



‘Where am I in all of this?’ Impact of a morally injurious mission on the home front of Dutchbat III military Veterans

Bernardette C.E.M. Blom^a, F. Jackie June ter Heide^a, Bart Nauta^b, Trudy M. Mooren^a and Miranda Oloff^c

ABSTRACT

Introduction: In 1995, the United Nations (UN) peacekeeping mission involving the Dutch battalion, Dutchbat III, in the former country of Yugoslavia ended in the killing of 8,000 Bosniak Muslim boys and men by the Bosnian-Serbian army. The mission and its aftermath may be considered potentially morally injurious events that had a long-term impact on the Bosnian people and Dutch Veterans. A study was conducted 25 years after the mission to examine its impact on home front members (i.e., Veterans’ partners and close family members). **Methods:** Qualitative data were obtained through interviews with five female partners and two parents of Dutchbat III Veterans, as well as from a focus group with four female partners. Topics included the mission, experience of appreciation and support, health, daily functioning, resilience, meaning-making, and possible solutions. Thematic analysis was conducted using open, axial, and selective coding. **Results:** Findings were interpreted using a model of morally injurious impacts of war on military family members. Family members reported a generally good quality of life and no need for care for themselves but a unanimous perceived lack of support by the government and need for more recognition and appreciation of the Veterans. **Discussion:** Home front members of Dutchbat III Veterans seemed to suffer mainly from indirect mission impact that led to continued feelings of betrayal. Recognition and appreciation of military Veterans by the government and media may prevent or mitigate such feelings. Involving home front members in Veteran care and long-term follow-up is important.

Key words: betrayal, Dutchbat III, home front members, MI, military, military families, mission, moral injury, moral transgressions, peacekeeping, Srebrenica, Veterans, Yugoslavia, UN, United Nations

RÉSUMÉ

En 1995, la mission de maintien de la paix des Nations Unies (ONU) à laquelle participait le bataillon néerlandais Dutchbat III en ex-Yougoslavie a pris fin avec le massacre de 8 000 hommes et garçons musulmans de Bosnie par l’armée bosno-serbe. La mission et ses suites peuvent être considérées comme des événements susceptibles d’être préjudiciables sur le plan moral, dont les effets sur le peuple bosniaque et les vétéran(e)s néerlandais(es) s’inscrivent dans le long terme. Une étude a été menée, 25 ans après la mission, afin d’examiner ses répercussions sur les membres du front intérieur (c.-à-d. les partenaires et les familles proches). **Méthodologie :** Des données qualitatives ont été obtenues au moyen d’entrevues menées auprès de cinq conjointes et de deux parents de vétéran(e)s du Dutchbat III, ainsi que d’un groupe de discussion composé de quatre conjointes. Les sujets abordés comprenaient la mission, l’expérience vécue quant à l’appréciation et au soutien, la santé, la vie quotidienne, la résilience, la création de sens et les solutions possibles. Une analyse thématique a ensuite été réalisée au moyen de l’encodage ouvert, axial et sélectif des données. **Résultats :** Les résultats sont interprétés en fonction d’un modèle représentant les effets moralement préjudiciables de la guerre sur les familles des militaires. Les membres des familles indiquent que leur qualité de vie était généralement bonne et qu’elles et ils n’avaient pas besoin de soins pour leur propre personne ; toutefois, la perception d’un manque de soutien de la part du gouvernement et d’un besoin accru de reconnaissance et d’appréciation des vétéran(e)s est unanime. **Discussion :** Les vétéran(e)s du front intérieur du Dutchbat III semblent souffrir principalement d’un impact indirect de la mission, sous la forme d’un sentiment de trahison persistant. La reconnaissance et l’appréciation des vétéran(e)s militaires par le gouvernement et les médias pourraient prévenir ou atténuer ce sentiment. La participation des membres du front intérieur aux soins des vétéran(e)s et au suivi à long terme est importante.

^a ARQ Centrum '45, Oegstgeest/Diemen, The Netherlands

^b ARQ Knowledge Centre War Persecution and Violence, Diemen, The Netherlands

^c Center for Psychological Trauma in the Department of Psychiatry at the Amsterdam University Medical Center, Amsterdam, The Netherlands

Correspondence should be addressed to Bernadette C.E.M. Blom at Rijnzichtweg 35, 2342 AX Oegstgeest, The Netherlands. Telephone: 31-71-5191-500. Email: b.blom@arq.org

Mots-clés : Dutchbat III, familles des militaires, front intérieur, maintien de la paix, militaire, mission, Nations Unies, ONU, PM, préjudice moral, Srebrenica, trahison, transgression morale, vétéran(e)s, Yougoslavie

LAY SUMMARY

Research has shown time and time again that war has an impact on the mental well-being of Veterans and their families. But what does that impact look like when a mission is characterized by severe violations of norms and values (in other words, moral injury)? In this study, family members of Dutch Veterans talked about the impact on their lives of a mission gone bad in the former Yugoslavia, 25 years after it happened. Although most of the families were doing well, all of the families felt left alone in taking care of their Veterans after they returned and in dealing with negative press coverage. For the well-being of all, they expressed the need for more appreciation for and acknowledgement of Veterans and their families.

INTRODUCTION

In 1995, during the war in the former country of Yugoslavia, the Dutch battalion, Dutchbat III, was stationed in Bosnia as part of the United Nations Protection Force (UNPROFOR) peacekeeping mission. The aims of the mission were to see to a truce between the warring parties and facilitate humanitarian aid. The 850 Dutch troops were lightly armed, instructed to remain neutral, and only allowed to act in defense of themselves or the mandate.¹ The limited mandate led to a restricted ability to act in a playing field of dominating warring parties and to feelings of powerlessness and senselessness,² as well as moral indifference and detachment.³ Air strikes were promised but not conducted,⁴ leaving the battalion feeling “utterly disappointed” and “completely deserted.”^{2(p.88)}

In July 1995, the mission ended with the capture of the Srebrenica enclave by the Bosnian-Serbian army, which initiated an evacuation of Bosnian Muslim (Bosniak) refugees and the separation of women and children from (young) men. Dutchbat III assisted in the evacuation to ensure it proceeded as orderly as possible.¹ Subsequently, more than 8,000 Bosniak boys and men were killed by the Bosnian Serbs, in what would be known as the Srebrenica genocide. In the aftermath, when details of the fall of the enclave came to light,⁵ Dutchbat III military Veterans were portrayed as passive cowards and collaborators by the Dutch media.²

The mission itself, its catastrophic end, and the subsequent negative societal response to the Veterans may be perceived as potentially morally injurious events (PMIEs), or events that transgress deeply held moral beliefs and expectations.⁶ Such events may involve acts of commission (active transgressions), omission (failing to prevent transgressions), or betrayal.^{6,7} In the case of Dutchbat III, all three occurred: active transgressions of moral values in a context of senselessness, failure to prevent serious harm, and feeling betrayed by those in authority (including the Ministry of Defense

and society at large). PMIEs may have a lasting psychological, spiritual, behavioural, and social impact on Veterans (e.g., feelings of guilt, shame, anger, doubting goodness in self and others, self-undermining behaviour and social withdrawal), known as moral injury.⁶

Moral injury is argued to affect not only military Veterans themselves, but also their family members. Nash and Litz present a preliminary model of ways in which moral injury may affect military family members, either directly (through information about the mission that conflicts with existing moral beliefs) or indirectly (through betrayals of trust; for instance, because of emotional withdrawal by a military parent).⁹ Indeed,

Box 1. Moral distress in a Dutchbat III Veteran

Leen was 24 years old when he was sent to Bosnia as a Dutchbat III platoon commander. After the fall of the enclave, “It didn’t feel right to withdraw from our camp and leave the refugees to their fate. I positioned my platoon at the location where the buses and trucks arrived. The temperature reached above 40 degrees Celsius. We, and the refugees, were covered in fleas. There was a lack of food and water.” Knowing that the enclave would have to be evacuated because of the abysmal circumstances, “we tried to make the evacuation go as smoothly as possible. In that way we wanted to prevent the Bosnian Serbs [from] violently push[ing] the refugees into the buses. ... After a while I noticed that the Bosnian Serbs separated the Muslim men. ... That they would be murdered on such a scale, was something that we couldn’t fathom at the time.” Back in the Netherlands, Leen experienced a lack of support: “You might say I have two scars. One as a consequence of the choices I made in Bosnia, the other because of the aftermath in the Netherlands.” He developed PTSD and sought treatment. Moral injury affects him to this day: “My decision to not object has impacted my life. It has become part of me and no matter how often I talk about it, it still gets to me.”

Note: Case and quotations from the book *That One Dilemma*.⁸ (pp. 72-6)

Dutchbat III Veterans felt that the mission and its aftermath affected their interactions with others.¹⁰ They kept quiet about their mission experiences to their families while simultaneously developing feelings of anger, self-doubt, and estrangement from others and themselves.²

In this study, the authors examined the direct and indirect impacts of a potentially morally injurious mission on the home front (e.g., partners and close family members) of Dutchbat III military Veterans. Data used are from a study ordered by the Dutch Ministry of Defense on the well-being of these Veterans, their current partners, and children, 25 years post-deployment.¹⁰ That study aimed to determine, among other things, whether — and to what extent — they experienced specific problems related to the mission. In this study, findings are interpreted using Nash and Litz’s model.⁹ Following this model, a direct impact is defined as “information about war communicated by a military family member,” and an indirect impact is defined as “betrayals of trust through actions or failures to act” by a person’s social and spiritual system.^{9(p. 370)}

The consequences of that impact are operationalized in terms of well-being, need for care, and need of recognition and appreciation. Following the model of direct and indirect impact of war on family members, the authors hypothesized that the Dutchbat III mission had a predominantly indirect impact on the home front, expressed as a high need for recognition and appreciation of Veterans.

METHODS

Design

The main study involved a mixed-methods design with quantitative and qualitative elements. This article uses the qualitative data obtained from interviews and a focus group with home front members of Dutchbat III Veterans.

Setting and ethical considerations

The study was conducted by ARQ National Psychotrauma Centre, a Dutch national centre for research, policy advice, diagnostics, and treatment of complex psychotrauma. Upon formal consultation with the medical ethical committee of the Amsterdam Academic Medical Center, the qualitative home front study was exempt from further institutional review board approval (W19_400 no. 19.465). Participation in the study was voluntary and without any obligation. Informed consent was obtained in advance from all participants. At any given moment,

participants could withdraw, and their data would be deleted. Participants were informed about the privacy and storage of their data as well as the possibility of their being used anonymously for scientific publications.

Participants

Service members and military Veterans who were part of Dutchbat III during the UNPROFOR mission in the former Yugoslavia between Jan. 6 and July 14, 1995, were included. Through the Veterans, home front members were approached to participate in the study. Home front members included partners, parents, and children (aged ≥ 16 y).

Procedure

For Veterans living in the Netherlands, contact details were obtained through the Ministry of Defense. To approach Veterans living abroad, a call was disseminated on social media. Upon receiving contact details, each Veteran was assigned a unique code. Participating home front members were assigned an ad hoc code. Only the researchers had access to the matching of names and codes, conforming to the agreements of the Privacy Impact Assessment. A week before announcing the study publicly, the Dutchbat III Veterans and their home front were informed by mail. One week later, two questionnaires were sent to the Veterans: Veterans Questionnaire and Home Front Questionnaire. The Veterans were asked, when willing, to present the Home Front Questionnaire to their home front members. Each Veteran was allowed to invite up to four home front members to participate.

At the bottom of the questionnaire, the home front members could indicate their willingness to participate in an interview, focus group, or both. The goal of the interviews was to capture the perspectives and experiences of the home front members. A semi-structured topic list that revolved around questions on well-being, need for care, and appreciation and recognition was constructed (see Table 1).

After audio recordings were transcribed, researchers analyzed highlights of the interviews. Participants were phoned to verify and supplement earlier conversations. Interviews lasted an hour, on average, and were performed through secure videocalls as a result of the coronavirus disease 2019 pandemic. On the basis of the participatory learning activity method, a focus group lasting two hours was organized to determine solutions to three themes collected from the questionnaires and interviews: recognition and appreciation, health and meaning-making,

Table 1. Topic list for Dutchbat III Veterans' home front

General topics	Main questions
Background information	What is the relationship to the Veteran?
The mission	Was someone a home front member at the time of the mission? How did the home front experience the mission at the time? How did the home front experience the aftermath?
Talking about the mission	How is communication about the mission with the Veteran? What does the home front know about the meaning of the mission to the Veteran?
Appreciation and recognition	What are experiences with perceived social support and appreciation during and after the mission? What are these experiences to this day?
Health	What is the quality of life? What is the need for care? What is the effect of the care provided?
Daily functioning	What is the impact of the mission on the relationship with the Veteran? What is the impact of the mission on the daily life?
Resilience	How did the home front cope with the mission and its aftermath?
Meaning-making	What does Dutchbat mean to the home front?
Recommendations	Review and evaluation of the mission: what helped and what did not? What are possible solutions for Veterans and families who struggle with the impact of the mission?

Note: Member checking took place after transcribing and open coding of the interviews.

and coping. This methodology is characterized by a high degree of interaction between participants and a co-responsibility to provide input. All discussion input, as well as final concrete solutions that could help Veterans in need, were noted by the researchers.¹⁰

Analysis

Audio recordings of the interviews were transcribed. During the focus group, researchers took notes. Qualitative (thematic) analyses were conducted on both the transcripts and the notes using MAXQDA 2020,¹¹ using open, axial, and selective coding.¹² This involves careful reading of text and giving meaning to text fragments (open coding), comparing assigned codes, merging or separating them into main or subcategories (axial coding), and finally determining the main categories and formulating a theoretical model based on these categories (selective coding).

RESULTS

Inclusion

In total, 252 home front members filled in the questionnaires. Eighty-eight percent were female, with an average age of 50 years. A total of 60% were related to Veterans at the time of the mission. Of these, 81 (32%) showed interest in participating in an in-depth interview, focus group, or both. On the basis of the questionnaire results, Veterans were divided into four groups using latent class

analysis in terms of the themes of quality of life, need for care, and recognition and appreciation. A sample was drawn from the home front members on the basis of the same group distribution, aiming for a representative picture and allowing for as many different perspectives as possible. This led to inviting 28 home front members to participate in either an interview or the focus group. Five female partners, one mother, and one father accepted invitations for an interview. Four female partners agreed to participate in a focus group. All participants were related to different Veterans. Following the topic list, responses yielded information on mission impact, well-being and need of care, and the need for recognition and appreciation.

Mission impact

Home front members had mixed experiences with the mission and its aftermath. During the mission, it was difficult for some to maintain contact with their service members, making the mission a stressful time. After service members arrived home, many home front members felt there was a lack of governmental support:

They failed to see something: the human being behind the human being. That really bothers me. I think that had [the Veterans] been coached from the beginning, and received recognition, for what they'd done there, that they were powerless and unable to do anything ... and to be depicted as

murderers. I think that made many Dutchbat III Veterans lose it mentally, and has made many relationships go wrong, and many men and women still have to deal with what happened there.

To this day, the mission can be a topic of conversation. Although some stated that it did not affect their relationships or family life, others felt it did or still does. Examples of the positive impact of the mission were paying more attention to people in need, an increased ability to put things into perspective, and being more down to earth. For others, the mission had a negative impact:

But the bit of intimacy that was there in the beginning, or actually a big piece, it is not there anymore. ... And I can be pretty sad about that. ... He is not the [name of Veteran] that I met. And I attribute that to the fact that he has suppressed ... for all these years, that sadness, Srebrenica, everything he has been through. ... And then I notice that I start to ignore myself, don't feel like doing anything anymore. I have a lot of nice clothes, for example, that I don't wear anymore. I start to ignore my own needs, because I feel it doesn't matter anyway.

Well-being and need of care

Home front members were satisfied with their own well-being but expressed dissatisfaction with the aftercare of Veterans and their families. They stated that they had good quality of life, with enough support from social networks or peers, and felt able to deal with their own experiences regarding the mission. Looking at their Veteran, however, participants reported several short- and long-term changes, and some worried about the impact of the mission on their future well-being. All family members noted a lack of support by the Ministry of Defense, mainly for the Veterans, but also for themselves:

Actually, I was overlooked. I have often said: “Where am I in all of this?” It wasn't until I said that three or four times that my voice was heard.

Family members expressed a need for more support and a desire to be involved in the aftercare of their Veterans. Appropriate aftercare, they felt, should be arranged by the Ministry of Defense. They emphasized needing an accessible, outreach approach from caregivers with expertise and knowledge about the mission and the army, as well as an individual contact person for the whole family:

I think [there should be] more recognition for the home front. ... I understand that at first, everything [attention] goes there [to the Veterans]. But I also

think: the people standing next to them, we suffer as well. ... We must carry on with a husband or wife who has PTSD or something more fundamental.

Recognition and appreciation

Most home front members did not express a need for (more) recognition and appreciation for themselves but mentioned suffering from misrepresentations, and they emphasized the importance of more recognition for Veterans. Many felt proud of the Veterans, proud to be their home front, and respectful of their work. Others experienced shame, mainly because of negative societal views they felt still exist regarding the mission. This can prevent home members from being open about being related to a Dutchbat III Veteran. In addition, they felt that, for a long time, the media have given a false impression of Dutchbat III. Statements that Dutchbat III is guilty of not protecting the enclave are perceived as particularly hurtful:

In the beginning after their return, for a moment they were welcomed back as heroes, and then the guilt began. The pointing fingers. And that also has ... the proud feeling was gone.

On this topic, the home front emphasized the government's responsibility. Assigning insignias to the Veterans, financial compensation, and making public statements and apologies were listed as important and appreciated forms of recognition for Veterans and their home fronts. In addition, participants felt that the true story of the mission should be told in the media, as well as taught in schools, and that misreports should be corrected. However, some expressed a certain ambivalence regarding this last point.

Box 2. Impact of moral injury on home front members

Janet (not her real name) is married to a Dutchbat III Veteran. Although she is doing well, her husband was diagnosed with PTSD and has sought treatment. They speak very little about his experiences, and she is fearful of stigma: “There are people who badmouth [the Veterans], I don't want that. He is the father of my children, I don't want us to suffer as a family.” She herself is adamant that he is not to blame: “It's not his fault. I understand his feelings of guilt, but there was no alternative. There is nothing he could have done.” All in all, disclosing his experiences is a dilemma for her. “It's a very intimate thing. On the one hand, you want recognition. On the other hand, it's nobody's business that you feel guilty, that you feel naked. I don't think other people need to know that about the father of my children, that he was in Bosnia.”

DISCUSSION

This study focused on the direct and indirect impacts of a potentially morally injurious mission on Dutchbat III home front members, 25 years later. This was a disastrous UN mission to Yugoslavia that ended with the execution of more than 8,000 Bosniak Muslim boys and men. It had a great impact on the Bosnian people as well as the Dutch Veterans. Results of the study showed a mixed impact of the mission on the home front, varying from no impact on relationships and family life to both positive and negative impacts. In terms of well-being, home front members generally experienced a good quality of life and felt supported by their loved ones. Although they personally experienced a low need for care, they claimed a high need for their Veterans. All home front members experienced a lack of support from the Ministry of Defense for both Veterans and themselves. They expressed a need for appropriate aftercare and wanted to be involved. Also, they felt that aftercare should be extended to the home front. Finally, although most participants appreciated their Veterans and felt proud of them, some felt ashamed. These feelings were linked to the general negative public opinion of the mission, reinforced by the media, and the perceived lack of acknowledgement from the government. They mainly coped with this shame by defending the Veterans.

Regarding the way in which the mission affected home front members, results showed little indication of a direct impact of moral injury on the partners and parents of Dutchbat III Veterans. They did not mention a negative impact on existing moral beliefs and expectations through exposure to information about the mission. It should be noted, however, that the interviews did not explicitly ask about this. There are indications of an indirect impact through moral injury by betrayal of trust. Examples include a perceived lack of aftercare support from the Ministry of Defense, as well as perceived public and political misrepresentation over the years. Most Veterans felt insufficiently appreciated and acknowledged by society, the media, and the government.¹⁰ Interviews with home front members showed similar results. They felt abandoned by the “authorities of their moral covenant.”^{9(p. 370)} Both indicated a need for more recognition and appreciation of Veterans. This is consistent with studies showing the importance of societal and political acknowledgement of, and empathy with, morally injured Veterans.¹³⁻¹⁵

Regarding the consequences of mission impact, most home front members expressed little to no impact

of the mission on their relationships or family life, quality of life, and well-being. Only a minority struggled with the well-being of their Veterans and with interpersonal problems. This is in line with a recent review on the resilience of Canadian military families that stated that most families are resilient.¹⁶ In addition, extensive research indicates a positive relationship between the mental well-being of Veterans and the psychological, behavioural, and interpersonal functioning of their partners and children.¹⁷⁻²⁰ Therefore, the more Veterans suffer, the more their families suffer. As for Veterans who were exposed to PMIEs, research showed that exposure could cause interpersonal problems.²¹ Given that, 25 years after the mission, 25% of Dutchbat III Veterans screened positive for PTSD,¹⁰ it seems important to also monitor their home front members.

Strengths and limitations

This study has several strengths and limitations. Among the strengths was the approach of all possible participants and the possibility for Veterans to invite more than one family member to take part in the study. That way, everyone involved in the aftermath of the mission was provided an opportunity to participate. In addition, the qualitative design made it possible to delve more deeply into the needs and views of the target group. A limitation of the study was selection bias, because Veterans chose which home front members were invited to participate and which members were not. Second, the small number of participants makes the results difficult to generalize. A final important limitation is the exclusion of younger children and the fact that some participating home front members only became involved with their Veterans years after the mission. It is conceivable that the impact of the mission on Veterans' previous relationships led to divorce over the past 25 years — relevant information not included in this study.

Implications and recommendations

In this study, indications of a direct impact of the mission on the home front were limited. However, many home front members expressed feeling betrayed by the government and media. This stresses the importance of clear mission mandates and governmental support both during and after a mission, as well as of accurate and unbiased media coverage. As for the impact itself, most home front members are doing well, but a sub-group is struggling with feelings of betrayal and concern for their Veterans. Some families may need counselling or treatment, even 25 years after the mission. Involving home

front members in the treatment of morally injured Veterans is important for both families and the Veterans. This study shows the importance of long-term follow-up with military families because, 25 years after a potentially morally injurious mission, some home front members and families may still be affected.

AUTHOR INFORMATION

Bernardette C.E.M. Blom, MA, is a general health psychologist at ARQ Centrum’45, a Dutch national centre for diagnosing and treating complex psychotrauma. She works with police officers and military Veterans. Blom is a PhD candidate at the University of Amsterdam. Her project focuses on the conceptualization and treatment of moral injury in different populations with complex psychotrauma. In addition, she has a bachelor’s degree in cultural anthropology.

F. Jackie June ter Heide, PhD, MPhil, is a clinical psychologist and senior researcher at ARQ Centrum’45, a Dutch national centre for diagnosing and treating complex psychotrauma. She works predominantly with police officers and military Veterans. Her research currently focuses on moral injury in those populations. June ter Heide is Head Researcher of three studies on moral injury in Dutch military Veterans that are funded by the Netherlands Veterans Institute. She is a guest editor for a *Frontiers in Psychiatry* special issue on moral injury.

Bart Nauta, MA, is a researcher working at ARQ Knowledge Centre War Persecution and Violence and a PhD candidate at Utrecht University. He specializes and is involved in research on the psychosocial consequences of war. Mass violence, moral injury, and perpetrators are his key topics of interest.

Trudy M. Mooren, PhD, is a clinical psychologist at ARQ Centrum’45, where she works with families of trauma-stricken populations such as Veterans and refugees. She is a professor in the Department of Clinical Psychology, Faculty of Social Sciences, at Utrecht University and involved in research about the mental health consequences of psychotrauma on family relationships.

Miranda Olf, PhD, is head of the Center for Psychological Trauma in the Department of Psychiatry at the Amsterdam University Medical Center (AMC), University of Amsterdam, and Director of Research at ARQ National Psychotrauma Center, Diemen, The Netherlands. She is the past president of both the International and European Societies for Traumatic Stress Studies, editor-in-chief of the *European Journal of Psychotraumatology*, and chair of the Global Collaboration on Traumatic Stress.

COMPETING INTERESTS

The authors have nothing to disclose.

CONTRIBUTORS

Conceptualization: FJ June ter Heide, TM Mooren, and M Olf

Methodology: B Nauta and TM Mooren

Formal Analysis: BCEM Blom and B Nauta

Investigation: B Nauta and TM Mooren

Writing — Original Draft: BCEM Blom, FJ June ter Heide, and B Nauta

Writing — Review & Editing: FJ June ter Heide, TM Mooren, and M Olf

Supervision: FJ June ter Heide

Funding Acquisition: TM Mooren and M Olf

ETHICS APPROVAL

The medical ethical committee of the Amsterdam Academic Medical Center determined that the qualitative home front study was exempt from further Institutional Review Board approval (W19_400 no. 19.465).

INFORMED CONSENT

N/A

REGISTRY AND REGISTRATION NO. OF THE STUDY/TRIAL

N/A

ANIMAL STUDIES

N/A

FUNDING

This article received funding from the Dutch Ministry of Defence.

PEER REVIEW

This article has been peer reviewed.

REFERENCES

1. Nederlands Instituut voor Oorlogsdocumentatie. [Srebrenica: a “safe” area: reconstruction, background, consequences and analyses of the fall of a safe area]. Amsterdam: Boom; 2002.
2. Molendijk T. Moral injury and soldiers in conflict: political practices and public perceptions. New York: Taylor & Francis; 2021.
3. Molendijk T. Moral injury in relation to public debates: the role of societal misrecognition in moral conflict-colored trauma among soldiers. *Soc Sci Med*. 2018

- Aug; 211(1982): 314-20. <https://doi.org/10.1016/j.socscimed.2018.06.042>. *Medline*:29980118
4. Nederlands Instituut voor Oorlogsdocumentatie. [The fall of Srebrenica: air support and insider knowledge in a new perspective]. Amsterdam: Boom; 2016.
 5. Algra G, Elands M, Schoeman JR. The media and the public image of Dutch veterans from World War II to Srebrenica. *Armed Forces Soc.* 2007 Apr 1; 33(3): 396-413. <https://doi.org/10.1177/0095327x06297240>
 6. Litz BT, Stein N, Delaney E, et al. Moral injury and moral repair in war veterans: a preliminary model and intervention strategy. *Clin Psychol Rev.* 2009 July 3; 29(8): 695-706. <https://doi.org/10.1016/j.cpr.2009.07.003>. *Medline*:19683376
 7. Shay J. Moral injury. *Psychoanal Psychol.* 2014; 31(2):182-91. <https://doi.org/10.1037/a0036090>
 8. Nauta B, Te Brake H, Raaijmakers I. [That one dilemma: personal stories of moral choices in a worksetting]. Amsterdam: Amsterdam University Press; 2019.
 9. Nash WP, Litz BT. Moral injury: a mechanism for war-related psychological trauma in military family members. *Clin Child Fam Psychol Rev.* 2013 July 13; 16:365-75. <https://doi.org/10.1007/s10567-013-0146-y>. *Medline*:23852334
 10. Olf M et al. [Focus on Dutchbat III: research on the wellbeing of Dutchbat III Veterans and the need for care, recognition and appreciation]. Research report. Dieman: ARQ National Psychotrauma Centre; 2020.
 11. VERBI Software. MAXQDA 2022. Berlin: VERBI Software; 2021.
 12. Boeije H. [Analyzing in qualitative research: Thinking and doing]. Amsterdam: Boom; 2014.
 13. Blais RK, Tirone V, Orłowska D, et al. Self-reported PTSD symptoms and social support in U.S. military service members and veterans: a meta-analysis. *Eur J Psychotraumatol.* 2021 Feb 4; 12(1):1851078. <https://doi.org/10.1080/20008198.2020.1851078>. *Medline*:34992740
 14. Ter Heide FJJ. Empathy is key in the development of moral injury. *Eur J Psychotraumatol.* 2020 Nov 26; 11(1):1843261. <https://doi.org/10.1080/20008198.2020.1843261>. *Medline*:33408812
 15. Wagenaar B, Van der Linden C, Ensing M, et al. [Wishes and needs of young Veterans: Supply and demand in a changing time] Doorn (The Netherlands): Veteraneninstituut; 2005.
 16. Manser L. The state of military families in Canada: a scoping review. *J Mil Veteran Fam Health.* 2020; 6(2):120-8. <https://doi.org/10.3138/jmvfh-2019-0001>
 17. McGaw VE, Reupert AE, Maybery D. Military posttraumatic stress disorder: a qualitative systematic review of the experience of families, parents and children. *J Child Fam Stud.* 2019 May 18;28:2942-52. <https://doi.org/10.1007/s10826-019-01469-7>
 18. Oster C, Lawn S, Waddell E. Delivering services to the families of Veterans of current conflicts: a rapid review of outcomes for Veterans. *J Mil Veteran Fam Health.* 2019; 5(2):159-75. <https://doi.org/10.3138/jmvfh.2018-0011>
 19. Saltzman WR, Lester P, Beardslee WR, et al. Mechanisms of risk and resilience in military families: theoretical and empirical basis of a family-focused resilience enhancement program. *Clin Child Fam Psychol Rev.* 2011 Sept; 14(3):213-30. <https://doi.org/10.1007/s10567-011-0096-1>. *Medline*:21655938
 20. Monson CM, Taft CT, Fredman SJ. Military-related PTSD and intimate relationships: from description to theory-driven research and intervention development. *Clin Psychol Rev.* 2009 Dec; 29(8):707-14. <https://doi.org/10.1016/j.cpr.2009.09.002>. *Medline*:19781836
 21. Griffin BJ, Purcell N, Burkman K, et al. Moral injury: an integrative review. *J Trauma Stress.* 2019 June; 32(3):350-62. <https://doi.org/10.1002/jts.22362>. *Medline*:30688367