaced blame or shame, diminished interest or participation in activities, or feelings of detachment (Criterion D); and alterations to arousal or reactivity associated with the traumatic event(s), including irritability or anger, self-destructive behaviour, hypervigilance, and sleep disturbances (Criterion E). While Criterion A, B, and E are seen as defining features of PTSD, MIROs are more commonly related to Criterion D symptoms (Koenig et al., 2020), most notably the experiences of chronic and pronounced moral emotions (e.g., guilt and shame; Steinmetz et al., 2019), changes in self-schemas, and social withdrawal (Purcell et al., 2016). It has further been suggested that the emotions and outcomes associated with moral injury are typically developed after the event has occurred; conversely, the emotions associated with PTSD are those which were most acutely felt

during the event (Barnes et al., 2019). This suggests that moral injury may have a more delayed onset compared to PTSD, and is related to increased dissonance between an individual's worldview and the event which transpired. Furthermore, a vital difference between moral injury and PTSD may be the social nature of moral injury. As morals are often embedded in cultural norms, MIROs may be particularly salient within relationships in the social context and changes to broader worldviews (Harwood-Gross et al., 2024). Finally, it has been proposed that moral injury may have a more delayed onset than traditional PTSD trajectories (Maguen et al., 2022). One reason for this may be that moral injury can cause increased rumination on past events, leading MIROs to progressively worsen over time (Bravo et al., 2020). However, other researchers have shown that rumination may be a protective mechanism when it is focused on meaning-making or is action-oriented (Kelley et al., 2019b), which may indicate potential treatment streams for those seeking to enhance well-being in Veterans.

Research has shown that moral injury predicts functional deficits above and beyond the presentation of mental health conditions such as PTSD and depression (Maguen et al., 2022), bolstering the argument that moral injury is a separate and distinct condition. Similar to many operational stress injuries, moral injury is experienced as downstream emotional and psychological impacts resulting from exposure to a stressor or event. The downstream effects may, in part, be explained by the cultural and identity shifts which come from retirement or release from the military. When an individual is deeply immersed in military culture, it is possible that personal moral beliefs are overshadowed by organizational responsibilities. However, in the transition to civilian life, personally held moral beliefs may be valued differently and change a Veteran's self-reflections (e.g., Smith-MacDonald et al., 2020). Obtaining the perceptions of adults who grew up in military families where moral injury is perceived to be

present in a parent may, therefore, help us understand how the transitions military members experience (e.g., post-deployment, reintegration, transition to civilian life) influence moral injury development and/or resolution.

### ***Impacts on Families***

My previous research suggested that when a parent has a military service-related moral injury, children are quick to notice changes in their personality, behaviours, and mental health (Reeves, 2024). This is supported by research more generally, which finds that children of parents with a mental illness are aware of the behaviour or changes in a parent even when the parent does not openly communicate about their illness (Dagne & Snyder, 2011; Mattejat & Renschmidt, 2008; Mordoch, 2010). While there is limited research that directly explores how moral injury and MIRO impact families, we can draw on research from PTSD and other OSIs to help understand how moral injury may impact the family system. In a mixed sample study on Veterans and public safety personnel families with parents who presented with PTSD, May and colleagues (2023) found that children with a parent diagnosed with service-related PTSD frequently report feeling anxious or worried, abandoned, angry or frustrated, hopeless, lack control, upset, withdrawn, numb, resentful, scared, sad, ambiguous loss (unclear loss that remains unverified and without resolution, may be physical loss or psychological loss; Boss, 1999), confused, guilty, agitated, and tense. Cramm and colleagues (2022) similarly noted, through a qualitative systematic review, the profound ways in which parental PTSD is manifested within the home, where children (both current and adults) expressed anxiety, fear, role disruptions, negative self-esteem, grief, and apprehension in seeking help due to fear of repercussions.

The passing of a parent's traumatic experience onto a child can be understood through the concept of secondary traumatic stress. Secondary traumatic stress is defined as "the natural, consequent behaviours and emotions resulting from knowledge about a traumatizing event experienced by a significant other (or client) and the stress resulting from wanting to help a traumatized or suffering person" (Figley, 1995, p. 10). Secondary traumatic stress, which often mimics PTSD, differs from vicarious trauma, which refers to the harmful worldview changes as a result of exposure to the trauma of another (Baird & Kracen, 2006). In children, vicarious trauma may manifest as emotional distress or intrusive thoughts related to seeing or hearing about a parent's traumatic event (McCann & Pearlman, 1990; McCormack & Devine, 2016). For some children of military members, this distress can include nightmares of their parent's experience (Cramm et al., 2022). McCann and Pearlman (1990) explored the pathology of vicarious trauma for helping professionals, positing that exposure to others' traumatic memories could, at times, turn previously neutral stimuli into psychological triggers (a stimulus causing a person to experience strong emotions or memories, often associated with past trauma or difficult experiences; Riachi et al., 2022). While McCann and Pearlman (1990) demonstrate the profound ripple effects of traumatic experiences through a PTSD-centric lens, they also detail the ways in which hearing about traumatic experiences may shift the worldview of those who hear about it, challenging beliefs about human nature and personal safety. McCormack and Devine (2016) demonstrated a similar trend in adult children of combat Veterans, where those who had negative interpretations of their parent's PTSD reported increased feelings of worthlessness, impoverished relationships, and feelings of intense betrayal. Children whose parents have been diagnosed with PTSD have demonstrated the normalization of modelling behaviour of their parents, including hyper-vigilance, anxiety, or being unsafe (Cramm et al., 2022; May et al., 2023).

### *Intersectional Factors*

It is essential to note that, while research on moral injury in deployed or post-deployed military members and Veterans has begun, there is a lack of research addressing moral injury resulting from institutional betrayals on the home front. International operations and deployments have historically served as the backdrop for most research, influencing the development of scales or measures (e.g., the Moral Injury Symptom Scale – Military Version; Koenig et al., 2018a). Neglecting the investigation of moral injury within Canadian borders may contribute to inequity towards personnel who have experienced military sexual abuses, weaponized military masculinity, and challenges in reporting harm to higher ranks or leaders. Furthermore, relying on combat experiences to inform moral injury prevalence neglects the reality of how marginalized groups experience deployments differently due to identity factors. It is, therefore, vital to expand moral injury research to include the military context and culture more broadly in order to include precipitating factors unrelated to combat operations. Additionally, few studies have intentionally investigated moral injury from a gendered perspective, which represents a significant gap in how moral injury is understood. Adopting an intersectional lens is warranted, as it may further our understanding of moral injury in nuanced ways, as cultural and moral values may be differently impacted than the current conceptualization of Westernized PMIEs indicates.

## **Chapter 4: Theoretical Perspectives**

In research, theoretical frameworks help the researcher refine goals, develop research questions, make methodological choices, focus and organize the study, identify potential threats to validity, and demonstrate the relevance of the research to practical applications (Anfara & Mertz, 2015; Collins & Stockton, 2018). For the present study, various frameworks were used,

including the Family Adjustment and Adaptation Response Model, the critical ecological model, and life-course perspectives.

### **The Family Adjustment and Adaptation Response (FAAR) Model**

To explore the relationships between family functioning and individual health, psychological models of stress and family models of stress need to be linked together (Patterson, 1988). Psychological stress models focus on how individuals experience stress when something interferes with goals or expectations (Herman, 1966), whereas family stress models seek to explain ways in which external stressors influence family functioning (Gewirtz et al., 2018). While both models can be used individually to understand military service-related moral injuries within the family, using a model that integrates both allows for a more nuanced understanding of the interaction between childhood and a parent's moral injury. In order to address the research questions of this project, the Family Adjustment and Adaptation Response Model (FAAR; Patterson, 1988) will be used to understand the influences of military service-related stressors on family life. The FAAR model encompasses both psychological and social relational factors, making it an ideal consolidation between psychological and family stress models. The use of this model will allow for the data to be explored through analysis of the balance of capabilities and demands, mediated by meanings, where moral injury acts as the crisis point.

The FAAR model has been used to understand resilience and the meaning-making process in a variety of demanding stressors, such as AIDS (Chen & Lin, 2008), natural disasters (Söylemez & Aydin, 2024), and pediatric illness (Mooney-Doyle et al., 2017). More recently, the FAAR model has been applied to military families as a way to understand the unique influence of military life stressors on family experiences (e.g., Norris et al., 2024). Emerging in family science from studies of children who defy expectations of psychopathology in adverse

situations, this model emphasizes resiliency as a way to clearly understand why some do better in the face of adversity than others (Patterson, 2002). Composed of four central tenets: family capabilities, family demands, family meanings, and family adjustment or adaptations, this model provides an overview of how family resilience relates to crisis (Lin et al., 2016). Patterson (1988) posits that the family attempts to maintain homeostasis (the capacity and mechanisms by which equilibrium is re-established in the family after a change; Kim & Rose, 2014) by using capabilities to meet demands, and through this process, the family ascribes meaning to the experience.

In this model, family capabilities refer to the tangible resources (what families have) and coping behaviours (what families do), which act as protective factors (Saltzman et al., 2013). The resources and behaviours represent a coping pattern (Lin et al., 2016), influencing the intensity of how a demand is felt. Family capabilities can include individual aspects (e.g., intelligence, critical thinking, emotional health), the family (e.g., adaptability, communication skills, quality time together, conflict management), and the communities in which they interact (e.g., health care, social supports, government policies). Family demands represent the range of chronic and acute stressors which a family experiences, including daily trials, discrete events, and ongoing strains which produce or require change (Patterson, 1988; Saltzman et al., 2013). In military families, these demands may include frequent separation from the serving member, unpredictable or inconsistent work requirements, service-related injuries, or frequent relocations. Importantly, use of the FAAR model allows researchers to explore the multiple and intersecting demands that may confront the family at any point in time (Patterson, 1988). As demands are constantly interacting with one another, it is not always easy to determine which was the proverbial straw that broke the camel's back. The FAAR model will allow participants to reflect

on how demands were weighted or resolved when moral injury is added to the equation of military-related stressors.

Meaning-making plays a significant role within the FARR model. Patterson (1988) described meaning-making as happening at two levels: situational meanings (the family's definition of the demands and/or capabilities) and global meanings (the family schema for how members interact with one another and the larger community). Through meaning-making, people attempt to reconcile their situational and global meanings with their appraisal of demands or stressors. Steger and colleagues (2015) posit that when successful, initial appraisals of the event can be modified (e.g., seeing the event as less distressing), global meaning-making can be transformed (e.g., seeing the world and their place in the world differently), and post-stress related growth can occur (e.g., seeing their capabilities as enhanced or increased). Conversely, when meaning-making processes are appraised as unsuccessful, distress may persist (Steger et al., 2015), increasing vulnerability to outcomes such as moral injury. Some research has demonstrated that understanding meaning-making systems is particularly useful in military contexts, where individuals may experience situations which violate their global meanings (Larner & Blow, 2011; Steger et al., 2015). Through extending this process into the family, we can better explore how meaning-making is applied to military stressors and a parent's military service-related moral injury over a child's life course.

Adjustment and adaptation represent two distinct phases, which are separated by a crisis (Patterson, 1988). The adjustment phase can be understood as a stable period where only minor or short-term changes are needed for the family's capabilities to buffer demands (Patterson, 1988), and may be associated with "bouncing back". A crisis occurs when a disequilibrium emerges where the nature or number of demands exceeds the available capabilities (Patterson,

1988). The adaptation phase is where the family attempts to restore homeostasis by acquiring new capabilities, reducing demands, and/or changing the meaning ascribed to the situation (Patterson, 1988), or “bouncing forward”.

### **Critical Ecological Model**

First proposed by Bronfenbrenner (1977, 1979), Ecological Systems Theory posits that development is influenced by multiple systems that surround and interact with an individual. Writing that “human development takes place through processes of progressively more complex reciprocal interaction between an active, evolving biopsychological human organism and the persons, objects, and symbols in its immediate external environment” (Bronfenbrenner & Morris, 1998, p. 996), Bronfenbrenner’s theory highlights the ways in which individuals make sense of their world through activities and interactions across system levels. Specifically, the ecological model identifies four subsystems of the environment that influence human experiences: the microsystem, mesosystem, ecosystem, and macrosystem. The microsystem can be understood as the most direct influences on an individual (e.g., psychological health, physical health, demographics, culture). The mesosystem can be viewed as interrelations among the microsystems which most directly influence the individual (e.g., parents, children, friends, intimate relationships, spirituality). The exosystem reflects indirect influences and networks of community systems (e.g., work, school, healthcare, MFRC, VAC) and includes elements such as policies. Finally, the macrosystem reflects larger societal influences (e.g., military culture). Bronfenbrenner emphasizes the interrelatedness of person and context, as opposed to the exclusive influence of contextual factors (Tudge et al., 1997). Also important to this model is the role of time. Bronfenbrenner and Morris (1998) viewed time as constitutive micro-time (occurring during the course of specific activities or interactions), meso-time (the extent to which

interactions consistently occur in an environment), and macro-time/chronosystem (specific historical events). The critical ecological model further builds on Bronfenbrenner's theory by incorporating critical theory. Critical theory maintains that action and thoughts are fundamentally mediated by power relations (Smith, 1987). Through applying critical theory to the ecological model, we are enabled to see why and how intersecting macrosystem ideologies are rendered visible within everyday life (Norris et al., 2013). Within this study, these ideologies include military culture and moral foundations.

In the present study, the critical ecological model is primarily employed to frame recommendations, facilitating the exploration of key dimensions at each system level while acknowledging the interrelations between systems within and across levels. It serves as a complement to the FAAR model, where the emphasis on meaning-making and context remains central. Participants were asked questions about recommendations or changes they would like to see in various systems they inhabit(ed), including within the family unit, within the CAF, broader policies, and for present children. Examples of questions asked include: What, if any, recommendations might you give to the CAF when considering moral injury and families? What, if any, recommendations might you give to military parents about moral injury? What, if any, resources may be helpful for children whose parents have moral injury?

### **Life Course Perspective**

Within this study, using a life course perspective was an important addition to the project's theoretical framework. The life course perspective addresses both elements of stability and change across the life span as an individual adapts to events, makes decisions, and responds to constraints and choices when faced with external demands (Wethington, 2005). Within the life course perspective, both positive and negative influences are believed to accumulate throughout

the life course, with varying impacts at different points in time (Maindal & Aagaard-Hansen, 2020). Wethington (2005) identifies seven key concepts that inform a life course perspective in research: trajectories, transitions, turning points, cultural and contextual influences, time, linked lives (the influence of one person on another's development), and adaptive strategies. These concepts align with both the FAAR model and the critical ecological model, as all three frameworks emphasize the importance of temporal change, adaptive responses, and contextual factors.

Chandra and London (2013) wrote that “researchers who study military children should consider adopting a life-course perspective, examining children from birth to adulthood as they and their families move through the transitions of military life and into or out of the civilian world.” (p. 187). As such, employing a military-sensitive life course perspective is vital in understanding the multitude of ways in which military culture is woven into childhood development for those raised in military families. A life course perspective may be particularly valuable in moral injury research, as it emphasizes how individuals interpret potentially morally injurious events (PMIEs) and how these interpretations, and their associated impacts, evolve over time. This approach can enhance understanding of how moral injury is expressed and how individuals adapt in the aftermath of such experiences. In the present study, applying a military sensitive life course perspective allows for a focused examination of adult children's well-being trajectories in conjuncture to previously felt military life stressors (relocation, parental deployment, perception of risk), the manifestation and persistence of moral injury in a parent over time, and the factors that influence adaptation and adjustment that children employ across different life stages.

## **Paradigms**

This project will broaden our understanding of moral injury through an intergenerational and familial lens by centring the experiences of those who were raised by morally injured Veterans. Using an interpretive and critical paradigm (Gnanadass & Merriweather, 2024), this project aims to understand the meaning-making process children employ to comprehend moral injury in their parents through the lens of a military-sensitive life course perspective. The use of an interpretive paradigm allows for a focus on participants' lived experiences and the meanings they assign to them, recognizing that reality is shaped by individual perspectives (Phothongsunan, 2010; Rice & Ezzy, 1999). The strength of an interpretive paradigm includes its naturalistic approach, which is participatory and inclusive by design, allowing for findings that accommodate change over time (Phothongsunan, 2010). The critical paradigm, on the other hand, enables an examination of how social structure, power, and inequality shape experience. Critical paradigms derive from sociopolitical and emancipatory traditions, wherein knowledge is believed to be acquired through critical discourse and debate (Fossey et al., 2002). It seeks not only to understand an experience but also to question and challenge dominant assumptions (Guba & Lincoln, 1994). Within this study, the critical approach is significant in rendering visible the intersecting ideologies present and embodied in the everyday lives of adult military children. Taken together, these paradigms will allow for the research to explore both personal and systemic dimensions of military service-related moral injuries as it presents in families.

## **Chapter 5: Methodology**

Using qualitative methodology, interested and eligible participants were asked to take part in a 60-to-90-minute semi-structured interview to provide retrospective accounts of their experience growing up in a family where a parent had a perceived military service-related moral

injury. The goal of the qualitative interviews was to investigate the meaning-making process and the influence of parental moral injury on childhood. Participants also had the opportunity to provide critical insights on how military family well-being can be enhanced through policy or programming.

### **Methodological Approach**

A phenomenological approach was used within this research. Phenomenology is a uniquely positioned approach to qualitative research that enables scholars to gain insight into the experiences of others (Neubauer et al., 2019). It can be defined as an approach that seeks to describe the essence of a phenomenon by exploring it through the perspectives of individuals who have lived experience (Teherani et al., 2015). Within this approach, a participant's lived experience is understood as the way in which they encounter and engage with different aspects of their environment, including through actions, emotions, thoughts, and senses (Tabakol & Sandars, 2025). A phenomenological approach was appropriate for this study because it emphasizes meaning-making, centers on first-person and subjective experiences, and allows for open-ended questioning, enabling participants to describe their experiences freely without being limited by predefined labels or themes (Tabakol & Sandars, 2025).

Qualitative questions were developed using a military-specific life course perspective, evaluating the multiple transitions that inform and impact children in military families whose parents have been affected by morally injurious events (e.g., What was your relationship like with your morally injured parent? Did your relationship change over time? Are there services or resources that would have benefited you growing up? Are there specific memories or examples of your parent's moral injury? How do you make sense of these experiences as an adult?). Questions relating to moral injury utilized the domains within the biopsychosocial-spiritual

model. The biopsychosocial-spiritual model explores the multidimensional and dynamic interaction among biological, psychological, social, and spiritual factors that reciprocally influence one another (Umberger & Wilson, 2024). The model builds on the biopsychosocial model proposed by Engel (1977), incorporating spiritual aspects as suggested by Sulmasy (2002). This model is particularly relevant in crafting research questions about moral injury, as it acknowledges the multiple domains that moral injury may impact. Within this study, the use of the biopsychosocial-spiritual model was used to explore the variety of spheres in which moral injury impacted family experiences through recollections provided by adult children of Veterans (e.g., How did you see your parent handling moral emotions like anger, guilt or shame? How did your parent perceive spirituality? Has your parent ever received formal support (e.g., psychological, medical, spiritual) to support their moral injuries?). Specific attention was given to recommendations made by participants that are accessible, effective, and realistic for policy, education, and programming implementation.

### **Participant Recruitment**

Participants for this study were Canadian adults aged 18 and over who grew up in a military family with a parent who has been impacted by military service-related morally injurious events through the course of their service. Notably, for this study, the participants' parents were not required to have been deployed in order for the moral injury to occur, making this project fundamentally different than the majority of current research where moral injury is explored within a combat-centric lens. For this project, 11 participants were recruited who represented a variety of experiences.

Participants were recruited primarily through social media posts on military family related Facebook pages (e.g., C.F.B. Base Brats, West Ottawa Homefront, Canadian Military Brats

Support Our Troops, Veterans 3B Support Group Canada, Nova Scotia Military and Military Spouses, Military Family Advocacy Think Tank), dissemination by affiliated organizations (e.g., the Royal Canadian Legion, the Canadian Institute for Military, Veteran, and Family Health, and Research Nova Scotia), and snowball sampling where eligible participants are asked to share the research with other potentially eligible participants.

### **Inclusion Criteria**

1. Participants are an adult (18 years or older) child of a CAF Veteran,
2. The Veteran parent served in the post-Gulf War era,
3. Participants' Veteran parent has been impacted by at least one perceived deployment or non-deployment military service-related morally injurious event (e.g., combat/humanitarian deployments, large-scale civilian suffering, military sexual assault),
4. Participants, and their parents, are not currently serving in the CAF.

### **Ethical Considerations and Safeguards**

Speaking to children from military families about their parent's service-related injuries can be a highly sensitive matter, necessitating precautions to ensure the safety of any potential participant. The following considerations were taken to contribute to the safeguarding of participants:

1. As the primary investigator of this study, I developed numerous skills that assisted in creating a safe(r) interview environment. I drew upon my previous certifications in life coaching, Mental Health First Aid, and peer mentoring. I was comfortable building rapport, checking in throughout interviews, and discussing sensitive material. Additionally, I have engaged in research on similar topics in the past using qualitative and participatory methods, which informed my approach to the project.

2. It has been demonstrated that military cultural awareness is vital in developing trust, communication, and rapport with service members, Veterans, and their families (Blevins et al., 2024). As I have lived experience of being a part of a military family, I brought an awareness of some of the ways in which military culture can be woven into the fabric of childhood development. I also engaged in an analysis of available literature to broaden my perspectives and deepen my understanding of alternative experiences.
3. All procedures for recruitment and participation were reviewed by my thesis supervisor (Dr. Deborah Norris) and my institutional research ethics board. All supervisory and committee members have experience in research ethics and military-centric research. Dr. Norris and Dr. Cramm bring additional expertise in research on military families, while Dr. Baillie Abidi has notable experience in moral injury research.
4. I engaged in regular meetings with my thesis supervisor (Dr. Deborah Norris) in order to debrief the interviews and audit my findings. During these meetings, I reviewed any questions arising from the interviews and checked in on any personal responses to the interviews.
5. All participants were recruited by self-identification, allowing participants the autonomy to opt in or out without external pressures.
6. As the research was conducted over secure video platforms (e.g., Microsoft Teams), participants were able to select a time and location to participate that was most aligned with their personal needs.
7. Due to the small sample size and sensitive nature of the interviews, quotes used in the findings are presented without information that would connect them together. This allows participants extra security in making sure their stories are unidentifiable to a reader.

## **Procedure**

Recruitment information was shared predominantly through social media posts in Facebook community groups (Appendix A). Accompanying the posts was a brief positionality statement that shared my background as a military child, my interest in moral injury, and the intended outcomes for my study. Interested participants were asked to express their interest through a confidential email.

Potential participants were electronically provided with a letter outlining the scope of the project (Appendix B) and a letter of informed consent (Appendix C), allowing them to decide whether they wished to participate in an interview. Participants who decided to continue were asked to return the signed informed consent form prior to further contact, allowing them the opportunity to consider whether this project was right for them and to understand their rights as a participant. When the informed consent form was returned, participants were given a demographic and screening survey (Appendix D) and a link to schedule an interview time. All participants were given a variety of interview time options, including evenings and weekends, to best accommodate their schedules and needs. Participants were asked to complete the demographic and screening survey ahead of their interview and return it via email; however, if they were unavailable to complete the survey, it could be completed during the selected interview time.

All interviews were conducted over a secure video-call platform (Microsoft Teams), audio and visual recorded. Recordings were securely deleted following transcription. Prior to starting the interview, I introduced myself and provided brief reminders of the study's purpose and participants' rights to skip a question, pause, or stop the interview at any time. Participants were also given an opportunity to ask any questions they may have. If the participant had not

completed the demographic survey, we completed it verbally prior to starting to record the interview. After confirming that the participants were ready to proceed, they were asked for their permission to record the interview for transcription purposes. All participants agreed to have the interview recorded.

Interviews lasted between 39 and 92 minutes ( $M = 72$  minutes), and followed the structure of the interview guide (Appendix E). Following completion of the interview, participants were reminded that if they wished to alter or adjust any response upon reflection, they could do so via email. No participant elected to alter their interview in any way or requested to be removed from the study. All interviews were transcribed verbatim by me, with identifying information (e.g., names, locations, organizations) removed.

Following initial analysis of the data, participants were contacted with a brief survey which outlined preliminary recommendations from the study. Participants were asked to review the recommendations and provide feedback if they so wished. All responses to this validation survey were anonymous. Six participants took part in the recommendation validation.

## **Analysis**

Data was collected and analyzed in a parallel process, as recommended by Shenton (2004). All transcripts were transcribed by the author and went through a validation process in which transcripts were spot checked at random to ensure accuracy. Transcripts were then uploaded and analyzed using MAXQDA, a qualitative data analysis software.

A reflexive thematic analysis approach was used to analyze data from this study. Thematic analysis is commonly understood to be a technique with theoretical and design flexibility (Braun & Clarke, 2006, 2024; King, 2004). This approach is particularly well suited for the exploration of an under-researched topic and centring participant voices. Additionally,

thematic analysis is highly compatible with both interpretive and critical paradigms, allowing for an in-depth examination of how participants made meaning of their experiences within broader social and institutional contexts. Following the recommendations of Braun and Clarke (2006), themes were generated through a reflective practice that involved familiarization with the data, generation of codes, searching for themes, reviewing the themes, and defining the themes (Appendix F). Thematic analysis involved multiple stages, with each stage building on the previous (Naeem et al., 2023). The first step involves transcription, familiarization with the data, and identification of quotes that “bring the data to life” (Naeem et al., p. 2). This step is important in not only becoming familiar with data but also with identifying information that is relevant to the research objectives (Thomas, 2006). Each transcript was read multiple times to ensure familiarity with the content. The second step involves identifying recurring patterns, terms, or keywords that encapsulate participants’ experiences (Naeem et al., 2023). During this phase, both commonly used terms and meaningful or pertinent thoughts shared by participants were flagged. The third step includes assigning short phrases or words to initial codes or units. Initial codes were selected based on the 6Rs (Naeem et al., 2023): realness, richness, repetition, rationale, repartee, and regal. Within this study, an artfully interpretive approach also allowed for the acknowledgement that coding was inherently subjective and reflexive. This approach allows for the researcher to question assumptions or positionality in order to understand how these may shape or restrict their understanding of a phenomenon (Braun & Clark, 2024). The fourth step includes identifying the patterns between initial codes and assigning them to themes (Braun & Clarke, 2006). Within this study, themes were created through inductive coding where themes were generated from the analysis of the data. This bottom-up approach allows for new ideas and

themes to arise from the research, and is linked to interpretive analysis (Fereday & Muir-Cochrane, 2006).

### **Chapter 6: Findings**

Moral injury, conceptualized as persistent emotional, cognitive, social, behavioural, and spiritual impacts of witnessing, perpetrating, or failing to prevent acts that transgress deeply held moral beliefs (Litz et al., 2009), was explored in this study through the retrospective accounts of adult children of CAF Veterans. This research sought to understand how a parent's moral injury, when related to military service, was experienced and understood by the Veteran's children through a lifespan perspective. Eleven adult children of morally injured CAF Veterans who served in the post-Gulf war era participated in this study, providing accounts of how they noticed their parents' moral injury, their understanding of morally injurious events within the CAF, the adjustments or adaptations they made to cope with parental moral injury, and the meaning-making process they engaged in throughout their life course.

The findings of this study have been organized into the following themes: perception of moral injury, morally injurious events and precipitating factors, moral injury-related impacts and outcomes, and life course impacts of parental moral injury. Each theme is composed of a variety of subthemes that further elucidate the experiences participants reported.

#### **Participants**

Participants of this study included 11 adult children of Canadian Armed Forces Veterans who served in the post-Gulf War era, reporting on a total of 16 parents whom they perceived to have had a moral injury. Both male and female Veteran parents were represented in the interviews, though all participants primarily discussed their fathers. Additionally, both deployment and non-deployment events were represented in this study. Participants were 18 to

48 years old ( $M = 34.7$ ). They consisted of two males, eight females, and one non-binary individual. Participants reflected parents who represented all service elements of the CAF (Army, Navy, Air Force). Participants of this study reside across the country, with the majority of participants currently residing within the East Coast. When reflecting on experiences of military-related stressors, 10 participants had had a parent deploy on at least one international mission, and 9 participants had experienced relocation as a child.

In order to safeguard participants' confidentiality, particularly given the sensitive nature of the subject matter and the small, potentially identifiable population of Canadian military families, pseudonyms or other identity linking factors have not been used in the reporting of this study. While pseudonyms are commonly employed within qualitative research to help demonstrate the breadth and diversity of findings, in this case, even generalized identifiers could inadvertently compromise participants' anonymity. Instead, excerpts from the transcripts are presented without attribution, and the analysis is focused thematically, as demonstrated in table 1.

**Table 1**

*Thematic Analysis of Findings*

Theme	Subthemes	Description
Perceptions of Moral Injury		Participants' understandings of moral injury, includes difficulties in identifying moral injury during childhood, often due to lack of awareness or terminology.

Morally Injurious Events and Precipitation Factors	<ul style="list-style-type: none"> <li>- Deployments</li> <li>- Exposure to Children</li> <li>- Non-Deployment Related Events</li> <li>- Release from the Military</li> <li>- Chain of Command</li> <li>- Military Culture</li> </ul>	Types of morally injurious events parents experienced, often involving betrayal, moral transgressions, or operational stress
Moral Injury Related Impacts and Outcomes	<ul style="list-style-type: none"> <li>- Impacts and Outcomes for the Veteran</li> <li>- Impacts and Outcomes for the Children</li> </ul>	Observable behavioral, emotional, and relational changes in parents that affected the family dynamic across the life course.
Life-Course Impacts of Parental Moral Injury	<ul style="list-style-type: none"> <li>- Connection to Military Identity</li> <li>- Institutional Betrayal</li> <li>- Mental Health</li> </ul>	Long-term developmental, relational, and psychological effects on participants across their lifespan

### **“Moral Injury as a Concept”: Perceptions of Moral Injury**

Participants in this study self-selected to participate based on their belief that moral injury relating to military service was present in their Veteran parent. Most participants in this study reported becoming aware of moral injury in adulthood, which allowed them to reframe their

childhood experiences. For example, one participant shared their experience by starting with “this is also with like, my adult lens, looking back now that I’ve learnt about moral injury as a concept” and another shared “I don’t know if that’s just my father. Maybe none of this is moral injury, but I don’t think that’s true”.

For many participants in this study, there was a challenge associated with knowing what, if any, behaviours were uniquely attributed to moral injury. The challenge of adult children of Veterans identifying MIROs may be broadly attributed to a number of primary barriers. The first being that participants in this study were reflecting on their parents as morally injured, without needing that parent to also apply the label to themselves. While approximately half of the participants noted that their parent also directly used or acknowledged moral injury as impacting them, the other half of the participants believed moral injury to be present without their parent adopting that label. Participants in this study based their beliefs on stories and observations they had throughout interactions with the Veteran parent. Some participants reflected that, for example, “I am still assuming that what I experienced as a kid was maybe the impact of a moral injury or of an operational stress injury when I don’t in fact know that to be the case.” However, it is essential to note that the reflections of these participants were consistent with current understandings of moral injury, including knowledge of morally injurious events that their parents experienced, changes in moral emotions such as anger and guilt, and the broad impact on their worldview. While there appeared to be a trend for participants in this study, where a Veteran’s acknowledgment or use of moral injury as a concept helped the Veteran parent and the adult child engage in a mutual meaning-making process, the ability for the participants of this study to understand moral injury independently of their parent was more important in how the participant was able to make meaning of their experiences. One participant reflected on this,

saying: “[information about moral injury] has allowed me to maybe look back on certain memories with a new perspective and a new lens and get better, be able to empathize with, with kind of both of my parents, in ways that I hadn’t really been able to before”

Another barrier in identifying and understanding moral injury that arose for some participants in this study was that there remains no official definition of moral injury adopted by psychological health professionals, military organizations, researchers, or within common vernacular (Richardson et al., 2020). This meant that many participants in the study were learning about moral injury through different avenues (e.g., work, other Veterans, reading), and lacked access to a uniform definition that could help distinguish moral injury from other operational stress injuries. This may have made it challenging for participants to apply the construct of moral injury to their parents, particularly in cases where the parent was not applying the construct themselves. It may also be that, for participants in this study, moral injury is still too novel a construct for some Veteran parents to apply to themselves. This is contrasted by PTSD, which may be perceived as having more validity for military Veterans and therefore Veterans may be more willing to view their experiences through a PTSD-centric lens.

An additional challenge in labelling moral injuries, highlighted by participants, is the militarized culture in the CAF, which discourages members from addressing mental health challenges more generally. One participant noted that “he didn’t want to be identified with an illness that affected him, and he didn’t want to tell anybody he was... he was scared”, while another noted “he didn’t want to go to therapy for them. He thought that because he’s a strong man that he did not need to go to therapy for them. So, he kind of did nothing about it. He just... He just reacted the way he knew how”. These types of reflections indicate that, for participants in this study, the militarized culture within the CAF that discourages members from seeking mental

health care was compounded by the presence of a moral injury, in part because the injury was not seen as valid by psychological measures or standards.

The final barrier that participants in this study reflected on was that moral injury and PTSD are often perceived to be somewhat interwoven, so distinguishing distinct boundaries between the two concepts is challenging. This was demonstrated in participants sharing things such as

It's just only recently that I've kind of understood the difference between moral injury and PTSD. And so I always saw it as PTSD. You know, the hyper vigilance, you know, you can see all that stuff, right, and the sleep disturbances, him waking up, having nightmares, like that's PTSD. But now that I understand kind of what moral injury is, I think that is what truly impacted him for longer.

Many participants were able to recognize explicit externalized patterns of behaviour associated with PTSD in their parents, sharing things such as “he will legitimately punch somebody in the throat if they snuck up on him. It has happened at a bar” and “it was avoidance, hypervigilance. I, we, we still nickname my dad the neighbourhood watch.” The challenge participants had with distinguishing moral injury from PTSD is somewhat expected, as academic literature and mental health care professionals also frequently appear to view the constructs together. Despite the challenges of differentiating moral injury and PTSD, participants in this study generally reflected that they believed there to be important differences between the constructs. For example, one participant shared:

I'm still at the beginning stages of understanding the difference between PTSD and moral injury. Yeah, but I do think that it is like my initial reflections are that it's really helpful to understand, like for me to understand, kind of the differences. Because it's the moral

injury, I think, that really shifted him to his core, right, and that really affected deep down inside. Like who, who he was and... And with, you know, with sleep disturbances and you know the any, like hallucinations [...] like you can take a medication potentially and sometimes that helps and sometimes it doesn't. But there's that kind of impact on his deep core humanity, I think, that is a bit more challenging to get to.

### **“It’s... It’s Systemic”: Morally Injurious Events and Precipitating Factors**

Within this study, participants reflected on a variety of morally injurious events that their parent(s) reported being exposed to. How participants understood inciting factors of moral injury appeared to be connected to the ways in which participants later made meaning of their parent's injury. For example, participants who viewed their parent's injury as stemming from international deployments often expressed increased empathy towards their parent's actions. Conversely, those who reflected on parents being betrayed by CAF leadership or injuries encountered through domestic duties were more likely to explicitly criticize the CAF.

An important finding from this study was the myriad of ways in which adult children were aware of their parent as having been morally injured. This study did not limit participants to only those who had a parent deploy, and as such, there was increased variety in the ways in which participants reflected on morally injurious events. As one participant noted, “a moral injury isn't always related to a deployment. It could happen, you know, while they're still serving in Canada, or in various ways”. As such, participants reflected on injurious events more broadly, allowing them to also reflect on the effect of compounding moral injuries. Most participants reflected that “there has been moral injury on different levels all across the, so it's... it's systemic” and “it's not so much one moral injury. It's repetitive moral injuries that he suffered throughout his career.” The findings of this study highlight that through allowing more

diverse examples of moral injury to be explored, we can better understand the cumulative effects of morally transgressive events and the ways in which various events are perceived within the family unit. The events described by participants in this study generally fit into five sub-categories: deployment-related activities, encounters with children, non-deployment-related activities, release from the military, and chain of command and military culture.

### *Deployment-Related Activities*

The post-Gulf War period of service includes a large variety of high-profile deployments that participants reflect on their parents having taken part in. This included participants whose parents served overseas in Rwanda, Bosnia, the Golan Heights, Ethiopia, and Afghanistan. Often, participants in this study who had parents deploy reflected that their parent engaged in multiple international missions. Participants noted that, “his deployment really affected him for sure. You know, and a lot of just the worst of, of humanity over in, in [country] at that time”. The impact of seeing death or dying appeared to be long-lasting for the parents of participants in this study. One participant noted that “sometimes it’s just... If he's retelling those stories about being responsible for deaths, I think sometimes he’ll just, like you can see the pain on his face”, while another shared “he lost... I, I know that he lost a lot of his friends. So seeing - I know when, he had to hold a friend while he died. I know he had to kill a lot of people, and sometimes he didn’t want to kill those people.”

Participants who had parents deployed frequently also mentioned challenges associated with rules of engagement:

So when he was when he was quite inebriated, he would ramble on about bodies in a river and guns being pointed or being shot at. And then, obviously he was a blue beret. So, rules of engagement, he couldn’t do anything about it unless he was actually, actually

getting shot like so if it landed at his feet and then hurt him. Like, he couldn't do anything about it.

At times, this included the challenge of working alongside individuals whose actions did not align with moral values. For example, one participant shared;

In Afghanistan, one of the guys that he had to work with was a criminal who did horrific things to people he didn't agree with and killed them in horrific ways in large quantities. But this was a person that, I believe it was our US counterparts had said, we're going to work with this person so figure it out. And that really made him sick to his stomach to do that. I mean, so, he talks about that, like just having to play nice with people that you would gladly shoot.

### ***Encounters with Children***

Some participants noted that exposure to children during military activities was particularly damaging for their parent. This is consistent with previous research, which indicates that the diverse ways in which children are encountered during military operations create long-lasting impacts on military personnel due, in part, to the violations of socio-cultural beliefs about the role of children (Baillie Abidi et al., 2025; Ein et al., 2022; Houle et al., 2024). The diversity in encounters was explained by one participant, who shared, "he had to go to about four different scenes of, you know, children getting run over by tanks and trying to get candy and stuff like that." Whereas another participant shared that:

I think, [it] was probably the [international deployment]. Yeah, I think that was his hardest deployment. He came back and didn't speak a word to me for about a month at home because he thought I was a figment of his imagination. The [combatants] were

killing children there, and my father had found a little girl my age who looked like me and like hung in a shed, and he thought it was me.

Participants in this study often reflected on the increased moral conflict children introduced to their parent's experience, where what may be considered a normal deployment activity was complicated because of the introduction of children in the scenario. One participant highlighted this, sharing:

Another incident just came to mind [...] They were going down the road, and there was a child that pointed a gun at them. And he had to, he had to... You know, basically point his gun and... and he wasn't sure in that moment if he had to shoot the kid to save his guys or... or, or what?

This participant reflected that while their father had not engaged the child in combat, there was a remaining moral conflict that continued to trouble their parent into later life.

It is also important to note that the impact of encountering children in military operations extends beyond an international context. For example, one participant referred to her parent's response to a Canadian mass casualty event and reflected that "seeing children that he, you know... no one survived, right? And so, seeing children, that's what he would talk about the most. And that just being so against, you know [...] he was such a kindhearted man and loved kids and loved, you know"

### ***Non-Deployment Related Activities***

Some participants in this study reflected on parents' service-related duties, which were related to domestic service. For example, one participant reflected on their parents' involvement with a Canadian mass casualty, sharing that;

He was never quite the same after some of his deployments in the 80s and the 90s, because he saw some pretty terrible things and, and so he would often say he thinks he was, because of that he was more vulnerable to, like, serious injury. And [mass causality event] for him. He spoke about like the mass loss. And, and not being the most even, like visually distressing thing to see. And I just can't. Even I don't want to say the words of it, but just like, you know, to think about what he saw when he was supporting with the clean-up and so many people around, you know, this area supporting with that, that clean up and, and because it was not service related. Like, not like, like combat or you know, like that kind of related. It was local. It was here. I think it was really misunderstood and I think that did not help.

For another participant, they described a part of their parent's moral injury as a result of combat elitism, sharing:

For [my dad], not deploying. That is also part of his moral injury, which is complicated because my dad does have service-related PTSD. And because he never deployed, that's also part of his moral injury, because he feels a sense of guilt, or that I shouldn't have this condition because I didn't get blown up or I didn't see my buddy's get blown up. But... In my dad's case, he was training people. He, my dad, was an instructor on the Canada side training people to get ready to go overseas, and then when your buddy's [XX]-year-old son that you train doesn't come back, you know, that is a huge part of his moral injury.

### ***Release from the Military***

Another distinct point of injury from the perspectives of many participants in this study was the process of medical release. One participant shared that "my father started heavily drinking after his, his medical retirement. He was already struggling with some things. And then

he was kind of... I don't want to say pushed out the door, but heavily influenced to take his, his medical retirement." Another participant shared "the first real issue, I want to say the biggest contention with him to this day, that he, he had to get out in 'XX'" For participants in this study, their parents' release from the military was associated with a loss of identity, and often a deep betrayal from the institution. For example, one participant shared the deep betrayal that resulted from their parent's retirement and subsequent challenges accessing their benefits, sharing: "my dad had to fight for his pension, like he had to go into a class action so that he could get his pension." It appeared that, for participants in this study, the institutional betrayal that resulted from perceptions that the military did not support their members post-service was deeply felt by both the Veteran parent and the participants of this study as a separate and vital morally injurious incident.

### *Chain of Command and Military Culture*

For many participants, the chain of command had a large influence on the development and/or maintenance of moral injury. One participant reflected that their parent often talked about "this particular supervisor [that] was out to get him, so he had a personal conflict with, that he was struggling at work with, [...] like a type of, you know, dictator, almost". For another participant, their parent "was quite literally demoted because of his service-related injuries, which were undiagnosed at that time. So, he should have retired as a [rank]. But he actually retired as a [rank] because they took his [promotion] away from him". For others, the chain of command was perceived to have violated their duty when a member raised legitimate concerns. As one participant shared:

I know some of my dad's moral injuries were from doing the right thing. And reporting issues that were actual issues and being punished for it. And it happened like they post

them to a different place and he's like, OK, I thought I was doing something better, but now we've got somebody who's like, who's embezzling money [...] we got what we needed done. But in the meantime, we've now propped this person up, and they're worse than what was there before. And that's really disheartening.

While the majority of participants reflected on their dad as the morally injured parent, some participants lived in dual-service families where both parents appeared to struggle with a moral injury. These cases help highlight the morally injurious nature that often appeared to arise from military culture, specifically impacting females differently than their male counterparts. For example, one participant shared that: "I know my mom, when she was going through basic training, it, it would start with like, you know, they treat women differently. Like, they wouldn't let women go home on the weekends and they would let the men, kind of things [...] my mom told me some pretty, like, nasty stories of like, what they were saying to women". Within this study, participants reflected on this as a pervasive betrayal of their female parent's service, which allowed moral injury to develop over time. Military sexual assault was also raised as a frequent experience resulting in moral injury for participants' female parents, with one sharing, "she told me about people, you know, doing things to her with... it's just like, wow. And you know, she's like, like 100lbs soaking wet. Right? Like, kind of sad that you know, the people that she would work with would, you know, do things like that".

#### **"Why Couldn't This Have Been Better?": Moral Injury Related Impacts and Outcomes**

The findings from this study highlighted emotional, psychological, relational, and behavioural outcomes that participants attributed to their parents' experience of moral injury. Drawing from their retrospective accounts, participants described a wide range of changes they noticed in both their parents and themselves, which extended well beyond the immediate

aftermath of a PMIE or military service. These impacts and outcomes were often described by participants as persistent, complex, and interwoven with broader systemic factors such as military culture, stigma, limited access to support, and the invisibility of moral injury within military and civilian contexts.

### *Impacts and Outcomes for the Veteran*

While moral injury is largely interpreted as an internal disruption, participants in this study were able to observe the impact of a parent's moral injury throughout their household. Participants reported that after moral injury exposure, "he's very quiet and shifty about that [moral injury]. He knows it changed him." Some noticed that moral injury was often accompanied by other clinically relevant diagnoses; for example, one person shared that their parent "started gambling quite a bit through like the day trading system and that created a lot of tension in our home," while another noted that "like, when I was in junior high, and so probably shortly after he was medically discharged, seeing like some cuts on his wrist and stuff and knowing, knowing at that time and at that age that that wasn't an accident."

Importantly, not all changes to a parent's behaviour were changes that could be attributed to a clinical diagnosis of alternative mental health challenges. For example, one participant noted that their parent was a prolific painter and that "throughout his deployments, you can actually see a decline of what kind of art he put out to the point where after he retired you would think that he never painted a day in his life", continuing to note that this was how they "saw that his spirit was affected [...] through the art that he was putting out, and then eventually completely stopping". For another participant, they saw their parent self-soothe their injury through "[taking] liberties outside of his marriage. I think anybody who was willing to make him feel good." One participant described their perception of the changes they associated with the moral injury as "it

was really just, I think he was really robbed of a lot of things. He was robbed of the opportunity to excel in his position. He was robbed of the opportunity to live a life of good mental health because he never got that. Or good physical health.”

Participants in this study often described their parents’ moral injury as enduring. However, some participants noted periods of transition, including relationship transitions and military-to-civilian transitions, appeared to worsen morally injurious outcomes in their parents, noting that:

They definitely scaled up when my parents divorced and when he got out of the military. So when he got out of the military again, that would’ve been [year], and my parents divorced XX years ago, we’ll say, but between, so in periods of high stress or transition, that’s where the avoidance comes out a bit more because he doesn’t really feel, in my opinion, like he’s able to advocate for himself and his form of advocacy for himself often escalates to anger defensiveness.

While the ways in which a parent’s moral injury was experienced within the home were varied, there were many commonalities for participants in this study. The presence of moral injury was often most apparent to participants in this study through externalized displays of anger, isolation or avoidance, and demonstrated changes to spirituality and/or moral beliefs.

**Anger, Guilt, and Shame.** Notably, participants in this study frequently reflected on increased anger in their parents following perceived moral injury as the most prominent form of externalized behaviour changes. For many, changes to how anger was expressed by a parent were one of the first notable changes following morally injurious experiences, as a participant shared, “there’s also a lot of anger from my dad, and I think that’s one of the things that really changed after he came back is like, I don’t remember that being an issue before his deployment,”

One participant noted that their parent “couldn’t handle anger very well” and another shared that “his temper tends to be fairly explosive”. When participants in this study were asked about how they saw their parent express moral emotions like guilt or shame they often shared sentiments such as “for the most part, I didn’t [...] while I know he has guilt and shame over certain things. He mostly doesn’t express it [...] Like anger is really one of the, the few emotions that, that he does exhibit”. Participants in this reflected that often the increased anger was ill-explained throughout their childhood. For example, one participant shared “his temper tends to be fairly explosive, and my mom was like, well, he explodes and then you give him space and he’ll come around. But he needs to explode first,” as the way in which their parents’ behaviour change was explained.

Participants in this study often reflected the challenge of a parent with unpredictable anger, sharing that “I felt that a lot of his anger projected onto me. And so, he was never really angry at me, he was angry at somebody else or something that he did. Or maybe. Yeah, like something in itself, but it projected onto me”. Another participant noted that, “I guess, just that, I kind of felt like my dad’s outbursts or anger was always kind of lurking in the shadows. You never kind of knew when it was gonna pop up or cause an issue. And that made it challenging to, to be able to like I don’t know full, fully exist.” This tendency for participants to internalize their parent’s anger was something that, for many, had to be unlearned in adulthood. For example, the above participant shared, “I’m a, I’m a sensitive person. I would say I always feel like if I do something somewhat wrong, somebody might yell at me and I, I still to this day I carry that”. Another participant shared a similar statement, saying:

I think I would want to tell younger me like, that first and foremost, it’s not your fault. You didn’t do anything to cause this behaviour. Secondly. That it’s not appropriate or

normal. Because I think it took me a long time to really recognize that it wasn't, it was just kind of what I learned to anticipate or how I, yeah, thought maybe parents were sometimes. And then that it's not. I guess, thirdly, probably that it's not my responsibility as the child to manage or try to mitigate my parents emotions. That that is something that they're responsible for and, you know, it... it sucks that they maybe suck at it, but that doesn't mean I have to pick up the slack. Yeah, I think that's it.

For many in this study, the cumulative effect of their parent's moral injury meant that the Veteran parent's anger was normalized. One participant noted this by saying:

I mean, he's always had a fairly short fuse in my, in my memory. But he's pretty much had a moral injury... he's been exposed to these things since I was so young that I think that just... that anger and that frustration. And the impotence of not being able to do anything to change the situation. [...] And while he didn't necessarily mean for, mean to take it out on us, it's, it's one of the things that spills over.

Many participants reflected that at least one morally injurious incident their parent experienced was not a direct action the parent had taken, but rather a reaction to the rules of engagement or chain of command in which they were embedded.

While anger was the most reported emotion noticed by participants in this study, it is notable that participants with a mother who incurred military service-related moral injury reported noticing different patterns of behaviour. For example, one participant talked about their mothers as "[she] would express, like, shame. A lot." This was different than those reporting on fathers, who often reflected that they did not notice increased displays of shame. This finding may be indicative of broader social tendencies which may discourage females from expressing anger while simultaneously discouraging males from expressing shame or sadness. However, it

is important to note that very few participants reflected on a mother's military service-related moral injury, and as such, it is not possible within this study to distinguish broader patterns of gender differences in how moral injury is expressed.

**Moral Beliefs and Spirituality.** While most participants in this study reflected on notable changes to a parent's perception of spirituality/religiosity or moral practices following moral injury, participants in this study were divided on the directionality of change. For example, one participant shared that post-deployment their previously Christian parent felt "if God was real, he wouldn't kill people" and another shared their parent expressed to them "why would God let this happen?" After a particularly morally injurious deployment, one participant shared a memory of their parent saying "God is dead" and that "there's no such thing as God. Like, if there was, like it's an absolute cruel world to let, kind of, these things happen and, and go around". For other participants, spirituality appeared to increase following exposure to morally injurious incidents. One participant shared that "my father comes from Indigenous ancestry. And one day, he decided to be all in at 100%. And it was a very interesting time. There was a stretch of many years where this was his focus. And almost like he turned into a different person". Similarly, a different participant noted that

[...] he became Buddhist. Which, I find that correlation very interesting of like, because Buddhism is about kind of the compassion and, and suffering and... And I think that's what really shows me that it was less of like, the [injury] was definitely prevalent, but it was more so how could he kind of come to terms with what he saw in relation to like what he thought.

Participants reflected on Veteran parents as having a "very strong moral code" following moral injury. For example, one participant shared "he has always had these very, very strict

morals of what he thinks is right and what he thinks is wrong. It doesn't always stop him from doing what needs to be done, but it definitely affects him". In this study, participants noted that after a moral injury their parents "might have become more strict on his morals, the more corruption he encountered. We'll put it that way. Which didn't always go well for us when we did something that he didn't consider to be the right thing". Another participant shared a story where "one day he ended up screaming at some lady who was complaining about the produce section in a grocery store. Because he had been in this country where people had nothing."

### *Impacts and Outcomes for the Children*

While the ways in which moral injury influenced a parent directly, this study demonstrated that moral injury has an environmental impact on military families that is both long-lasting and profound. For many in this study, the opportunity to talk specifically about the impact parental moral injury had on them was the first time they were able to label and communicate the experience.

**Communication of Injuries and Loss of Connection.** Loss of connection to previously important people or communities (e.g., other military members, faith groups) has been a documented impact of military service-related moral injuries (Houle et al., 2021). In this study, a parent's loss of connection to their child was most frequently demonstrated through challenges with communication. Participants in this study felt the loss of connection in a variety of ways; for example, one participant shared, "I definitely just thought that he was ignoring me because he just didn't love me" while another noted that "I knew that when I was talking to my friends, no one, when we were sharing kind of what we did on the weekend or you know, their relationship with their father. Mine didn't look the same... so". Another participant shared about the loss of connection as a family-wide impact, sharing that, "I do think it, it all affected our

relationships with one another [in the family] very much [...] if we don't talk about it, you know, we just go on with life. It doesn't exist. But, we were all struggling so much [...] we all just didn't know that we were all scared".

For some participants, communication was initially destabilized due to military duties. The ability to compartmentalize military service activities from family may be seen by some personnel as a benefit. Some research has indicated that Veterans feel the ability to 'shut off' emotions or morals is a sign of professionalism (Molendijk, 2024), however this study indicated that the compartmentalization had adverse effects with relationships between the serving parent and the child. For example, one participant shared:

I remember once when we were growing up. I asked him why he didn't like to talk to us when he was on deployment and he said, well, when I'm on deployment, I have things. I keep things in separate boxes. And if my family is in one box, and that goes on a shelf, and my work is another box and I deal with that [...] and he's like anytime that I have to open that family box when I need to be focusing on my work box means that I, I get distracted and I can't be distracted. I think he compartmentalized a whole lot of his life that way. And that was how he thought he would keep us safe.

Participants in this study highlighted is the impact that lack of information about a parent's morally injurious experiences as a major impediment to connection and communication throughout the lifespan. As one participant shared, the challenges in communication have had lasting impacts on them into their adult life:

[...] and there's a lot of anger. You know, when I when I was a kid, when he came home and stuff, and I think for a long time I've been trying to just figure out like. I. I don't know [...] Maybe what, what hurts so bad or what like just [...] That whole military

mechanism and and and culture and and... How these guys go, or you know, how these men and women go over there and and come back and and function and? Yeah, I think a lot. I think you know some communication around it, you know, would would definitely help with things.

One participant, who currently works with injured Veterans, reflected that:

Both based on my own personal experience, but also so many of the stories that I've heard through work now, is that kids know a lot more than I think parents want to think that they know, that they pick up on the changes on the issues and if you're not talking to them about it they're gonna make up the reasons or the stories, and that might mean blaming themselves or concocting, you know, all sorts of fanciful ideas about what is really going on and what's the cause.

Although many Veterans may express concern that sharing details about their military duties can be damaging to children causing them to withhold information (e.g., Cozza et al., 2005), this study supported that incomplete or inaccurate information may lead children to fill in the gaps on their own, leading to increased anxiety of feelings of self-blame in children. Most participants in the study reflected that increased opportunities to learn about their parent's moral injury would have been beneficial, emphasizing the importance of age-appropriate disclosures. This was further supported by one participant, whose father told them about their morally injurious experiences later in life. This participant shared that:

I really, my empathy, like my ability to empathize, was just so much easier. Having known what he saw, what he experienced, and because I could put my own kind of vision on it and think about if I were in that situation, I don't know what I would have done. Now, I think you know, looking back, I didn't know about, you know, secondary

traumatization or anything like that at that time, even. And. But, but there was something that was like, OK, I I finally, you're finally letting me in. I, I... it helps me kind of understand that when he needed space, it wasn't because of me or anything that my brother or I had done or anything my mom did. It wasn't that he didn't like his life because of us. It was because he saw stuff that no one else had seen [...] There are other people, but very few people can truly understand.

For the majority of participants, their parents did not engage in discussion about the cause of a moral injury. However, there were some notable exceptions. While most participants reflected that communication addressing the causes of moral injury was minimal, there were select participants who reflected that their Veteran parent would “overshare” about these events in ways that were excessive and distressing. Some participants noted that while their parents would not share about their experiences directly with them, they would share when it was under the label of educational activities. For example, one participant shared that:

At one point I interviewed him, when I was in university, for a project. And I feel quite bad about this now because I was asking and, and we were talking about kind of the extent of his experiences and his trauma. And he was telling me stories, and in hindsight I know probably just how difficult and, and triggering that would have been. But I was able to hear some of what he saw and I just can't even imagine, sorry. Can't even imagine seeing that and then not being able to talk to anyone about it.

This experience was also shared by another participant, who reflected that:

My cousin was [in a] class, and she had asked him to come and be a speaker. And I sat in, in that class. And that's when my dad started talking to them about war and that's how I learned about that [deployment] story and... I left halfway through because I was angry

that I hadn't... That I didn't know. When he was more comfortable telling strangers about it. And then also kind of relieved that I, now I knew, but like that it was... It was a mixed bag of, like, of emotions for sure.

Crucially, participants reflected that the challenges they noticed that moral injury creates with communication are not limited solely to the morally injured parent. One participant reflected that "I spent a fair bit of time wondering kind of what was wrong or what could have happened without really feeling comfortable being able to ask or bring it up because it was never kind of initiated by my parents". Similarly, a different participant shared that "I do wish [...] both my mom and my dad shared with us a little bit more about it". In these instances, it was demonstrated that participants felt both parents became complicit in attempting to protect them, their child, by minimizing potentially distressing topics. While all participants in this study reflected that conversations about parental moral injury should be age-appropriate, they also emphasized that communication about the experience should be a normalized topic in family interactions. One participant reflected on the importance of such conversations, sharing that: "You know, when you don't know what is going on, your mind tries to fill in the blanks the best if you can't... The best that you can 'cause it just wants to understand... it just wants to understand 'cause when you know what to expect, you feel safe."

Some participants in this study further reflected on the strain they felt moral injury placed on family interactions more generally. For example, one participant noted that "I had no idea what was going on behind closed doors, but I always heard fights". Other participants noted that their relationship with the other parent, often the mother, was strained by the additional stress their non-morally injured parent was under. For example, one participant shared that:

I held a lot of anger towards my mom. In my, kind of like early years and in my high school years, 'cause she was often angry. She was often exhausted and would take that out on, on all of us and and in the home and... and the more I look back, the more I realized that she was holding so much responsibility for our family and trying to support my dad that she was burnt out like and she didn't have the tools or resources to be able to process and navigate what was going on herself.

One participant in the study, who was raised in two dual-service households, with both biological parents and both stepparents serving, noted the increased challenge that resulted from the interaction between two parents residing in the same household with military service-related moral injury. This participant shared that:

My mom was a [noncommissioned officer] so she would get, you know, kind of intimidated at work purposely by other people. And I feel like it [moral injury] showed up definitely because my dad, her husband, was an officer. And, she would definitely like very... always like, anxious around him. Like, if he... it kind of showed up like when you pull in the driveway, she'd get up out of her chair and like, start doing something kind of thing, like she would do at work kind of thing.

A different participant also noted their own internalized challenge in communicating about their parents' moral injury, saying, "I've never been able to speak it before, so to hear me say it out loud, it's like, wow. And it's all sounding so real because I've heard the stories, but I'm not like, I was never really allowed to know."

The inter-familial impacts of militarized moral injury, in this study, appeared for many participants to compound over the years when external support was negligent. For example, one participant noted that "and then eventually my mom just couldn't take it after like, 35 years. She

was like, I cannot do this anymore. So, my mom left and then I was left alone because he doesn't speak to my sisters. So, it's just me."

While all participants reported challenges associated with communication and connection, which they attributed to moral injury, it is important to note that many participants also reflected on the ways in which they saw their parents consciously work to address these challenges in later life. For example, one participant reflected: "So between therapy, some validation, some financial support [from VAC] and biofeedback, I'd say those things really helped our relationship".

**Parentification.** Parentification was a prevalent theme within the experiences of participants in this study. Parentification can be understood as "a distortion of, disturbance in, or lack of appropriate boundaries between family subsystems, resulting in a functional or emotional role reversal in which the child takes on adult responsibilities that are inappropriate for his or her development stage and age" (Hooper et al., 2014, p. 124). Military families in general live in a unique context that encourages the emergence of parentification, including the prevalence of deployments, parental unavailability, and parental mental health considerations (Hooper et al., 2014; Truhan, 2015). It has been suggested that parentification is often the attempt of children to restore equilibrium to families that have been destabilized (Hooper, 2007), which was consistent with reflections from participants in this study. For example, one participant reflected on growing up in a military family more generally, sharing that:

[It is] an atmosphere of constant preparation for war, with the accompanying implication for every family that on a moment's notice, the father can, or mother can, be sent to war, perhaps never to be seen again. And I thought that was just like, you know, you are in a constant preparation for war.

This feeling of constant preparation for war may have contributed, for this participant, to a family predisposition of vulnerability to the impacts of the Veteran's moral injury.

While many participants reflected that tasks consistent with parentification (e.g., managing parental emotions or reactions, taking on household chores, assisting siblings) were something to be “unlearned”, they were also consistently discussed as “coping skills” that they needed to manage their childhood experiences.

Research on PTSD and parentification in military families suggests that symptoms of anger or violence result in diminished emotional availability or support (e.g., Harrison et al., 2014). Participants in this study share similar reflections on their experiences within the context of parental moral injury, noting that they “always had to be very cautious” in interactions with their morally injured parent in order to limit the parent's emotional reaction. Some participants reflected that they continue to struggle with the feelings they associate with the increased responsibilities they experience, for example:

I'm still on my own journey with this, and sometimes looking at, at what my parents, how my parents brought us up and stuff like that still causes its own anger and stuff like that. Like, why didn't you matter? Why couldn't this have been better? Why did you have to handle it that way? Why did you have to go away so often? Why weren't you there? So it's just one more piece in the puzzle.

Importantly, for many in this study, parentified expectations were not childhood experiences limited to parents' military service or duties (e.g., deployments), but instead extended into adulthood as their parents' moral injuries continued to present. This was exemplified by one participant who shared: “I feel a lot more like a mother and a wife to my father than I do a daughter.”

***Emotional Parentification.*** For participants in this study emotional parentification was described as something they “had to deal with”. While it was less common for participants to describe providing direct emotional support to parents, the experience of managing a parent’s emotions was commonly described. For example, one participant shared: “I felt, I feel like normally children are allowed to be very selfish about their emotions and don’t have to manage other people’s emotions. And I had to constantly manage my father’s emotions.” For many participants, there was the perception that they were responsible for helping regulate outbursts of moral emotions (e.g., anger, shame). One participant explained it as:

I kind of felt like my dad’s outbursts or anger was always kind of lurking in the shadows. You never kind of knew when it was gonna pop up or cause an issue. And that made it challenging to, to be able to like I don’t know full... fully exist. I guess. Like I said, I felt like I had to change and be on like my best behavior at all times to try to prevent myself from having to deal with the monster and trying to avoid that at all costs.

For another participant, they described monitoring their Veteran mother’s expression of shame, saying: “Mom would express, like, shame a lot. Like, [...] towards us even. And she would hear, like, if someone made, like, a cat call kind of thing. She would kind of feel shame and like, kind of say like, it’s, you know, it’s your fault”. For participants in this study, there was a consistent theme of “a lot of pressure to behave, to be good. So as to not upset him [the Veteran] or cause any... any issues.” One participant shared that they “felt a fair bit of pressure to perform. To excel kind of in all things, in part to make my parents happy, and in hopes that that would kind of reduce or alleviate any frustration or anger that we were seeing from my dad.” For some participants, this role-reversal of managing their parents’ emotions also resulted in a sense of

ambiguous loss, where one participant reflected: “I’ve mourned the death of my father a long time ago because he’s not... He’s not a person anymore”.

Some participants reflected that they, as adults, continue to demonstrate traits that may be associated with these experiences of emotional parentification. For example, participants often described “I always try to like deescalate conflict in any situation” or “people pleasing tendencies” as having developed through interactions within their family. This was particularly true for participants who continued to have caregiving roles within the Veteran’s life and those who reported being an older sibling.

***Instrumental Parentification.*** Participants reflected on instrumental parentification both as it related to care of siblings and household tasks, with one participant noting “and then I felt like kind of like I became their maid, after him and his wife became disabled [due to military service]. It was... I took on every single chore in the house” and another shared “my sister and I were in charge of cleaning the whole house when we were kids, and it was a feat. But dirt and clutter stress him out. Crowds, loud noises, unpredictability, change in schedule, change in routine”. Participants in this study who had a parent deploy often reflected that they experienced increased expectations from their parents during those times. For example, one participant shared “there was an expectation, I think from both of our parents, that this was going to be a challenging time. Mom was going to have to be taking care of everything alone, so certainly a bit of, you know, you girls have to step up. You have to be good. You have to help out around the house. Don’t cause your mom any headache”.

Notably, the parentification reflected on by participants in this study appeared to result in accelerated maturation, where some participants reflected that “Like I felt I had to grow up very

quickly, had to be responsible for a lot more than my friends”. One participant reflected on the experience of accelerated maturation, sharing:

I remember being like 5 years old and people looking at me being like, oh, she’s an old soul. What? I’m 5. [...] A 5-year-old shouldn’t be sitting quietly in a room, sitting on her hands, right? You know, and you know, or offering points of wisdom. Why is a 5-year-old trying to like, soothe a grown adult, right, with words of wisdom, right? [...] I had no business offering advice or suggestions or trying to calm an adult and their nervous system when mine wasn’t even ready yet.

For some participants, this accelerated maturation meant that they were responsible for tasks, including the provision of health care for their own well-being, at a young age. One participant shared:

I remember being 13-14 years old and I won’t bother getting into, like ‘cause it’s my trauma incident, not my dad’s, but I remember, like, that incident happening and it was ‘I don’t want to hear about it. Deal with it. You know you can make a doctor’s appointment’ And I did, at 14 years old, to get my first SSRIs, which is an insane conversation for a 14-year-old to have independently.

Another participant shared:

Because even when my mom was working and I had a day off with my father, I had to manage my dad. Like, what are we doing and where are we going and what’s expected of us? And then, I, in high school, my mom [...] She, she went [on a deployment] for three months and it was just me and my father. And for those three months I didn’t see my dad and I was... I was like 15 years old, so... Shouldn’t have been left alone at that time, for that period of time. But like my... Yeah, I made dinner. Dinner. Like it was just, that’s,

that's the way that it was. So yeah, definitely, definitely took more care of him than he took care of, of me. For sure. Yeah, yeah.

### **“A New Perspective”: Life-Course Impacts of Parental Moral Injury**

The impacts of a parent's moral injury were reflected on throughout the life course of the participants in this study. For many participants, the motivation to take part in the study was a direct response to how they felt these impacts had been largely unacknowledged or unseen. For example, one participant shared that:

Having seen and heard a lot of people stories, particularly in the last couple of years through work [with Veterans], kind of feel it's more important to try to share my story in hopes that maybe it can kind of help further the understanding. Help maybe someone else who had a similar experience.

The most prominent long-course impacts reflected on by participants included connection to a military identity, perceptions of institutional betrayal, and their own mental health.

#### ***Connection to Military Identity***

The majority of participants in this study reported an ongoing connection to the military through their occupation. For some, this included direct service in the CAF themselves.

However, other participants selected jobs working with VAC or Veteran mental health. For example, one participant noted that: “so I have an undergrad in psychology, so I've always been really interested in mental health and then for the last two years I've been working for a not-for-profit focused on improving mental health and well-being of Veterans and their families”.

Participants in these roles often reflected that they felt the opportunity to understand Veterans' experiences allowed them to better understand their own experiences. This was explained by one participant, who said: “I think it has allowed me to maybe look back on certain memories with a

new perspective and a new lens and get better, be able to empathize with with, kind of both of my parents in ways that I hadn't really been able to before”.

While many participants maintained a connection to the military through their professional endeavours, it was also noted by most participants that they felt they were disconnected from others who were raised in military families. This disconnect manifested, for some, in a sense of lost identity. For example, participants often reflected thoughts such as: “But there’s still a part of me that’s like I still wish I knew military children, ‘cause I don’t.” or “it wasn’t until grade 10 that I finally met one other kid that had a military family”. The importance of knowing other military-connected children was demonstrated by one participant, who, when asked what the most helpful resource for support was, responded: “honestly, other army brats [...] or not even army, like Navy kids, Air Force brats, all of, all of the brats.”

For participants in this study, the challenge of finding peers who understood military stressors appeared to complicate the experience of having a morally injured parent. For these participants, there was often a perception that “there was nothing for us” from the military organization, and that civilian supports (e.g., schools, extracurricular activities) lacked the military knowledge to help identify when extra support was warranted. Participants often acknowledged that there may have been other options for support, but access to these options was challenging. For example, one participant shared:

There maybe, there were probably supports through the MFRCs or something like that that we could have accessed but because it wasn’t talked about or discussed in any way it certainly wasn’t something that, as a kid living off base, that I would have stumbled across, or would have been able to kind of reach out to for myself.

### ***Doubly Betrayal***

For many participants in this study, having a parent with a military service-related moral injury led to a sense of institutional betrayal, for example, saying things such as “I hold resentment to the military”. Institutional betrayal and moral injury are highly connected constructs. While institutional betrayal refers to the harm caused by an institution, moral injury can be manifested as the individual harm felt by an individual due to harm which the institution is believed to play a role in. As such, participants in this study often viewed institutional betrayal as a morally injurious incident. These participants reported feeling that their parent had “slipped through the cracks” or that “the military doesn’t want to necessarily take care of their people. That’s my feeling now”, which was internalized by participants as a transgression to previously held worldviews, where the military had been a positive institution which cared for its members. The perception of institutional betrayal as morally harmful was particularly strong in participants who later served in the CAF themselves. In these cases, it appeared that Veteran participants who encountered their own morally injurious experiences associated with military service were doubly betrayed, where they felt both their parents and they themselves were let down by the military institution.

For many participants in this study, there was also a sense of abandonment by the military institution due to its failure to recognize the unique role that family members play in the well-being of the Armed Forces. That was elucidated by one participant who shared: “that this does affect the whole family and that, you know... You know, there’s, there’s no recognition for, for anything”, and later saying that “no one even knew we were there”. Another participant similarly reflected that after they turned 18 and were no longer a dependent the lack of military acknowledgement “just makes you feel like you don’t exist, right?” Participants in this study largely reflected that they received no support or acknowledgement from the CAF in managing

any military-related stressors, including parental moral injury, and this profoundly influenced how they felt about the military later in life. When asked what the CAF should know about moral injury in military families, the need to acknowledge military children was the most commonly cited comment.

### ***Mental Health***

Participants in this study often openly talked about their own mental health and how it might be related to a parental military service-related moral injury. For some participants in this study, the militarized culture their parent(s) brought home limited their ability to identify the need for support or access a mental healthcare provider as a child. One participant reflected on this, sharing that: “I feel big emotions all the time. And I suppress them because I was told that, you know, shedding tears, you know, is bad or being angry is bad or, you know, even like things like joy and excitement. Like, I don’t feel joy because big emotions are bad.” Another participant, when asked what support was available for them, responded with “there was not an ounce of anything there.” It may be thought that for children who have a morally injured parent, the lack of psychological support or education has more lasting impacts. For example, some participants in this study described significant ripple effects of parental moral injury on their own mental health. One participant described this, sharing:

I, I have engaged in a lot of self-harm in my life and, and again, with some suicide attempts and although I don’t blame my dad’s moral injury for all of that I, I do think that it... there’s a very strong correlation and I, and I do think a lot of the, the pain that I, with internal pain that I was experiencing, was because of what my dad was going through and seeing him in pain and seeing him self-harm and you know, seeing him struggle.

An unexpected pattern amongst all participants in this study was the utilization of mental health care in adulthood. For example, one participant shared: “I’ve gone through a lot of them, like I’ve been with a psychologist, I’ve been with a psychiatrist, I’ve been on medication. I’ve been with an occupational therapist.” While most participants reflected that they did not seek mental health support to directly address their parent’s moral injury, they did reflect on the ways in which access to such support allowed them to work through the militarized stressors they experienced. For example, one participant noted that “part of my therapy is that inner child work and, and, and looking back and, and really recognizing that kind of from, from the beginning, I... I did have it tough in, in, in this, in this environment” and specifically reflecting that therapy allowed them to reflect on how their Veteran parent’s moral injury “created a lack of safety” for them growing up. While another participant reflected that:

I received formal mental health support many times in my life, but it’s only been within the last... So I started seeing my [current] therapist 2023, like spring of 2023 [...] That’s when I, I really realized the connection of everything to my dad’s moral injury. None of [previous therapies] ever helped or clicked or kind of got to the core of it and it’s only within, you know, connection to my social worker that, my therapist now, and I, I sought her out because she has previously worked for VAC. I... I that I think that I am like really starting to process and understand and, and kind of heal from it.

While the increased use of mental healthcare services among the participants in this study may, in part, be attributed to societal changes in attitudes towards mental health, it may also indicate that individuals growing up with a morally injured parent have unique perspectives on the benefits of mental health care and uniquely require access to support in adult life. For example, one participant reflected that “I mean, I, I wouldn’t have made it without the, the support and the

therapy and and and all the help. And I think if that was something that was accepted or, or provided to, to my dad, I think it would have probably dramatically kind of lessen the blow over time,” while another shared, “we [adult children] still need help. I’m 35 and I still like. I’m just starting to understand. I’m just starting to understand that I could use VAC support more than, like, more than I ever could in my life right now. I think, you know, now that I’m finally kind of able to process.”

The findings presented in this chapter illustrate the profound and enduring impacts of military service-related moral injury on the families of CAF Veterans, particularly the children. Through the retrospective narratives of participants, moral injury was shown to shape not only the emotional and behavioural patterns of the affected parent but also the broader family system and the developmental trajectories of their children. Participants described both visible and invisible impacts that spanned the life course, including disrupted relationships, internalized responsibility, and struggles with meaning-making. At the same time, their accounts revealed adaptive strategies, moments of clarity, and ongoing efforts to understand and integrate these experiences

## **Chapter 7: Discussion**

This qualitative study sought to understand the complex ways in which adult children of CAF Veterans experienced and understood military service-related moral injury in their parent(s). Participants reflected noticing changes in parents after exposure to morally injurious events quickly, while also noting that they were aware of the effects of cumulative experiences. This finding is consistent with previous research (e.g., May et al., 2023; McGaw et al., 2019; Reeves, 2024), indicating the ways in which children attune to differences in parents’ behaviours

and reactions are consistent with current understandings of moral injury, giving important insight into observable traits and changes to family dynamics potentially related to moral injury.

Analysis of the data gathered through this study was informed by the Family Adaptation and Adjustment Response Model (FAAR; Patterson, 1988). The FAAR model is used in this study to understand how families respond to and recover from challenging life events. Within the FAAR model capabilities (e.g., resources, coping strategies), demands (e.g., stressors, crises, changes), and meanings form three central concepts facilitating family adaptation and adjustment. Within this study, moral injury was positioned as a family crisis point within which families were required to adapt or adjust. In the FAAR model a crisis is understood as a disruption, where old patterns and capabilities are inadequate and require family members to change in order to restore a homeostasis. Importantly, in the FAAR model, family crisis is not associated with a stigmatizing value judgement akin to failure, but rather denotes a need for transition. Patterson (1988) describes families in crisis as “uncomfortable and vulnerable” (p. 228), which often leads families to seek external supports in order to re-establish homeostasis. Through positioning military service-related moral injuries as a family crisis point, the findings from this study allow for the essential consideration of the stressors or strain which give rise to moral injury, the demands of moral injury in the family, the process of adjustment and/or adaptation, and the overall meaning-making process through the perspectives of children in military families.

### **Stressors and Strains Relating to Military Service-Related Moral Injury**

Using the FAAR model, the demands of moral injury can be understood through the concepts of stressors and strains. Patterson (1988) defines stressors as life events occurring at discrete points in time with the potential of producing change in the family social system.

Conversely, strains are described as a condition or tension associated with the need or desire to change that emerges insidiously in the family (Patterson, 1988). Notably, within this study, stressors and strains resemble the differentiation between type I trauma (acute events, sudden or unexpected) and type II trauma (repeated and/or protracted, chronic, anticipated) as distinguished by Stefancovic et al. (2022). Previous studies on military service-related moral injuries have often taken a combat-centric approach (e.g., Boscarino et al., 2022; Hansen et al., 2021; Houle et al., 2021; Williams & Berenbaum, 2024). Such an approach emphasizes morally injurious events as stressors occurring at discrete points in time and as recognizable combat-related traumatic events. The current study, however, suggests that the accumulation of potentially morally injurious events can lead to persistent demands, ultimately producing MIROs. In particular, many participants in their study reflected on military leadership and policy as being morally damaging to their parents. Such events are not often viewed as one specific moment in time, but rather felt as an insidious pileup present both domestically and on international deployments. The FAAR model supports this, suggesting that when demands interact, there is an exacerbating effect (Patterson, 1988).

It is important to note that the majority of PMIEs that participants reflected on as having impacted their parents were self-attributed (e.g., action or inaction by self) or betrayal-based transgressions (e.g., leadership or institutional betrayal), as opposed to witnessing transgressions by others. It has been suggested that these two typologies of morally injurious events (self-attributed and betrayal-based) are more closely linked to adverse psychological impacts than witnessing transgression by others (Sowden & Jones, 2024), a finding supported by the current study. However, it is essential to note that the impact of witnessing morally injurious events may

not have been shared from parents to children. Therefore, the impacts of witnessing events leading to moral injury may not be well understood in family units.

### *Stressors*

Participants described various stressors as a result of their parents' military service-related moral injury. Participants described both typical military-related challenges, such as deployments, relocations, and reintegration, as well as the more complex and often hidden impacts associated with moral injury. Together, these experiences created a landscape of persistent strain that shaped family dynamics, emotional climate, and individual development.

**Deployments.** While deployment-related activities were not an inclusion criterion for this study, the time period in which participants' parents served (Post-Gulf War) was inclusive of many notable CAF deployments in which exposure to large-scale suffering was present (e.g., Rwanda, Golan Heights, Afghanistan, Balkans). As such, many participants reflected on deployment-related events as discrete examples of morally injurious events. For example, many participants reflected on the unique moral challenge their parents faced when encountering and interacting with children while deployed. Previous literature suggests that encountering ill or injured women and children is one of the most commonly reported PMIEs during deployment (Hansen et al., 2021), and research suggests that encountering children is uniquely morally damaging (Baillie Abidi et al., 2025; Houle et al., 2024). Findings from this study further suggest that parent-child relationships may be profoundly impacted by such encounters, with participants in this study reflecting that encounters with children during deployments often changed the way they felt their parents interacted with them. For example, participants often reflected feeling like their parent was more emotionally distant, less communicative, and more protective when morally injurious events included the presence or harm of children.

Additionally, many participants reflected on instances in which the rules of engagement or operational directives were viewed as morally harmful for the Veteran. Rules of engagement are intended to provide clarity on when, where, how, and against whom force can be used (Sandvik, 2014). However, modern military deployments are often complex and multifaceted. Research produced during the years in which many of the participants' parents were serving emphasized the cognitive and emotional stressors associated with unpredictable missions, shifting rules of engagement, role ambiguity, and struggling with conflicting personal and political views of the mission (Litz, 1996; Lundin & Otto, 1996; Orsillo et al., 1998). Similarly, a study on Norwegian Veterans deployed to Afghanistan found that moral challenges and witnessing harm were more significantly associated with psychological deprecations compared to trauma rooted in personal threats (Nordstrand et al., 2019). The current study suggests that there may be long-term morally harmful impacts associated with modern military deployments where role ambiguity and rules of engagement are misaligned with moral values, and that these impacts ripple into family life. Previous qualitative studies suggest that Veterans report knowing immediately or shortly after an event that their (in)action has violated their moral code; however, resulting moral injuries can often lie dormant for unspecified amounts of time (Klassen et al., 2019). Notably, the same study suggested that Veterans often describe realizing the impacts of deployment-related moral violations when they return home and interact with civilians. The present study supports this previous finding, as participants often reflected that they noticed changes to their parents' behaviours almost immediately upon the Veteran's return from deployment; however, moral injury-related outcomes often appeared to worsen over time.

**Military to Civilian Transition.** Consistent with previous literature (e.g., Copeland et al., 2023; Harwood-Gross et al., 2024), this study suggests that the transition out of military

service is a particularly vulnerable time for the escalation of moral injury-related outcomes. This may, in part, be explained by the ability military members have to cope with morally injurious events during their service through simplification, justification, and rationalization (Molendijk, 2024). It is reasonable to believe that transitioning out of military service disrupts the meaning-making process that had previously been employed as a coping strategy, and integration into civilian values and expectations prompts Veterans to re-evaluate their experiences. One participant alluded to this, saying that “It’s the aftermath and, and now out of it and going seriously, what the fuck?” Consistent with this suggestion is research indicating that Veterans who experience moral injury are more prone to attempt or engage in suicidal acts (Bryan et al., 2014; Levi-Belz et al., 2023; Maguen et al., 2023), and this risk is increased for those who report experiencing PMIEs during service as they transition out of the military (Edwards et al., 2023; Maguen et al., 2023). Research on military-to-civilian transition has often highlighted the challenges associated with leaving military service, including loss of sense of self, purpose, and belonging (Sachdev & Dixit, 2023). Veterans often report finding it challenging to integrate into civilian culture (Edwards et al., 2024; Sachdev & Dixit, 2023), and report feeling social alienation (Edwards et al., 2024).

### ***Strains***

Within this study, strains related to potential moral injury were reflected on by participants as enduring aspects of their parents’ military service. The demands associated with strains in this included aspects like leadership, betrayal, and military culture, which represented a distinct set of PMIEs. Such events, unlike the stressors participants noted, were not mutually exclusive but potentially related to the occurrence of moral injury. Research on trauma suggests that exposure to repeated or protracted traumatic events is associated with higher symptom

severity and complexity (Briere et al., 2008; Ehring & Quack, 2010; Stefanovic et al., 2022), which was reflective of the morally injurious experiences of participants in this study.

Furthermore, it is essential to note that the strains which participants reflected knowledge of were often present throughout and beyond military service, creating ongoing moral conflict after release from the CAF.

**Leadership and Policy.** Participants in this study reflected on a variety of ways in which they perceived leadership and CAF policy to impact their parents' development and maintenance of moral injury. This was reflected through a variety of examples, including personal conflict with supervisors, denied promotions, challenges with pensions, lack of documentation, and feeling as though they were punished for doing what they believed was right. Leaders who are ineffective, non-supportive, inconsistent, egocentric, or morally ambiguous represent a significant risk for the development of moral injury in those they lead (Simmons-Beauchamp & Sharpe, 2022; Vermetten et al., 2025). Similarly, some studies have shown that when leaders have moral awareness there are notable decreases in adverse mental health outcomes in Veterans returning from combat (Gutierrez et al., 2024; Zerach et al., 2023). Considering the ways in which leadership is associated with moral injury is essential in understanding how to better support military members in effective leadership practices that proactively protect members from moral harm.

**Betrayal.** Participants in this study often reflected on betrayal-based or institutional traumas as particularly meaningful examples of morally injurious events within military service. In these cases, it was not the exposure to criterion A trauma (exposure to real or threatened death, serious injury, or sexual violence) that was highlighted as the most meaningful or impactful knowledge they had of a parent's service. While previous research on institutional

betrayals, as identified by a scoping review, has heavily focused on military institutional betrayal through a primary lens on military sexual trauma (McAdams et al., 2024), participants in this study frequently reflected on their parents as having been betrayed throughout their service to the CAF in a variety of ways. Samples of this included perceptions of betrayal based on medical discharges, inadequate training or preparation, and lack of awareness regarding domestic-related PMIEs. These findings are aligned with Betrayal Trauma Theory (BTT), which proposes that events high in perceived social betrayal are inherently more traumatic than events without (Freyd, 1994). Mojallal and colleagues (2024) also support this finding, where their research demonstrated significant positive associations between betrayal trauma and moral injury. Similarly, Griffith et al. (2023) noted that subjective perceptions of betrayal predict symptoms of PTSD, depression, and dissociation, demonstrating the vital role of perceptions in psychological reactions to traumatic experiences. Importantly, betrayal-based trauma is associated with reduced treatment-seeking behaviours in military Veterans (Kelly, 2021). Similarly, a study on CAF Veterans found that those who were exposed to PMIEs were less likely to seek help or disclose trauma details, compared to those whose traumatology was associated solely with PTSD (Nazarov et al., 2024). These findings appeared consistent with the current study, where many participants reflected that their morally injured parent was often reluctant to engage in psychotherapy or delayed utilization of psychotherapy until after their transition out of the CAF.

**Military Culture.** As noted by Conrad and colleagues (2021), many military situations which give rise to moral injury, including authoritarian structure, embedded behavioural culture, training, and domestic duties, are not singularly associated with deployment-based activities. The findings from this study suggest that military culture may uniquely contribute to morally injurious experiences with CAF service. In particular, some participants in this study noted

elements of military culture, such as combat elitism (wherein those deployed on international missions associated with combat were perceived to be more deserving of support or resources) and militarized masculinity, which allowed for morally injurious events to systematically occur. However, it is also important to note that the CAF also embodies fundamental Canadian values, including democratic ideals and the right to equal opportunities and freedom (Harrison & Laliberté, 2008). Findings from Harrison and Laliberté's study suggest that the tension between the Canadian values, which may have contributed to the desire to engage in military service, and the morally injurious nature of some military experiences was particularly morally harmful. For some participants, this tension resulted in altered worldviews and a sense of self that were perceived to be unaddressed by the military institution or subsequent interventions. For the participants of this study, the belief that the military institution had failed a parent created a sense of betrayal for the child, which often was long-lasting and led to negative beliefs about the CAF.

**Gendered Perspectives.** Vitally, participants in this study who reflected on a female parent's moral injury, or female participants who also served within the CAF themselves, highlighted specific morally injurious strains associated with gendered aspects of military service, including heightened feelings of institutional betrayal and abandonment. Roberts (2025) identified several potentially morally injurious elements of military service, including sexual assault, hostile work environment, gender harassment, perceptions of retaliation, and lack of integrity in senior officers, which were noted by many of those who took part in this study. Participants noted that some experiences common to all Veterans were made more challenging by the gendered reality of military culture. Additionally, the majority of participants who reported on a female parent or their own experience as a female serving member noted the profound moral harm associated with military sexual assault. Within the military, sexual assault

is complicated by institutional betrayal, where leaders and the organization may be perceived to maintain the culture which allows for the assault to occur and be silenced (Johnson et al., 2024).

### ***Accumulation***

All participants reflected that their parents accumulated a mix of acute and chronic demands within military service that were morally harmful. Consistent with poly-victimization models, which posit that exposure to multiple stressors is related to adverse psychological functioning (Davis et al., 2022; Macia et al., 2020), the accumulation of morally injurious events seemed to be more injurious from participants' observations than one isolated event. This finding is similar to research by McCormack and Riley (2016), who found that chronic exposure to trauma in policing created a domino effect which diminished self-worth and sense of purpose, leading to moral injury. Notably, some events which may be perceived as discrete, such as medical discharges, were then further influenced by perceptions of institutional betrayal, which appeared to exacerbate moral injury-related outcomes in a way that was consistent with previous research (Grant et al., 2025).

### **Demands of Parental Moral Injury**

This study brought to light some of the demands and impacts of military service-related moral injury at the family level. In the FAAR model, demands can be understood as normative or nonnormative stressors composed of discrete and explicit events, unresolved or ongoing conflicts, and daily hassles (Patterson, 2002). Although studies specifically looking at moral injuries and family functioning are limited, research on PTSD indicates that there are significant and notable demands. A study by Norris and colleagues (2018) elucidated some of the demands faced by spouses of Veterans with OSI, including demands associated with family and marital adjustments, such as challenges with expressiveness, self-disclosure, intimacy, conflict,

communication, anger, isolation, and stress. Participants in the present study reported witnessing similar challenges within their parents, with communication and expressed anger being particularly notable.

Importantly, this study helps demonstrate that the family felt demands following a military service-related moral injury were not isolated to the parents. Participants in this study reflected feeling increased demands, including challenges with communication, isolation, and ambiguous loss. A systematic review by Christie and colleagues (2019) demonstrated the adverse effect of PTSD on parenting practices, including increased parenting stress, lower satisfaction, less-optimal parent-child relationships, and more frequent harmful parenting practices. The present study provides support for the notion that moral injury may have a similarly adverse impact on parenting practices and parent-child relationships. The findings from the present study also emphasized that the burden of care shouldered by children in military families is long-lasting, with many participants reflecting that they continued to take tasks to assist their parent into their adult life (e.g., emotional regulation, household tasks, arranging medical care). Awareness of the demands faced by military children throughout their life course is essential, as these children often lack easy access to professional support that possesses the military cultural competency needed to understand their unique life experiences.

For the majority of participants in this study, care and support of a morally injured Veteran was often a core feature of family dynamics. Participants in this study reflected that there were often increased demands on them to provide their morally injured parent with the provision of health care, reminders to use emotion regulation skills, and social support. This was especially the case for participants whose parents had divorced or separated from previous partners. Participants in this scenario reflected feeling that their parents' moral injury was related

to the relationship breakdown between their parents, and frequently resulted in the child taking on additional roles within the Veteran's life. These findings are consistent with previous literature exploring the perspectives of spouses living with Veterans' diagnoses with PTSD (Maddah et al., 2024; Oudi et al., 2023).

Additionally, some participants in this study reflected on the ambiguous loss of "losing" a parent to moral injury. Ambiguous loss can be understood as a prolonged grief arising from the loss of a loved one who is physically present, but psychologically absent (Boss, 2010). This finding echoes a study conducted by McCormack and Sly (2013), who reported that children of trauma-injured Veterans "deeply grieved the intimacy of a lost father-daughter relationship" (p. 306). While participants in the study generally demonstrated deep compassion for the experiences their parents had while employed in the CAF, and were able to retrospectively identify patterns of behaviour as resulting from morally injurious outcomes, the profound grief associated with the lasting impacts on the parent-child relationship was significant. Participants often described a sense of loss as their parents withdrew from significant life events or everyday life activities. Examples included family vacations, graduations, mealtimes, and social gatherings. For participants in this study, the loss was compounded by the lack of communication and information about their parents' activities and duties, which left the children to create their own conclusions or interpretations about the moral injury related outcomes they saw in their parents and household.

For many in this study, it appeared that the demands of a parental moral injury were acutely felt through the process of obtaining psychological and physical support and resources from the CAF and/or VAC for their parent. These findings echo previous research by Norris and colleagues (2023), which noted the demands on Veterans and families in obtaining a diagnosis

and subsequent treatments following OSI. Similarly, research conducted on Australian defence and public safety families found that families may experience their own moral betrayal when attempts to support a loved one are institutionally thwarted (Lawn et al., 2024). For participants in this study, Veteran parents often appeared to delay seeking support for their psychological health, which appeared to add to the demands felt by participants. This demand may speak to the challenges that Veterans have accessing and navigating the healthcare system after release from the military, including knowledge about available resources, access to care, and perceived stigma of mental health issues (Carlozzi et al., 2018).

The findings from this study also suggest the importance of recognizing intergenerational trauma in military-connected children whose parents have been exposed to morally injurious events. Some research has explored military-connected children within a framework which labels them as “Veterans-by-proxy” (Kelly & Paul, 2018). A term which references the experiences of a Veteran’s relative who experiences traumatic stress as exhibited by the Veteran. Kelly and Paul (2018) note that Veteran-by-proxy children internalize psychological transmissions as they attempt to adjust or adapt to their parents’ military service-related trauma. Previous findings on intergenerational trauma suggest that parental perceptions of self-worth and world view, core features which may be associated with moral injury, were particularly relevant in intergenerational trauma transmission (Bachem et al., 2020). Within this current study, there was strong support that the construct of Veteran-by-proxy could be helpful in explaining and legitimizing some of the long-term health needs of military-connected children. Participants in this study spoke about the psychological support they felt they needed, not just as children but also in their adult lives. It may be that having recognized frameworks and terms would assist

children in military families throughout their life course in accessing appropriate and competent support.

### **Family Capabilities**

The FAAR model views family capabilities as resources and coping behaviours used to meet the demands of stressors and strains. Patterson (1988) emphasizes two major types of capabilities: resources (what the family has) and coping behaviours (what the family does). Participants in this study generally described feeling that they lacked the resources needed to adapt to their parents' moral injury healthily, often reporting that they felt abandoned by organizations that they believed should have provided them with resources (e.g., MFRC, VAC, CAF). Many participants reported that they themselves had never been offered support from the military, and that they believed support offered to both serving and non-serving parents was insufficient. This was particularly pronounced for participants whose parents were separated, where the non-military parent had no ability to access military family resources, and for those who were in a dual-service family, where supports or resources were perceived to be primarily available for civilians. Within the sample for this study, the lack of formal resources often required participants and their studies to primarily depend on developing capabilities within the family. For some, this caused significant family strain, dysfunction, or breakdown. For others, this allowed participants to develop lifelong skills and abilities that helped navigate stressors.

### ***Resources For Veterans***

Participants in this study unanimously endorsed the importance of formal psychological care for morally injured Veterans and their families. Participants spoke about the benefits they witnessed in their parents accessing professional support, such as psychologists or social workers, including increased emotional regulation skills and improved overall well-being.

However, for many participants, access to psychological resources was often delayed or perceived to be impeded by the military. For example, some participants spoke to the challenges associated with parents who did not have their experiences adequately documented during their careers, which caused significant challenges in accessing support from formal resources such as VAC. Additionally, participants spoke to the profound challenge for their parents in accessing support for morally injurious events which happened domestically or as a result of persistent strains. These challenges may speak to the lack of diagnostic and clinical certainty surrounding moral injury (e.g., Serfioti et al., 2023), which prevents mental health professionals from asking Veterans about morally distressing events.

It is also important to note that mental health stigma and help-seeking behaviours in Veterans are strongly related to leadership styles. McGuffin and colleagues (2021) demonstrated that supportive leadership decreased levels of self-stigma and public stigma while also increasing help-seeking behaviours. Conversely, institutionalized military culture and leadership practices within the CAF may lead those who require mental health support to feel ostracized (Hinton et al., 2021). This finding is notable, as the participants in this study largely reported feeling that there were challenges for both their morally injured parent and the family unit associated with military leadership and chain of command. Numerous participants noted the role that the chain of command played in the direct experience of morally injurious events, including feeling like high-ranked leaders were like “[a] dictator, almost”. While more research is needed, the findings from the present study suggest that it may be that Veterans who encounter leadership-based betrayals leading to moral injury are less likely to seek mental health support or are more apprehensive of using Veteran-based resources (e.g., VAC).

### ***Resources for Children***

As no participant in this study felt that they were offered appropriate resources to address parental moral injury as a child, the current study emphasizes the importance of offering children specialized support when parental moral injury is present to assist in the meaning-making process and the development of healthy coping skills. While all participants reflected on the importance and benefit of psychological support for their parents, there was no participant who reported being integrated into the care their parents were receiving. Family engagement in treatment for moral injuries is largely unexplored. However, literature on PTSD suggests that engaging in treatment is often a family-level decision motivated by the desire to improve family life and protect relationships within the family unity (Shepherd-Banigan et al., 2023). It has been demonstrated that family engagement generally enhances PTSD treatments (Laws et al., 2018; Murphy et al., 2017; Thompson-Hollands et al., 2022). Similarly, withdrawing from family support has been related to increased struggles with healing from trauma (Ray & Vanstone, 2009). Participants in this study largely endorsed the desire to engage in professional support alongside their parents, noting that they believed access to such support would facilitate meaningful conversations, the development of coping skills, and help children accept that their parents' behaviours are not the child's fault.

Furthermore, the findings from this study highlighted the benefit of children of Veterans having access to formal support in their own right. All participants spoke to their use of psychological services in their adulthood, with many sharing that processing their parents' moral injury and childhood military stressors was an important aspect of treatment. However, participants in this study also spoke to the challenge of access to treatment. In this sample, no participant was eligible to access financial support for therapy through VAC. VAC Treatment Benefits Program may cover the cost of mental health services for family members; however, to

do so, they must demonstrate (through the mental health provider) that such treatment will benefit the Veteran (Veterans Affairs Canada, 2024). For participants in this study, this increased the burden on the Veteran to access and ask for this accommodation, and for participants who felt that they required psychological care independently, on how it would affect their parents' well-being.

### ***Family Communication***

Children's desire to understand parental mental illness and their desire to be recognized as important to their parents' well-being are often at odds with adults' perceptions that children should be protected from the knowledge or responsibility of a parent's well-being (Gladstone et al., 2011). However, the participants of this study emphasized that parents' efforts to shield children from parental moral injury were often ineffective. For participants in this study who reported their parents sharing about morally injurious events in a balanced way, there appeared to be a notable benefit. These participants reported feeling more compassion for their parents, more understanding of moral injury-related outcomes, and a greater ability to make meaning of their experience being raised in a household where moral injury was present. This finding is consistent with the literature, which demonstrates that parents' age-appropriate disclosure of potentially traumatic incidents has a predominantly positive effect on children (Sloover et al., 2023).

### **Adjustment and Adaptation**

Participants in this study provided insight on the multitude of ways in which a parent's military service-related moral injury was perceived to directly impact them, both retrospectively and within their current circumstances. While participants talked about many adverse experiences, all participants demonstrated through their reflections the resiliency that they

required to adjust and adapt to parental moral injury. Ungar (2012) described resiliency as the complex biopsychosocial environment through which individuals navigate and negotiate in order to build or adapt both internal and external resources. It is important to note that the process of building resilience, or adjusting and adapting to demands, is not inherently positive or negative.

### *Children*

Rosenheck (1986) explored PTSD in children of WWII Veterans, and found that the emotional unavailability in a parent post-injury comprised an ‘emotional centre’ around which family life functioned. Similarly, the present study indicates that moral injury takes on a central role within Veteran families, often requiring members of the family to make broad adaptations to family functioning. Within this study, participants often reported experiencing many demands as a child which they associated with parental moral injury. These demands included institutional-level demands (e.g., further military service-related duties, institutional betrayal), family-level demands (e.g., changes to parents' behaviour, role adaptations), and individual-level demands (e.g., accelerated maturation). Utilizing the FAAR model, these demands represented an ongoing family crisis that required ongoing adaptations by participants to maintain family functioning. Patterson (1988) suggests that during the adaptation phase, a family may attempt to restore homeostasis through (1) acquiring new resources or coping skills, (2) reducing the demands they must deal with, or (3) changing the way they view the situation. The current study demonstrated that there were often significant barriers in attempts to adapt. Participants in this study often reported that they did not receive external support in acquiring new skills or accessing resources. Instead, participants often reflected that they utilized coping skills that they described as “unhealthy”. Examples of these skills included self-injurious behaviours, people pleasing tendencies, isolating, and adopting self-blame for the changes in their parents. Such behaviours,

intended to help, are consistent with previous literature, which notes that children report stepping up or withdrawing in order to reduce emotional strain on military parents (Thompson et al., 2015).

**Parentification.** Some studies have indicated that increased levels of instrumental parentification in military families allow military-connected children to develop skills that translate to better coping skills during stressful situations (Sullivan et al., 2023). Within this study, participants reflected on tasks associated with parentification as ways in which they could adjust or adapt to parental moral injury. Literature generally describes two typologies of parentification (Hooper et al., 2014): emotional parentification, where the child attempts to fulfill the emotional or psychological needs of a parent or sibling, and instrumental parentification, where a child engages in behaviours and/or activities to assist parents or siblings. Participants in this study reflected on both subtypes of parentification as being present following a parent's moral injury. Within the participants for this study, parentification was often a needed way in which participants could attempt to adapt to a parent's moral injury, restore homeostasis, or adjust to a new normal within the home. In particular, the majority of participants reported on emotional parentification as "necessary" in order to maintain psychological safety and manage their parents' expressed emotions. Instrumental parentification, in the participants for this study, often appeared to reflect a way for participants to maintain a sense of homeostasis within the home. Participants reflected that when a parent was morally injured, and particularly when that moral injury presented alongside other psychological health challenges (e.g., depression, PTSD, substance use), there were increased demands to take on household tasks, including chores and cooking. For some participants, this led to a feeling that the usual family roles were reversed, and

that they were parenting their parent. For some participants, this role reversal continued into their adulthood and in their current relationship with their parent.

Parent-child role reversal following trauma is reported to be common (e.g., Bensimon & Afota Assaf, 2024; Hoffman & Shrira, 2019; Letzter-Pouw et al., 2014; Lohr et al., 2015), and is associated with adverse mental health into adulthood (Schier et al., 2015). It is notable that, while the parentification and role-reversal were seen as necessary to maintain family homeostasis, most participants in this study reflected a sense of grief associated with the loss of childhood or the accelerated maturation that they were expected to embody. While the accelerated maturation of military-connected children may occur as an adaptation to many military-related demands, including relocation or a parent's deployment (Hooper et al., 2014; Truhan, 2015), participants in this study largely reported that after a parent's moral injury presented, there were long-term expectations to maintain the parentified behaviours.

**Responsibilization.** When asked about what children of morally injured CAF members or Veterans should know, one of the most poignant themes was participants' reflections that "I think I would want to tell younger me, like first and foremost, it's not your fault. You didn't do anything to cause [your parent's] behaviour." This sentiment highlights an important trend that some participants alluded to, in which there appeared to be responsibilization following a parent's moral injury. The SAGE dictionary of policing defines responsibilization as "the process whereby subjects are rendered individually responsible for a task which previously would have been the duty of another – usually a state agency – or would not have been recognized as a responsibility at all." (p. 277, 2009). Within the context of this project, responsibilization of families often appeared to occur where the CAF were perceived to neglect the care and long-term well-being of the morally injured member, causing the family to feel responsible for ensuring the Veteran was accessing care, regulating emotions, and managing mental health

outcomes. Within the findings of this study, responsabilization was often actively demonstrated through the parentification of participants; however, within this study, responsabilization appeared to be an internalized shift in worldview.

**Social Capital.** Some research suggests that social capital, the ability for a group to mobilize resources and the extent that networks or connections within a group can be created and maintained (García-Marirrodiga, 2024), is an essential mechanism informing how children in military families reflect on their abilities to adjust and adapt to military related life stressors (Norris et al., 2024). Notably, participants in this study often reflected that they lacked access to military-connected peers who would provide them with the social capital reflected in previous studies. Unlike previous generations, the age demographic for this sample consisted of participants who largely had no access to military housing and lived off-base. This meant that most participants did not have the same access to other military families to normalize military experiences, including parental moral injury. Several participants in this study reflected that they did not know other military children growing up and that their social environments (e.g., school) lacked the military cultural competency to understand the unique challenges military families face. For one participant, this was significantly pronounced, as their parents separated and their mother, therefore, had no access to military-specific resources (e.g., MFRCs) which may have been otherwise beneficial.

The importance of social capital was further emphasized by the participants who did have access to military-connected peers. In these cases, the informal peer support that such friendships provided was viewed as instrumental in maintaining well-being, and such friendships were viewed as lifelong. These friendships allowed participants to normalize military stressors and make sense of parental moral injury through talking to people who “get it”. While further

research is warranted to understand how social capital in military families is associated with children's ability to adjust or adapt to military stressors, this study offers preliminary support that the two are interconnected and may be particularly important in families where a parent suffers from trauma exposure.

### *Military Veterans*

While this study was not intended to garner the direct experiences of military Veterans who incurred moral injury, there were a number of reflections from participants that indicated the ways in which a morally injured Veteran appeared to adjust or adapt following a military service-related moral injury. While it is not reasonable to infer the internal worlds of these Veterans, awareness of the observable changes to a military member following morally injurious events is essential in moving towards more timely identification and treatment.

**Changes to Emotional Displays.** Clinicians report that moral injury can be observed in expressed emotions such as shame, anger, and/or guilt, as well as changes to self-concept, including viewing the self as unlovable, and increased feelings of hopelessness (Yeterian et al., 2019). Participants in this study largely endorsed anger as a core feature of how moral injury was externally presented in their parent. While some research suggests that anger is a secondary symptom of moral injury (Jinkerson, 2016), the present study indicates that anger may be a primary observable behaviour change which could indicate the presence of moral injury in military members and Veterans. This finding is consistent with work by Fleming (2023), who conceptualizes that primary emotional outcomes of moral injury include anger, guilt, shame, disgust, and disorientation. Participants' reflections that anger specifically was prominently observed in their morally injured parent would be consistent with previous research, in which morally injured Veterans described prolonged anger as an external reaction to morally

transgressive events (Worthen & Ahern, 2014), compared to other moral emotions (e.g., guilt, shame), which tended to be internalized experiences. The increased anger or aggression (e.g., overgeneralized anger, irritability, blaming others, ruminations, perceptions of injustice) reflected on by participants in this study also appears consistent with research that has found anger to be strongly associated with betrayal-based traumas (Jacoby et al., 2024; Sarkissian & Yalch, 2024). However, the reflections provided by participants in this study highlight that there may be gendered influences in this trend. Participants who spoke of their mothers as having military service-related PTSD were more likely to share about their parent displaying observable expressions of shame. While the number of participants reporting on a mother was small, their perceptions emphasize the necessity of investigations which focus on gendered experiences and expressions of moral injury in Veterans.

The association of emotion regulation and moral injury is currently not well understood. While some research indicates that maladaptive emotion regulation prior to exposure to PMIEs increases the likelihood of moral injury (Levi-Belz et al., 2024), other research indicates that increased perceptions of shame following trauma exposure increase maladaptive emotion regulation (Puhalla et al., 2022). Still other research has suggested that moral injury has no association with challenges in emotion regulation in Veterans (Boska et al., 2025). Hujing and Yalch (2024) hypothesized that men, specifically, who experience betrayal traumas may feel societal pressures to suppress emotional responses, compromising their sense of self. However, the findings of the present study would suggest that emotional regulation challenges were frequently observed by participants. It may be that emotion dysregulation in morally injured Veterans should be considered through a relational perspective. It may be that emotionally evocative interpersonal interactions create situations in which Veterans become emotionally

aroused, and are not adequately captured in self-report measures. Relying on self-reports of emotion regulation requires awareness and clarity of emotional experiences (Smith & Racine, 2024), which may not be skills conducive to the stoicism encouraged by militarized masculinity norms (Cogan et al., 2021; Neilson et al., 2020; Van Gilder, 2019). The findings from this study suggest that it is essential to investigate the ways in which emotion regulation is associated with moral injury, as there appears to be profound impacts on family dynamics. Veterans' use of emotional numbing or anger following trauma has been shown to negatively impact family relationships (Ray & Vanstone, 2009). As the findings from this study suggest that anger and/or emotional numbing were frequently observed and attributed to moral injury by participants, it is reasonable to believe that there are similar impacts on family relationships.

**Isolation/Social Withdrawal.** Most participants in this study spoke to changes in how their parents interacted socially; both within the family and externally to it. Previous qualitative studies have supported that military service-related moral injury resulted in Veterans feeling adverse alterations to their sense of belonging and challenges with reintegration into civilian norms (Danson et al., 2025; Yeterian et al., 2019), which appears to be consistent with how participants in this study reflected viewing their parents' behaviour. Participants in this study frequently described viewing their parents as choosing to be isolated, including isolation from important events like birthdays or graduations, isolation from family bonding experiences, including shared meals or family vacations, and withdrawal from former friendships, including those with other Veterans. Social connectedness is viewed as a protective factor for moral injury, with some research positing that strong social support allows for Veterans to talk about the morally injurious events they encounter, helping to limit the cognitive dissonance (Kelley et al., 2019a). Similarly, social support creating a sense of shared experience can be understood as a

facilitator for Veterans to access mental health support for moral injuries (Houle et al., 2022).

This finding was somewhat supported in the present study, where participants reported observing positive changes in their parents' interactions with them or others after undergoing effective therapeutic treatments or participating in morally reparative activities (e.g., volunteering in their community, advocacy).

**Alterations to Spirituality and Moral Beliefs.** Within this study, many participants reported significant alterations to their parents' spiritual practices or moral beliefs, including changes to religious practices, belief in higher powers, and enhanced moral codes or expectations. These stark changes in moral beliefs that participants reflected on were consistent with previous research on morally injurious CAF Veterans. For example, Houle and colleagues (2021) noted in their study that changes in moral attitudes broadly fit into three categories: pessimistic or disillusioned view of the moral nature of self or others, moral confusion, and moral rigidity. Findings from the present study endorsed both a pessimistic or disillusioned view of moral nature and moral rigidity as observable outcomes reported on by participants. While participants in this study reflected less on moral confusion, that may be because that subtype of moral attitude is less externally expressed by parents to a child. Research has frequently connected moral injury to an individual's spirituality. One study noted that individuals who experienced higher disturbance to spirituality were also two to four times more likely to have increased moral injury related outcomes (Currier et al., 2019).

The pattern of changes to spiritual and moral beliefs that participants reflected witnessing in a morally injured parent may point to the dissolution of moral identity due to exposure to PMIEs during military service. Research by Kaspersen (2024) elucidated the ways in which military members must reshape their moral identity to align with the military institution's

demands. Many participants in this study reflected on their parents as having high moral values following their military service. While participants reflected on this as both being adaptive (e.g., engaging in continued contributions to society, greater awareness of social issues, teaching moral values to children) and maladaptive (e.g., overly stringent beliefs about right vs. wrong, frustration with Canadian social values, holding children to higher than average moral expectations), the moral identity of Veterans appears to be an important area for further research. Consistent with previous findings (e.g., Matthieu et al., 2019), Veterans reported on in this study often engaged in volunteer activities post-service, intended to increase the well-being of society. Engagement with volunteer post-service may have many benefits for both Veterans and their families, including increasing relationship satisfaction and communication (Lawrence & Mattieu, 2018). Furthermore, Veteran participation in volunteer activities may improve overall mental health, increase a sense of purpose, and encourage a stronger social support network (Weiss et al., 2020). This tendency for Veterans to want to continue to serve post-service may allude to the ways in which Veterans reconcile their moral identity with previous morally injurious actions. Importantly, research on moral identity acknowledges that those with higher moral motivations are more impacted by events which conflict with their perceived identity (Krettenauer & Mosleh, 2013), although there is limited research on Veteran-specific populations.

### **Meaning Making**

The retrospective nature of this study allowed for an examination of the ways in which participants made meaning of the complex experiences they had. Meaning-making can be understood as an “ongoing, dynamic, interactive process” (Beardslee, 2013, p. 343) for families to foster resilience (Barboza et al., 2022). Patterson (1988) describes meanings through two domains: situation (the conscious or unconscious interpretation based on the context of prior

experiences) and global (acquired meanings that orient to internal and external experiences, which are applied to new experiences). However, for participants in this study, meaning-making was often an individual experience, driven by the lack of communication about moral injury from parents. Participants in this study largely reflected that there were limited to no opportunities for them to talk to their parent(s) openly about the ways in which the moral injury in their parent was influencing family dynamics. This finding is notable, as some research has suggested that disruption to the meaning-making process is associated with worse outcomes after morally injurious experiences (Mordeno et al., 2022; Steger et al., 2015). It may be that when a parent is struggling to make meaning of trauma-related and morally injurious experiences, children are also similarly challenged. For many participants, this meant that making meaning of their experiences was often a task for their adult self. Participants in this study demonstrated many strengths in their adult life that supported the meaning-making process. Traits such as compassion, empathy, resourcefulness, and personal awareness were demonstrated throughout the interviews. It is also notable that within this sample, many participants entered into professions that were aligned with the CAF (e.g., military service), supported Veteran well-being (e.g., case managers), or were therapeutic in nature (e.g., social workers, nurses). Similar to previous studies (e.g., Bensimon & Afota Assaf, 2024), it may be that these careers allowed participants to further engage in making meaning from their experiences in a unique way.

Although the majority of participants reflected on learning about the terminology of moral injury later in their lives, the study's findings suggest that the ability of adult children to identify and label moral injury in their parents was an important element in making meaning from their experiences. Participants in this study strongly endorsed the benefits of understanding moral injury as a separate and distinct trauma typology, emphasizing that the ability to access

more specific resources increases their understanding and empathy of the challenges their Veteran parent experienced. Many participants noted that their parents utilized the label of moral injury themselves, with some indicating that they only learned about moral injury because their parents had self-identified with it. Additionally, participants emphasized that the ability to identify and label moral injury in their parents helped them engage in meaning-making processes that were important for the participants' own well-being. Multiple participants in this study reflected that their experience of their parents' moral injury "built who I am".

### **Chapter 8: Limitations**

There are several limitations of note within this study. While this study raises many important considerations regarding moral injury and children in military families, it is important to frame these findings within the context and scope of the project. This study was created as part of a Master's thesis. As such, there were some minor systematic limitations, including the timeline of data collection, which may have limited the scope of the project. For example, if there were more flexibility with the timeline to complete the project, it may have been beneficial to seek to include participants of currently serving CAF members, which would include additional steps to ensure ethical obligations are met.

As this study relied on participants to self-identify as an adult child of a CAF Veteran with moral injury, it is possible that the representation of data skewed towards those felt particularly strongly about their experiences. As a result, the sample may overrepresent individuals with more intense, negative, or well-articulated reflections, while underrepresenting those who had more neutral or less pronounced experiences. It is also important to note that as the recruitment material used the term moral injury directly, participants may have been more

likely to be those who had already been exposed to the construct, which may have influenced the types of responses that were given.

While efforts were made to have a balanced representation of morally injured parents who were mothers, this study predominantly reflected the experiences of children with morally injured fathers. Therefore, the findings must be understood within a gendered context. It may be that female Veterans have different expressions of moral injury that were not adequately captured through this sample. Future research may benefit from explicit studies exploring the experiences of children whose mother is exposed to morally injurious incidents. It may be that recruitment for such participants requires a more targeted approach or direct collaboration with organizations that work specifically with female Veterans. Additionally, more research is needed in general on the unique morally injurious experiences of female serving members.

It may be that the perceptions of participants in this study do not align with those of Veterans in their own right. It is essential that the findings of this study are not extrapolated to diminish the direct experiences of morally injured Veterans. A dyadic approach, which brings together Veterans and their children to understand nuanced differences in perceptions, may strengthen the findings of this or future studies. Furthermore, little is known about how spouses or partners may experience family-based changes within the context of military service-related moral injury. Future research may wish to address this through research seeking to include spouses or partners of morally injured Veterans, particularly research which seeks to understand the family-level impacts of moral injury.

Due to the retrospective nature of this study, it is possible that the reflections of participants are inconsistent with what would be found in momentary assessments. It may be that findings would be different if participants were interviewed during their adolescence or

immediately following their parents' exposure to moral injury. While the retrospective nature of this study allows for essential insights into the life course experiences of military-connected children, there may be unique experiences that would best be captured through research conducted on children of currently serving military members. Additionally, as participants were limited to children of post-Gulf War era Veterans, it may be that the ways in which moral injury is perceived differ in different generations or across different points in the lifespan that were not captured by this sample. Furthermore, as modern military duties continue to adjust or adapt to the global landscape, the findings from this study should be viewed as part of a continual conversation on moral injury in families rather than as definitive

### **Chapter 9: Recommendations and Conclusions**

Moral codes are an essential aspect of the human condition (Feldman Hall et al., 2018), therefore, it is unlikely that moral injury can ever be avoided entirely, particularly in military contexts where exposure to human suffering is common (Gerrmann et al., 2025; Hansen et al., 2021; Maguen et al., 2020). Therefore, it is essential for those who work and engage with Veterans and their families to understand the ways in which military lifestyle and duties can expose individuals to PMIEs and lead to the development or maintenance of moral injury. Furthermore, as this research highlights, it is crucial for military family members, including children, to be explicitly considered when exploring the impacts and implications of military service-related moral injury. Recommendations from this study arise from participant reflections and analysis of the findings. Throughout the interview, participants were asked about advice they would give to their parents, other children, and the military. All participants also had the opportunity to review key recommendations and provide validation or feedback through a secure online survey.

### **Children and Families**

Overwhelmingly, participants in this study reflected on the general lack of awareness within military and civilian populations about the experiences of having a parent with military service-related moral injury. Participants described a lack of resources, which often had long-term effects. However, most participants also reflected a belief that there were actionable changes which could be made to effectively assist children in military families where parental moral injury is present. Participants in this study offered valuable insights into what they would like to see for children and parents in households impacted by moral injuries related to military service.

### ***Communication***

Participants in this study strongly endorsed the importance of morally injured parents' communication. All participants reflected that they felt their parents struggled to share information about potentially morally injurious elements of their duties, which adversely impacted the parent-child relationship. While some participants felt that communication enhanced with age, particularly if the child later entered military service themselves, for many, persistent challenges arose due to a perceived lack of communication skills. Participants strongly endorsed that there are age-appropriate conversations that military parents can engage in with their children across the lifespan. Conversations about potentially morally injurious experiences may need to differ depending on age, tone, and the child's initiation of the discussion. Such conversations could be described as modulated disclosure, where developmentally timed communication is carried out in a sensitive manner (Sloover et al., 2024). Measham and Rousseau suggest "that the timing and manner in which disclosure occurs may be more important than the disclosure or nondisclosure of war trauma in and of itself" (2010, p.

85). Research suggests that conversations between parents and children should be characterized by warmth and openness (Grey et al., 2022), where children are encouraged to engage in the discussion at their own pace and in a safe space (Sloover et al., 2024). This can be done by asking the child how they feel, encouraging them to share their perceptions or experience, providing opportunities for questions, and normalizing any feelings that the child may have (Carpenter et al., 2017; Sloover et al., 2024; Williamson et al., 2017). Some literature has shown that parents are generally more comfortable with sensitive conversations when they feel that they have the knowledge required to answer the child's questions or the child has been previously exposed to the conversation topic (Grey et al., 2022). This literature, in combination with the findings from this study, highlights the importance of ensuring that military members and their families are introduced to the possible psychotraumatic responses that military service may include. This can be achieved through various means, such as enhanced educational campaigns by DND, CAF, VAC, and MFRCs, incorporating family in post-event debriefs, and increasing accessibility to family-based psychotherapy methods for serving members and Veterans.

### *Peer Support*

The findings from this study support the importance of social capital in the lives of military-connected children, particularly when parental moral injury is present. As such, it may be helpful for military family organizations, such as the MFRC, to implement peer support programs for children in military families. Formalized peer support can be understood as structured social and/or emotional support that combines with expertise derived from lived experiences (Fortuna et al., 2022). As base living continues to decrease in Canada, access to peers who have similar experiences with military life stressors could be a way to help children develop supports and resources to cope with the demands of parental military service. Web-

based technology, in particular, may offer increased opportunities for peer support programs to be effectively provided to Canadian military-connected youth. A study by Price-Roberston and colleagues (2019) helped to demonstrate the importance of online peer support programs for children of parents with mental illness, recognizing that technology and digital media are often deeply integrated into young people's lives. Similarly, Foster et al. (2014) found that participants of online peer support programs for those with parental mental illness associate these programs with substantial benefits for adolescents who take part, including reducing feelings of loneliness, developing personal strengths, and feeling helpful to others.

### **Clinical Directions**

While there is work being done to explore the treatment of moral injury in Veterans and serving members (e.g., Dickinson, 2023; Pernicano et al., 2022; Williamson et al., 2022), there is minimal attention being given to holistic approaches involving families. Engaging in therapy after military-related trauma can be understood as a family-level decision, where Veterans are motivated to protect their relationship with loved ones (Shepherd-Banigan et al., 2023). Despite findings validating the benefits of including family members in clinical treatments for Veterans (Beardslee, 2013; Shepherd-Bangan et al., 2025), mental health providers have reported that they generally lack the training or supervision needed to integrate families into trauma-oriented treatments (Thompson-Hollands et al., 2022). Consistent with previous research (e.g., Riggs et al., 2020), findings from this study support that health care providers should assess not just the individual functioning of serving members or Veterans, but also the broader context of their relationships with family members. The role of 'parent' appears to be highly meaningful for individuals with children, and parents remain parents in the midst of illness (Oja et al., 2020). Family-based psychotherapeutic treatments are more likely to acknowledge that the experience

of moral injury does not exist in a vacuum, but rather is embedded within a variety of larger systems. Additionally, research supports that therapeutic outcomes for Veterans are influenced by the perception that their support system has of the injury. When family members are given increased psychoeducation on moral and trauma-related injuries, there is an increased positive impact on perceptions of treatment (Shepherd-Banigan et al., 2023). Therefore, the military needs to expand available treatment options to intentionally include families in the treatment of moral injury. This may include options such as family-based therapies, peer-support groups, or family inclusion in post-deployment-based debriefings.

In this study, participants reported that as children, insufficient knowledge of their parents' moral injury contributed to feelings of shame and self-blame, particularly as they internalized their parents' avoidance of the topic. Providing children with opportunities to make meaning of a parent's moral injury out of the presence of their parent(s) should, therefore, be an important consideration for mental health care providers. How a child perceives and makes sense of an event is associated with the ability to develop post-traumatic growth (Ferris & O'Brien, 2022). Post-traumatic growth can be understood as the positive changes a person perceives in themselves or their worldview following a challenging life crisis or traumatic event (Aronson et al., 2025), and was demonstrated by participants through the meaning-making process they engaged in. As such, therapies that allow military-connected children to restructure their perspectives of a parent's moral injury may be particularly beneficial. Using development perspectives to align with the child's age and assisting children in modifying their worldview may help alleviate the influence of a parent's moral injury on childhood experiences. Some research has demonstrated that creative arts therapy is particularly beneficial for children in families where operational stress injuries are present (Chilton et al., 2024), with these methods

encouraging sustained engagement due to the intrinsic motivation artistic practices allow for. Adopting techniques that allow military-connected children to explore changes in their environment (e.g., bibliotherapy, puppetry, art therapy, journaling) will enable them to explore emotions and identify concerns. Specifically, these methods allow children to ask questions about a parent's return from deployment, identification of fear for parents' duties, awareness of potentially morally injurious events, and changes to self-perception or identity from new family roles (Waliski et al., 2012).

### **Policy Directions**

Findings from this study highlight critical gaps within the systems designed to support military families, particularly when parental moral injury is present. Addressing these gaps requires targeted policy interventions that acknowledge the unique needs of children in military families where military service-related moral injury is present. Policy recommendations from this study are informed by the participant's experiences, and are aimed at enhancing responsiveness and effectiveness across military, healthcare, and support organizations.

### ***Access to Psychological Care***

Participants emphasized that adult and minor children of Veterans should have independent access to psychological services when parental moral injury is documented, without needing parental endorsement or linking the benefit directly to the Veteran's care. Family members of Veterans with trauma-related injuries impacting mental health observe the direct impacts of such injury, and are often on the receiving end of those impacts (Mansfield et al., 2014), and the findings from this study demonstrate the impacts this may have across the lifespan. Despite the myriad of ways in which participants in this study described being impacted directly by their parent's moral injury, there was no participant who reflected on having

opportunities to engage in professional support provided by the CAF or VAC. While some participants highlighted that VAC may be able to offer support to families, it is only done at the desire of the Veteran member. For adult children of Veterans, the Veteran parent would need to demonstrate or endorse that their child's utilization of psychological care would directly benefit the Veteran themselves in order for the child to access benefits. As such, the family member of the Veteran cannot be the main recipient or focus of treatment (Veterans Affairs Canada, 2019). Participants in this study recognized this as a significant barrier. Many participants in this study spoke of the hesitation they had in seeking their Veteran parents' endorsement for psychological care, viewing it as an extra burden on their parents. Furthermore, limiting psychological care of military families to only be available as it relates to the Veteran negates the profound sacrifices that military families make in service to their country. The findings of this study demonstrated the long-term impacts that military service-related moral injuries have on military families, and underscore the vital importance of ensuring that adult children of Veterans have long-term access to supports or benefits that allow them to process and make meaning of their unique experiences.

### *Programming for Civilian Institutions*

Many participants in this study noted the challenge of civilian schools and health systems, which were often perceived to lack military cultural competency. As such, it may be that implementing training modules for civilians who are likely to encounter military families would be of benefit. In particular, school staff and mental health professionals living in communities within proximity to military bases would benefit from increased awareness of the challenges associated with parental military service, including increased mobility, secondary trauma, and parentification. Ensuring that civilian organizations that support military families

have adequate training and resources will improve empathy and responsiveness in settings where children of military members are likely to spend most of their time.

Participants also highlighted the perceived benefits of certificate programs for mental health professionals, which would allow military family members to quickly assess military cultural competency. Formal identification of health care providers with military cultural competency has many possible values. First, easy identification of culturally competent health care professionals will assist family members in locating providers who understand military-specific stressors and demands, particularly the nuances of moral injury and possible intergenerational impacts. It is likely that having military-cultural competence will also enhance the development of therapeutic alliance, which is often considered a core predictor of therapeutic outcomes (Ardito & Rabellino, 2011). Finally, the development of a standardized certificate would serve as a nationally recognized benchmark for what constitutes culturally informed care for military and Veteran families. For clinicians, such a certification process would add legitimacy to their practice and could be used on directories, websites, or intake processes. For institutions, it could be used to create a national network which would assist in referral processes.

### ***Psychoeducational Toolkits***

The findings from this study suggest that the CAF/VAC should develop and deliver accessible educational resources for Veterans that address the complexities of military service-related moral injuries across various domains. In particular, the participants of this study strongly emphasized the need for CAF/VAC to support their members in ensuring that parents have the tools required to initiate and sustain age-appropriate conversations about moral injury. While some material has recently been developed (e.g., children's story books, Rogers et al., 2025), the

military should consider adopting policies which make the dissemination of such material inclusive of all military-connected families, free of charge and independent of physical proximity to MFRCs. Similarly, digital support tools such as platforms or applications, that are tailored to children of military members or Veterans with moral injury, may be an essential tool to assist children in accessing consolidated and validated resources on moral injury, create peer networks, and have easy access to crisis response tools independently of their parents.

Additionally, the findings of this study support that more psychoeducation is needed on moral injury related to military service. Participants in this study generally endorsed the value associated with having a label to help make meaning of how they understood the challenges their parents endured as part of military service. However, most participants in this study reflected on being introduced to the term in their adulthood, which may have delayed the opportunity for them to make meaning of their experiences during childhood. Increasing opportunities for military family members, specifically children, to be involved in pre- and post-deployment briefings may be one way to enhance knowledge of moral injury in military families, while also providing them with opportunities to develop informal peer support networks. Additionally, increasing opportunities to integrate family members in psychoeducation will support military families to develop a shared vocabulary of experiences, allowing for them to initiate conversations, ask questions, and destigmatize support-seeking.

### **Research Directions**

Research on moral distress and injury has been constrained due to a lack of consensus on definitions and a distinct lack of longitudinal data (Beadle et al., 2024). There is a tendency in research to focus primarily on self-directed moral injuries, such as those identified in combat scenarios (e.g., killing others, encountering child soldiers, failure to prevent injury or death).

However, less is known about the personal and family impacts of other-directed moral injuries (e.g., assault, racism, institutional betrayal), which may create unique experiences in the military context (Hamrick et al., 2021). The findings from this study illuminated the broad range of morally injurious events associated with service in the CAF that are often overlooked. As such, it is vital that future research on moral injury related to military service explore the broad range of potentially morally injurious events, and that special attention be given to events which are associated with domestic duties. Furthermore, research investigating the intersection between moral injury and social detriments of health (e.g., gender identity, sexuality, race, justice involvement, and homelessness) is scarce (Borges et al., 2022). Future research investigating moral injury should, therefore, ensure that there is a conscious expansion to understand the influence of other-directed moral injuries and moral injuries as they intersect with identity-based factors, looking at how changes to worldview are then transitioned into family life.

Current research often is overboard and undefined in describing the impacts of trauma within a Veteran's family (McGaw et al., 2019). It is important that future research on military families explores families in an intentional way, in which different members of the family are given specific attention. It is unreasonable to assume that the impacts of spouses are the same as the impacts on children, or that parents can report on children's direct experiences.

Understanding how children in military families make meaning of a parent's moral injury is an essential gap within current academic literature. Future research may benefit from including the experiences of children of currently serving members at risk of moral injury. Using momentary assessment may allow for more robust findings on the ways in which moral injury manifests within the home and the impacts of parental moral injury on childhood experiences and relationships. Research methodology with this group necessitates trauma-informed methods, and

may benefit from diverse approaches. For example, the utilization of arts-based research may allow children to share a window into their daily lives by removing the linguistic challenges of formal interviews (Harasym et al., 2024). Future studies may wish to explore the experiences of children through an ecological momentary methodology, attempting to examine the impacts of moral injury in a family moment-by-moment. Such studies would provide important insights on how children make sense of morally injurious outcomes in their parents, and may provide more specific insights on patterns of behaviour displayed by a parent with moral injury. Additionally, quantitative research aimed at exploring the prevalence and presentation of moral injury in military parents may be beneficial. Researchers may also wish to engage in dyadic interviews, where responses from children and parents can be viewed together to understand the complex relationship dynamics and how experiences converge or diverge within a family unit.

Finally, the findings from this study support the need to develop and validate outcome measures that can assess the well-being of military and Veteran families as units, not just individuals. It is important that such research utilize reports that help evaluate the overall health and functioning of military family units, considering factors such as family dynamics and communication. Developing instruments that assess family well-being from multiple informants, including children, within the family may provide essential insight on how CAF/VAC can best support Veterans and their families holistically.

This study contributes to the growing body of research aimed at understanding military service-related moral injury. Through the voices of adult children of CAF Veterans, this study centred the lived experiences of how parental moral injury was felt across the lifespan. The findings illuminate the ways in which parental moral injury reverberates throughout the family system, shaping identity, emotional and relational patterns, and worldview across the life course.

The insights from this study challenge previous moral injury literature, which traditionally focuses on individualized impacts. Instead, this research supports moral injury as a shared, relational, and cultural experience that demands intentional, inclusive, and informed responses at all levels of society. Importantly, the insights shared by participants in this study point to both the profound burden and remarkable resilience of military-connected children.

### **Cultural Directions**

The findings from the present study reinforce the need for the CAF to examine the broader culture of the military as a unique factor in the development and maintenance of moral injury. Participants in this study largely reflected on military culture-related elements, including a persistent emphasis on militarized masculinity, combat-centric values which de-legitimize those who have not been deployed, and a hierarchy of values which places service before the family or the self, as uniquely morally injurious. Such cultural norms were seen as not only impacting the serving member but also the family as a unit. Notably, many participants in this study also associated military culture with delayed help-seeking behaviours in the Veteran parents, citing self-stigma, perceptions of weakness, and adverse institutional attitudes towards mental health. These findings highlight the importance of the CAF critically examining the ways in which military cultural values and institutional practices may both foster the conditions for moral injury and create barriers to timely interventions.

In addition, the findings from this study also strongly support that adult children from military families may feel overlooked by the military institution. Participants in this study recounted a variety of ways in which they devoted their childhood experiences to the needs of the CAF, including relocating, adopting responsibilities at their developmental level to support their family well-being, and supporting their parents' service and post-service well-being.

Despite the magnitude of sacrifices the participants in this study made, no participant reflected the CAF as supporting them independently from their parents. This absence of direct institutional recognition or assistance left many with the impression that their well-being was secondary to operational demands. These findings point to an urgent need for the CAF to develop policies and programs that acknowledge and directly address the experiences of children in military families, particularly those affected by a parent's moral injury.

### References

- Acion, L., Ramirez, M. R., Jorge, R. E., & Arndt, S. (2013). Increased risk of alcohol and drug use among children from deployed military families. *Addiction, 108*(8), 1418–1425. <https://doi.org/10.1111/add.12161>
- American Psychiatric Association. (2013). Trauma and stress-related disorders. *Diagnostic and statistical manual of mental disorders* (5th ed.), 256-290. <https://doi.org/10.1176/appi.books.9780890425596>
- Anfara, V. A., & Mertz, N. T. (2015). Theoretical frameworks in qualitative research (2nd ed.). Thousand Oaks, CA: Sage.
- Ardito, R. B., & Rabellino, D. (2011). Therapeutic alliance and outcome of psychotherapy: Historical excursus, measurements, and prospects for research. *Frontiers in Psychology, 2*, 270. <https://doi.org/10.3389/fpsyg.2011.00270>
- Aronson, K. R., Morgan, N. R., Doucette, C. E., McCarthy, K. J., Davenport, K. E., & Perkins, D. F. (2025). Associations among combat exposure, adverse childhood experiences, moral injury, and posttraumatic growth in a large cohort of post-9/11 veterans. *Psychological Trauma: Theory, Research, Practice, and Policy, 17*(3), 639–647. <https://doi.org/10.1037/tra0001793>
- Atkins, K. M., Tollerud, T. R., Roy-White, T., Brdecka, L. E., & Chrones, D. (2023). Infusing military culture in multicultural counseling frameworks: A phenomenological study. *Qualitative Report, 28*(7), 1950–1967. <https://doi.org/10.46743/2160-3715/2023.5900>
- Bachem, R., Scherf, J., Levin, Y., Schröder-Abé, M., & Solomon, Z. (2020). The role of parental negative world assumptions in the intergenerational transmission of war trauma. *Social Psychiatry and Psychiatric Epidemiology: The International Journal for Research in*

- Social and Genetic Epidemiology and Mental Health Services*, 55(6), 745–755.  
<https://doi.org/10.1007/s00127-019-01801-y>
- Baillie Abidi, C., Patten, S., Houle, S., Reeves, K., Belanger, S., Nazarov, A., & Wells, S. (2025). ‘Trying to fix what is broken’: Experiences of encountering children in armed conflict during military service. *International Peacekeeping* (13533312), 1–29.  
<https://doi.org/10.1080/13533312.2025.2521345>
- Baird, K., & Kracen, A. C. (2006). Vicarious traumatization and secondary traumatic stress: A research synthesis. *Counselling Psychology Quarterly*, 19(2), 181–188. <https://doi.org/10.1080/09515070600811899>
- Barboza, J., Seedall, R., & Neimeyer, R. A. (2022). Meaning co-construction: Facilitating shared family meaning-making in bereavement. *Family Process*, 61(1), 7–24.  
<https://doi.org/10.1111/famp.12671>
- Barnes, H. A., Hurley, R. A., & Taber, K. H. (2019). Moral injury and PTSD: Often co-occurring yet mechanistically different. *The Journal of Neuropsychiatry and Clinical Neurosciences*, 31(2), 98–103. <https://doi.org/10.1176/appi.neuropsych.19020036>
- Bastien, N. & Tuey, C. (2025). A portrait of military families in Canada from the 2021 census. *Statistics Canada*. <https://www150.statcan.gc.ca/n1/pub/75-006-x/2025001/article/00001-eng.pdf>
- Beadle, E. S., Walecka, A., Sangam, A. V., Moorhouse, J., Winter, M., Munro Wild, H., Trivedi, D., & Casarin, A. (2024). Triggers and factors associated with moral distress and moral injury in health and social care workers: A systematic review of qualitative studies. *PLoS ONE*, 19(6), 1–32. <https://doi.org/10.1371/journal.pone.0303013>

- Beardslee, W. (2013). Military and veteran family-centered preventive interventions and care: Making meaning of experiences over time. *Clinical Child & Family Psychology Review*, 16(3), 341–343. <https://doi.org/10.1007/s10567-013-0151-1>
- Bensimon, M., & Afota Assaf, E. (2024). Intergenerational transmission of combat-related posttraumatic stress disorder: The offspring's lived experience. *Psychological Trauma: Theory, Research, Practice, and Policy*. <https://doi.org/10.1037/tra0001825>
- Benzies, K., & Mychasiuk, R. (2009). Fostering family resiliency: A review of the key protective factors. *Child & Family Social Work*, 14(1), 103–114. <https://doi.org/10.1111/j.1365-2206.2008.00586.x>
- Briere, J., Kaltman, S., & Green, B. L. (2008). Accumulated childhood trauma and symptom complexity. *Journal of Traumatic Stress*, 21(2), 223–226. <https://doi.org/10.1002/jts.20317>
- Blevins, S., Dalby, K., & Cuetara Gibbons, K. (2024). Being military minded: Caring for the military community. *MEDSURG Nursing*, 33(2), 100–102. <https://doi.org/10.62116/MSJ.2024.33.2.100>
- Boscarino, J. A., Adams, R. E., Wingate, T. J., Boscarino, J. J., Urosevich, T. G., Hoffman, S. N., Kirchner, H. L., Figley, C. R., & Nash, W. P. (2022). Impact and risk of moral injury among deployed veterans: Implications for veterans and mental health. *Frontiers in Psychiatry*, 13. <https://doi.org/10.3389/fpsyt.2022.899084>
- Boska, R. L., Bishop, T. M., Capron, D. W., Paxton Willing, M. M., & Ashrafioun, L. (2025). Difficulties with emotion regulation within PTSD clusters and moral injury subtypes. *Military Psychology*, 37(2), 159–167. <https://doi.org/10.1080/08995605.2024.2322904>

- Boss, P. (1999). *Ambiguous loss: Learning to live with unresolved grief*. Cambridge, MA: Harvard University Press.
- Boss, P. (2010). The trauma and complicated grief of ambiguous loss. *Pastoral Psychology*, 59(2), 137–145. <https://doi.org/10.1007/s11089-009-0264-0>
- Bott, E. (2010). Favourites and others: Reflexivity and the shaping of subjectivities and data in qualitative research. *Qualitative Research*, 10, 159–173.
- Bradshaw, C. P., Sudhinaraset, M., Mmari, K., & Blum, R. W. (2010). School transitions among military adolescents: A qualitative study of stress and coping. *School Psychology Review*, 39(1), 84. <https://doi.org/10.1080/02796015.2010.12087792>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>
- Braun, V., & Clarke, V. (2024). Supporting best practice in reflexive thematic analysis reporting in Palliative Medicine: A review of published research and introduction to the Reflexive Thematic Analysis Reporting Guidelines (RTARG). *Palliative Medicine*, 38(6), 608–616. <https://doi.org/10.1177/02692163241234800>
- Bravo, A. J., Kelley, M. L., Mason, R., Ehlke, S. J., Vinci, C., & Redman, J. C. (2020). Rumination as a mediator of the associations between moral injury and mental health problems in combat-wounded veterans. *Traumatology*, 26(1), 52–60. <https://doi.org/10.1037/trm0000198>
- Brendel, K. E., Maynard, B. R., Albright, D. L., & Bellomo, M. (2013). Effects of school-based interventions with US military-connected children: A systematic review. *Research on Social Work Practice*, 24(6), 649–658. <https://doi.org/10.1177/1049731513517143>

- Bronfenbrenner, U. (1977). Toward an experimental ecology of human development. *American Psychologist*, 32(7), 513–531.
- Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Harvard University Press.
- Bronfenbrenner, U., & Morris, P. A. (1998). The ecology of developmental processes. In W. Damon & R. M. Lerner (Eds.), *Handbook of child psychology, Vol. 1: Theoretical models of human development* (5th ed., pp. 993 – 1023). New York: Wiley.
- Bryan, A. O., Bryan, C. J., Morrow, C. E., Etienne, N., & Ray-Sannerud, B. (2014). Moral injury, suicidal ideation, and suicide attempts in a military sample. *Traumatology*, 20(3), 154–160. <https://doi.org/10.1037/h0099852>
- Carlozzi, N. E., Lange, R. T., French, L. M., Sander, A. M., Freedman, J., & Brickell, T. A. (2018). A latent content analysis of barriers and supports to healthcare: Perspectives from caregivers of service members and veterans with military-related traumatic brain injury. *The Journal of Head Trauma Rehabilitation*, 33(5), 342–353. <https://doi.org/10.1097/HTR.0000000000000373>
- Carpenter, A. L., Elkins, R. M., Kerns, C., Chou, T., Green, J. G., & Comer, J. S. (2017). Event-related household discussions following the Boston marathon bombing and associated posttraumatic stress among area youth. *Journal of Clinical Child & Adolescent Psychology*, 46(3), 331–342. <https://doi.org/10.1080/15374416.2015.1063432>
- Cederbaum, J. A., Gilreath, T. D., Benbenishty, R., Astor, R. A., Pineda, D., DePedro, K. T., Esqueda, M. C., & Atuel, H. (2014). Well-being and suicidal ideation of secondary school students from military families. *Journal of Adolescent Health*, 54(6), 672–677. <https://doi.org/10.1016/j.jadohealth.2013.09.006>

- Chandra, A., & London, A. S. (2013). Unlocking insights about military children and families. *Future of Children, 23*(2), 187–198.
- Chappell, A., McHugh, E., Ince, C., & Bhuyan, M. (2025). 'Grown up' children from Armed Forces families: Reflections on experiences of childhood and education. Brunel University of London. <https://bura.brunel.ac.uk/bitstream/2438/30806/4/FullText.pdf>
- Christie, H., Hamilton-Giachritsis, C., Alves-Costa, F., Tomlinson, M., & Halligan, S. L. (2019). The impact of parental posttraumatic stress disorder on parenting: A systematic review. *European Journal of Psychotraumatology, 10*(1), 1–11.  
<https://doi.org/10.1080/20008198.2018.1550345>
- Clark, M. A., O'Neal, C. W., Conley, K. M., & Mancini, J. A. (2018). Resilient family processes, personal reintegration, and subjective well-being outcomes for military personnel and their family members. *American Journal of Orthopsychiatry, 88*(1), 99–111. <https://doi.org/10.1037/ort0000278>
- Cogan, A. M., Haines, C. E., & Devore, M. D. (2021). Intersections of US military culture, hegemonic masculinity, and health care among injured male service members. *Men and Masculinities, 24*(3), 468–482. <https://doi.org/10.1177/1097184X19872793>
- Coll, J. E., Weiss, E. L., & Yarvis, J. S. (2011). No one leaves unchanged: Insights for civilian mental health care professionals into the military experience and culture. *Social Work in Health Care, 50*(7), 487–500. <https://doi.org/10.1080/00981389.2010.528727>
- Collins, C. S., & Stockton, C. M. (2018). The Central Role of Theory in Qualitative Research. *International Journal of Qualitative Methods, 17*(1), 1–10.  
<https://doi.org/10.1177/1609406918797475>

- Committee on Gulf War and Health. (2016). *Gulf War and Health: Volume 10. Update of Health Effects of Serving in the Gulf War* (D. Cory-Slechta & R. Wedge, Eds.). National Academies Press. <https://www.ncbi.nlm.nih.gov/books/NBK350048/>
- Copeland, L. A., Finley, E. P., Rubin, M. L., Perkins, D. F., & Vogt, D. S. (2023). Emergence of probable PTSD among US veterans over the military-to-civilian transition. *Psychological Trauma: Theory, Research, Practice, and Policy*, *15*(4), 697–704.  
<https://doi.org/10.1037/tra0001329>
- Cozza, S. J., Chun, R. S., & Polo, J. A. (2005). *Psychiatric Quarterly*, *76*(4), 371-378.  
<https://doi.org/10.1007/s11123-005-4973-y>
- Cramm, H., Godfrey, C. M., Murphy, S., McKeown, S., & Dekel, R. (2022). Experiences of children growing up with a parent who has military-related post-traumatic stress disorder: A qualitative systematic review. *JBIE Evidence Synthesis*, *20*(7), 1638–1740.  
<https://doi.org/10.11124/JBIES-20-00229>
- Cramm, H., McColl, M. A., Aiken, A. B., & Williams, A. (2019). The mental health of military-connected children: A scoping review. *Journal of Child & Family Studies*, *28*(7), 1725–1735. <https://doi.org/10.1007/s10826-019-01402-y>
- Cramm, H., Norris, D., Venedam, S., & Tam, S. L. (2018). Toward a model of military family resiliency: A narrative review. *Journal of Family Theory & Review*, *10*(3), 620–640.  
<https://doi.org/10.1111/jftr.12284>
- Crouch, E., Bennett, K., Boswell, E., & Odahowski, C. (2025). The health of children in US military families: Evaluation of the 2020-21 National Survey of Children’s Health. *Military Medicine*, *190*(5–6), e1168–e1175.  
<https://doi.org/10.1093/milmed/usae424>

- Crow, J. R., & Seybold, A. K. (2013). Discrepancies in military middle-school adolescents' and parents' perceptions of family functioning, social support, anger frequency, and concerns. *Journal of Adolescence*, *36*(1), 1–9. <https://doi.org/10.1016/j.adolescence.2012.08.004>
- Cunitz, K., Dölitzsch, C., Kösters, M., Willmund, G.-D., Zimmermann, P., Bühler, A. H., Fegert, J. M., Ziegenhain, U., & Kölch, M. (2019). Parental military deployment as risk factor for children's mental health: A meta-analytical review. *Child and Adolescent Psychiatry and Mental Health*, *13*. <https://doi.org/10.1186/s13034-019-0287-y>
- Currier, J. M., Foster, J. D., & Isaak, S. L. (2019). Moral injury and spiritual struggles in military veterans: A latent profile analysis. *Journal of Traumatic Stress*, *32*(3), 393–404. <https://doi.org/10.1002/jts.22378>
- Dagne, G. A., & Snyder, J. (2011). Relationship of maternal negative moods to child emotion regulation during family interaction. *Development and psychopathology*, *23*(1), 211–223. <https://doi.org/10.1017/S095457941000074X>
- Danson, L., Spontak, K., Do, A. N., Taylor, N., Stapleton, M., & Rattray, N. (2025). Exploring moral injury and reintegration challenges among post-9/11 US Veterans: A qualitative study. *Military Psychology*. <https://doi.org/10.1080/08995605.2025.2486242>
- Davies, R. L., Prince, M. A., Bravo, A. J., Kelley, M. L., & Crain, T. L. (2019). Moral injury, substance use, and posttraumatic stress disorder symptoms among military personnel: An examination of trait mindfulness as a moderator. *Journal of Traumatic Stress*, *32*(3), 414–423. <https://doi.org/10.1002/jts.22403>
- Davis, J. P., Lee, D. S., Saba, S., Fitzke, R. E., Ring, C., Castro, C. C., & Pedersen, E. R. (2022). Applying polyvictimization theory to veterans: Associations with substance use and

mental health. *Psychology of Addictive Behaviors*, 36(2), 144–156.

<https://doi.org/10.1037/adb0000781>

ts

Department of National Defense. (2022). *Canadian Armed Forces ethos: Trusted to serve*.

Government of Canada. <https://www.canada.ca/en/department-national-defence/corporate/reports-publications/canadian-armed-forces-ethos-trusted-to-serve.html>

Department of National Defense. 2003. *Summary of duty with honour: The profession of arms in Canada*. Government of Canada.

[https://publications.gc.ca/collections/collection\\_2011/dn-nd/D2-150-2003-1-eng.pdf](https://publications.gc.ca/collections/collection_2011/dn-nd/D2-150-2003-1-eng.pdf)

DeVoe, E. R., Ross, A. M., Spencer, R., Drew, A., Acker, M., Paris, R., & Jacoby, V. (2020).

Coparenting across the deployment cycle: Observations from military families with young children. *Journal of Family Issues*, 41(9), 1447–1469.

<https://doi.org/10.1177/0192513X19894366>

Dickinson, S. (2023). Growing from shame: Positive psychology interventions as a way to treat moral injury informed by acts of commission and omission. *Military Behavioral Health*, 11(1–2), 105–119. <https://doi.org/10.1080/21635781.2023.2221464>

Dinshtein, Y., Dekel, R., & Polliack, M. (2011). Secondary traumatization among adult children of PTSD veterans: The role of mother-child relationships. *Journal of Family Social Work*, 14(2), 109–124. <https://doi.org/10.1080/10522158.2011.544021>

Easterbrooks, M. A., Ginsburg, K., & Lerner, R. M. (2013). Resilience among military youth. *The Future of children*, 23(2), 99–120. <https://doi.org/10.1353/foc.2013.0014>

- Edwards, E., Osterberg, T., Coolidge, B., Greene, A. L., Epshteyn, G., Gorman, D., Ruiz, D., & El-Meouchy, P. (2023). Military experiences, connection to military identity, and time since military discharge as predictors of United States veteran suicide risk. *Military Psychology, 36*(5), 465–478. <https://doi.org/10.1080/08995605.2023.2209006>
- Edwards, E. R., Smith-Isabell, N., Epshteyn, G., Greene, A. L., Gorman, D., Hubay, D., Losieniecki, R., Appelt, C., Osterberg, T., Walker, M., Geraci, J., & Goodman, M. (2024). Veteran suicide thoughts and attempts during the transition from military service to civilian life: Qualitative insights. *Death Studies, 1*–13. <https://doi.org/10.1080/07481187.2024.2414283>
- Ehring, T., & Quack, D. (2010). Emotion regulation difficulties in trauma survivors: The role of trauma type and PTSD symptom severity. *Behavior Therapy, 41*(4), 587– 598. <https://doi.org/10.1016/j.beth.2010.04.004>
- Ein, N., Liu, J. J. W., Houle, S. A., Easterbrook, B., Turner, R. B., MacDonald, C., Reeves, K., Deda, E., Hoffer, K., Abidi, C. B., Nazarov, A., & Richardson, J. D. (2022). The effects of child encounters during military deployments on the well-being of military personnel: A systematic review. *European Journal of Psychotraumatology, 13*(2). <https://doi.org/10.1080/20008066.2022.2132598>
- El Moujabber, P., Homsy, V., Hallit, S., & Obeid, S. (2023). The generation that lived during/participated in the war and the generation that inherited it: Association between veterans PTSD and adult offspring's emotional regulation strategies and alexithymia levels. *BMC Psychiatry, 23*(1), 1–9. <https://doi.org/10.1186/s12888-023-05087-y>

- Engel G. L. (1977). The need for a new medical model: a challenge for biomedicine. *Science* (New York, N.Y.), 196(4286), 129–136. <https://doi.org/10.1126/science.847460>
- Engel, G. L. (1980). The clinical application of the biopsychosocial model. *The American Journal of Psychiatry*, 137(5), 535-544. <https://doi.org/10.1176/ajp.137.5.535>
- Farnsworth, M. L., & O’Neal, C. W. (2021). Military stressors, parent-adolescent relationship quality, and adolescent adjustment. *Journal of Child & Family Studies*, 30(11), 2718–2731. <https://doi.org/10.1007/s10826-021-02106-y>
- Feldman Hall, O., Son, J. Y., & Heffner, J. (2018). Norms and the flexibility of moral action. *Personality neuroscience*, 1, e15. <https://doi.org/10.1017/pen.2018.13>
- Fereday, J., & Muir-Cochrane, E. (2006). Demonstrating rigor using thematic analysis: A hybrid approach of inductive and deductive coding and theme development. *International Journal of Qualitative Research*, 5(1), 80–92. <https://doi.org/10.1177/160940690600500107>
- Figley, C. R. (1995). Compassion fatigue as secondary traumatic stress disorder: An overview. In *Compassion fatigue* (pp. 23–42). Routledge. <https://doi.org/10.4324/9780203777381-9>
- Finlay, L. (2002). “Outing” the researcher: The provenance, process, and practice of reflexivity. *Qualitative Health Research*, 12(4), 531–545. <https://doi.org/10.1177/104973202129120052>
- Flack, M., & Kite, L. (2021). Transition from military to civilian: Identity, social connectedness, and veteran wellbeing. *PLoS ONE*, 16(12), 1–22. <https://doi.org/10.1371/journal.pone.0261634>

- Fleming, W. H. (2023). The moral injury experience wheel: An instrument for identifying moral emotions and conceptualizing the mechanisms of moral injury. *Journal of Religion & Health*, 62(1), 194–227. <https://doi.org/10.1007/s10943-022-01676-5>
- Fortuna, K. L., Solomon, P., & Rivera, J. (2022). An update of peer support/peer provided services underlying processes, benefits, and critical ingredients. *Psychiatric Quarterly*, 93(2), 571–586. <https://doi.org/10.1007/s11126-022-09971-w>
- Fossey, E., Harvey, C., McDermott, F., & Davidson, L. (2002). Understanding and evaluating qualitative research. *Australian and New Zealand Journal of Psychiatry*, 36(6), 717–732. <https://doi.org/10.1046/j.1440-1614.2002.01100.x>
- Foster, K., Lewis, P., & McCloughen, A. (2014). Experiences of peer support for children and adolescents whose parents and siblings have mental illness. *Journal of Child and Adolescent Psychiatric Nursing*, 27(2), 61–67. <https://doi.org/10.1111/jcap.12072>
- Frankfurt, S. B., Frazier, P., & Engdahl, B. (2017). Indirect relations between transgressive acts and general combat exposure and moral injury. *Military medicine*, 182(11), e1950–e1956. <https://doi.org/10.7205/MILMED-D-17-00062>
- Freda, M. F., & Esposito, G. (2017). Promoting reflection and reflexivity through narrative devices: Narrative mediation path qualitative multimodal method. *Qualitative Research Journal*, 17(1), 2–19.
- Freeman, B., Georgia Salivar, E., & Thayer, K. K. (2024). The impact of the military lifestyle on adult military children relationships. *Couple and Family Psychology: Research and Practice*, 13(1), 1–14. <https://doi.org/10.1037/cfp0000252>
- Freyd, J. (1994). Betrayal trauma: Traumatic amnesia as an adaptive response to childhood abuse. *Ethics & Behavior*, 4(4), 307–329. [https://doi.org/10.1207/s15327019eb0404\\_1](https://doi.org/10.1207/s15327019eb0404_1)

- Ganz, A., Yamaguchi, C., Koritzky, B. P. G., & Berger, S. E. (2021). Military culture and its impact on mental health and stigma. *Journal of Community Engagement & Scholarship*, 13(4), 1–13. <https://doi.org/10.54656/zzhp1245>
- García-Marirrodriga, R. (2024). Social capital in action for strengthening rural schools. *Prospects*, 54(2), 393–400. <https://doi.org/10.1007/s11125-024-09682-z>
- Gerrmann, J., Nijdam, M. J., Boeschoten, M., ter Heide, F. J. J., Geuze, E., & Vermetten, E. (2025). Exposure to potentially morally injurious events and long-term psychological outcomes among Dutch military service members deployed to Afghanistan: A latent class approach. *Journal of Psychiatric Research*, 189, 163-170. <https://doi.org/10.1016/j.jpsychires.2025.05.077>
- Gewirtz, A. H., DeGarmo, D. S., & Zamir, O. (2018). Testing a military family stress model. *Family Process*, 57(2), 415–431. <https://doi.org/10.1111/famp.12282>
- Gladstone, B. M., Boydell, K. M., Seeman, M. V., & McKeever, P. D. (2011). Children’s experiences of parental mental illness: A literature review. *Early Intervention in Psychiatry*, 5(4), 271–289. <https://doi.org/10.1111/j.1751-7893.2011.00287.x>
- Gnanadass, E. & Merriweather, L. R. (2024). To transgress or not?: Critical theory as a framework for change. *New Directions for Adult and Continuing Education*, 184, 56–64. <https://doi.org/10.1002/ace.20544>
- Government of Canada. (n.d.). Values and ethos. Government of Canada. Retrieved July 1, 2024, from <https://forces.ca/en/values-ethos/>
- Government of Canada. (2024). Seamless Canada steering committee annual report: Background. *Government of Canada*. <https://www.canada.ca/en/department-national->

[defence/services/benefits-military/pay-pension-benefits/benefits/relocation-travel-accommodation/seamless-canada/seamless-canada-annual-report/background.html#](https://www.defence.gov.au/services/benefits-military/pay-pension-benefits/benefits/relocation-travel-accommodation/seamless-canada/seamless-canada-annual-report/background.html#)

- Graham, J., Nosek, B. A., Haidt, J., Iyer, R., Koleva, S., & Ditto, P. H. (2011). Mapping the moral domain. *Journal of Personality and Social Psychology*, *101*(2), 366–385.  
<https://doi.org/10.1037/a0021847>
- Grant, C., Woodyatt, L., Bowen, H., & Lane, J. (2025). “Once a soldier, always a soldier” until you’re not: The effect of identity loss on mental health and well-being following military discharge. *Military Psychology*. <https://doi.org/10.1080/08995605.2025.2479895>
- Grey, E. B., Atkinson, L., Chater, A., Gahagan, A., Tran, A., & Gillison, F. B. (2022). A systematic review of the evidence on the effect of parental communication about health and health behaviours on children’s health and wellbeing. *Preventive Medicine: An International Journal Devoted to Practice and Theory*, *159*, 1–11.  
<https://doi.org/10.1016/j.jpmed.2022.107043>
- Griffith, E. L., Bedford, L. A., Boals, A., & Sternad, R. (2024). Perceptions matter: An expanded operationalization of betrayal trauma using perceived betrayal. *Journal of Loss and Trauma*. <https://doi.org/10.1080/15325024.2024.2435964>
- Guba, E. G., & Lincoln, Y. S. (1994). Competing paradigms in qualitative research. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (pp. 105–117). Sage Publications.
- Gutierrez, I. A., Krauss, S. W., & Adler, A. B. (2024). Leadership in moral awareness: Initial evidence from US Army soldiers returning from deployment. *Psychological Trauma: Theory, Research, Practice, and Policy*, *16*(7), 1233–1237.  
<https://doi.org/10.1037/tra0001551>

- Haidt, J., & Joseph, C. (2004). Intuitive ethics: How innately prepared intuitions generate culturally variable virtues. *Daedalus*, *133*, 55–66.  
<https://doi.org/10.1162/0011526042365555>
- Hajal, N. J., Aralis, H. J., Kiff, C. J., Wasserman, M. M., Paley, B., Milburn, N. G., Mogil, C., & Lester, P. (2020). Parental wartime deployment and socioemotional adjustment in early childhood: The critical role of military parents' perceived threat during deployment. *Journal of Traumatic Stress*, *33*(3), 307–317. <https://doi.org/10.1002/jts.22475>
- Hall, L. K. (2011). The importance of understanding military culture. *Social Work in Health Care*, *50*(1), 4-18. <https://doi.org/10.1080/00981389.2010.513914>
- Hamedani, M. G., Markus, H. R., Hetey, R. C., & Eberhardt, J. L. (2024). We built this culture (so we can change it): Seven principles for intentional culture change. *American Psychologist*, *79*(3), 384–402. <https://doi.org/10.1037/amp0001209>
- Hanna, J. L. (2020). Removing the camouflage: A deeper look at military-connected adolescent perception of identity in secondary schools. *Clearing House*, *93*(4), 184–194.  
<https://doi.org/10.1080/00098655.2020.1758014>
- Hansen, K. T., Nelson, C. G., & Kirkwood, K. (2021). Prevalence of potentially morally injurious events in operationally deployed Canadian Armed Forces members. *Journal of Traumatic Stress*, *34*(4), 764–772. <https://doi.org/10.1002/jts.22710>
- Harrison, D., & Laliberté, L. (1994). *No life like it: Military wives in Canada*. James Lorimer & Company.
- Harrison, D., & Laliberté, L. (2008). The competing claims of operational effectiveness and human rights in the Canadian context. *Armed Forces & Society (0095-327X)*, *34*(2), 208–229. <https://doi.org/10.1177/0095327X06298734>

- Harwood-Gross, A., Vayngrib, M., & Halperin, E. (2024). Moral injury as a social phenomenon: Looking at the unique relationship with system justification. *Journal of Aggression, Maltreatment & Trauma*, 33(4), 472–489.  
<https://doi.org/10.1080/10926771.2023.2189044>
- Hill, S., Lee, E. A., & Cramm, H. (2022). “If you don’t know who they are, you don’t know how to support them”: A qualitative study exploring how educators perceive and support Canadian military-connected students. *Canadian Journal of Education*, 45(3), 646–669.  
<https://doi.org/https://journals.sfu.ca/cje/index.php/cje-rce/article/view/4575/3213>
- Hill, S., Williams, A., Khalid-Khan, S., Reddy, P., Groll, D., Rühland, L., & Cramm, H. (2023). Mental health of Canadian military-connected children: A qualitative study exploring the perspectives of service providers. *Journal of Child & Family Studies*, 32(11), 3447–3458.  
<https://doi.org/10.1007/s10826-022-02450-7>
- Hinton, M., Pilkey, D., Harpe, A., Carter, D., Penner, R., Ali, S., & Washington, J. (2021). Factors that help and factors that prevent Canadian military members’ use of mental health services. *Journal of Military, Veteran & Family Health*, 7(2), 102–109.  
<https://doi.org/10.3138/jmvfh-2020-0055>
- Hisle-Gorman, E., & Susi, A. (2021). The impact of parental injury on children’s mental health diagnoses and classes of psychotropic medication by child age. *Military Medicine*, 186, 222–229. <https://doi.org/10.1093/milmed/usaa466>
- Hisle-Gorman, E., Susi, A., & Gorman, G. H. (2019). The impact of military parents’ injuries on the health and well-being of their children. *Health Affairs*, 38(8), 1358–1365.  
<https://doi.org/10.1377/hlthaff.2019.00276>

- Hoffman, Y., & Shrira, A. (2019). Variables connecting parental PTSD to offspring successful aging: Parent–child role reversal, secondary traumatization, and depressive symptoms. *Frontiers in Psychiatry, 10*, Article 718. <https://doi.org/10.3389/fpsyt.2019.00718>
- Hooper, L. M. (2007). Expanding the discussion regarding parentification and its varied outcomes: Implications for mental health research and practice. *Journal of Mental Health Counseling, 29*(4), 322–337. <https://doi.org/10.17744/mehc.29.4.48511m0tk22054j5>
- Hooper, L. M., Moore, H. M., & Smith, A. K. (2014). Parentification in military families: Overlapping constructs and theoretical explorations in family, clinical, and military psychology. *Children and Youth Services Review, 39*, 123–134. <https://doi.org/10.1016/j.chidyouth.2014.02.003>
- Houle, S. A., Baillie Abidi, C., Birch, M., Reeves, K., Younger, W., Conradi, C., Patten, S., Bélanger, S., Richardson, J. D., Nazarov, A., & Wells, S. (2024). The nature and impacts of deployment-related encounters with children among Canadian military Veterans: A qualitative analysis. *European Journal of Psychotraumatology, 15*(1). <https://doi.org/10.1080/20008066.2024.2353534>
- Houle, S. A., Ein, N., Gervasio, J., Plouffe, R. A., Litz, B. T., Carleton, R. N., Hansen, K. T., Liu, J. J. W., Ashbaugh, A. R., Callaghan, W., Thompson, M. M., Easterbrook, B., Smith-MacDonald, L., Rodrigues, S., Bélanger, S. A. H., Bright, K., Lanius, R. A., Baker, C., Younger, W., ... Nazarov, A. (2024). Measuring moral distress and moral injury: A systematic review and content analysis of existing scales. *Clinical Psychology Review, 108*, 1–17. <https://doi.org/10.1016/j.cpr.2023.102377>
- Houle, S. A., Pollard, C., Jetly, R. & Ashbaugh A. R. (2022) Barriers and facilitators of help seeking among morally injured Canadian Armed Forces Veterans and service members:

- A qualitative analysis. *Journal of Military, Veteran and Family Health*, 8(3), 58-70.  
<https://doi.org/10.3138/jmvfh-2021-0093>
- Houle, S. A., Vincent, C., Jetly, R., & Ashbaugh, A. R. (2021). Patterns of distress associated with exposure to potentially morally injurious events among Canadian Armed Forces service members and Veterans: A multi-method analysis. *Journal of Clinical Psychology*, 77(11), 2668–2693. <https://doi.org/10.1002/jclp.23205>
- Huebner, A. J., Mancini, J. A., Wilcox, R. M., Grass, S. R., & Grass, G. A. (2007). Parental deployment and youth in military families: Exploring uncertainty and ambiguous loss. *Family Relations*, 56(2), 112–122.
- Hujing, C., & Yalch, M. M. (2024). The influence of betrayal trauma on complex posttraumatic stress disorder symptoms. *Psychological Trauma: Theory, Research, Practice, and Policy*, 16(8), 1276–1280. <https://doi.org/10.1037/tra0001649>
- Jacoby, V. M., Young-McCaughan, S., Straud, C. L., Paine, C., Merkley, R., Blankenship, A., Miles, S. R., Fowler, P., DeVoe, E. R., Carmack, J., Ekanayake, V., & Peterson, A. L. (2024). Testing a novel trauma-informed treatment for anger and aggression following military-related betrayal: Design and methodology of a clinical trial. *Military Medicine*, 189(Suppl 3), 842–849. <https://doi.org/10.1093/milmed/usae304>
- Jinkerson, J. D. (2016). Defining and assessing moral injury: A syndrome perspective. *Traumatology*, 22(2), 122–130. <https://doi.org/10.1037/trm0000069>
- Johnson, N. L., Gutekunst, M. H. C., Robinett, S., & Lipp, N. S. (2024). “We need a culture change”: Military sexual trauma through the lens of rape culture. *Culture, Health & Sexuality*, 26(3), 285–302. <https://doi.org/10.1080/13691058.2023.2202715>

- Johnson, N. H., Vidal, C., & Lilly, F. R. W. (2018). Absence of a link between childhood parental military service on depression and anxiety disorders among college students. *Military Medicine*, *183*(9–10), e502–e508.  
<https://doi.org/10.1093/milmed/usy003>
- Jurček, A., Keogh, B., Sheaf, G., Hafford-Letchfield, T., & Higgins, A. (2022). Defining and researching the concept of resilience in LGBT+ later life: Findings from a mixed study systematic review. *PLoS ONE*, *17*(11), 1–26.  
<https://doi.org/10.1371/journal.pone.0277384>
- Kalmbach, K. C., Basinger, E. D., Bayles, B., Schmitt, R., Nunez, V., Moore, B. A., & Tedeschi, R. G. (2024). Moral injury in post-9/11 combat-experienced military veterans: A qualitative thematic analysis. *Psychological Services*, *21*(2), 264–275.  
<https://doi.org/10.1037/ser0000792>
- Karcher, K., McCuaig, J., & King-Hill, S. (2024). (Self-) Reflection / reflexivity in sensitive, qualitative research: A scoping review. *International Journal of Qualitative Methods*, 1–15. <https://doi.org/10.1177/16094069241261860>
- Kaspersen, I. S. (2024). The moral career of soldiers' identity: A Norwegian case. *Armed Forces & Society* (0095-327X), *50*(4), 1000–1020. <https://doi.org/10.1177/0095327X231162019>
- Kelley, M. L., Bravo, A. J., Davies, R. L., Hamrick, H. C., Vinci, C., & Redman, J. C. (2019a). Moral injury and suicidality among combat-wounded veterans: The moderating effects of social connectedness and self-compassion. *Psychological Trauma: Theory, Research, Practice, and Policy*, *11*(6), 621–629. <https://doi.org/10.1037/tra0000447>
- Kelley, M. L., Bravo, A. J., Hamrick, H. C., Braitman, A. L., & Judah, M. R. (2019b). Killing during combat and negative mental health and substance use outcomes among recent-era

- veterans: The mediating effects of rumination. *Psychological Trauma: Theory, Research, Practice, and Policy*, 11, 379–382. <http://doi.org/10.1037/tra0000385>
- Kelly, U. A. (2021). Barriers to PTSD treatment-seeking by women veterans who experienced military sexual trauma decades ago: The role of institutional betrayal. *Nursing Outlook*, 69(3), 458–470. <https://doi.org/10.1016/j.outlook.2021.02.002>
- Kelly, D., & Paul, M. (2018). Veterans-by-proxy: A conceptual framework of ambiguous loss among children of combat veterans. *Journal of Family Social Work*, 21(4/5), 255–270. <https://doi.org/10.1080/10522158.2017.1321605>
- Kim, H., & Rose, K. M. (2014). Concept analysis of family homeostasis. *Journal of Advanced Nursing*, 70(11), 2450–2468. <https://doi.org/10.1111/jan.12496>
- King N. (2004). Using templates in the thematic analysis of text. In Cassell C., Symon G. (Eds.), *Essential guide to qualitative methods in organizational research* (pp. 257–270). London, UK: Sage.
- King, N., & Smith, A. (2016). Exploring the impact of parental post-traumatic stress disorder on military family children: A review of the literature. *Nurse Education Today*, 47, 29–36. <https://doi.org/10.1016/j.nedt.2016.04.018>
- Knobloch, L. K., Pusateri, K. B., Ebata, A. T., & McGlaughlin, P. C. (2014). Communicative experiences of military youth during a parent's return home from deployment. *Journal of Family Communication*, 14(4), 291–309. <https://doi.org/10.1080/15267431.2014.945701>
- Koenig, H. G., Youssef, N. A., Ames, D., Teng, E. J., & Hill, T. D. (2020). Examining the overlap between moral injury and PTSD in US veterans and active duty military. *The Journal of Nervous and Mental Disease*, 208(1), 7–12. <https://doi.org/10.1097/NMD.0000000000001077>

- Koenig, H. G., Ames, D., Youssef, N. A., Oliver, J. P., Volk, F., Teng, E. J., Haynes, K., Erickson, Z. D., Arnold, I., O'Garro, K., & Pearce, M. (2018a). The Moral Injury Symptom Scale-Military Version. *Journal of Religion and Health, 57*(1), 249–265. <https://doi.org/10.1007/s10943-017-0531-9>
- Koenig, H. G., Ames, D., Youssef, N. A., Oliver, J. P., Volk, F., Teng, E. J., Haynes, K., Erickson, Z. D., Arnold, I., O'Garro, K., & Pearce, M. (2018b). Screening for moral injury: The Moral Injury Symptom Scale – Military Version short form. *Military Medicine, 183*(11–12), 659–665. <https://doi.org/10.1093/milmed/usy017>
- Krešić Ćorić, M., Klarić, M., Petrov, B., & Mihić, N. (2016). Psychological and behavioral problems in children of war veterans with Post Traumatic Stress Disorder. *The European Journal of Psychiatry, 30*(3), 219–230.
- Krettenauer, T., & Mosleh, M. (2013). Remembering your (im)moral past: Autobiographical reasoning and moral identity development. *Identity, 13*(2), 140–158. <https://doi.org/10.1080/15283488.2013.776497>
- Kudler, H., & Porter, R. I. (2013). Building communities of care for military children and families. *Future of Children, 23*(2), 163–185.
- Lambert, J. E., Holzer, J., & Hasbun, A. (2014). Association between parents' PTSD severity and children's psychological distress: A meta-analysis. *Journal of Traumatic Stress, 27*(1), 9–17. <https://doi.org/10.1002/jts.21891>
- Lamrock, L. (2023). Loving a broken soul: The lived experience perspective on the implications of Veterans' moral injuries for families. *Journal of Military, Veteran and Family Health, 9*(2), 72–74. <https://doi.org/10.3138/jmvfh-2022-0038>

- Lancaster, S. L., & Hart, R. P. (2015). Military identity and psychological functioning: A pilot study. *Military Behavioural Health, 3*(1), 83-87.  
<https://doi.org/10.1080/21635781.2014.995254>
- Larner, B. & Blow, A. (2011). A model of meaning-making coping and growth in combat veterans. *Review of General Psychology, 15*(3), 187-197.  
<https://doi.org/10.1037/a0024810>
- Last, B. S., Triplett, N. S., McGinty, E. E., Waller, C. R., Khazanov, G. K., & Beidas, R. S. (2024). The social determinants of resilience: A conceptual framework to integrate psychological and policy research. *American Psychologist, 79*(8), 1049–1062.  
<https://doi.org/10.1037/amp0001308>
- Lawn, S., Roberts, L., Waddell, E., Ridders, W., Wadham, B., Beks, T., Lawrence, D., Rioseco, P., Sharp, T., Daraganova, G., & Van Hooff, M. (2024). Families' moral distress when supporting military Veteran and public safety personnel mental health: Conceptual model. *Journal of Military, Veteran & Family Health, 10*(2), 96–108.  
<https://doi.org/10.3138/jmvfh-2023-0042>
- Lawn, S., Waddell, E., Ridders, W., Roberts, L., Beks, T., Lawrence, D., Rioseco, P., Sharp, T., Wadham, B., Daraganova, G., & Van Hooff, M. (2022). Families' experiences of supporting Australian veterans and emergency service first responders (ESFRs) to seek help for mental health problems. *Health & Social Care in the Community, 30*(6), e4522–e4534. <https://doi.org/10.1111/hsc.13856>
- Lawrence, K. A., & Matthieu, M. M. (2018). Perceived family impact of volunteering among reintegrating post-9/11 Veterans. *Journal of Family Social Work, 21*(4/5), 271–293.  
<https://doi.org/10.1080/10522158.2017.1408513>

- Laws, H. B., Glynn, S. M., McCutcheon, S. J., Schmitz, T. M., & Hoff, R. (2018). Posttraumatic stress symptom change after family involvement in veterans' mental health care. *Psychological Services, 15*(4), 520–528. <https://doi.org/10.1037/ser0000200>
- Lee, J. E. C., Dursun, S., Skomorovsky, A., & Thompson, J. M. (2020). Correlates of perceived military to civilian transition challenges among Canadian Armed Forces Veterans. *Journal of Military, Veteran and Family Health, 6*(2), 26–39. <https://doi.org/10.3138/jmvfh-2019-0025>
- Lester, P., Aralis, H., Hajal, N., Bursch, B., Milburn, N., Paley, B., Sinclair Cortez, M., Barrera, W., Kiff, C., Beardslee, W., & Mogil, C. (2024). Multiple informant cluster analysis findings: Which military-connected preschool aged children are doing well and why? *Journal of Child and Family Studies*. <https://doi.org/10.1007/s10826-024-02902-2>
- Letzter-Pouw, S. E., Shrira, A., Ben-Ezra, M., & Palgi, Y. (2014). Trauma transmission through perceived parental burden among Holocaust survivors' offspring and grandchildren. *Psychological Trauma: Theory, Research, Practice, and Policy, 6*(4), 420–429. <https://doi.org/10.1037/a0033741>
- Levi-Belz, Y., Ben-Yehuda, A., Levinstein, Y., & Zerach, G. (2024). Moral injury and pre-deployment personality factors as contributors to psychiatric symptomatology among combatants: A two-year prospective study. *European Journal of Psychotraumatology, 15*(1). <https://doi.org/10.1080/20008066.2024.2312773>
- Levi-Belz, Y., Ben-Yehuda, A., & Zerach, G. (2023). Suicide risk among combatants: The longitudinal contributions of pre-enlistment characteristics, pre-deployment personality factors and moral injury. *Journal of Affective Disorders, 324*, 624–631. <https://doi.org/10.1016/j.jad.2022.12.160>

- Levi-Belz, Y., & Zerach, G. (2023). “How can they treat it if they can’t identify it?”: Mental health professionals’ knowledge and perspectives of moral injury. *Psychological Trauma: Theory, Research, Practice and Policy*, *15*(Suppl 2), S436–S445.  
<https://doi.org/10.1037/tra0001206>
- Lin, M., Lo, L-Y., Lui, P-Y, & Wong, Y-K. (2016). The relationship between family resilience and family crisis: An empirical study of Chinese families using Family Adjustment and Adaptation Response model with the Family Strength Index. *Journal of Family Psychotherapy*, *3*, 200-214. <https://doi.org/10.1080/08975353.2016.1199770>
- Litz, B. T. (1996). The psychological demands of peacekeeping for military personnel. *National Center for PTSD Clinical Quarterly*, *6*, 1-8.
- Litz, B. T., & Kerig, P. K. (2019). Introduction to the special issue on moral injury: Conceptual challenges, methodological issues, and clinical applications. *Journal of Traumatic Stress*, *32*(3), 341–349. <https://doi.org/10.1002/jts.22405>
- 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*, 695–706.  
<https://doi.org/10.1016/j.cpr.2009.07.003>
- 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. (2022). Defining and assessing the syndrome of Moral Injury: Initial findings of the Moral Injury Outcome Scale consortium. *Frontiers in Psychiatry*, *13*, 923928.  
<https://doi.org/10.3389/fpsy.2022.923928>

Lohr, J. B., Palmer, B. W., Eidt, C. A., Aailaboyina, S., Mausbach, B. T., Wolkowitz, O. M.,

Thorp, S. R., & Jeste, D. V. (2015). Is post-traumatic stress disorder associated with premature senescence? A review of the literature. *The American Journal of Geriatric Psychiatry, 23*(7), 709–725. <https://doi.org/10.1016/j.jagp.2015.04.001>

Lucier-Greer M., Arnold, A. L., Grimsley, R. N., Ford, J. L., Bryant, C., & Mancini, J. A.

(2016). Parental military service and adolescent well-being: mental health, social connections and coping among youth in the USA. *Child & Family Social Work, 21*(4), 421–432. <https://doi.org/10.1111/cfs.12158>

Lundin, T., & Otto, U. (1996). Swedish soldiers in peacekeeping operations: Stress reactions

following missions in Congo, Lebanon, Cyprus, and Bosnia. *National Center for PTSD Clinical Quarterly, 6*, 9-11.

Luthar, S. S., Cicchetti, D., & Becker, B. (2000). The construct of resilience: A critical

evaluation and guidelines for future work. *Child Development, 71*, 543-562.

Luyckx, K., Vanderhaegen, J., Raemen, L., & Claes, L. (2023). Identity formation in

adolescence and emerging adulthood: A process-oriented and applied perspective.

*European Journal of Developmental Psychology.*

<https://doi.org/10.1080/17405629.2023.2250128>

Macia, K. S., Moschetto, J. M., Wickham, R. E., Brown, L. M., & Waelde, L. C. (2020).

Cumulative trauma exposure and chronic homelessness among veterans: The roles of

responses to intrusions and emotion regulation. *Journal of Traumatic Stress, 33*(6), 1017–

1028. <https://doi.org/10.1002/jts.22569>

- MacKenzie, M., & Wadham, B. (2023). Is the problem with military culture one of bad apples or bad orchards?: War crimes, scandals, and persistent dysfunction. *Australian Journal of Political Science*, 58(3), 298–308. <https://doi.org/10.1080/10361146.2023.2223502>
- Maddah, Z., Negarandeh, R., Rahimi, S., & Pashaeypoor, S. (2024). Challenges of living with veterans with post-traumatic stress disorder from the perspective of spouses: A qualitative content analysis study. *BMC Psychiatry*, 24(1), 1–14. <https://doi.org/10.1186/s12888-024-05572-y>
- Maguen, S., Griffin, B. J., Copeland, L. A., Perkins, D. F., Finley, E. P., & Vogt, D. (2020). Gender differences in prevalence and outcomes of exposure to potentially morally injurious events among post-9/11 veterans. *Journal of Psychiatric Research*, 130, 97–103. <https://doi.org/10.1016/j.jpsychires.2020.06.020>
- Maguen, S., Griffin, B. J., Copeland, L. A., Perkins, D. F., Richardson, C. B., Finley, E. P., & Vogt, D. (2022). Trajectories of functioning in a population-based sample of veterans: Contributions of moral injury, PTSD, and depression. *Psychological Medicine*, 52(12), 2332–2341. <https://doi.org/10.1017/S0033291720004249>
- Maguen, S., Griffin, B. J., Vogt, D., Hoffmire, C. A., Blosnich, J. R., Bernhard, P. A., Akhtar, F. Z., Cypel, Y. S., & Schneiderman, A. I. (2023). Moral injury and peri- and post-military suicide attempts among post-9/11 veterans. *Psychological Medicine*, 53(7), 3200–3209. <https://doi.org/10.1017/S0033291721005274>
- Mahar, A. L., Cramm, H., King, M., King, N., Craig, W. M., Elgar, F. J., & Pickett, W. (2023). A cross-sectional study of mental health and well-being among youth in military-connected families. *Health Promotion and Chronic Disease Prevention in Canada*, 43(6), 290–298. <https://doi.org/10.24095/hpcdp.43.6.03>

- Mahdiani, H., & Ungar, M. (2021). The dark side of resilience. *Adversity and Resilience Science*, 2, 147–155. <https://doi.org/10.1007/s42844-021-00031-z>
- Maholmes, V. (2012). Adjustment of children and youth in military families: Toward developmental understandings. *Child Development Perspectives*, 6(4), 430–435.
- Maindal, H. T., & Aagaard-Hansen, J. (2020). Health literacy meets the life-course perspective: towards a conceptual framework. *Global Health Action*, 13(1), 1–13. <https://doi.org/10.1080/16549716.2020.1775063>
- Manser, L. (2020). The state of military families in Canada: A scoping review. *Journal of Military, Veteran & Family Health*, 6(2), 120–128. <https://doi.org/10.3138/jmvfh-2019-0001>
- Mansfield, A. J., Schaper, K. M., Yanagida, A. M., & Rosen, C. S. (2014). One day at a time: The experiences of partners of veterans with Posttraumatic Stress Disorder. *Professional Psychology: Research & Practice*, 45(6), 488–495. <https://doi.org/10.1037/a0038422>
- Mattejat, F., & Remschmidt, H. (2008). The children of mentally ill parents. *Deutsches Arzteblatt international*, 105(23), 413–418. <https://doi.org/10.3238/arztebl.2008.0413>
- Matthieu, M. M., Meissen, M., Scheinberg, A., & Dunn, E. M. (2021). Reasons why post-9/11 era veterans continue to volunteer after their military service. *Journal of Humanistic Psychology*, 61(3), 405–426. <https://doi.org/10.1177/0022167819840850>
- May, K., Van Hooff, M., Doherty, M. & Carter, D. (2023). Experiences of parental PTSD for children aged 9-17 in military and emergency first responder families. *Journal of Child and Family Studies*, 32, 3816-3834. <https://doi.org/10.1007/s10826-023-02669-y>
- Measham T., Rousseau C. (2010) Family disclosure of war trauma to children. *Traumatology* 16(4): 85–96. <https://doi.org/10.1177/1534765610395664>

- McAdams, M., Henninger, M. W., Bloeser, K., & McCarron, K. K. (2025). Institutional betrayal in military and veteran populations: A systematic scoping review. *Journal of the American Psychiatric Nurses Association, 31*(1), 8–22.  
<https://doi.org/10.1177/10783903241299720>
- McCann, I. L., & Pearlman, L. A. (1990). Vicarious traumatization: A framework for understanding the psychological effects of working with victims. *Journal of Traumatic Stress, 3*(1), 131–149. <https://doi.org/10.1007/BF00975140>
- McCormack, L., & Devine, W. (2016). Childhood and the imposition of war: Self-blame, absolution/nonabsolution, and vicarious growth in adult children of Vietnam veterans. *Traumatology, 22*(4), 278–287. <https://doi.org/10.1037/trm0000097>
- McCormack, L., & Riley, L. (2016). Medical discharge from the “family,” moral injury, and a diagnosis of PTSD: Is psychological growth possible in the aftermath of policing trauma? *Traumatology, 22*(1), 19–28. <https://doi.org/10.1037/trm0000059>
- McCormack, L., & Sly, R. (2013). Distress and growth: The subjective “lived” experiences of being the child of a Vietnam veteran. *Traumatology, 19*(4), 303–312.  
<https://doi.org/10.1177/1534765613481855>
- McElveen A. J. (2013). Are we medicalising normal experience? *The British Journal of General Practice: The Journal of the Royal College of General Practitioners, 63*(606), 11–12.  
<https://doi.org/10.3399/bjgp13X660670>
- McGaw, V. E., Reupert, A. E., & Maybery, D. (2019). Military posttraumatic stress disorder: A qualitative systematic review of the experience of families, parents and children. *Journal of Child & Family Studies, 28*(11), 2942–2952. <https://doi.org/10.1007/s10826-019-01469-7>

- Meredith, L. S., Sherbourne, C. D., Gaillot, S. J., Hansell, L., Ritschard, H. V., Parker, A. M., & Wrenn, G. (2011). Promoting psychological resilience in the U.S. military. *Rand Health Quarterly*, *1*(2), 1–158. <https://www.rand.org/pubs/monographs/MG996.html>
- Milburn, N. G., & Lightfoot, M. (2013). Adolescents in wartime US military families: A developmental perspective on challenges and resources. *Clinical Child and Family Psychology Review*, *16*(3), 266–277. <https://doi.org/10.1007/s10567-013-0144-0>
- Millegan, J., Engel, C., Liu, X., & Dinneen, M. (2013). Parental Iraq/Afghanistan deployment and child psychiatric hospitalization in the US military. *General Hospital Psychiatry*, *35*(5), 556–560. <https://doi.org/10.1016/j.genhosppsych.2013.04.015>
- Mitchell, M. M., Gallaway, M. S., & Millikan, A. M. (2012). Interaction of combat exposure and unit cohesion in predicting suicide-related ideation among post-deployment soldiers. *Suicide and Life-Threatening Behavior*, *42*(5), 486–494. <https://doi.org/10.1111/j.1943-278X.2012.00106.x>
- Mojallal, M., Simons, R. M., Simons, J. S., & Swaminath, S. (2024). Betrayal trauma, mindfulness, and emotional dysregulation: Associations with moral injury and posttraumatic stress disorder. *Traumatology*. <https://doi.org/10.1037/trm0000528>
- Molendijk, T. (2024). Moral coping or simply uncomplicated soldiering? How soldiers avoid moral injury through simplification, justification, rationalization, and compartmentalization. *Armed Forces & Society* (0095-327X), *50*(4), 977–999. <https://doi.org/10.1177/0095327X231165910>
- Mordeno, I. G., Galela, D. S., Dingding, D. L. L., Torevillas, L. R., & Villamor, K. B. (2022). Meaning making and change in situational beliefs serially mediate the relationship

- between moral injury and posttraumatic stress disorder. *Psychological Studies*, 67(1), 63–71. <https://doi.org/10.1007/s12646-022-00642-1>
- Mordoch, E. (2010). How children understand parental mental illness: "You don't get life insurance. What's life insurance?". *Journal of the Canadian Academy of Child and Adolescent Psychiatry*, 19(1), 19–25.
- Murphy, D., Palmer, E., Hill, K., Ashwick, R., & Busuttill, W. (2017). Living alongside military PTSD: A qualitative study of female partners' experiences with UK Veterans. *Journal of Military, Veteran and Family Health*, 3(1), 52–61. <https://doi.org/10.3138/jmvfh.4011>
- Naidu, T., & Sliiep, Y. (2011). Contextual reflexivity: Towards contextually relevant research with South African HIV/AIDS home-based care volunteers. *International Journal of Qualitative Methods*, 10(4), 431–443.
- Nash, W. P., & Litz, B. T. (2013). Moral Injury: A mechanism for war-related psychological trauma in military family members. *Clinical Child & Family Psychology Review*, 16(4), 365–375. <https://doi.org/10.1007/s10567-013-0146-y>
- Nazarov, A., Forchuk, C. A., Houle, S. A., Hansen, K. T., Plouffe, R. A., Liu, J. J. W., Dempster, K. S., Le, T., Kocha, I., Hosseiny, F., Heesters, A., & Richardson, J. D. (2024). Exposure to moral stressors and associated outcomes in healthcare workers: Prevalence, correlates, and impact on job attrition. *European Journal of Psychotraumatology*, 15(1), 1–13. <https://doi.org/10.1080/20008066.2024.2306102>
- Nazarov, A., Forchuk, C. A., Younger, W. A., Plouffe, R. A., Trahair, C., Roth, M. L., Tuka, A., Shirazi, Z. A., Davis, B. D., & Richardson, J. D. (2024). Beliefs about confidentiality and attitudes toward disclosure of moral injuries among military personnel. *Psychological Injury and Law*, 17(4), 371–382. <https://doi.org/10.1007/s12207-024-09521-8>

- Neilson, E. C., Singh, R. S., Harper, K. L., & Teng, E. J. (2020). Traditional masculinity ideology, posttraumatic stress disorder (PTSD) symptom severity, and treatment in service members and veterans: A systematic review. *Psychology of Men & Masculinities, 21*(4), 578–592. <https://doi.org/10.1037/men0000257>
- Neubauer, B. E., Witkop, C. T., & Varpio, L. (2019). How phenomenology can help us learn from the experiences of others. *Perspectives on medical education, 8*(2), 90–97. <https://doi.org/10.1007/s40037-019-0509-2>
- Nordstrand, A. E., Bøe, H. J., Holen, A., Reichelt, J. G., Gjerstad, C. L., & Hjemdal, O. (2019). Danger- and non-danger-based stressors and their relations to posttraumatic deprecation or growth in Norwegian veterans deployed to Afghanistan. *European Journal of Psychotraumatology, 10*(1). <https://doi.org/10.1080/20008198.2019.1601989>
- Norris, D., Cox, M., Cramm, H., & Mahar, A. L. (2024). Adult children in Canadian military families (1950-91): Balancing demands with capabilities. *Journal of Military, Veteran & Family Health, 10*(2), 140–149. <https://doi.org/10.3138/jmvfh-2023-0060>
- Norris, D., Eichler, M., Cramm, H., Tam, S. L., & Smith, E. K. (2018). Operational stress injuries and the mental health and well-being of veteran spouses: A scoping review. *Journal of Family Theory & Review, 10*(3), 657–671. <https://doi.org/10.1111/jftr.12283>
- Norris, D., Fancey, P., Power, E., & Ross, P. (2013). The critical-ecological framework: Advancing knowledge, practice, and policy on older adult abuse. *Journal of Elder Abuse & Neglect, 25*(1), 40–55. <https://doi.org/10.1080/08946566.2012.712852>
- Norris, D., Schwartz, K. D., Eichler, M., Tam, S. L., Mahar, A., Smith, E. K., & Cramm, H. (2023). A qualitative study of the capabilities of family members of veterans living with

- operational stress injuries. *Family Relations (John Wiley & Sons, Inc.)*, 72(5), 2869–2885. <https://doi.org/10.1111/fare.12801>
- Olmos-Vega, F. M., Stalmeijer, R. E., Varpio, L., & Kahlke, R. (2022). A practical guide to reflexivity in qualitative research: AMEE guide no. 149. *Medical Teacher*, 45(3), 241–251. <https://doi.org/10.1080/0142159X.2022.2057287>
- O’Neal, C. W., & Mancini, J. A. (2021). Military families’ stressful reintegration, family climate, and their adolescents’ psychosocial health. *Journal of Marriage & Family*, 83(2), 375–393. <https://doi.org/10.1111/jomf.12711>
- O’Neal, C. W., Peterson, C., & Mancini, J. A. (2023). Military adolescents’ experiences of change and discontinuity: Associations with psychosocial factors and school success. *Family Relations: An Interdisciplinary Journal of Applied Family Studies*, 72(3), 1118–1137. <https://doi.org/10.1111/fare.12740>
- O’Neil, C. W., Lucier-Greer, M., Duncan, J. M., Mallette, J. K., Arnold, A. L., & Mancini, J. A. (2018). Vulnerability and resilience within military families: Deployment experiences, reintegration, and family functioning. *Journal of Child & Family Studies*, 27(10), 3250–3261. <https://doi.org/10.1007/s10826-018-1149-6>
- O’Neill, W., Nel, P. W., Horley, N., & Nolte, L. (2024). Sibling stories of parental mental distress. *Journal of Family Therapy*, 46(2), 121–139. <https://doi.org/10.1111/1467-6427.12452>
- Orsillo, S. M., Roemer, L., Litz, B. T., Ehlich, P., & Friedman, M. J. (1998). Psychiatric symptomatology associated with contemporary peacekeeping: An examination of post-mission functioning among peacekeepers in Somalia. *Journal of Traumatic Stress*, 11(4), 611–625. <https://doi.org/10.1023/A:1024481030025>

O'Toole, B. I., Burton, M. J., Rothwell, A., Outram, S., Dadds, M., & Catts, S. V. (2017).

Intergenerational transmission of post-traumatic stress disorder in Australian Vietnam veterans' families. *Acta Psychiatrica Scandinavica*, *135*(5), 363–372.

<https://doi.org/10.1111/acps.12685>

O'Toole, B. I., Dadds, M., Burton, M. J., Rothwell, A., & Catts, S. V. (2018). Growing up with a

father with PTSD: The family emotional climate of the children of Australian Vietnam Veterans. *Psychiatry Research*, *268*, 175-183.

<https://doi.org/10.1016/j.psychres.2018.06.071>

Oudi, D., Vagharseyyedin, S. A., Nakhaei, M., Esmaili, A., & Mohtasha, S. (2023).

Experiences of wives of veterans with post-traumatic stress disorder: A qualitative study. *Ethiopian Journal of Health Sciences*, *33*(2), 337–346.

<https://doi.org/10.4314/ejhs.v33i2.19>

Patterson, J. M. (1988). Families experiencing stress: I: The Family Adjustment and Adaptation

Response model; II: Applying the FAAR model to health-related issues for intervention and research. *Family Systems Medicine*, *6*(2), 202–237.

<https://doi.org/10.1037/h0089739>

Patterson, J. M. (2002). Integrating family resilience and family stress theory. *Journal of*

*Marriage & Family*, *64*(2), 349–360. <https://doi.org/10.1111/j.1741-3737.2002.00349.x>

Phothongsunan, S. (2010). Interpretive paradigm in educational research. *Galaxy: The IELE*

*Journal*, *2*(1), 1–4. <https://repository.au.edu/bitstream/6623004553/13708/1/galaxy-iele-v2-n1-1-oct-10.pdf>

Picciano, N. (2023). 4.57 “Military brats” and mental health: A brief review of the literature.

*Journal of the American Academy of Child & Adolescent Psychiatry*, 62(10), S251.

<https://doi.org/10.1016/j.jaac.2023.09.301>

Price-Robertson, R., Reupert, A., & Maybery, D. (2019). Online peer support programs for young people with a parent who has a mental illness: Service providers’ perspectives. *Australian Social Work*, 72(3), 274–286.

<https://doi.org/10.1080/0312407X.2018.1515964>

Puhalla, A., Flynn, A., & Vaught, A. (2022). Shame as a mediator in the association between emotion dysregulation and posttraumatic stress disorder symptom reductions among combat veterans in a residential treatment program. *Journal of Traumatic Stress*, 35(1), 302–307. <https://doi.org/10.1002/jts.22721>

Purcell, N., Koenig, C. J., Bosch, J., & Maguen, S. (2016). Veterans’ perspectives on the psychosocial impact of killing in war. *The Counseling Psychologist*, 44(7), 1062–1099.

<https://doi.org/10.1177/0011000016666156>

Ray, S. L., & Vanstone, M. (2009). The impact of PTSD on veterans’ family relationships: An interpretative phenomenological inquiry. *International Journal of Nursing Studies*, 46(6), 838–847. <https://doi.org/10.1016/j.ijnurstu.2009.01.002>

Reeves, K. (2024). “He’s never been the same”: Children’s perception of moral injury in parents post military deployment. *Journal of Military, Veteran, and Family Health*, 10(5), 142–151. <https://doi.org/10.3138/jmvfh-2023-0083>

Responsibilization. (2009). In A. Wakefield, J. Fleming (Eds.) *The SAGE dictionary of policing* (pp. 277-278). SAGE Publications Ltd,

<https://doi.org/10.4135/9781446269053.n111>

- Riachi, E., Holma, J., & Laitila, A. (2022). Psychotherapists' views on triggering factors for psychological disorders. *Discover psychology*, 2(1), 44. <https://doi.org/10.1007/s44202-022-00058-y>
- Rice, P. L., & Ezzy, D. (1999). *Qualitative research methods, a health focus*. Oxford University Press, Melbourne.
- Richardson, N. M., Lamson, A. L., & Hutto, O. (2022). “My whole moral base and moral understanding was shattered”: A phenomenological understanding of key definitional constructs of moral injury. *Traumatology*, 28(4), 458–470. <https://doi.org/10.1037/trm0000364>
- Richardson, N. M., Lamson, A. L., Smith, M., Eagan, S. M., Zvonkovic, A. M., & Jensen, J. (2020). Defining Moral Injury Among Military Populations: A Systematic Review. *Journal of Traumatic Stress*, 33(4), 575–586. <https://doi.org/10.1002/jts.22553>
- Riggs, S. A., Raiche, E., Creech, S. K., McGuffin, J., & Romero, D. H. (2020). Attachment, couple communication, and family functioning in relation to psychological distress among service members and veterans. *Couple and Family Psychology: Research and Practice*, 9(4), 239–255. <https://doi.org/10.1037/cfp0000154>
- Richardson, N. M., Lamson, A. L., & Hutto, O. (2022). “My whole moral base and moral understanding was shattered”: A phenomenological understanding of key definitional constructs of moral injury. *Traumatology*, 28(4), 458–470. <https://doi.org/10.1037/trm0000364>
- Richardson, N. M., Lamson, A. L., Smith, M., Eagan, S. M., Zvonkovic, A. M., & Jensen, J. (2020). Defining moral injury among military populations: A systematic review. *Journal of Traumatic Stress*, 33(4), 575–586. <https://doi.org/10.1002/jts.22553>

- Roberts, D. L. (2025). Moral injury risk and protective factors in women veterans. *Current Treatment Options in Psychiatry*, 12(1). <https://doi.org/10.1007/s40501-025-00343-2>
- Rogers, M., Johnson, A., Coffey, Y., Fielding, J., Harrington, I., & Bhullar, N. (2023). Parental perceptions of social and emotional well-being of young children from Australian military families. *Australian Journal of Rural Health*, 31(6), 1090–1102. <https://doi.org/10.1111/ajr.13033>
- Rogers, M., Sims, M., Siebler, P., Gossner, M., & Thorsteinsson, E. (2025). Moving beyond mosaic: Co-creating educational and psychosocial resources using military children’s voices. *Education Sciences*, 15(6), 695. <https://doi.org/10.3390/educsci15060695>
- Rowan-Legg A. (2017) Caring for children and youth from Canadian military families: Special considerations. *Paediatric Child Health (Oxford)*, 22(2), 1–6. <https://doi.org/10.1093/pch/pxx021>
- Runge, C. E., Moss, K. M., Dean, J. D., & Waller, M. (2023). What did we miss? Analysis of military personnel responses to an open-ended question in a post-deployment health survey. *Military Medicine*, 188(7-8), e2325-e2332. <https://doi.org/10.1093/milmed/usab565>
- Russo, T.J. & Fallon, M.A. (2015) Coping with stress: Supporting the needs of military families and their children. *Early Childhood Education Journal*, 43, 407–416. <https://doi.org/10.1007/s10643-014-0665-2>
- Sachdev, S., & Dixit, S. (2024). Military to civilian cultural transition experiences of retired military personnel: A systematic meta-synthesis. *Military Psychology*, 36(6), 579–592. <https://doi.org/10.1080/08995605.2023.2237835>

Saltzman, W. R., Lester, P., Beardslee, W. R., Layne, C. M., Woodward, K., & Nash, W. P.

(2011). Mechanisms of risk and resilience in military families: Theoretical and empirical basis of a family-focused resilience enhancement program. *Clinical child and family psychology review*, *14*(3), 213–230. <https://doi.org/10.1007/s10567-011-0096-1>

Saltzman, W., Pynoos, R., Lester, P., Layne, C., & Beardslee, W. (2013). Enhancing family resilience through family narrative co-construction. *Clinical Child & Family Psychology Review*, *16*(3), 294–310. <https://doi-org/10.1007/s10567-013-0142-2>

Sandvik, K. B. (2014). Regulating war in the shadow of law: Toward a re-articulation of ROE. *Journal of Military Ethics*, *13*(2), 118–136. <https://doi.org/10.1080/15027570.2014.949476>

Sareen, J., Bolton, S.-L., Mota, N., Afifi, T. O., Enns, M. W., Taillieu, T., Stewart-Tufescu, A., El-Gabalawy, R., Marrie, R. A., Richardson, J. D., Stein, M. B., Bernstein, C. N., Bolton, J. M., Wang, J., Asmundson, G. J. G., Thompson, J. M., VanTil, L., MacLean, M. B., & Logsetty, S. (2021). Lifetime prevalence and comorbidity of mental disorders in the two-wave 2002–2018 Canadian Armed Forces Members and Veterans Mental Health Follow-up Survey (CAFVMHS). *The Canadian Journal of Psychiatry*, *66*(11), 951–960. <https://doi.org/10.1177/07067437211000636>

Sarkissian, M. L., & Yalch, M. M. (2024). Association between betrayal trauma and typologies of anger and aggression. *European Journal of Trauma & Dissociation*, *8*(4). <https://doi.org/10.1016/j.ejtd.2024.100466>

Schertz, K., & Watson, C. (2018). What becomes of America's military brats? *American Journal of Public Health*, *108*(7), 837. <https://doi.org/10.2105/AJPH.2018.304481>

- Schier, K., Herke, M., Nickel, R., Egle, U., & Hardt, J. (2015). Long-term sequelae of emotional parentification: A cross-validation study using sequences of regressions. *Journal of Child & Family Studies*, 24(5), 1307–1321. <https://doi.org/10.1007/s10826-014-9938-z>
- Segal, M. W. (1986). The military and the family as greedy institutions. *Armed Forces & Society* (0095327X), 13(1), 9–38. <https://doi.org/10.1177/0095327X8601300101>
- Serfioti, D., Murphy, D., Greenberg, N., & Williamson, V. (2023). Professionals' perspectives on relevant approaches to psychological care in moral injury: A qualitative study. *Journal of Clinical Psychology*, 79(10), 2404–2421. <https://doi.org/10.1002/jclp.23556>
- Shamir, B., Brainin, E., Zakay, E., & Popper, M. (2000). Perceived combat readiness as collective efficacy: Individual- and group-level analysis. *Military Psychology*, 12(2), 105–119. [https://doi.org/10.1207/S15327876MP1202\\_2](https://doi.org/10.1207/S15327876MP1202_2)
- Shay, J. (1994). *Achilles in Vietnam: Combat trauma and the undoing of character*. New York, NY: Scribner.
- Shay, J. (2014). Moral injury. *Psychoanalytic Psychology*, 31(2), 182–191. <https://doi.org/10.1037/a0036090>
- Shenton A. K. (2004). Strategies for ensuring trustworthiness in qualitative research projects. *Education Information*, 22(2), 63–75. <https://doi-org/10.3233/EFI-2004-22201>
- Shepherd-Banigan, M., Shapiro, A., Sheahan, K. L., Ackland, P. E., Meis, L. A., Thompson-Hollands, J., Edelman, D., Calhoun, P. S., Weidenbacher, H., & Van Houtven, C. H. (2023). Mental health therapy for veterans with PTSD as a family affair: A qualitative inquiry into how family support and social norms influence veteran engagement in care. *Psychological Services*, 20(4), 839–848. <https://doi.org/10.1037/ser0000742>

- Simmons-Beauchamp, B., & Sharpe, H. (2022). The moral injury of ineffective police leadership: A perspective. *Frontiers in Psychology, 13*.  
<https://doi.org/10.3389/fpsyg.2022.766237>
- Sloover, M., Stoltz, S. E. M. J., & van Ee, E. (2024). Parent–child communication about potentially traumatic events: A systematic review. *Trauma, Violence & Abuse, 25*(3), 2115–2127. <https://doi.org/10.1177/15248380231207906>
- Smith, D. E. (1987). *The everyday world as problematic*. Toronto, ON: University of Toronto Press.
- Smith, E. B., & Luke, M. M. (2021). A call for radical reflexivity in counseling qualitative research. *Counselor Education and Supervision, 60*(2), 164–172.  
<https://doi.org/10.1002/ceas.12201>
- Smith, E. B., & Luke, M. M. (2024). Framing the call for radical reflexivity: Underpinnings of reflexive qualitative research. *Journal of Creativity in Mental Health, 19*(4), 575–585.  
<https://doi.org/10.1080/15401383.2023.2296965>
- Smith, J. A. & Osborn M. (2007). Interpretative phenomenological analysis. In Smith, JA (ed.), *Qualitative Psychology: A Practical Guide to Research Methods*, 2nd Edn. London: Sage, 53–80
- Smith, R. J., & Racine, T. P. (2025). Conceptual limitations in emotion regulation self-report scales. *Theory & Psychology, 35*(1), 3–16. <https://doi.org/10.1177/09593543241299394>
- Smith-MacDonald, L., Raffin-Bouchal, S., Reay, G., Ewashen, C., Konnert, C., & Sinclair, S. (2020). Transitioning fractured identities: A grounded theory of veterans’ experiences of operational stress injuries. *Traumatology, 26*(2), 235–245.  
<https://doi.org/10.1037/trm0000232>

- Soto, M., Crouch, E., Odahowski, C., Boswell, E., Brown, M. J., & Watson, P. (2025). Challenges to school success among children in U.S. military families. *Military Medicine*, 190(7–8), e1621–e1628. <https://doi.org/10.1093/milmed/usae506>
- Sowden, W. J., & Jones, R. L. (2024). Amplified PTSD symptoms from self-attributed moral transgressions are linked to internalized moral identity during military deployment. *Military Medicine*, 189(Supplement\_3), 156–164. <https://doi.org/10.1093/milmed/usae064>
- Statistics Canada. (2023). Military family structure and household living arrangements: Canada, provinces and territories, census metropolitan areas and census agglomerations with parts (table 98-10-0147-01). <https://www150.statcan.gc.ca/t1/tb11/en/tv.action?pid=9810014701&geocode=A0000111>
- 24
- Statistics Canada. (2022). *On guard for thee: Serving in the Canadian Armed Forces*. <https://www150.statcan.gc.ca/n1/daily-quotidien/220713/dq220713c-eng.htm>
- Stefanovic, M., Ehring, T., Wittekind, C. E., Kleim, B., Rohde, J., Krüger-Gottschalk, A., Knaevelsrud, C., Rau, H., Schäfer, I., Schellong, J., Dyer, A., & Takano, K. (2022). Comparing PTSD symptom networks in type I vs. type II trauma survivors. *European Journal of Psychotraumatology*, 13(2), 1–11. <https://doi.org/10.1080/20008066.2022.2114260>
- Steger, M. F., Owens, G. P., & Park, C. L. (2015). Violations of war: Testing the meaning-making model among Vietnam veterans. *Journal of Clinical Psychology*, 71(1), 105-116. <https://doi.org/10.1002.jclp.22121>

- Steinmetz, S. E., Gray, M. J., & Clapp, J. D. (2019). Development and evaluation of the perpetration-induced distress scale for measuring shame and guilt in civilian populations. *Journal of Traumatic Stress, 32*(3), 437–447. <https://doi.org/10.1002/jts.22377>
- Sullivan, K. S., Capp, G., & Gilreath, T. D. (2023). The association of parentification indicators with substance use patterns among military-connected adolescents. *American Journal of Orthopsychiatry, 93*(6), 557–565. <https://doi.org/10.1037/ort0000331>
- Sulmasy, D. P. (2002). A biopsychosocial-spiritual model for the care of patients at the end of life. *Gerontologist, 42*(suppl 3), 24–33. [https://doi.org/10.1093/geront/42.suppl\\_3.24](https://doi.org/10.1093/geront/42.suppl_3.24)
- Tavakol, M., & Sandars, J. (2025). Twelve tips for using phenomenology as a qualitative research approach in health professions education. *Medical Teacher, 1*–6. <https://doi.org/10.1080/0142159x.2025.2478871>
- Teherani, A., Martimianakis, T., Stenfors-Hayes, T., Wadhwa, A., & Varpio, L. (2015). Choosing a qualitative research approach. *Journal of Graduate Medical Education, 7*(4), 669–670. <https://doi.org/10.4300/JGME-D-15-00414.1>
- Thomas, D. R. (2006). A general inductive approach for analyzing qualitative evaluation data. *American Journal of Evaluation, 27*(2), 237–246. <https://doi.org/10.1177/1098214005283748>
- Thomas, J. S., Smart, D., Severtsen, B., & Haberman, M. R. (2024). The lived experiences of highly mobile military adolescents in search of their identity: An interpretive phenomenological study. *Journal of Adolescent Research, 39*(3), 690–710. <https://doi.org/10.1177/07435584211006469>

- Thompson, D. E., Baptist, J., Miller, B., & Henry, U. (2017). Children of the US National Guard: Making meaning and responding to parental deployment. *Youth & Society*, *49*(8), 1040–1056. <https://doi.org/10.1177/0044118X15570883>
- Thompson, R. A., Simpson, J. A., & Berlin, L. J. (2022). Taking perspective on attachment theory and research: Nine fundamental questions. *Attachment & Human Development*, *24*(5), 543–560. <https://doi.org/10.1080/14616734.2022.2030132>
- Thompson-Hollands, J., Rando, A. A., Stoycos, S. A., Meis, L. A., & Iverson, K. M. (2022). Family involvement in PTSD treatment: Perspectives from a nationwide sample of veterans health administration clinicians. *Administration & Policy in Mental Health & Mental Health Services Research*, *49*(6), 1019–1030. <https://doi.org/10.1007/s10488-022-01214-1>
- Tompkins, K. J., Roth, B., Wu, T. Y., Somohano, V. C., & Denneson, L. M. (2024). Perspectives on military culture among veterans with a recent suicide attempt: Illustrating gender differences and informing suicide prevention. *Armed Forces & Society*, *50*(2), 404–417. <https://doi.org/10.1177/0095327X221123375>
- Truhan, T. (2015). Parentification in deployed and non-deployed military families: A preliminary assessment. *University of Central Florida Undergraduate Research Journal*, *8*(1), 1–11.
- Tudge, J. R. H., Gray, J., & Hogan, D. M. (1997). Ecological perspectives in human development: A comparison of Gibson and Bronfenbrenner. In J. Tudge, M. Shanahan, & J. Valsiner (Eds.), *Comparisons in human development: Understanding time and context* (pp. 72–105). New York: Cambridge University Press.

- Umberger, W., & Wilson, M. (2024). Translating the Biopsychosocial-Spiritual Model into Nursing Practice. *Pain Management Nursing : Official Journal of the American Society of Pain Management Nurses*, 25(1), 1–3. <https://doi.org/10.1016/j.pmn.2023.12.008>
- Ungar, M. (2013). Resilience after maltreatment: The importance of social services as facilitators of positive adaptation. *Child Abuse & Neglect: The International Journal*, 37(2–3), 110–115. <https://doi.org/10.1016/j.chiabu.2012.08.004>
- van der Laan, S. E. I., Berkelbach van der Sprenkel, E. E., Lenters, V. C., Finkenauer, C., van der Ent, C. K., & Nijhof, S. L. (2023). Defining and measuring resilience in children with a chronic disease: A scoping review. *Adversity and Resilience Science*, 4(2), 105–123. <https://doi.org/10.1007/s42844-023-00092-2>
- Van Gilder, B. J. (2019). Femininity as perceived threat to military effectiveness: How military service members reinforce hegemonic masculinity in talk. *Western Journal of Communication*, 83(2), 151–171. <https://doi.org/10.1080/10570314.2018.1502892>
- Veri, S., Muthoni, C., Boyd, A. S., & Wilmoth, M. (2021). A scoping review of the effects of military deployment on reserve component children. *Child & Youth Care Forum*, 50(4), 743–777. <https://doi.org/10.1007/s10566-020-09590-1>
- Vermetten, E., Weiman, K., Innes, L.-L., Jin, J., & Brémault-Phillips, S. (2025). Moral courage, injury, and leadership in military contexts: Lessons from a thematic analysis of conversations among international experts and students. *Medicine, Conflict, and Survival*, 1–38. <https://doi.org/10.1080/13623699.2025.2463041>
- Vest, B. M., Hoopsick, R. A., Homish, D. L., & Homish, G. G. (2023). The role of military identity in substance use and mental health outcomes among U.S. Army Reserve and

- National Guard Soldiers. *Military Psychology*, 35(1), 85–93.  
<https://doi.org/10.1080/08995605.2022.2082812>
- Veteran Affairs Canada. (2024). *Mandate, mission, vision, values, and ethics*. Government of Canada. <https://www.veterans.gc.ca/en/about-vac/our-values/mandate#definition>
- Veterans Affairs Canada. (2019). *Mental health – Treatment benefits (POC 12) and rehabilitation services*. Government of Canada. <https://veterans.gc.ca/en/about-vac/reports-policies-and-legislation/policies/mental-health-treatment-benefits-poc-12-and-rehabilitation-services#>
- Veterans Affairs Canada. (2021). *Ministers of Veterans Affairs and National Defence mark 30<sup>th</sup> anniversary of the end of the Gulf War*. Government of Canada.  
<https://www.canada.ca/en/veterans-affairs-canada/news/2021/02/ministers-of-veterans-affairs-and-national-defence-mark-30th-anniversary-of-the-end-of-the-gulf-war.html>
- Veterans Affairs Canada. (2024). *Support for families and caregivers* [Webpage]. Government of Canada. <https://www.veterans.gc.ca/en/families-and-caregivers/housing-and-home-life/support-families-and-caregivers>
- Walsh, F. (2003). Family resilience: A framework for clinical practice. *Family Process*, 42(1), 1–18. <https://doi.org/10.1111/j.1545-5300.2003.00001.x>
- Walsh, R. (2003). The methods of reflexivity. *The Humanistic Psychologist*, 31(4), 51–66. <https://doi.org/10.1080/08873267.2003.9986934>
- Ward, R. N., Carlson, K. J., Erickson, A. J., Yalch, M. M., & Brown, L. M. (2024). Associations of humor, morale, and unit cohesion on posttraumatic stress disorder symptoms. *Military Psychology*, 36(3), 301–310. <https://doi.org/10.1080/08995605.2021.1996103>

- Weiss, E. L., Kranke, D., & Barmak, S. A. (2020). Military veterans serving as volunteers: What social workers need to know. *Social Work, 65*(3), 299–301.  
<https://doi.org/10.1093/sw/swaa023>
- Wertsch, M. E. (1991). *Military brats: Legacies of childhood inside the fortress*. Harmony Books
- Westby, K. R. (2024). Critical qualitative inquiry: One attempt to actualize a reconceptualization of research. *International Review of Qualitative Research, 17*(2), 171–184.  
<https://doi.org/10.1177/19408447241246527>
- Wethington, E. (2005). An overview of the life course perspective: Implications for health and nutrition. *Journal of Nutrition Education & Behavior, 37*(3), 115–120.  
[https://doi.org/10.1016/s1499-4046\(06\)60265-0](https://doi.org/10.1016/s1499-4046(06)60265-0)
- Williams, C. L., & Berenbaum, H. (2024). The regretted actions and inactions of military veterans and psychological problems. *Cognitive Therapy & Research, 48*(5), 923–931.  
<https://doi.org/10.1007/s10608-024-10483-z>
- Williams, A., Cramm, H., Khalid-Khan, S., Reddy, P., Groll, D., Rühland, L., & Hill, S. (2023). Mental Health of Canadian Children Growing Up in Military Families: The Child Perspective. *Armed Forces & Society (0095327X), 50*(2), 362–382.  
<https://doi.org/10.1177/0095327X221128837>
- Williams, A., Richmond, R., Khalid-Khan, S., Reddy, P., Groll, D., Rühland, L., & Cramm, H. (2023). Mental health of Canadian children growing up in military families: The parent perspective. *Acta Psychologica, 235*, 103887.  
<https://doi.org/10.1016/j.actpsy.2023.103887>

- Williamson, V., Creswell, C., Butler, I., Christie, H., & Halligan S. L. (2016). Parental responses to child experiences of trauma following presentation at emergency departments: A qualitative study. *Bmj Open*, *6*(11), 012944. [10.1136/bmjopen-2016-012944](https://doi.org/10.1136/bmjopen-2016-012944)
- Worthen, M., & Ahern, J. (2014). The causes, course, and consequences of anger problems in veterans returning to civilian life. *Journal of Loss & Trauma*, *19*(4), 355–363. <https://doi.org/10.1080/15325024.2013.788945>
- Yeterian, J. D., Berke, D. S., Carney, J. R., McIntyre, S. A., St. Cyr, K., King, L., Kline, N. K., Phelps, A., Litz, B. T., & McIntyre-Smith, A. (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. <https://doi.org/10.1002/jts.22380>
- Yoon, S., Dillard, R., Pei, F., McCarthy, K. S., Beaujolais, B., Wang, X., Maguire-Jack, K., Wolf, K., & Cochey, S. (2020). Defining resilience in maltreated children from the practitioners' perspectives: A qualitative study. *Child Abuse & Neglect*, *106*. <https://doi.org/10.1016/j.chiabu.2020.104516>
- Zang, Y., Gallagher, T., McLean, C. P., Tannahill, H. S., Yarvis, J. S., & Foa, E. B. (2017). The impact of social support, unit cohesion, and trait resilience on PTSD in treatment-seeking military personnel with PTSD: The role of posttraumatic cognitions. *Journal of Psychiatric Research*, *86*, 18–25. <https://doi.org/10.1016/j.jpsychires.2016.11.005>
- Zerach, G., Ben-Yehuda, A., & Levi-Belz, Y. (2023). Prospective associations between psychological factors, potentially morally injurious events, and psychiatric symptoms among Israeli combatants: The roles of ethical leadership and ethical preparation.

*Psychological Trauma : Theory, Research, Practice and Policy*, 15(8), 1367–1377.

<https://doi.org/10.1037/tra0001466>

Zerach, G. & Levi-Belz, Y. (2022). Exposure to combat incidents within military and civilian populations as possible correlates of potentially morally injurious events and moral injury outcomes among Israeli combat veterans. *Clinical Psychology and Psychotherapy*, 29, 274-288. <https://doi.org/10.1002/cpp.2632>

**Appendix A: Recruitment Poster**

Take part in a research project to help us learn about

# The intergenerational experiences of military service related Moral Injury

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## Are you

- 18 years or older
- Have a Veteran parent from the post-Gulf War period
- Have a Veteran parent with a deployment or non-deployment related military service related Moral Injury
- Not currently serving in the CAF
- Fluent in English

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## What you can expect

Participation in this study includes taking part in an online qualitative interview lasting 60 to 90 minutes about your experience of growing up in a household with a parent who has experienced a military service related moral injury.



REB [XXX]

For further information or to take part in this research project please contact Kathryn Reeves at [Kathryn.Reeves@msvu.ca](mailto:Kathryn.Reeves@msvu.ca)

## Appendix B: Information Letter for Participants



Title of Study: The Intergenerational Impacts of Military Service Related Moral Injury

I am a Master of Arts Student at Mount Saint Vincent University, Halifax, Nova Scotia, in the Department of Family Studies and Gerontology. You are invited to take part in a research project that I am conducting in partial fulfillment of my graduation requirements for the Master of Arts in Family Studies and Gerontology program. The purpose of this study is to explore the experiences of those who grew up in military families where at least one parent is perceived to have been impacted by a military service related Moral Injury. In particular, I am interested in how adult children of post-Gulf war Canadian Armed Forces (CAF) Veterans reflect on the experiences of their childhood as it relates to a parent's moral injury. The results of this research may be published in academic journals, shared at academic conferences, and/or shared with interest professionals working within the military and psychology communities.

You are invited to participate in this study because you identify as an adult child of a CAF Veteran, who served in the post-Gulf war era and you perceive your parent to have been impacted by a military service related moral injury. Both deployment- and non-deployment-related moral injuries are of interest to this project. Examples of a morally injurious event may include but are not limited to, combat deployments, large-scale human suffering, institutional betrayal, military sexual assault, or inability to provide medical aid. This project will involve you discussing your experiences and perceptions with me in response to interview questions. Questions will focus on your experience of military culture, the presentation of a parent's moral injury, the influence of said moral injury on your childhood experiences and/or development, perceived emotional, physical, and social changes in you and/or your family members, and avenues of support that you and your family members may have utilized or would have utilized had they been available.

You should meet the following eligibility criteria:

- You speak fluent English,
- You are at least 18 years of age,
- You self-define as a child to CAF Veteran who has served in the post-Gulf war era,
- You perceive your parent to have been impacted by at least one military service related morally injurious event,
- You have access to a stable internet connection

If you are eligible and you choose to participate in this study the interview will last about one hour to one hour and thirty minutes in length. You may choose to not answer any question if you wish, without penalty. You will also be given the opportunity to offer additional opinions or insights that was not raised by me, but that you believe to be important to your experience. With

your permission, the interview will be recorded and later transcribed verbatim. After it is transcribed all recording will be deleted.

Should you choose to participate in this study, your personal information will be only known to the researcher, and your names and other identifying information (e.g., names of family members, schools, neighbourhoods, workplaces) will be changed to protect your identity. Identifying information will also be removed from the transcript of your interview. All material collected (informed consent letters, transcripts, recordings, and interview notes) will be kept on a secure external hard drive. Access to the original data will be limited to me and my thesis supervisor, Dr. Deborah Norris. All transcripts, notes, and letters of informed consent will be retained for two years in the event that information is required for further analysis or an audit.

Although every effort will be made to keep your identity and responses confidential throughout the research process, given you belong to a relatively small military community, you should be aware that total anonymity might be difficult to guarantee.

There is no expectation that any distress will be experienced as a result of these interviews. It should be noted, however, that the personal nature of the questions may lead to unanticipated emotional recollections. You may stop or pause the interview at any time if the process creates any discomfort. If you experience significant emotional or psychological discomfort, I will provide contact information for confidential services that will be able to support you.

If you meet the above eligibility criteria, and you are interested in taking part in the study, please contact me directly by email. At that time, I will provide you with further details about my study by way of an informed consent letter. You should make sure that you know the details of this project prior to giving your consent to participate. You will have the opportunity to ask questions or seek clarification about my study prior to your involvement. You may contact me (see below), or my thesis supervisor, Dr. Deborah Norris (Deborah.Norris@msvu.ca with any questions regarding this study. Whether or not you decide to participate in this study is entirely up to you, and you may withdraw your interest at any time.

In the event that you have any problems, or wish to voice concern, about any part of this study you may contact the Chair of the Mount Saint Vincent University Research Ethics Board at (902)457-6350 or by email at [research@msvu.ca](mailto:research@msvu.ca)

Sincerely,  
Kathryn Reeves  
Department of Family Studies and Gerontology  
Mount Saint Vincent University  
[Kathryn.Reeves@msvu.ca](mailto:Kathryn.Reeves@msvu.ca)

**Appendix C: Letter of Informed Consent**

Title of Study: The Intergenerational Impacts of Military Service Related Moral Injuries

*What is this project about?*

This project will explore the perspectives of adult child of Canadian Armed Forces Veterans who you perceive to have been impacted by a military service related moral injury. Examples of these events may include, but are not limited to, the use of deadly force in combat, causing harm to civilians, giving orders that may result in death or harm, failing to provide medical aid, military sexual assault, or feeling as though the military institution has betrayed moral expectations. This project will involve you discussing your experiences and perceptions with me in response to a series of interview questions in order to better understand how a parent's military service related moral injury influenced childhood experiences and resulting recommendations to improve the health and well-being of military families where moral injury may be present.

*What will you do as part of this project?*

I want to talk to you in a one-on-one interview lasting approximately one to one-and-a-half hours. You may choose to schedule the interview for a time of your choosing, and it will take place over a secure virtual platform. With your permission, the interview will be recorded for the purpose of generating a transcript, after which the recording will be securely deleted. Questions I ask you will focus on your experiences of military culture, questions related to the presence of moral injury in your parent, how a military service related moral injury influenced you and your family, and recommendations for support and/or services. During the interview you may refuse to answer any questions, pause the interview, or you may choose to withdraw from the project in its entirety at any time. Any identifying information will be removed from all of your responses, and every effort will be made to ensure your confidentiality.

*Who can participate in this project?*

I invite participants who are aged 18 or older, are fluent English speakers, have a parent who was served in the Canadian Armed Forces where potentially morally injurious events may have and perceive a moral injury to have been present. For this project you will be unable to participate if your parent is currently serving in the CAF or if you yourself are serving. As our project is conducting qualitative interviews, we additionally ask that participants have access to a stable internet connection and are willing to have their audio recorded.

*What will happen to your information? What if you want to withdrawal from participation?*

You maintain full control over your information and responses. You may decide at any time to withdraw from the project with no adverse consequences. To withdraw you simply can inform our research team verbally or electronically (i.e., e-mail) and your data will be securely deleted. After the project has been released to the public, all personally identifiable information will be securely destroyed. Every effort will be made to keep your information secure and confidential. If you have any concerns about being identified, don't hesitate to get in touch with the research team at any time.

Please note that researchers are legally required to report information to relevant authorities if you disclose child or elder abuse as well as intentions to harm yourself or others.

*What are the risks to participating?*

Although every effort will be made to keep your identity and responses confidential throughout the research process, given you belong to a relatively small military community, you should be aware that total anonymity might be difficult to guarantee. If in reviewing the results you encounter contextual information that you believe could inadvertently lead to your identification, you may request the information be excluded in final reports or publications.

There is no expectation that any distress will be experienced as a result of these interviews above or beyond daily experiences. It should be noted, however, that the personal nature of the questions may lead to unanticipated emotional recollections. You may stop the interview at any time if the process creates any discomfort. If you experience emotional discomfort as a result of the questions or your recollections and wish to speak to someone about it, I will provide contact information for confidential services that will be able to support you.

Participants will have the opportunity to enter a draw for one of two \$50.00 Amazon gift cards as a thank-you for participation.

If you would like to take part in this project, please sign and return the attached form via email to the primary investigator (see below). You may sign the form with an electronic signature, scan the form, or take a photo of the signed form.

If you have questions or concerns please contact the primary investigator Kathryn Reeves at [Kathryn.Reeves@msvu.ca](mailto:Kathryn.Reeves@msvu.ca) or XXX XXX-XXXX or the project supervisor Dr. Deborah Norris at [Deborah.Norris@msvu.ca](mailto:Deborah.Norris@msvu.ca)

This research study's ethical components have been reviewed by the Psychology Departmental Research Ethics Board (DREB) and University Research Ethics Board (UREB) and comply with Mount Saint Vincent University's Research Ethics Policy. Any questions or concerns about how this study is being conducted can be directed to the MSVU Research Office at 457-6350, or via email at [ethics@msvu.ca](mailto:ethics@msvu.ca). These contacts do not have any personal affiliation with the research study.



Name : \_\_\_\_\_

**Would you like to take part in this interview?**

- Yes, I agree to participate
- I am 18 years of age or older
- I am not currently serving in the Canadian Armed Forces

**If so, do we have permission to audio record it?**

- Yes, I give my permission for the interview to be recorded
- No, I do not give my permission to be recorded

**Would you like a copy of the findings or publications?**

- Yes
- No

If yes, please provide email address here for secure emailed link:

\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Appendix D: Demographic and Screening Survey**

Eligibility to participate	Yes or No
a. Are you 18 or older?	
b. Are you a fluent English speaker?	
c. Is your parent a Veteran of the Canadian Armed Forces?	
d. Did your parent serve in the post-Gulf war era?	
e. Are you yourself currently a member of the Canadian Armed Forces?	
f. Do you believe your parent has been impacted by a military service related moral injury?	

Demographic	
g. Age	
h. Gender	
i. Current residence (province/city, country)	
j. Veteran parent's military environment i. Army ii. Navy iii. Air Force	
k. Veteran parent's military trade	
l. Veteran parent's gender	
m. Has your parent deployed?	
n. Did you experience relocations or postings growing up?	
o. Parent's deployment location/code(s)	

Would you be willing to be contacted at a later date to validate findings related to recommendations for support and services?

YES

NO

Would you like to receive a copy of our findings upon completion of the project?

YES

NO

If eligible to participant, would you like to be entered into a draw to receive one of two \$50.00  
and Amazon gift cards?

YES

NO

If yes, please provide an email address:

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### Appendix E: Interview Guide

Thank you for your interest in this project. My hope is to explore the intergenerational impacts of military service related moral injuries in order to understand how to best support those who have moral injuries and their families.

As a reminder, you may choose to skip a question, pause, or stop the interview at any time.

Do you have any questions before we start?

#### Demographic Questions:

1. What is your current age?
2. Do you have any siblings?
  - a. How many?
  - b. What are their ages?
3. How old were you when your parents retired or left the military?
4. Regarding your childhood, did you grow up in a
  - a. Single parent household
  - b. Two-parent household
  - c. Divorced parents
  - d. Other
5. Did you experience military related life stressors
  - a. A parent's deployment or extended absence due to training?
  - b. Relocations or Postings
  - c. Fear about your parents duties
    - i. If yes to any of the above; can you tell me about that?
6. What branch of the CAF did your parents serve in?
  - a. Army
  - b. Air
  - c. Navy
7. What was your parent's rank, trade, and/or roles within the CAF?
8. If you can remember, what was your parent's transition out of the military like?
9. What was your perception of military culture?
10. What does the military mean to you?
11. Are there curiosities you have about your parent's military experiences?

**CORE QUESTIONS & POSSIBLE PROBES**

What can you tell me about how you see or understand MI to be present in your parent?	
What was your relationship like with your MI parent?	Does this differ to your non-morally injured parent? Why or why not? Has this relationship changed over time?
Do you have any knowledge about what influenced the moral injury in your parent?	Did you parent talk to you about their morally injurious incidents? Do you feel like you have enough information about your parent's moral injury? Was there information that you needed or would have benefited from as a child?
When you think back to your childhood, how did you see MI in your parent?	Did these perceptions change over time? How did you see your parent handling moral emotions like anger, guilt or shame? How did your parent perceive spirituality?
Has your parent ever received formal support (e.g., psychological, medical, spiritual) to support their moral injuries?	Are there supports you believe your parent would have benefited from? Did you see the military organization as helpful regarding your parents moral injury? Did your non-serving parent access supports or resources?
Have you ever received formal support to assist you with your parent's moral injury?	Are there services or resources that would have benefited you growing up? Did you perceive civilian organizations (e.g., schools) to be helpful regarding your parent's moral injury? Why/why not? Did you perceive the military institution as helpful during your childhood? Why/why not?
Thinking about your childhood, what domains do you think were impacted by your parents moral injury?	Are there specific memories or examples of when your noticed their moral injury? How do you make sense of these experiences as an adult?

	<p>Are there ways you think your childhood was similar or disimilar to those whose parent did not have a moral injury?</p>
<p>During your childhood, what, if any, strategies or resources helped you most?</p>	
<p>Thinking about your childhood, is there any advice you would give yourself knowing what you know now?</p>	
<p>What, if any, recommendations might you give to the CAF when considering moral injury and families?</p>	<p>What, if any, recommendations might you give to military parents about moral injury?</p> <p>What, if any, policies may be helpful for when parents have moral injury?</p> <p>What, if any, resources may be helpful for children whose parents have moral injury?</p>
<p>If your experience with your parents moral injury was a movie or a book, what might the title be?</p>	<p>Can you tell me more about that?</p> <p>Is there a specific memory that comes to mind when you think about this?</p> <p>Is there current media that you feel resonates with your experience of a parents moral injury?</p>

Is there anything else you were hoping to share today?

**Appendix F: Summary of Themes**

Theme	Subthemes	Description
Perceptions of Moral Injury		Participants' understandings of moral injury, includes difficulties in identifying moral injury during childhood, often due to lack of awareness or terminology.
Morally Injurious Events and Precipitation Factors	<ul style="list-style-type: none"> <li>- Deployments</li> <li>- Exposure to Children</li> <li>- Non-Deployment Related Events</li> <li>- Release from the Military</li> <li>- Chain of Command</li> <li>- Military Culture</li> </ul>	Types of morally injurious events parents experienced, often involving betrayal, moral transgressions, or operational stress
Moral Injury Related Impacts and Outcomes	<ul style="list-style-type: none"> <li>- Impacts and Outcomes for the Veteran</li> <li>- Impacts and Outcomes for the Children</li> </ul>	Observable behavioral, emotional, and relational changes in parents that affected the family dynamic across the life course.
Life-Course Impacts of Parental Moral Injury	<ul style="list-style-type: none"> <li>- Connection to Military Identity</li> <li>- Institutional Betrayal</li> <li>- Mental Health</li> </ul>	Long-term developmental, relational, and psychological effects on participants across their lifespan