Northumbria Research Link

Investigating the Moral Challenges Experienced by UK Service Police Veterans

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ABSTRACT

Previous research has explored the negative effects of exposure to potentially morally injurious events among armed forces veterans and active-duty military personnel generally. However, this current pilot research provides a unique contribution to the extant research literature by examining the specific moral challenges experienced by a potentially at-risk and under-researched sub-group of military personnel. Semi-structured interviews were conducted with 10 United Kingdom (UK) Service Police veterans to identify any moral challenges encountered during their military service and to investigate the experience of moral dissonance underlying these events. Using Interpretative Phenomenological Analysis (IPA), four main themes (with sub-themes) emerged from the data: (a) violation of a moral code, (b) experience of disillusionment, (c) attempted resolution of moral dissonance, and (d) risk and protective factors for moral dissonance. Evidence of the types of moral challenges encountered by Service Police veterans during their military service and the negative consequences of moral dissonance was explored for the first time. Some of these findings overlap with existing evidence from non-Service Police research, although novel insights were also identified, such as the attempts of Service Police veterans to resolve moral dissonance through acting with moral courage, self-preservation, or seeking acceptance. The current research therefore provides a rationale for further investigation into the experience of moral dissonance and impact of exposure to morally injurious events in this sub-population of veterans. Potential implications for advancing conceptual understanding of moral injury and informing interventions to prevent the development of morally injurious outcomes are discussed.

INTRODUCTION

BRIEF INTRODUCTION TO MORAL INJURY

Moral injury was first conceptualised as the long-term negative consequences of perpetrating, witnessing, or failing to prevent acts that are discrepant with an individual's fundamental moral beliefs about themselves and the world (Litz et al., 2009). Such discrepancy between moral values and these potentially morally injurious events (PMIEs) may cause dissonance which, if left unresolved, may lead to the development of morally injurious outcomes perpetuated by psychological distress (Held et al., 2019). Despite overlap in symptoms, there is some evidence to suggest that moral injury is distinct from related disorders (e.g., posttraumatic stress disorder [PTSD]) that involve fear-based reactions to life-threatening traumatic events such as exaggerated startle responses and re-experiencing symptoms (see Frankfurt et al., 2017). Moral injury includes more shame-based reactions relating to questions about one's own involvement in the commission or omission of PMIEs such as social withdrawal, demoralisation, and self-condemnation (Frankfurt & Frazier, 2016). PMIEs also tend to provoke insidious moral emotions such as guilt, shame, anger, disgust, and contempt depending on how the event was appraised, which may characterise different sub-types of moral injury with distinct profiles of morally injurious outcomes (Farnsworth et al., 2014; Griffin et al., 2019).

A dimensional model has recently been proposed by Atuel et al. (2021), which suggested PTSD and moral injury symptoms can originate from the same event and co-occur. However, the authors of this paper argue that PTSD symptomatology develops after traumatic events that disrupt fear and memory processes, whereas moral injury may develop through a separate pathway after perceived moral transgressions that threaten identity and character. Richardson et al. (2020) additionally highlighted moral injury as a "soul-ceasing" experience of feeling unable to reconcile moral violations involving intra-personal and/or inter-personal betrayal that cause spiritual and psycho-behavioural wounds and wider existential suffering. However, Richardson et al. emphasised the current lack of an empirically supported, agreed-upon definition of moral injury in the literature and the need for further research to increase conceptual clarification. Other research (e.g., Kinghorn, 2020) has also highlighted the dangers of unnecessarily pathologising moral challenges by conceptualising moral injury as a clinical disorder or supplementary construct to PTSD and the need to investigate the wider morally injurious context of PMIE exposure.

MORAL INJURY RESEARCH

Moral injury research (to date) has mainly focused on active-duty military personnel and limited veteran populations due to their increased risk of exposure to PMIEs in their occupational role (for a full review see Griffin et al., 2019). These PMIEs commonly include killing of enemy combatants and participation in violence, witnessing or failing to prevent atrocities against non-combatants, or perceived betrayal by military authorities and/or the chain of command (Litz et al., 2009; Shay, 2014). The negative impact of PMIE exposure in these military populations has been consistently demonstrated to increase the risk of mental health disorders like PTSD and depression (Griffin et al., 2019). There is also evidence of self-injurious thoughts and behaviours (Frankfurt & Frazier, 2016), impaired social functioning (Nash & Litz, 2013), religious and spiritual struggles (Evans et al., 2017), and exacerbation of physical stress-related symptoms in response to PMIEs (Griffin et al., 2019). Frequent organisational, environment, relational, and psychological circumstances within military contexts have also been identified (such as poor military leadership, chaotic wartime conditions, dehumanisation of enemy combatants and non-combatants, or emotional detachment), which may increase risk of PMIE exposure in military populations (Currier et al., 2015). However, it is unknown whether this risk may then generalise to specific professions within the military with comparable exposure to these types of morally challenging conditions.

A review by Williamson et al. (2018) found that PMIEs have a similarly deleterious impact on mental health across both military and non-military populations. This strongly suggests that moral injury is not just confined to military contexts but supports the emergence of research investigating moral injury in non-military occupations with PMIE exposure including journalists (Feinstein et al., 2018), child protection workers (Haight et al., 2017), and police officers (Komarovskaya et al., 2011). Recent evidence suggests civilian police officers may be particularly vulnerable to experiencing PMIEs due to the multidimensional nature of their occupational role that frequently requires them to make high-stakes decisions in situations of moral uncertainty and manage conflicting role obligations; for example, to follow orders and protect the public, but also use force when necessary (Papazoglou et al., 2020).

Emerging evidence suggests that morality is not a unitary system but consists of several competing value systems, and dissonance underlying moral injury is produced after encountering PMIEs that force individuals to choose between opposing moral commitments (Molendijk, 2018). This was supported by Williamson et al. (2020), who

provided evidence that morally injurious outcomes may develop after moral dissonance is experienced between, or within, different sets of concurrently held moral value systems. For example, Williamson and colleagues demonstrated that veterans experienced dissonance between civilian beliefs condemning the taking of a life with military values justifying the selective use of deadly force, and between two opposing military commitments regarding orders of inaction during peace-keeping missions that violated role expectations of fighting to prevent civilian casualties. This highlights the multifaceted nature of morality and complexity of processes underlying moral injury that requires further exploration (Williamson et al., 2020). It also demonstrates the need to investigate PMIEs in other subpopulations of the military such as Service Police veterans, who may have been more susceptible to experiencing moral dissonance during their service.

In the United Kingdom (UK), the term Service Police is the collective term given to the formations of the British Armed Forces responsible for policing matters with armed forces personnel. Each of the three main services (i.e., Royal Navy, British Army, Royal Air Force) has its own police branch and their staff are military personnel who are fully trained and warranted police officers that deal with all forms of crimes across all three services in peace time and in conflict zones. When serving overseas they also deal with all crimes involving dependents of service personnel (see Buehler et al., 2018). The Special Investigations Branch (SIB) is the name given to detective branches of all three Service Police arms. Like civilian police detectives, SIB staff generally operate in plain clothes, but when overseas or in conflict zones, may wear uniform. Thus, it is plausible that emerging evidence of the increased vulnerability of police and military populations to PMIE exposure may cumulatively increase the vulnerability of Service Police veterans due to the overlap of their operational duties across both police and military domains. These veterans may have an inherently complex moral value system encompassing civilian, police, and military values, with unexplored and unique sources of moral dissonance that require investigation.

CURRENT STUDY
This study aimed to replicate and extend previous research by investigating the moral challenges (and subsequent moral dissonance) experienced by UK Service Police veterans as a potentially at-risk population that is under-represented in current moral injury literature. To avoid making erroneous assumptions that all individuals with exposure to PMIEs will develop a moral injury, the study investigated the moral value violations encountered by Service Police veterans and experiences of moral dissonance including any factors

involved in the occurrence of moral dissonance and any attempts to adaptively or maladaptively cope with these events that may determine their propensity to develop morally injurious outcomes. Thus the current study used a cross-sectional, qualitative approach to examine: (a) the types of moral challenges experienced by UK Service Police veterans, (b) the experience of underlying moral dissonance, (c) the nature of coping strategies employed to resolve such dissonance, and (d) any risk or protective factors influencing the experience of moral dissonance.

METHOD

DESIGN
A fully qualitative research design was adopted using Interpretative Phenomenological Analysis (IPA; Smith & Osborn, 1999). The aim of IPA is to uncover how individuals make sense of a phenomenon of interest by conducting an in-depth examination of their lived experience. As moral challenges have not yet been investigated in UK Service Police veterans thus far, this methodology was selected to provide initial insight into how these events are experienced by this sub-population of veterans, to establish a foundation for further moral injury research. Semi-structured interviews were analysed using this approach to identify and explore participants' moral challenges through the lens of the researcher and construct a narrative account of these experiences, supported by verbatim interview quotes.

PARTICIPANTS
Ten UK Service Police veterans (n = 7 males, n = 3 females) with a mean age of 55.3 years (range = 49–61 years, SD = 3.3) and a mean length of service of 23.3 years (range = 16–37 years, SD = 4.0), were recruited using purposive sampling of pre-existing contacts of the research team until data saturation was reached (Palinkas et al., 2015). To be included participants had to be a veteran of the UK Service Police (i.e., Royal Air Force Police [RAFP], Royal Military Police [RMP] or Royal Navy Police [RNP]) who had experienced moral challenges during their service career. The purpose of the study was not to identify moral injury, but to qualitatively explore the types of PMIEs encountered by UK Service Police veterans and their lived experiences of these events. Therefore, exposure to moral challenges was determined during the interview and no formal psychometric measures of moral injury were used (in addition, no gold standard assessment tool was available at the time of data collection; Griffin et al., 2019).

Participants were asked to confirm when signing the consent form that they were not currently under investigation as a suspect for any criminal or disciplinary

allegation, including nonrecent offences. Attempts were made to obtain a tri-service sample of Service Police veterans; however, the use of purposive sampling (Palinkas et al., 2015), primarily from the contacts of the second author (himself a RAFP veteran), increased the likelihood that participants were recruited from the same branch of service, which produced a final sample consisting of nine veterans from the RAFP and one from the RMP. However, the sample size is larger than most investigations using IPA methodology, which allowed in-depth analysis of the phenomenon of interest in this sub-population of veterans for the first time (Turpin et al., 1997). The sample included one commissioned officer (all the others were non-commissioned) and all veterans were fully trained investigators (formally part of the SIB), with many having completed UK civilian home office detective training. All participants had experienced full operational detachment in areas of conflict; however, specific deployment details are excluded to maintain confidentiality and anonymity.

MATERIALS

The study used a semi-structured interview guide that included four sections addressing the four aims of the research. The interview guide used a funnel technique (Mandel, 1974) beginning with broad open questions to build initial rapport (e.g., "Please describe your main duties throughout your service career"). This progressed to more specific (or probing) questions with a narrower focus on the research aims (e.g., [i] "Please describe a specific experience during your service career where you were unable to uphold your personal ethical code." [ii] "How has the event changed how you view yourself as a person?" [iii] "Looking back, how effectively do you think you coped with the event at the time?" [iv] "What would you say has been the biggest: [a] Help in allowing you deal with this event, [b] Barrier in allowing you to deal with this event?").

A standardised general structure for the interviews was therefore imposed whilst flexibly allowing for spontaneous questions according to participant responses (Mandel, 1974). Other materials included a digital voice recorder to audio record the interviews.

PROCEDURE

Following ethical approval from the first author's original institution (The Faculty of Medical Sciences, Newcastle University Ethics Committee, reference number: 494/2020), all participants were sent an email invitation containing details of the study and a consent form. Semi-structured interviews were then conducted and audio-recorded via telephone due to disparate geographical area where participants lived, plus COVID-19 restrictions in place at

that time (UK Health Security Agency, 2020). Interview duration ranged between 38 and 61 minutes ($M = 47.6$, $SD = 2.4$) and concluded with each participant being given the opportunity to ask questions, add any relevant information, and seek support for any issues that may have arisen. A follow-up email was then sent to all participants which contained the debrief sheet for the study and contact details of a range of civilian and military mental health support services if needed.

Audio-recordings of the interviews were then transcribed verbatim by the first author; however, all identifying information (e.g., names, addresses and places) were removed to maintain anonymity. Transcripts were analysed by the first author using NVivo software using IPA according to the guidelines outlined by Smith et al. (1999) in an ongoing double hermeneutic process to uncover the lived experiences of participants through the interpretative lens of a single researcher, unlike other types of qualitative analysis that often require multiple independent coders (Smith & Eatough, 2007).

The first data analysis stage consisted of multiple readings and re-readings of the transcripts to achieve data familiarisation, in conjunction with the use of notetaking memos to record points of interest or significance that would ground interpretation in later stages. The second stage involved transformation of the initial notes into emerging theme nodes for each participant. Preliminary nodes were examined and clustered together in stage three after looking for connections between them and checking the clusters to ensure they accurately represented participants' accounts. Theme clusters were refined, organised, and appropriately labelled during the fourth stage of data analysis in an iterative process constantly referring back to each transcript to produce final superordinate (and sub) themes, which most adequately captured participants' descriptions of their experiences. Participants' experiences were then presented during the final narrative writeup phase using the interpretative analysis of the researcher and verbatim quotes of the participants.

RESULTS

Following analyses four main (superordinate) themes emerged across the interviews: (a) violation of a moral code, (b) experience of disillusionment, (c) attempted resolution of moral dissonance, and (d) risk and protective factors for moral dissonance. Each theme contained several sub-themes, which are outlined in Table 1 (below) and provide insight into the moral challenges experienced by our veterans and their management from the initial encounter to its attempted resolution.

SUPERORDINATE THEMES	SUB-THEMES	PARTICIPANT IDENTIFICATION		
		TOTAL (n = 10)	MALE (n = 7)	FEMALE (n = 3)
1. Violation of a moral code	a. Betrayal events	7	5	2
	b. Commission events	7	5	2
	c. Traumatic events	8	5	3
2. Experience of disillusionment	a. Disillusionment of the military	10	7	3
	b. Disillusionment of the self	9	6	3
	c. Disillusionment of the world	10	7	3
3. Attempted resolution of moral dissonance	a. Acting with moral courage	10	7	3
	b. Self-preservation approaches	10	7	3
	c. Seeking acceptance and post-traumatic growth	10	7	3
4. Risk and protective factors for moral dissonance	a. Military factors	10	7	3
	b. Personal factors	10	7	3

Table 1 Details of superordinate and sub-themes.

Most themes and sub-themes were identified across all participants, which indicated general similarities in the experience and attempted resolution of moral dissonance across our veterans, however, more in-depth analysis revealed slight differences in how these themes manifested. Participants diverged the most in the theme identifying the types of moral challenges encountered, which appeared to differ depending on the veteran's gender, military rank, duties, or deployment experience, and resulted in cumulative exposure to multiple events for most participants. There was also a lack of consensus in the identification of risk and protective factors that may be involved in the occurrence and recovery of moral dissonance that requires future investigation.

SUPERORDINATE THEME 1: VIOLATION OF A MORAL CODE

All ten participants encountered at least one event during their service career, which transgressed their moral code thereby producing moral dissonance. These events commonly included perceived betrayal by trusted others, commission events perpetrated by the self, or dealing with traumatic events that caused them to question their beliefs about themselves, other people, and the world around them.

Sub-theme 1a: Betrayal Events

Seven participants outlined challenging events that represented a perceived betrayal of their moral values by a trusted authority. These included disappointment at higher-ranked officers who (they believed) bullied subordinates and interfered in their investigations without relevant knowledge or expertise, which violated participants' strict beliefs about the importance of maintaining personal integrity in their role. Participants also felt let down by the apparent two-tiered justice system within the military that granted preferential treatment and unconditional authority to senior military officials because of their rank, regardless of their moral conduct. The military system itself was, therefore, implicated as a source of moral dissonance for participants who were frequently forced to choose between following their superior's orders or adhering to their own moral code: "You either go with your gut and possibly mess things up for yourself for a long time or you go with what they ask or say" [Participant 2].

Betrayal events specific to the female veterans were also identified, which highlighted perceptions of the military as institutionally sexist. Multiple experiences of sexual harassment perpetrated by male colleagues were described that violated expectations of safety, trust, and cohesion within the close-knit Service Police community. Moral dissonance about how to deal with subsequent feelings of shame, shock, and humiliation while maintaining in-group status were further outlined. The perceived unwillingness of the military authorities to accommodate uniquely female sources of moral dissonance (such as balancing military duties and motherhood) and difficulties gaining acceptance, respect, and professional recognition

within the male-dominated military environment were also expressed. These events cumulatively appeared to violate participants' expectations of fairness, loyalty, and equal treatment from the military for their diligent service regardless of their gender, which represented an ongoing source of anger and frustration:

> I was touched. I was spoken to in disgusting language. They still do it and sometimes I think they do it to try and push your buttons or see if they'll get a reaction. It is still very, very sexist. [Participant 6]

Sub-theme 1b: Commission Events
Seven participants highlighted instances where they committed a violation of their own moral code while conducting their prescribed duties. These self-perpetrated PMIEs frequently involved moral dissonance from being mandated to enforce controversial investigations based on outdated laws, such as those prohibiting homosexuality in the military. Most participants recognised that they had done nothing wrong and only followed their orders at the time, but nonetheless expressed feelings of shame and embarrassment about their active participation in these investigations, which were incompatible with their personal beliefs about right and wrong, and treating all people with respect:

> It's a total invasion of someone's private life. Looking through private things to try and establish whether or not they were in a homosexual relationship and then having to interview them about it. It was cringeworthy at the time, but when I look back on it now, it's even worse. [Participant 3]

Two participants also identified accidental commission events committed without intention to do harm. These participants expressed feelings of guilt at unintentional negative consequences of their moral decisions and disgust about making mistakes during investigations that compromised personal ethical codes about obtaining justice for victims of crime. These events may have been particularly difficult to resolve as they appeared to produce confusion and doubt about participants' own competence and moral judgement:

> The one that I feel most ashamed about is doing a sloppy investigation … it just makes my skin crawl to think how inept I was and how badly I carried that out and it's just coming from a position of me thinking that I was better than I was. [Participant 1]

Sub-theme 1c: Traumatic Events
Eight participants described moral challenges that involved witnessing, learning about, or failing to prevent traumatic events during their service that violated personal moral values or expectations of their occupational role prescribed by the military. Coming into frequent contact with death during investigations was identified as one of the most distressing challenges experienced, which mainly involved cumulative moral dissonance from dealing with the aftermath of atrocities on civilians such as ethnic cleansing. Three participants highlighted the particularly unfathomable and upsetting nature of investigating crimes committed against vulnerable civilian victims which strongly violated their moral obligation to protect the innocent in their role and their sense of human empathy. These participants seemed unable to comprehend the motives behind these events, which caused them to question the wider morality of humanity and their ability to deal with the suspects of these crimes fairly and impartially:

> There was a little old lady, a Serbian lady, who protected the Kosovans, and they basically buried her in a manure pit alive … you're then having to try to arrest these people and trying to … treat them the same and fairly … that's when you find yourselves really difficult [*sic*] what they did to this poor old lady. [Participant 10]

Additional sources of distress identified by participants included the high frequency of exposure to these traumatic events throughout their service career due to the nature of their occupational role that often involved investigating major crimes in hostile overseas environments with minimal supervision, guidance, or resources. This also contributed towards feelings of anger and helplessness expressed by some participants at being tasked with duties that exceeded their normal occupational role and forced them to confront their own morality:

> I do remember very clearly thinking honestly for the first time in my life "I think this might be it" because there's no way in hell we can do this, we're not trained for it. We're just coppers who've been trained to carry stuff and understand the chain of evidence, but we are not soldiers. [Participant 7].

SUPERORDINATE THEME 2: EXPERIENCE OF DISILLUSIONMENT
The experience of moral dissonance described by our participants during their service career involved being disillusioned with their beliefs about the military,

themselves, and the world in general. The implications of this widespread disillusionment for participants are also discussed within this section.

Sub-theme 2a: Disillusionment with the Military

All participants expressed disappointment in the military as an institution because of events experienced during their service career and doubts about the integrity of those at a governmental level. Participants questioned the motives behind futile overseas operations and voiced their anger and concern at having to put their lives on the line for missions they fundamentally opposed. Loss of faith in the military authority was further demonstrated by its perceived failure to provide appropriate resources and training for Service Police being sent into difficult combat situations within unfamiliar cultures, which may have constituted a type of institutional betrayal when viewed by participants as apathy for their health and wellbeing. Participants described feeling let down and abandoned by the military and disillusioned of their previous trust, respect, and commitment for an authority that they now believed had viewed them as expendable. "They weren't sympathetic to how it was affecting us all. They were sat in their wee offices. They weren't going out into danger telling us to do this, that and the other" [Participant 6]. Betrayal was therefore identified as having a nuanced role as both a specific type of moral challenge that caused moral dissonance, and a negative consequence of moral dissonance produced by all types of moral challenges that manifested as widespread disillusionment with the military, who were perceived to be responsible for providing the context for these events to occur.

Participants' feelings of anger, disappointment, and expendability were further reflected in their descriptions of the stigmatised macho culture within the Service Police. Such a culture prevented help-seeking for moral dissonance-related distress in both female and male participants for fear of being perceived as weak and experiencing damage to their career progression or rejection by military peers.

However, adherence to this cultural standard appeared to be particularly challenging for the female veterans facing additional pressure and scrutiny of belonging to the minority gender group within the military, "All the way through your career you feel like you're having to work 200% to even be let on the level playing field with your male counterpart" [Participant 5]. Participant's feelings of betrayal and disillusionment with the overall military system may also have been exacerbated by a subset of the sample who later received public criticism for potential mistakes made during challenging overseas operations. These participants maintained that they had always done their best to adhere to the standards of practice and

appeared to feel scapegoated by the military who refused to take responsibility for accusations of wrongdoing: "I don't think anybody could have done any better due to the time we had to do things and the circumstances there" [Participant 2].

Sub-theme 2b: Disillusionment with the Self

Nine participants described being disillusioned with their beliefs about their own self-efficacy and good judgement in their role after experiencing moral challenges. This caused them to question the validity of their moral decisions either spontaneously or when prompted by the doubts of others. Participants' uncertainty and fear during moral challenges that forced them to confront the reality of their service role, also caused concerns about their moral courage and fundamental compatibility with service life. "I didn't really like myself in the military if I'm honest because I don't think it was really me. I played a part. Putting on the uniform was like putting on your character and it wasn't really me" [Participant 7].

Feelings of powerlessness within their military role were also recalled by participants who were prevented from upholding their moral code during investigations due to external pressure from higher up the chain of command, which undermined their sense of authority and autonomy. These events consequently caused participants to re-evaluate their approach to future moral decisions to reflect the reality of military life, which necessitated acceptance of occasional compromises of personal morality. To maintain self-esteem, participants therefore seemed to have adopted a more pragmatic and cautious attitude that recognised the limits of their ability to adhere to their moral code: "You can't always do the right thing even when you're right … sometimes you employ all of your emotions and your intelligence and your guile and your strength, but you don't get the desired outcome" [Participant 4].

Sub-theme 2c: Disillusionment with the World

All participants indicated that their previous worldview had been changed because of the moral challenges they had experienced. Participants described feeling more cynical and wary of the motives of other people and felt a general loss of faith in humanity after cumulative exposure to the worst types of crimes in their role. "I realised that there are horrible people out there. You like to think that we live in a nice friendly world and that let me see that not everybody's like that" [Participant 6]. These diminished beliefs about the fundamental goodness of the world and scepticism of humanity were pervasive in both military and civilian contexts. Distrust of people's motives was acknowledged as a useful investigative tool employed by participants during their Service Police career. However, this may have

contributed towards transitional difficulties when applied in civilian life alongside acquired negative stereotypes of civilians described by some participants as less moral and trustworthy than military comrades, "We're ex-coppers, we're trained not to trust. The only thing that we can trust is the evidence … you can't change your DNA after 25-years, you learn that inherently people lie" [Participant 8].

SUPERORDINATE THEME 3: ATTEMPTED RESOLUTION OF MORAL DISSONANCE

Service Police veterans described attempts to resolve moral dissonance associated with moral challenges encountered during their service career using various strategies including acting with moral courage, self-preservation, and a search for acceptance.

Sub-theme 3a: Acting with Moral Courage

One strategy all participants employed to cope with moral dissonance included challenging situations during their military service where their moral values were transgressed by other people. Participants described refusing to engage in suggested acts of morally ambiguous behaviour, questioning morally dissonant orders, and intervening to stop events that violated their moral values or speaking out afterwards to prevent future reoccurrences, thus reducing moral dissonance by acting to restore their moral code:

> I didn't say anything at the time but as soon as the whole thing was over, I took the guy aside and I said "look, don't ever do that again. I know it wasn't right, you know it wasn't right, and don't ever put me in that position again. [Participant 1].

This ability to have moral courage was facilitated in situations with less ambiguity regarding the morally correct thing to do and was found to have various motives across participants. Selfless motivations were recorded by those who upheld their moral values in dissonant situations out of concern that the perpetrator of a crime might escape justice and commit further offences. However, more self-serving motives for confronting morally dissonant events were also demonstrated by participants who wanted to avoid damage to their professional reputation or maintain positive beliefs about themselves as a good person:

> If that means that I'm not gonna play the game in the way the Air Force may have wanted me to, then so be it, because I have to look myself in the mirror in the morning and kind of like what I see. [Participant 7]

Participants also emphasised that some individuals seem to naturally possess moral courage and are able to challenge morally dissonant situations upon the first encounter, potentially due to some aspect of their personality or the strength of their moral compass. However, other participants suggested that they had developed moral courage over time as they reflected and learned from previous situations where they were unable to act with moral integrity or had gained more wisdom, military rank, and experience that allowed them to directly deal with these events:

> That was an early-on event that I found myself in, but then as you go through your career you get the moral courage as well within that environment to challenge anything like that. I didn't challenge it at the time because I was quite new to the job, but as I got into my career and as I got a little bit of experience behind me, those are the kind of things I might have challenged had they presented to me. [Participant 5]

Sub-theme 3b: Self-preservation Approaches

All participants demonstrated the use of protective strategies that helped them cope with certain moral challenges they felt unable to confront directly. Participants recognised that it was not always feasible to uphold their ethical code during their service career and highlighted instances where they had decided against challenging moral dissonance to safeguard their own personal wellbeing and future career prospects. Eight participants endorsed dehumanisation of evidence and compartmentalisation during distressing investigations as a deliberate and empowering choice to avoid thinking about dissonant experiences and corrosive emotions such as guilt and horror. These individuals appeared resistant to ever fully processing their moral dissonance and rationalised that compartmentalisation was a necessary and effective skill learned within the military to maintain job performance and wellbeing without being hindered by counterproductive emotions:

> It doesn't bother me. I don't feel disappointed or frustrated or unresolved by it but I'm intelligent enough not to carry it around … Compartmentalising things and boxing things away stops me carrying a heavy burden. It doesn't absolve me of it, but it stops me carrying it around. [Participant 4]

However, four participants seemed to display a lack of insight into the potentially temporary nature of this

strategy, which appeared contingent on their ability to indefinitely suppress their emotions.

Other self-preservation strategies involved shifting blame for moral challenges experienced by participants onto the military authority who gave them the orders, to minimise personal responsibility and lessen immediate feelings of guilt. This strategy may have been implicitly encouraged within the military chain-of-command to avoid self-condemnation and remorse that could have hindered compliance with orders that violated their moral code. Although potentially protective in the short-term, more adaptive processing of unresolved thoughts and emotions associated with these events may be required to prevent future development of morally injurious outcomes and avoid moral disengagement from repeated reliance on strategies that may increase willingness to conduct and rationalise morally ambiguous behaviour:

> It seems a little bit barbaric that we would treat people like we did but I'm also very aware that it wasn't me, it's just that's the way things were at the time. Looking back on it now, it's a bit abhorrent but I wasn't alone. We all did it, we were all involved in that. [Participant 1]

Several participants described more adaptive strategies to resolve distress associated with moral dissonance, which predominately involved the use of informal peer support from military colleagues both during service and upon transition back into civilian life: "I know that if I ever got into any bother, I could pick up the phone and the guys would be there if need be" [Participant 8]. However, only two participants sought formalised counselling support from military and civilian services for symptoms of PTSD or related alcohol abuse problems and highlighted the inadequacy of military care. "It wasn't until I started getting civilian counselling that they started actually tackling what was wrong rather than just plastering me up, so I was able to go off again" [Participant 6]. This suggests that the stigmatised perception of mental health prevalent in military culture during service may have encouraged participants to adopt the aforementioned self-preservation strategies in the absence of alternative avenues of effective support.

Sub-theme 3c: Seeking Acceptance and Post-traumatic Growth

All participants described attempts to achieve internal or external acceptance of moral challenges encountered during their service career to help resolve dissonance associated with these events. Participants reflected upon how their personal and professional lives had been positively changed through their experiences of moral dissonance, including awareness of how they had become a more resilient person with a stronger sense of their own goodness and morality. Adaptive skills such as greater empathy and tolerance were emphasised as positive posttraumatic growth outcomes developed during moral challenges that improved their professional efficacy and ability to support their colleagues. Some participants who had previously felt let down by the military and the legal process also expressed an increased motivation to seek justice for the victims of crime and their families or requested formal re-investigations of historical crimes. This allowed them to clear their conscience, restore diminished trust in the system, and achieve closure from their negative experiences by reducing unresolved moral dissonance:

> There are times when you question it and you just think "Why am I doing this?" But then when you see the results at the end of it and you go to court and you get a conviction then you think "well, okay, I've done something, I've achieved something, I've got someone bad off the streets." [Participant 10]

Most participants appeared to take a broader perspective of their career since leaving military service that allowed them to focus on their accomplishments, positive experiences, and personal growth, and gain an overarching sense of acceptance and pride in their military service regardless of the moral challenges they encountered. Participants expressed having no regrets but displayed varying degrees of success resolving their moral dissonance. For example, those participants that responded to moral challenges with moral courage or made active attempts to process and accept their experiences, described more positive outcomes in terms of benefits to their personal and professional lives outlined above (such as increased resilience, morality, professional skill development, and motivation to achieve closure from their experiences). However, fewer such comments were offered by participants who continued to apply self-preservation strategies that provided them short-term relief from distress associated with moral dissonance during their military service. These participants appeared determined to maintain permanent avoidance of ever processing their moral dissonance, which may have prevented them from experiencing the same degree of positive benefits and thus may have implications for the long-term manifestation of morally injurious outcomes. These variations in successful dissonance resolution may indicate individual differences in participant's resilience and ability to cope with the unique challenges inherent within the military environment.

I think people can either wither or thrive under adversity and I think the military's a fine cauldron for that. It's not always the best experience … but it's the sum of the parts, that's how I've always felt about it. I never felt as if I was drowning, I always felt enthused by the challenge. [Participant 4]

SUPERORDINATE THEME 4: RISK AND PROTECTIVE FACTORS FOR MORAL DISSONANCE

The final theme involves military-related factors and personal variables highlighted by participants that may have influenced their ability to experience and resolve moral dissonance.

Sub-theme 4a: Military Factors

All participants identified several risk factors related to the overall structure of the military, such as the nomadic nature of service life that necessitated extended periods of time away from vital support networks relied on to cope with moral challenges. Difficulties dealing with differences in training, rank progression, and leadership-style when working in tri-service operations were also outlined as sources of frustration that may have contributed to experiences of moral dissonance.

Sometimes the army and the navy have different structures [that] didn't always recognise your length of service against their rank cos [*sic*] we got promoted slower really, so that was quite difficult sometimes. And the same in the RAF, sometimes you had non-police people in charge of you, which kinda made it difficult. Sometimes that came into conflict of what they thought they could ask you to do against what you could do legally. [Participant 9]

Aspects of military culture, including the perception of mental health-seeking as a weakness and the lack of autonomy within the military hierarchy, were also identified as potential barriers to resolving moral dissonance. Participants cited less confidence challenging transgressions by senior-ranked individuals, difficulties balancing conflicting responsibility to their subordinates, and pressure from the wider military organisation when in leadership roles. This may have caused participants to adopt more self-preservation strategies to avoid feared repercussions within the hierarchical system such as damaged career prospects, exclusion from peer support, or perceived weakness by those under their command:

"You know that however shitty or scared or frightened you are, you cannot allow that to show … I thought that people would be looking at me as the

senior officer on the ground. You've just gotta get on with it. [Participant 7]

Sub-theme 4b: Personal Factors

All participants also identified various personal factors that had a mixed influence on their experience and resolution of moral dissonance. These included pre-enlistment religious beliefs that were challenged and undermined during military service leading to a loss of faith, or spiritual growth as a positive response to a search for acceptance. Age of entry into the military and an individual's upbringing were also described as influential in shaping the strength of the moral compass brought with them into service life, which represented both an increased risk for encountering morally dissonant events and increased the likelihood of acting with moral courage or enacting adaptive coping strategies. "I've been brought up to believe you treat everybody as you expect to be treated yourself by my parents, so I've always done that no matter who I've been involved with" [Participant 3].

Some participants suggested that individual coping resources are limited, and the cumulative nature of moral challenges experienced during military and non-military contexts may either erode or strengthen personal resilience. All participants additionally highlighted the influential role of personality in their degree of moral dissonance resolution, although the precise nature of specific traits and their impact was not clear: "There are so many people, when they get posttraumatic stress, they let it consume them and they let it drag them down, and I have been determined not to do that and I want to get better" [Participant 6].

DISCUSSION

SUMMARY OF FINDINGS

This research aimed to be the first article to identify the types of moral challenges experienced by UK Service Police veterans. It also aimed to investigate the experience of moral dissonance to establish the strategies used by participants to resolve moral dissonance produced by these events and the role of any influencing factors on the occurrence and resolution of moral dissonance. We replicated previous findings from non-Service Police populations demonstrating the deleterious impact of exposure to potentially morally injurious events (PMIEs) perpetrated by the self, others, and perceived betrayal (Griffin et al., 2019). However, specific strategies, employed with varying success by our veterans to cope with moral dissonance produced by these events were uncovered that had not previously been explored in the extant moral

injury literature. These coping strategies included acting with moral courage to directly confront moral dissonance, applying various self-preservation techniques to avoid, suppress, or displace moral dissonance, and embarking on a search for acceptance to achieve posttraumatic growth and prevent the development of morally injurious outcomes. Risk and protective factors implicated by participants in their experience and recovery from moral dissonance were also discussed as emerging topics for future research. These overarching findings are now discussed in detail.

TYPE OF PMIE EXPOSURE

The main moral challenges identified by our veterans reflected common PMIEs found in moral injury research on non-Service Police veterans. These involved moral value violations perpetrated by the self, dealing with moral transgressions committed by other people, or perceived betrayal by a trusted authority (Litz et al., 2009; Shay, 2014). Previous evidence that moral dissonance develops when veterans are forced to choose between conflicting moral value systems was also supported (Molendijk, 2018; Williamson et al., 2020). Service Police veterans identified being required to follow military orders at the expense of violating their own personal values as a common moral challenge, although conflict within their military value systems was also demonstrated. Our findings also reinforced suggestions from research with civilian police officers that moral distress may occur when individuals are unable to fulfil occupational role expectations set by themselves, their organisation, or the wider public due to external constraints (see Papazoglou et al., 2020). Similarly, certain risk factors for moral injury development identified within military contexts by Currier et al. (2015) were also present in our veterans, such as feeling let down and distrustful of the military, concerned about their colleagues' morality, and doubtful of their own agency, identity, and integrity. However, our veterans described experiencing multiple moral challenges that may reflect the variability of occupational roles demonstrated within this Service Police sample and subsequent exposure to many different types of PMIEs.

MORAL DISSONANCE UNDERLYING PMIE EXPOSURE

The main feature of the moral dissonance experienced by Service Police veterans in the current study involved pervasive disillusionment of their beliefs about themselves as good people with moral courage, the world as a just place, and the military as an institution of integrity, which replicated research findings from non-Service Police populations (Frankfurt & Frazier, 2016). However, most participants described experiencing multiple moral

challenges throughout their service career, which may imply the potential role of cumulative dissonance in the participant's widespread disillusion from frequent exposure to moral challenges throughout their service career. The development of self-directed shame, guilt, and disgust in our veterans after commission events and insidious anger experienced after betrayal events also supported previous suggestions of the existence of moral injury sub-types defined by different moral emotions (Griffin et al., 2019).

However, additional moral emotions described by our veterans including frustration, disappointment, embarrassment, and pride suggest further sub-types of moral injury have yet to be identified and indicate increased complexity of the relationship between PMIE appraisal and the experience of moral emotions. Furthermore, other factors associated with morally injurious event exposure identified in non-Service Police veteran research, such as religious and spiritual struggles, existential suffering, deterioration in social functioning, and development of mental health disorders, were less frequently exhibited across Service Police veterans in the current study (Evans et al., 2017; Griffin et al., 2019; Nash & Litz, 2013; Richardson et al, 2020). This may suggest potential differences in the experience of moral dissonance across veteran groups, although inferences are limited by the methodological design of the study and more extensive research using a larger sample and generalisable methodology is needed.

COPING WITH MORAL DISSONANCE AND IDENTIFIED FACTORS OF SIGNIFICANCE

The strategies used by our veterans to resolve moral dissonance replicated those found in previous research such as shifting blame to others or learning to accept the event over time, independently, or after seeking support (Williamson et al., 2020). However, other self-preservation strategies such as denial and compartmentalisation were additionally identified, which challenged prior assumptions that moral injury develops only when dissonance is left unresolved (Held et al., 2019). Several veterans made a conscious decision to avoid their moral challenges to protect themselves from ever having to process negative emotions associated with those events. This may have been an attempt to reduce moral dissonance and maintain a high level of occupational functioning during their military career. However, participants may have lacked insight into the possible long-term maladaptive consequences of leaving their moral conflict unresolved, perhaps due to misplaced beliefs that they were fully in control of this process. Our veterans appeared unaware that their compartmentalised thoughts and emotions could be involuntarily unearthed by external trauma reminders and

triggers unless they are adaptively processed, which may increase their vulnerability to developing mental health difficulties (Litz et al., 2009).

Nonetheless, most of the participants appeared able to gain acceptance of their military career despite their negative experiences and expressed posttraumatic growth outcomes, such as strengthened moral courage, resilience, and improved personal and professional efficacy. This indicates that the chosen resolution strategies used by Service Police veterans to deal with moral dissonance may have been at least partially successful, although this success cannot be attributed to a specific strategy or combination of strategies in the current research and the role of other influential factors is unclear. Participants identified elements within the military structure or environment and factors related to their individual background or personality that influenced their likelihood of encountering moral challenges or adaptively coping with moral dissonance. These included military rank, duties, and the culture of avoiding weakness and stigmatising mental health. Additional factors accounted for the impact of personal upbringing, moral and spiritual development, and personality on individual coping resources and resilience. However, these were only general emerging trends and lacked consistent identification and manifestation across participants; these concepts may represent future areas of research to uncover any factors that may predispose Service Police veterans to experience moral dissonance and develop either resilient or morally injurious outcomes.

CLINICAL AND CONCEPTUAL IMPLICATIONS

This research provided some insight into the types of PMIEs experienced by Service Police veterans and the possible manifestations of morally injurious outcomes that could facilitate early identification and prevention of moral injury development. Knowledge of the specific strategies used by veterans to try to resolve moral dissonance, as well as potential risk and protective factors influencing motives to engage in these strategies and their subsequent success, could inform treatment targets of future intervention programs. This could include implementation of psychoeducation during initial military training to increase preparedness to deal with PMIEs, or for veterans during the transitional period back into civilian life to equip them with the necessary skills to adaptively resolve moral dissonance before morally injurious outcomes develop. Specific training or guidance for military personnel in leadership roles could also be beneficial to further mitigate risks associated with PMIE exposure, including the additional pressure or responsibility of belonging to a higher rank. The results also have conceptual implications supporting the inclusion of betrayal as a potential cause

or consequence of PMIEs in the growing attempts within moral injury literature to reach a consensus about the definition of moral injury (Atuel et al., 2021; Richardson et al., 2020). The value of identifying specific moral value violations instead of treating morality as a unified system to understand the experience of moral dissonance and context of the potential development of morally injurious outcomes is also demonstrated (Kinghorn, 2020).

STRENGTHS AND LIMITATIONS OF STUDY

As with all real-life research, there are both strengths and limitations. A strength of the research includes the use of telephone interviews, which have been found in prior research to increase comfort and perceived anonymity of participants compared to traditional face-to-face interviews and may have facilitated in-depth disclosure of PMIEs in the current study (Reddy et al., 2006). The use of purposive sampling from the contacts of the research team with lived experience serving in the population of interest represented an additional strength that enabled access to the Service Police community, which may have otherwise been difficult for researchers to engage (Atkinson & Flint, 2001). A further strength was the sample size, which was above the recommended average number of participants in research using IPA methodology (between 6–8) and allowed sufficient analysis of the lived experiences of Service Police veterans (Turpin et al., 1997). The sample also obtained a range of participants, which included three female veterans, one commissioned officer, and six non-commissioned veterans, all with experience in various investigative roles.

Potential limitations of the current study include the general drawbacks of using qualitative methodological designs with relatively small, non-representative samples that prevent generalisability of the findings to the wider Service Police veteran population. However, the study did meet the project aims to provide evidence of PMIE exposure and experience of moral dissonance in a previously under-researched sub-population of UK Armed Forces veterans that has good heuristic value for future work in this area. The sample consisted mainly of RAFP participants and a sole RMP veteran as a consequence of the sampling method, which may have prevented exploration of the full range of PMIEs experienced across all three Service Police branches. However, the RMP participant's experiences did not appear noticeably different from the RAFP participants, and most themes were corroborated across all veterans, suggesting the lack of sample diversity had minimum impact. The study also only collected basic demographic and military service information from participants and could have benefitted from collecting a more extensive range of characteristics to supplement qualitative findings.

FUTURE RESEARCH

Our research represents a pilot study for a larger, mixed-methods study to extend our findings by comparing the impact of PMIE exposure in tri-service samples of Service Police and non-Service Police veterans. Such research will assist in establishing any similarities and/or differences in how morally injurious outcomes manifest across veteran groups, incorporating quantitative methods such as psychometric measures of moral injury and associated mental health variables. However, there are several factors highlighted in this study that require more individual in-depth exploration. These include the specific moral values violated during PMIEs, the nuanced role of betrayal, and the influence of risk and protective factors in the experience and attempted resolution of moral dissonance. The impact of general demographic variables such as age, education level, and gender could be investigated further, alongside military factors implicated by participants in the study such as enlistment and discharge age, military rank, number of combat deployments, or the nature of military duties. Similarly, the role of personal variables such as an individual's innate resilience, moral code stringency, or personality in the motivation of participants to challenge, accept, or avoid moral dissonance and subsequent negative reactions to PMIE exposure could benefit from further research. The short and long-term success of coping strategies like self-preservation in preventing development of morally injurious outcomes and any adverse consequences like moral disengagement as an acquired response to repeated compartmentalisation and avoidance of moral dissonance over time also require further examination. PMIEs unique to female veterans and the existence of distinct sub-types of moral injury for Service Police veterans defined by unexplored moral emotions and patterns of morally injurious outcomes should also be clarified.

CONCLUSION

The current research provides evidence of exposure to PMIEs in a sample of UK Service Police veterans for the first time. The negative impact of moral dissonance produced by these events together with coping strategies used to resolve moral dissonance, replicated previous findings in non-Service Police veterans. However, additional resolution attempts were also identified and the efficacy of these strategies in preventing the development of morally injurious outcomes were also examined in the context of potential emerging risk and protective factors. Thus our research helps further elucidate and extend the concept of moral injury in an at-risk and under-researched subsection of the UK military population that could inform future avenues of research and effective clinical intervention targets to encourage adaptive resolution of moral dissonance.

COMPETING INTERESTS

The authors have no competing interests to declare.

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