

Canadian Armed Forces Veterans' perspectives on the effects of exposure to children in armed conflict during military service: A research protocol

Catherine Baillie Abidi, San Patten, Stephanie A. Houle, Ken Hoffer, Kathryn Reeves, Stéphanie Bélanger, Anthony Nazarov, Samantha Wells

Submitted to: JMIR Research Protocols
on: February 08, 2024

Disclaimer: © The authors. All rights reserved. This is a privileged document currently under peer-review/community review. Authors have provided JMIR Publications with an exclusive license to publish this preprint on its website for review purposes only. While the final peer-reviewed paper may be licensed under a CC BY license on publication, at this stage authors and publisher expressly prohibit redistribution of this draft paper other than for review purposes.

Table of Contents

Original Manuscript..... 5

Supplementary Files..... 25

 Figures 26

 Figure 1..... 27

 Figure 2..... 28

 Multimedia Appendixes 29

 Multimedia Appendix 1..... 30

 Multimedia Appendix 2..... 30

Canadian Armed Forces Veterans' perspectives on the effects of exposure to children in armed conflict during military service: A research protocol

Catherine Baillie Abidi¹ PhD; San Patten² MA; Stephanie A. Houle³ PhD; Ken Hoffer² MA; Kathryn Reeves¹ BSc; Stéphanie Bélanger⁴ PhD; Anthony Nazarov³ PhD; Samantha Wells⁵ PhD

¹Mount Saint Vincent University Halifax CA

²Dallaire Institute for Children, Peace & Security Halifax CA

³MacDonald Franklin Operational Stress Injury Research Centre at Lawson Health Research Institute London CA

⁴Canadian Institute for Military and Veteran Health Research Kingston CA

⁵Center for Addictions and Mental Health Toronto CA

Corresponding Author:

Catherine Baillie Abidi PhD
Mount Saint Vincent University
166 Bedford Highway
Halifax
CA

Abstract

Background: The mental health of military personnel has garnered increased attention over the last few decades; however, the impacts of perpetuating, observing, or failing to prevent acts that transgress deeply held moral standards, referred to as moral injuries, are less understood, particularly in relation to encounters with children during deployment. This paper describes a multi-phased research protocol which centres around the lived experiences of Canadian Armed Forces (CAF) Veterans to understand how encounters with children during military deployments impact the wellbeing and mental health of military personnel.

Objective: This study has four objectives: (1) to center the lived experiences of CAF Veterans who encountered children during military deployments; (2) to improve understanding of the nature of experiences that military personnel faced that related to observing or engaging with children during military service; (3) to improve understanding of the mental health impacts of encountering children during military service; and (4) to employ Participatory Action Research (PAR) to develop recommendations for improving preparation, training and support for military personnel deployed to contexts where encounters with children are likely.

Methods: The research project has two main phases. Phase I includes qualitative interviews with CAF Veterans who encountered children during military deployments. Phase II uses Participatory Action Research to actively engage Canadian Veterans with lived experiences of encountering children during military deployments, as well as health professionals and researchers, in identifying recommendations to better address the mental health effects of these encounters.

Results: As of January 26, 55 participants and research partners have participated in the two phases of the research project. Sixteen (16) CAF Veterans participated in Phase I (Qualitative Interviews) and 39 CAF Veterans, health professionals, and researchers, participated in Phase II (Participatory Action Research). The results for Phase I have been finalized and are expected to be published in early 2024. Data collection and analysis is ongoing for Phase II.

Conclusions: Prioritizing and valuing the experiences of CAF Veterans has deepened our understanding of the intricate nature and impacts of potentially morally injurious events involving children during military deployments. Together with health professionals and researchers, the PAR approach empowers CAF Veterans to articulate important recommendations for developing and improving training and mental health supports. This support is crucial not only during the deployment cycle, but also throughout the military career, helping lessen the effects of moral injury among military personnel. Clinical Trial: N/A

(JMIR Preprints 08/02/2024:57146)

DOI: <https://doi.org/10.2196/preprints.57146>

Preprint Settings

1) Would you like to publish your submitted manuscript as preprint?

Please make my preprint PDF available to anyone at any time (recommended).

Please make my preprint PDF available only to logged-in users; I understand that my title and abstract will remain visible to all users.

✓ **Only make the preprint title and abstract visible.**

No, I do not wish to publish my submitted manuscript as a preprint.

2) If accepted for publication in a JMIR journal, would you like the PDF to be visible to the public?

✓ **Yes, please make my accepted manuscript PDF available to anyone at any time (Recommended).**

Yes, but please make my accepted manuscript PDF available only to logged-in users; I understand that the title and abstract will remain visible to all users.

Yes, but only make the title and abstract visible (see Important note, above). I understand that if I later pay to participate in <http://www.jmir.org/preprint/57146>



Original Manuscript

Canadian Armed Forces Veterans' perspectives on the effects of exposure to children in armed conflict during military service: A research protocol

Catherine Baillie Abidi¹, San Patten², Stephanie A. Houle^{3,4}, Ken Hoffer², Kathryn Reeves¹,

Stéphanie Bélanger,⁵ Anthony Nazarov,^{3,6,7} Samantha Wells⁸

¹Mount Saint Vincent University, 166 Bedford Highway, Halifax, Nova Scotia, B3M 2J6, Canada; Phone: 1-902-457-6240; Email: Catherine.BaillieAbidi@msvu.ca

²Dallaire Institute for Children, Peace and Security, P.O. Box 15000, Dalhousie University Halifax, Nova Scotia, B3H 4R2, Canada

³MacDonald Franklin OSI Research Centre, 550 Wellington Road, London, Ontario, N6C 0A7, Canada; Phone: 1-519-685-4292 ext. 48211

⁴Veterans Affairs Canada, P.O. Box 7700, Charlottetown, Prince Edward Island, C1A 8M9, Canada; Phone: 1-866-522-2122

⁵Royal Military College of Canada, 3 General Crerar Crescent, Kingston, Ontario, K7K 7B4, Canada. Phone: 1-613-541-6000

⁶Department of Psychiatry, Western University, P.O. BOX 5777, STN B, London, Ontario, N6A 4V2, Canada; Phone: 1-519-646-6100

⁷Department of Psychiatry and Behavioral Neurosciences, McMaster University, 100 West 5th Street, Hamilton, Ontario, L8N 3K7, Canada; Phone: 1-905-522-1155 ext. 36291

⁸Centre for Addiction and Mental Health, 1000 Queen St W, Toronto, ON M6J 1H4, Canada; Phone: 1-800-463-2338

Canadian Armed Forces Veterans' perspectives on the effects of exposure to children in armed conflict during military service: A research protocol

ABSTRACT

Background: The mental health of military personnel has garnered increased attention over the last few decades; however, the impacts of perpetuating, observing, or failing to prevent acts that transgress deeply held moral standards, referred to as moral injuries, are less understood, particularly in relation to encounters with children during deployment. This paper describes a multi-phased research protocol which centres around the lived experiences of Canadian Armed Forces (CAF) Veterans to understand how encounters with children during military deployments impact the wellbeing and mental health of military personnel.

Objectives: This study has four objectives: (1) to center the lived experiences of CAF Veterans who encountered children during military deployments; (2) to improve understanding of the nature of experiences that military personnel faced that related to observing or engaging with children during military service; (3) to improve understanding of the mental health impacts of encountering children during military service; and (4) to employ Participatory Action Research (PAR) to develop recommendations for improving preparation, training and support for military personnel deployed to contexts where encounters with children are likely.

Methods: The research project has two main phases. Phase I includes qualitative interviews with CAF Veterans who encountered children during military deployments. Phase II uses Participatory Action Research to actively engage Canadian Veterans with lived experiences of encountering children during military deployments, as well as health professionals and researchers, in identifying recommendations to better address the mental health effects of these encounters.

Results: As of January 26, 55 participants and research partners have participated in the two phases of the research project. Sixteen (16) CAF Veterans participated in Phase I (Qualitative Interviews) and 39 CAF Veterans, health professionals, and researchers, participated in Phase II (Participatory Action Research). The results for Phase I have been finalized and are accepted for publication. Data collection and analysis is ongoing for Phase II.

Conclusion: Prioritizing and valuing the experiences of CAF Veterans has deepened our understanding of the intricate nature and impacts of potentially morally injurious events involving children during military deployments. Together with health professionals and researchers, the PAR approach empowers CAF Veterans to articulate important recommendations for developing and improving training and mental health supports. This support is crucial not only during the deployment cycle, but also throughout the military career, helping lessen the effects of moral injury among military personnel.

Keywords: Moral Injury, Mental Health, Canadian Armed Forces Veterans, Deployments, Conflicts, Children, Military Culture, Trauma-Informed Research, People-Centred Research, Participatory Action Research

INTRODUCTION

Research on the traumatic impacts of armed conflict and the resulting mental health consequences to military personnel has largely focused on experiences of being wounded, coming under fire, and witnessing comrades killed or injured. In addition to these harms, military health research has accumulated evidence over the last decade pointing to the deleterious impacts that may be exerted by perpetuating, observing, and/or failing to prevent acts that transgress deeply held moral standards, referred to as moral injury.[1, 2] International deployments increasingly involve exposure to complexities less common in previous conflict eras, including engagement with unmarked enemy combatants, suicide bombings, and encounters with children. Importantly, while deployment-related encounters with children have been shown to be associated with mental health and other consequences in military personnel,[3] and have been conceptualized as potentially morally injurious events (PMIEs; i.e., events that can lead to mental health impacts due to a violation of moral beliefs or values)[4,5], the effects of such encounters remain largely understudied. For example, approximately 58% of the 33,500 Canadian military personnel deployed in NATO operations in Afghanistan experienced PMIEs, with 43% of these individuals endorsing having experienced PMIEs involving women and children.[6] Despite the prevalence of such encounters, a recent systematic review revealed that no study has yet been conducted and peer-reviewed which focuses explicitly on the nature and impacts of deployment-related encounters with children.[3] Given that the use and recruitment of children in armed conflict is rising,[7] and that PMIEs have been shown to be associated with a host of mental health difficulties (e.g., posttraumatic stress disorder (PTSD), suicidality) among military personnel and Veterans,[1,8,9] a concerted effort to understand the nature and effects of deployment-related encounters with children is necessary to advance policy, prevention, and intervention efforts aimed at supporting the mental wellness of military personnel and Veterans.

Children & Armed Conflict

Sixty-eight percent of children globally live in conflict-affected countries and over 450 million children, or 1 in 6, live in a conflict zone.[10] The number and nature of conflicts are rising and changing, often taking place in densely populated areas where civilians live. Consequently, armed conflict is increasingly and disproportionately impacting children, disrupting all aspects of their lives from health to education to peace and security. According to the latest Children and Armed Conflict report from the Special Representative of the United Nations Secretary General,[11] over 24,000 grave violations were committed against children in 2022. Based on the increasing number of conflicts occurring, all projections point to an unprecedented number of grave violations committed against children in 2023.

Peace support operations are rapidly changing due to the increasingly complex security climate. Changes include the context of operations, the splintering of armed groups, rising intercommunal violence, and the increased engagement of children in conflict-related activities.[10-12] While the use of children in armed violence is not new, the strategic use of children in contemporary armed violence brings new dimensions to peace operations, particularly due to the emerging forms of recruitment and use of children in conflict and the rise of terrorism.[12-14] For the purpose of this research project, as per the Paris Principles,[15] “child soldiers” or children recruited and used in armed violence are defined as:

any person below 18 years of age who is or who has been recruited or used by an armed force or armed group in any capacity, including but not limited to children, boys and girls,

used as fighters, cooks, porters, messengers, spies or for sexual purposes. It does not only refer to a child who is taking or has taken a direct part in hostilities.

The changing security landscape, including the increase in children's engagement, may put military personnel at greater risk for moral injury and other impacts.[5] For example, changing tactics, such as the increased use of girls in combat operations, may lead to unexpected encounters that violate previously held assumptions about the involvement of children in armed conflict. Despite these emerging dilemmas, little research has focused on the impacts of deployment related encounters with children.

Mental Health & Military Deployments

Military organizations remain inadequately prepared to deal with the complex psychological and operational requirements of service members deployed in conflict zones where children are recruited and used.[5,16] As such, military personnel are increasingly at risk for serious psychological sequelae due to exposure to these situations, which in many ways are representative of prevailing conceptualizations of PMIEs.[4,5,16] Consequences of PMIE exposure are serious, as research has demonstrated consistent associations with PTSD, depression, anxiety, and most concerning suicidality.[1,9] Furthermore, studies have shown that exposure to and direct involvement in PMIEs is associated with PTSD symptom severity, even after controlling for exposure to combat (e.g., receiving enemy fire, going on patrols),[17,18] showcasing that distinct qualities of deployment events can have particular impacts on mental health.

Encounters with children may have particularly devastating mental health implications for military personnel who hold deeply engrained individual, cultural, and/or religious understandings of children as innocent souls.[19] Violations of such views, for example, through perceived failure to protect children or witnessing children being harmed, may therefore elicit appraisals of the self or the world which leave a "stain" on the individual's perceptions of their own and others' moral worth,[20] potentially contributing to the development or exacerbation of mental health problems, including moral injury.[2] While it is likely that individual beliefs and perceptions play a role in this process, it has also been suggested that morally challenging deployment experiences involving children represent violations of core binding moral foundations,[5] adaptive characteristics inherent to humans which promote our evolutionary survival through adherence to values such as respect, purity or sanctity, and in-group loyalty.[21] Such values inherently involve protection of vulnerable persons, including children. In this way, the moral quality of encounters with children on deployment may further burden military personnel who may already be at risk for several mental health challenges related to military service such as PTSD, major depression disorder, generalized anxiety disorder, and suicidality.[22]

While symptomology may present similarly to PTSD, moral injury is unique in that feelings of shame, guilt, worthlessness, and changes in moral attitudes, including perceived institutional betrayal, are central to the etiology and maintenance of distress arising from PMIEs.[23-29] Several studies conducted thus far appear to corroborate the notion that PTSD and moral injury are distinct, showing for example that symptom patterns can be statistically differentiated[30] and that neural mechanisms can be distinguished when recalling traumatic compared with potentially morally injurious memories.[20] Despite advances in how we understand the impacts of specific deployment experiences,[31] attention to deployment-related encounters with children is still glaringly missing from research. While there is accumulating evidence highlighting the detrimental impact of child soldiering on the children themselves, [32-36] to date there is little evidence centered around

people's lived experiences documenting the effects of witnessing or interacting with children engaged in armed violence on the well-being and mental health of military personnel.[3]

Considering the moral complexities of military deployments can vary widely from one region to the next, there is a need to better understand the multifaceted nature of encounters with children on deployment. For instance, a recent review by Ein and colleagues [3] on encounters with children and their effects on military personnel, demonstrated a wide range of experiences as well as consequences. Encountering children on deployment can elicit not only psycho-social and health consequences, but operational consequences as well, such as hesitation to engage with children recruited and used as soldiers. Importantly, no mechanisms are currently in place which seek to systematically document or evaluate the impact of deployment-related encounters with children, obscuring our understanding of their prevalence and consequences.

Action oriented lived experience research is greatly needed to guide ways to better prevent and address the mental health effects of these encounters. Ein et al observed that most policy and training related to encountering children on deployment is perceived by military personnel as inadequate, if such policies and training exist at all.[3] To our knowledge, there are no studies that have facilitated collaboration of researchers and community members, including people with lived experience of encountering children during military deployments, in steering the development of recommendations for addressing the effects of deployment-related encounters with children.

In response to these important knowledge gaps, our research program provides foundational knowledge on the nature and impact of encounters with children on deployment, as well as participatory action research to inform future efforts to develop and implement effective policy, training, and intervention aimed at supporting the wellbeing of military personnel and Veterans.

METHODS

As described below, our overall methodological approach involves centering the perspectives and lived experiences of Canadian Armed Forces (CAF) Veterans through two phases: 1) qualitative interviews to understand people's lived experiences of the nature and impacts of encounters with children during military deployments; and 2) Participatory Action Research to empower participants in articulating recommendations for changing pre-deployment, deployment and post deployment training and supports focused on mitigating the impacts of encountering children on deployment.

Collaborative Approach

This study is a multiphase collaboration between the Dallaire Institute for Children, Peace and Security, the Centre for Addiction and Mental Health (CAMH), the MacDonald Franklin Operational Stress Injury Research Centre at Lawson Health Research Institute, Mount Saint Vincent University, the Canadian Institute for Military and Veteran Health Research (CIMVHR), as well as the Royal Military College of Canada. The project involves monthly team meetings with all partners to ensure that our rich multi-disciplinary perspectives inform the design, data collection, analysis, and knowledge dissemination processes. The unique collaboration of mental health professionals, academic researchers, Veterans, and humanitarian practitioners, has enabled opportunities to explore this research from an interdisciplinary framework and to apply this research to multiple fields, including health, security studies, and children, peace, and security.

Goals & Objectives

The overarching goal of this collaboration is to improve the collective understanding of the nature and impact of encountering children in armed conflict, and particularly children recruited and used in armed violence, on military personnel's mental health and develop robust recommendations for preventing and addressing the effects of these encounters. Improved understanding is also needed to enhance operational effectiveness, including to strengthen protections for military personnel and the children they seek to protect. This research project is the first of its kind to explore these important questions. The project team aims to identify opportunities to improve training, policy, and support to ensure military institutions and personnel are prepared to operate in complex conflict environments that increasingly include children.

The objectives of this study are therefore to: 1) highlight the lived experiences of Canadian Veterans who encountered children during military deployments; 2) improve understanding of the nature of experiences that military personnel face related to observing/engaging with children during military service; 3) improve understanding of the mental health impacts of encountering children during military service; and 4) identify priority areas of action to improve preparation, training and support for military personnel deployed to contexts where encounters with children are likely. The present study is generating rich qualitative data on the nature and impacts of encountering children in armed conflict.

Phase I – Qualitative Interviews

Phase I of this research involved eliciting the perspectives and lived experiences of CAF Veterans through in depth qualitative, semi-structured open-ended interviews. This approach was used to uncover rich insights regarding the poorly understood phenomenon of encountering children during military deployments.

Participants & Recruitment

The participants include CAF Veterans who had direct experiences (e.g., exposed to, witnessed, engaged) with children, particularly children recruited and used in armed violence, during military deployments or operations. Participants had to be 18 years of age or older and live in Canada. The team aimed to interview about 20 participants, of whom at least 10 were women, and at least 6 of whom were Francophone.

Participants were recruited using advertisements outlining the study and providing study contact information, which were circulated among stakeholder institutions in Canada for distribution to their membership (e.g., Veteran Trainers to Eradicate the Use of Child Soldiers, Dallaire Institute for Children, Peace and Security, and the Canadian Institute for Military and Veteran Health Research). Additionally, we distributed the advertisement on social media [e.g. Facebook, Twitter]. English and French versions of the advertisement were distributed. English advertisements instructed prospective participants to contact the Project Coordinator by telephone or email. The Project Coordinator confirmed eligibility and provided an overview of the study. Additionally, permission to contact the participant via email and WebEx, the secure network used by CAMH, was obtained at this point. For those who elected to take part in the study, the Project Coordinator scheduled an interview. The French language advertisement directed individuals interested in participating to contact the French Interviewer, who conducted the screening and consent procedures described above, and conducted the interview in French.

Procedure

Research team members from the MacDonald Franklin Operational Stress Injury Research Centre and CAMH conducted the interviews due to their trauma-informed and counselling expertise,

qualitative research experience and/or their extensive knowledge and experience related to children and armed conflict. A trauma-informed approach was central to the interview process and included strategies such as collecting participant contact information and emergency contact information from participants in advance of the interview; wellbeing checks throughout the interview process; prior arrangements with mental health providers in advance of the interviews to ensure availability of support if required; and provision of a list of available mental health resources for the participants.

Prior to the interview, the participant's consent was obtained using Webex and an eConsent platform provided using Research Electronic Data Capture (REDCap). After the interview, participants were asked demographic questions. The responses to these demographic questions were entered by the interviewer directly into REDCap and were linked to individual interview data using a unique identification number assigned to the participant. Aggregate questionnaire responses are used only for descriptive information about the sample.

During the semi-structured interviews, participants were asked about the nature of experiences they had faced related to observing or engaging with children during their military service. Aligning with the most current understanding of the domains of impact of moral injury, participants were also asked about the impact of these experiences with domains of exploration including:

- a. Alterations in self-perception (e.g., changes in identity, confusion about whether there is a moral code)
- b. Psychological impact of alterations in moral thinking (e.g., changes in moralism, appraisal of others, rumination)
- c. Relational impacts (e.g., lack of interest or investment in social relationships, change in interactions with children, loss of belonging, social isolation)
- d. Emotional aftermath (e.g., shame, guilt, anger)
- e. Spirituality (e.g., loss of life purpose, loss of spiritual/religious beliefs)

We also aimed to explore whether these experiences and the effects of these experiences differed for men and women, as well as what kinds of training and supports they felt were needed for military personnel who may be deployed to regions where child soldiers operate.

Interviews lasted approximately 60 minutes. Participants were provided a \$50 gift card as remuneration and the gift card was delivered to the participant by the Project Coordinator by email or mail, per the participant's wishes.

Interviews were audio-recorded using Webex's recording feature. The interviewer took field notes during the interview to elaborate on content of the interview, such as non-verbal cues. Raw audio files and transcripts are stored on the CAMH server, separately from other documents containing personally identifiable information, to prevent identifying participants. All data was de-identified, with numeric identifiers used in place of names. Pseudonyms were used in place of names where applicable. Upon completion of the interviews, all materials were transferred to the Project Coordinator and the Interviewers' access to the audio files and the REDCap eConsent forms was removed. For participants who did not wish to be contacted in the future, emails and contact information were destroyed by the Project Coordinator once all interviews were completed. Contact information for all other participants is saved on the CAMH server.

Analyses

Transcribed interviews were analyzed using Braun and Clark's [37] six-stage approach to thematic analysis to identify themes within the interview data. The process involves familiarization and initial

coding, organizing codes into potential themes, summarizing data relevant to each theme, reviewing, verifying, defining, and then naming each theme. NVivo 12 software (QSR International, 2017) was used to manage the data. Interviews were coded by several authors independently, including the interviewers and members of the research team. The research team met regularly to review coded excerpts, and to resolve any discrepancies through group consensus.

Coding was done in an ongoing manner as interviews occurred. A codebook was created capturing evident themes. As new themes were identified throughout the study, the codebook was refined, and previously coded interviews were re-analyzed using the updated codebook. This iterative approach allowed the subsequent interviews to be tailored around unanticipated themes identified during analysis. This ensured that the lived experiences of the participants were captured and validated appropriately. Member-checking was done where coders were unsure of or needed further clarification on themes. Upon completion of the analysis, a qualitative synthesis was developed to describe in detail the thematic contents of the interview data.

Phase II – Participatory Action Research

The second Phase of the research involved Participatory Action Research (PAR). PAR is a qualitative research methodology that actively engages the community in all aspects of the research, incorporating the perspectives and lived experiences of participants in meaningful ways.[38,39] It is considered a category of action research,[40] which involves the systematic collection and analysis of information to identify real and salient issues, acting on those issues, and making social change. In PAR, researchers and community members collaborate to explore a problem and identify priorities for action through a cyclical and responsive process of research, reflection, action, evaluation, and modification.[41] Employing this research-to-action approach, study participants, who are people with lived experience of encountering children during military deployments, particularly children recruited and used in armed violence, steer the development of recommendations, rather than being passive research subjects.

The PAR approach involves iterative cycles of reflection, data collection, and action. Each phase of the PAR project organically builds on previous cycles, with strong involvement of, and direction from, an interdisciplinary team of key stakeholders. As working relationships develop within the research team, information and perspectives are shared, questions emerge, plans are formed for how best to address those questions, more data is gathered, the team collaborates in analyzing and interpreting the data, and more questions emerge. The figure below summarizes the iterative process by which the PAR project is unfolding.

Figure 1: PAR project stages.



Participants & Recruitment

Phase II of the research project includes CAF Veterans as well as health professionals and researchers from varied disciplines including health, peace and security, and child and youth study. The aim of the initial phase of the PAR project was to recruit approximately 5-10 Veterans, including at least two women. Participants could be located anywhere in Canada, speak either official language, and are military veterans who have self-identified lived experiences with trauma or moral injury and encountering children during deployment(s), particularly children recruited and used in armed violence.

Participants were recruited through posters distributed among stakeholder institutions in Canada (e.g., Veteran Trainers to Eradicate the Use of Child Soldiers, Dallaire Institute for Children, Peace and Security, and the Canadian Institute for Military and Veteran Health Research) for distribution to their membership, including through social media (e.g., Facebook, Twitter, Instagram). The posters instructed interested individuals to contact the PAR Coordinator by email or telephone. The research team also followed up with participants from Phase I who agreed to be contacted for future phases of the study, as per the prior protocol approved by Dalhousie (#2021-5723 & #2022-6163), CAMH (#2021-045 & #2022-078), Mount Saint Vincent (#2022-015 & #2022-048), Lawson (#11430 & #12699) and Western (#120351 & #121499) REBs. Please see Figure 2 below for an explanation of the PAR Team composition.

Figure 2: PAR team composition.



PAR Process

The first stage of the PAR project involved collaborative interpretation of initial Phase I findings with the full PAR Team, including people with lived experience. The PAR Team has so far engaged in a series of six participatory analysis workshops that involved sharing findings from the Phase 1 interviews and information created in previous workshops through an iterative process of questioning, data generation and interpretation. In this first stage of the PAR project, the PAR Team reviewed Phase I findings. Note that the PAR research team was presented with general findings from Phase I that had been anonymized and compiled thematically. Next, they engaged in a discussion to answer the following interpretive questions:

1. How do the Phase I study findings resonate (or not) with your own perspective, expertise or experience encountering children during deployment?
2. What questions do the Phase I findings leave for us to further explore in relation to moral injury?
3. Who should we engage in addressing these questions, and how do we engage them in ways that feel safe and productive?
4. What are the implications of these findings in terms of providing preparatory training and/or support services for military personnel?

The PAR project's data collection does not involve traditional research instruments, but rather the interpretive discussion emerged through a series of participatory analysis workshops (the first workshop agenda is detailed in Appendix 1). At the time of writing, the PAR process has unfolded over a series of six (6) workshops that included CAF Veterans, researchers, and health service providers. These workshops were spread over sixteen months and were two hours to two days in duration.

The first workshop was in October 2022 and the most recent sixth workshop was held in January 2024. Additional workshops continue to be organized based on the guidance and recommendations of the Veteran participants. Below is a synopsis of the focus for each workshop so far:

- Workshop 1 (October 2022, in-person): Introductions, share overall objectives/goals; share key findings from Phase I, discuss implications of findings in terms of providing preparatory

training and support services for military personnel who have encountered children in combat situations, and identifying other stakeholders who should be engaged in these services.

- Workshop 2 (January 2023, online): Review of Workshop 1 findings; gap analysis of pre-deployment training for CAF personnel; gap analysis of policies to guide CAF personnel in how to prepare for encounters with children during deployment; and gap analysis of supports for CAF personnel after they have experienced encounters with children during deployment.
- Workshop 3 (February 2023, online): Review of Workshop 2 findings; discussion of the health effects of encountering children during deployments to inform policy, practice and supports; identifying circles of support pre, during, and post deployment; discussion of best practices for support services.
- Workshop 4 (March 2023, online): Review of Workshop 3 findings; identifying key messages and recommendations emerging from Phase I and II; knowledge dissemination ideas.
- Workshop 5 (July 2023, in-person): Review of Workshop 4 findings; discussion of concepts of childhood and military culture; from the perspectives of Veterans and health professionals, explore strategies for the improvement of care relating to moral injury, particularly in relation to the health effects of encountering children during deployment.
- Workshop 6 (January 2024, in-person): Review of findings from Phase I and II with only women PAR Team members to explore findings and propose possible actions from a gender responsive perspective.

In PAR processes, the data collection and data analysis are integrated into each exercise, rather than as separate steps. The collaborative interpretation process occurs within each participatory analysis workshop using techniques such as:

- free list and pile sort of key messages emerging from Phase I to categorize and prioritize emergent themes;
- stakeholder identification and mapping of stakeholders' level of influence and degree to which they are affected;
- arts-based elicitation of themes and implications;
- mapping implications for prevention, preparation, and intervention, based on criteria of impact and feasibility.

In keeping with PAR methodology, all findings are shared with the participants to seek their feedback and input on accuracy and appropriateness of representation. This process involves a series of collaborative editing and adjusting to ensure the whole PAR Team is satisfied with the final themes and knowledge products. A lay summary of the PAR study results with no identifying information will be prepared and made publicly available.

Ethical Considerations

For both research Phases, ethical approval was obtained from each primary collaborating site, including Dalhousie University (for the Dallaire Institute for Children, Peace and Security); the Centre for Addiction and Mental Health (CAMH); the University of Western Ontario (for the Lawson Health Research Institute and the MacDonald Franklin Operational Stress Injury Research Centre); and Mount Saint Vincent University. Strict protocols are in place for sharing data between institutions. Cross-site data sharing agreements were drawn up outlining protocols for data governance and data sharing, which all parties are adhering to closely.

Phase I

Strict adherence to institutional ethical standards and protocols are being maintained. For virtual one-to-one interviews in Phase I, we used Webex, a secure videoconferencing software. Participants were informed of best practices for maintaining privacy and confidentiality in online research settings and

were notified of the additional risks associated with research using virtual platforms (i.e., email; Webex). Prior to beginning the virtual research session, the Interviewer ensured the participant's space was private to avoid disruption and breaches of confidentiality. Participants were advised that the session would be audio recorded. A link to the Webex session was provided to the participant via email. Only invited participants who signed the consent form were permitted to access the meeting.

A trauma informed approach was used throughout the interview process due to the sensitive and potentially distressing nature of the subject matter discussed during interviews. Prior to the interview, participants were provided contact information for emergency clinical mental health support and other supports and information. At the start of the session, the interviewer obtained an emergency phone number, secondary phone number, and the participant's address in case the need arose to confirm the safety of the participant. And finally, during the interview, the Interviewer assessed the safety of the participant on an ongoing basis, and if deemed necessary, was prepared to terminate the interview early and provide options for available mental health supports to the participant. Having clinically trained interviewers was a significant asset to this project, allowing both interviewees and other research team members to feel comfortable that the well-being of participants was being prioritized.

To address the potential for vicarious trauma that may be incurred by the Interviewer, the research team held debrief sessions with the Interviewer and offered space and time for the Interviewer to reflect on the interview experience. A trained psychologist who is a member of the team was also available in the event of any psychological distress exhibited by the Interviewer.

Phase II

Participants with lived experience were provided with a copy of a Research Concept Form (RCF) via email by the PAR Coordinator. The contents of the RCF were discussed with the PAR Team members after they had time to review the RCF, including a review of the purpose and nature of the project, privacy, confidentiality, the participant's rights, and the right to withdraw from the study at any time without giving a reason. Participants were reassured that whether they participate or complete the full study will not affect any treatment needs that they might have at the Centre for Addiction and Mental Health, or hospitals affiliated with the Lawson Health Research Institute, now or in the future. Participants were given the opportunity to ask questions about the project and after the consent discussion, prospective participants are sent a link to the e-consent. Participants were told that some data (e.g., collected anonymously or as part of a group discussion) may not be identified as belonging to the participant and cannot be destroyed.

Before the first workshop, all PAR members were asked to review and sign an ethics commitment form focusing on maintaining confidentiality of the group members (Appendix 2). Additionally, during our first workshop, participants were invited to develop community norms, i.e., the group's agreements regarding confidentiality, respectful and inclusive discussion. As in focus group research, participants are asked to respect the privacy and confidence of all other participants and agree not to disclose any personal information shared during the meetings or workshops. These expectations are also outlined in the Research Concept Form. Names of people with lived experience will not appear in any publications or reports about this research, unless so approved by the participant(s).

Finally, all participants were provided with a list of services in the event they need information or support related to mental health and trauma. For their safety, participants were asked for an emergency contact number, alternate phone number, and address before they participated in virtual or in-person PAR activities. Participants were advised that they can opt out of any PAR activities should they feel uncomfortable, and that if the research team is concerned for their immediate safety, the

research team may contact them, their emergency contact or emergency responders to follow-up. Importantly, our PAR team included a trained psychologist, who was present during all data collection and analysis, and is available to discreetly offer support during and/or after any signs of distress among the PAR Team.

Special Consideration for Military Personnel – Phase I & II

All Veteran participants were advised not to divulge operationally sensitive information during their interviews or PAR workshops to avoid contravention of the Security of Information Act. Participants were instructed to relate only the types of encounters with children and the impact it had on them. All participants were reminded not to disclose information related to operational details, including:

- Identity of key national and/or allied commanders, leaders, units, interpreters, insurgents, other special operations entities.
- Dates, time, locations of special operations
- Linking code words and operations to high level Security Clearance Access
- Targeting Boards - decision processes/parameters
- Specific Rules of Engagement (ROE)
- Intelligence gathering methodology and sources
- Weapon and sensor capabilities and limitations of any platform (land, sea, air)
- Manning and employment of special operations units
- Operational and tactical plans and procedures
- Personal identity of enemy Killed in Action (KIA) or taken Prisoner of War (POW)
- Covert activities and collection methods to gain intelligence and operational advantage
- Identify encryption and cryptographic systems - vulnerabilities or limitations
- Electronic warfare capabilities and signal analysis
- Research and technical development initiatives regarding future operations
- Platform capabilities and employment - numbers, manning, operational limitations
- Government of Canada/CAF Strategic Defence and Security Plans

If information was inadvertently mentioned during the interview, the interviewer was instructed to redact that information from the audio-recording before it is saved to the CAMH server or recorded during the PAR group discussions. Fortunately, all participants have abided by these instructions. To date, no participant has made an inadvertent statement that would compromise national security.

Timeline

Research Ethics Board approval for Phase I was secured in June 2021 and participant recruitment and data collection occurred between November 2021 – June 2023. Findings from Phase I are expected to be published in 2024. Research Ethics Board approval for Phase II was secured in July 2022 and continues to evolve. Participant recruitment and data collection for Phase II began in the fall of 2022 and remains ongoing.

RESULTS

As of January 26, 55 participants and research partners have participated in the two phases of the research project. Sixteen (16) Canadian Veterans participated in Phase I (Qualitative Interviews) and 39 Canadian Veterans, health professionals, and researchers, participated in Phase II (Participatory Action Research). The research results stemming from Phase I and II point to the complexities and significance of the impacts of encountering children during military deployments. Six key themes have been identified: 1) the types of encounters with children during deployment vary and include experiences of heightened ambiguity with children in conflict contexts; 2) the contextual factors,

including the mission framework, the deployed environment, and personal contexts shape the impact of encounters; 3) how military personnel appraise encounters with children influences the impact; 4) the impacts of encounters with children vary in intensity and scope and are part of a larger stressor of deployment; 5) various coping strategies are used to manage such impacts during and after deployments; and 6) formal and informal support following encounters with children is likely to mitigate mental health impacts. The preliminary findings also point to the possibilities for enhancing preparatory training, care and support at all phases of military deployment for those who face these potentially morally injurious experiences.

DISCUSSION

Prioritizing and valuing the experiences of Canadian Armed Forces Veterans has resulted in increased understanding of the complexities of the nature and impacts of potentially morally injurious events involving children during military deployments. The qualitative study with Canadian Veterans (Phase I) generated new knowledge in relation to the interconnections between military mental health, deployment experiences, and observing/engaging with children during military service, an overlooked area within military mental health research. Additionally, the PAR approach (Phase II) empowered Canadian Veterans to articulate important recommendations for changing pre-deployment, deployment and post deployment training and support, to reduce moral injury among military personnel. While the overall analysis of the two phases is ongoing, we acknowledge that expanding the number and diverse identities of the participants, particularly in relation to gender and race, will be an important future research plan to ensure an intersectional analysis is applied to the complexities of the impacts of encountering children during international deployments. We encourage researchers to conduct similar research within other peace support contributing States to continue building our collective knowledge of the connections between potentially morally injurious events, such as encountering children, and mental health to inform better prevention and intervention programming.

From a research design perspective, this novel, multi-layered, qualitative, trauma-informed, Veteran-centered, and action-oriented project has resulted in key learnings related to the development of research protocols, implementation, analysis, and knowledge dissemination in Veteran mental health. Human-centered and trauma-informed principles guided the design of both phases of the study and were strengthened by a collective commitment among the research team to prioritize care and respect within our learning environment. The trauma-informed design and multidisciplinary team were key strengths contributing to the creation of meaningful, respectful and care centered research processes that prioritized the wellbeing of participants and the research team. The iterative process of collecting and analyzing in-depth qualitative data (Phase I), then validating and deepening the analysis through PAR methods (Phase II), has produced a robust set of findings, as well as recommendations for real-world policy and program implications. The participants expressed appreciation for and positive benefits from their engagement in the PAR processes, building a sense of solidarity, productivity and empowerment. Moreover, the co-learning and participatory action approach taken with multidisciplinary team members, including Canadian Veterans, served to propel key knowledge mobilization activities to address mental health challenges among military personnel and substantiate future research directions to be investigated from the perspectives of our various disciplines, highlighting the impact that integrative teams can produce.

AUTHORS CONTRIBUTION STATEMENT

The authors confirm contribution to the paper as follows: funding acquisition: C. Baillie Abidi, A. Nazarov, & S. Wells; project administration: C. Baillie Abidi, K. Hoffer & S. Wells; supervision: C. Baillie Abidi, K. Hoffer, A. Nazarov & S. Wells; study conception and design: C. Baillie Abidi, S. Belanger, S. Houle, A. Nazarov, & S. Wells; methodology: C. Baillie Abidi, S. Houle, A. Nazarov, S. Patten & S. Wells; formal analysis: C. Baillie Abidi, S. Belanger, S. Houle, S. Patten, & K. Reeves; writing, reviewing, and editing: Baillie Abidi, S. Belanger, S. Houle, A. Nazarov, S. Patten, K. Reeves & S. Wells.

ACKNOWLEDGEMENTS

The engagement of Canadian Armed Forces Veterans, who are motivated to enhance protection for children in armed conflict and the personnel who will be deployed to complex operations where engagements with children are likely, is key to our collective learning. We extend a sincere and heartfelt thank you to the CAF Veterans who continue to demonstrate integrity and a lasting commitment to the protection of children and those who serve. Special thanks to Sharon Bernards, CAMH Research Methods Specialist, for assisting with the planning and development of the Phase I research protocol and coordination of Phase I data collection. This project is funded by generous support from the Waverly Foundation, the CAMH Foundation and Veteran Affairs Canada Well-Being Fund.

DATA AVAILABILITY

Data generated or analyzed during this study are not available due to the sensitive nature of this research and the ethical commitments to study participants.

CONFLICT OF INTEREST

None declared.

ABBREVIATIONS

CAF	Canadian Armed Forces
CAMH	Centre for Addictions and Mental Health
CIMVHR	Canadian Institute for Military and Veteran Health Research
KIA	Killed in Action
PAR	Participatory Action Research
PMIE	Potentially Morally Injurious Events
POW	Prisoner of War
PTSD	Posttraumatic Stress Disorder
REDCap	Research Electronic Data Capture
ROE	Rules of Engagement

References

1. Griffen BJ, Purcell N, Burkman K, et al. Moral Injury: An Integrative Review. *J Trauma Stress*. 2019;32(3):350-362. doi:10.1002/jts.22362
2. 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;29(8):695-706. doi:10.1016/j.cpr.2009.07.003
3. Ein N, Liu JJW, Houle SA, et al. The effects of child encounters during military deployments on the well-being of military personnel: A systematic review. *Eur J Psychotraumatol*. 2022;13(2):1-12. doi:10.1080/20008066.2022.2132598
4. Denov M. Encountering children and child soldiers during military deployments: The impact and implications for moral injury. *Eur J Psychotraumatol*. 2022;13(2):1-17. doi:10.1080/20008066.2022.2104007
5. Ein N, Houle SA, Liu JJW, et al. The potentially morally injurious nature of encountering children during military deployments: A call for research. *J Mil Veteran Fam Health*. 2023;9(2):86-90. doi:10.3138/jmvfh-2022-0044
6. Nazarov A, Fikretoglu D, Liu A, Thompson M, Zamorski MA. Greater prevalence of post-traumatic stress disorder and depression in deployed Canadian Armed Forces personnel at risk for moral injury. *Acta Psychiatr Scand*. 2018;137(4):342-354. doi:10.1111/acps.12866
7. Østby G, Rustad SA, Haer R, Arasmith A. Children at risk of being recruited for armed conflict, 1990–2020. *Child Soc*. 2023;37(2):524-543. doi:10.1111/chso.12609
8. Easterbrook B, Plouffe RA, Houle SA, et al. Moral injury associated with increased odds of past-year mental health disorders: A Canadian Armed Forces examination. *Eur J Psychotraumatol*. 2023;14(1):1-10. doi:10.1080/20008066.2023.2192622
9. Jamieson N, Carey LB, Jamieson A, Maple M. Examining the association between moral injury and suicidal behavior in military populations: A systematic review. *J Relig Health*. 2023;62(6):3904-3925. doi:10.1007/s10943-023-01885-6
10. Østby G, Rustad SA, Tollefsen AF. Children affected by armed conflict, 1990-2019. *Conflict Trends*. Oslo: PRIO. 2020;6.
11. United Nations. *Annual Report of the Secretary-General on Children and Armed Conflict (A/77/895-S/2023/463)*. New York: United Nations. 2023.
12. Johnson D, Baillie Abidi C, Cleave L, Whitman S. Advancing a children, peace and security agenda for the future of UN Peacekeeping. In: Gilder A, Curran D, Holmes G, Edu-Afful F. (eds) *Multidisciplinary Futures of UN Peace Operations. Rethinking Peace and Conflict Studies*. Palgrave Macmillan, Cham. 2023. doi:10.1007/978-3-031-38596-4_9
13. Tynes R. *Tools of War, Tools of State: When Children Become Soldiers*. State University Press of New York Press; 2019.
14. Whitman S, Baillie Abidi C. Preventing recruitment to improve protection of children. *Allons-y: Journal of Children, Peace and Security*. 2017;4:24-36. doi:10.15273/allons-y.v4i0.10081.
15. United Nations Children's Fund (UNICEF). The Paris Principles. Principles and guidelines on children associated with armed forces or armed groups. 2007. Accessed December 20, 2003. <https://www.refworld.org/docid/465198442.html>
16. Hughes J. Child soldiers: Are U.S. military members prepared to deal with the threat? *Maxwell Air Force Base Alabama: Air War College*. 2006. Accessed January 14, 2023. <https://apps.dtic.mil/sti/dfs/ADA476990.pdf>
17. Beckham JC, Feldman ME, Kirby AC. Atrocities exposure in Vietnam combat veterans with

- chronic posttraumatic stress disorder: Relationship to combat exposure, symptom severity, guilt, and interpersonal violence. *J Trauma Stress*. 1998;11(4):777. doi:10.1023/A:1024453618638
18. Currier JM, Holland JM, Jones HW, Sheu S. Involvement in abusive violence among Vietnam veterans: Direct and indirect associations with substance use problems and suicidality. *Psychol Trauma*. 2014;6(1):73-82. doi:10.1037/a0032973
 19. Vaha M. Child soldiers and killing in self-defence: Challenging the “moral view” on killing in war. *J Mil Ethics*. 2011;10(1):36-51. doi:10.1080/15027570.2011.561639
 20. Andrews K, Lloyd CS, Densmore M, et al. ‘I am afraid you will see the stain on my soul’: Direct gaze neural processing in individuals with PTSD after moral injury recall. *Soc Cogn Affect Neurosci*. 2023;18(1). doi:10.1093/scan/nsad053
 21. Graham J, Haidt J, Koleva S, et al. Chapter two – Moral foundations theory: The pragmatic validity of moral pluralism. *Advances in Experimental Social Psychology*. 2013; 47:55-130. doi:10.1016/B978-0-12-407236-7.00002-4
 22. Paré JR. *Post-traumatic stress disorder and the mental health of military personnel and Veterans* (Publication Number: 2011-97-E). Ottawa, Canada: Library of Parliament. 2011.
 23. Dombo EA, Gray C, Early BP. The trauma of moral injury: Beyond the battlefield. *J Relig Spiritual Soc Work*. 2013;32(3):197-210. doi:10.1080/15426432.2013.801732
 24. Houle SA, Vincent C, Jetly R, Ashbaugh AR. Patterns of distress associated with exposure to potentially morally injurious events among Canadian Armed Forces service members and Veterans: A multi-method analysis. *J Clin Psychol*. 2021;77(11):2668-2693. doi:10.1002/jclp.23205
 25. Jordan AH, Eisen E, Bolton E, Nash WP, Litz BT. Distinguishing war-related PTSD resulting from perpetration- and betrayal-based morally injurious events. *Psychol Trauma*. 2017;9(6):627-634. doi:10.1037/tra0000249.supp
 26. Nash WP, Litz BT. Moral injury: A mechanism for war-related psychological trauma in military family members. *Clin Child Fam Psychol Rev*. 2013;16(4):365-375. doi:10.1007/s10567-013-0146-y
 27. Nazarov A, Jetly R, McNeely H, et al. Role of morality in the experience of guilt and shame within the armed forces. *Acta Psychiatr Scand*. 2015;132(1):4-19. doi:10.1111/acps.12406
 28. Shay J. Moral injury. *Psychoanal Psychol*. 2014;31(2):182-191. doi:10.1037/a0036090
 29. Worthington EL Jr, Langberg D. Religious considerations and self-forgiveness in treating complex trauma and moral injury in present and former soldiers. *J Psychol Theol*. 2012;40(4):274-288. doi:10.1177/009164711204000403
 30. Bryan CJ, Bryan AO, Roberge E, et al. Moral injury, posttraumatic stress disorder, and suicidal behavior among National Guard personnel. *Psychol Trauma*. 2018;10(1):36-45. doi:10.1037/tra0000290
 31. Litz BT, Contractor AA, Rhodes C, et al. Distinct trauma types in military service members seeking treatment for posttraumatic stress disorder. *J Trauma Stress*. 2018;31(2):286-295. doi:10.1002/jts.22276
 32. Baillie Abidi C. Prevention, protection and participation: Children affected by armed conflict. *Frontiers in Human Dynamics*. 2021;3. doi:10.3389/fhumd.2021.624133
 33. International Labour Organization & United Nations Children’s Fund. *Child labour: Global estimates 2020, trends and the road forward*. New York: ILO & UNICEF. 2021.
 34. Machel G. *Impact of Armed Conflict on Children*. A/51/306. New York: United Nations. 1996.
 35. Schauer E, Elbert T. The psychological impact of child soldiering. In E. Martz (ed.) *Trauma Rehabilitation After War and Conflict*. 311-360. Springer. 2010.
 36. UNICEF. *The State of the World’s Children 2016: A fair chance for every child*. New York: UNICEF. 2016.

37. Braun V, Clarke V. Using thematic analysis in psychology. *Qual Res Psychol.* 2006;3(2):77-101. doi:10.1191/1478088706qp063oa
38. Reason P, Bradbury H. *The SAGE Handbook of Action Research, 2nd edition.* Sage Sage Publications. 2008.
39. Tandon R. Social transformation and participatory research. In *Tandon R.(Ed.). Participatory research: Revisiting the roots.* New Delhi: Mosaic Books. 2002.
40. MacDonald C. Understanding participatory action research: A qualitative research methodology option. *Can J Action Res.* 2012;13(2):34-50.
41. Kirby K, Greaves L, Reid C. *Experience research social change: Methods beyond mainstream.* Toronto: University of Toronto Press. 2010.

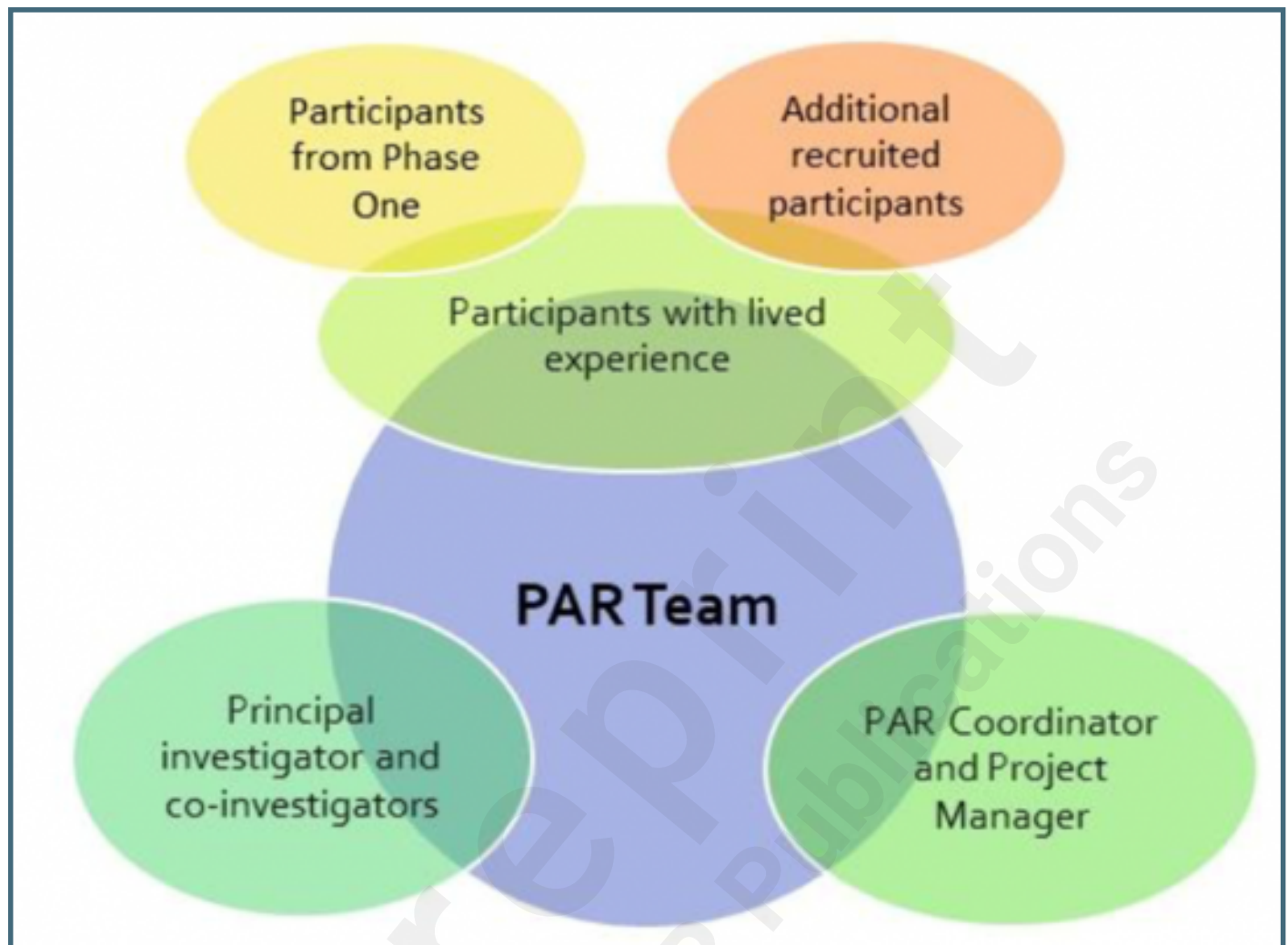
Supplementary Files

Figures

PAR project stages.



PAR team composition.



Multimedia Appendixes

PAR Workshop #1 Agenda.

URL: <http://asset.jmir.pub/assets/623d8a2f56e9dbed170d0e135c03014e.docx>

Ethics Commitment Form.

URL: <http://asset.jmir.pub/assets/50d6e49f322173282aca15b72bb4b93b.docx>

