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The Crack in Our Souls: Military Veterans' Perceptions of a Potentially Morally Injurious Peacekeeping Mission

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During peacekeeping missions, military personnel may be exposed to potentially morally injurious events (PMIEs). Little is known about how these PMIEs and their impact are experienced by peacekeepers themselves. In 1995, the Dutchbat III peacekeeping mission in Srebrenica, Bosnia, was unable to prevent mass ethnic violence and genocide. This study of military veterans of the Dutchbat III mission focused on the question of how they perceived their mission, the societal response to the mission, and its impact 25 years after its completion. The study's aim was to increase our understanding of what PMIEs and moral injury in veterans of peacekeeping missions entail. The study concerned a secondary analysis of qualitative data on the well-being of Dutchbat III veterans using a moral injury framework. Nineteen interviews were conducted with veterans who experienced different levels of well-being. Data were analyzed with Max Qualitative Data Analysis 2020 using open, axial, and selective coding. Outcomes showed that the Dutchbat III mission was experienced as morally injurious by some veterans, due to an inability to intervene as well as to a feeling of betrayal during and after the mission. Attributions of personal responsibility and negative public portrayal increased vulnerability to negative psychosocial outcomes. Outcomes consisted of moral injury-related emotions such as guilt and shame, grief, anger, and powerlessness, as well as positive moral emotions and moral growth. Preparation for peacekeeping missions, acknowledgment of responsibilities, and support for dealing with PMIEs and public scrutiny may act as a buffer against the development of long-term moral injury outcomes after peacekeeping missions.

Keywords: peacekeepers, moral injury, moral growth

Engagement in military missions, with its high-stakes exposure to violence, moral dilemmas, and human suffering, may be morally burdening to military members. In its extreme form (Litz & Kerig, 2019), this burden may lead to pervasive and persistent moral suffering called moral injury (Shay, 1994). Moral injury refers to the profound, multidimensional impact of committing, failing to prevent, or witnessing acts that go against personal or collective moral beliefs and expectations (Litz et al., 2009; Shay, 2014; see also https://www.global-psychotrauma.net/moral-injury). Acts such as actively harming civilians, being unable to protect children, witnessing others commit atrocities, or failing to receive help in threatening situations may be at odds with military codes and with moral values concerning care, fairness, loyalty, authority, and sanctity (Graham et al., 2013; ter Heide, 2020). Such acts may be divided into acts of commission (actively inflicting harm) or omission (inability to prevent harm) and may include violations of trust by persons in authority, leading to victimization or forced participation in moral transgressions, which are known as betrayal (Shay, 2014). Involvement in such acts, also called potentially morally injurious experiences or potentially morally injurious events (PMIEs), may

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result in profound changes in self-perception, moral thinking, social functioning, and beliefs about meaning and purpose, as well as in self-harming or -sabotaging behavior and impairing moral emotions (Griffin et al., 2019; Litz et al., 2022). In military veterans, these domains may be rooted in distinct neural activation patterns and altered event processing related to PMIE exposure (Lloyd et al., 2021).

While the construct of moral injury has resulted in an ever-growing body of research in military veterans (e.g., Drescher et al., 2011; ter Heide & Olff, 2023), most studies focus on moral injury after combat rather than after peacekeeping missions (McEwen et al., 2021). Peacekeeping missions involve specific moral challenges. Aimed at maintaining peace and security, peacekeeping operations have limited mandates characterized by the non-use of force except in self-defense and defense of the mandate (United Nations, 2010). However, operations may be challenged by complex threats and violence toward peacekeepers and civilians. Such challenges may lead to painful moral dilemmas and prove morally burdening. A study of guilt and shame among more than 1,100 Dutch peacekeeping veterans, for example, showed that a quarter of the participants felt guilty and ashamed about, among other things, being a bystander (Rietveld, 2009). In another study, interviews with military veterans from various Dutch peacekeeping missions pointed to feelings of moral failure, senselessness, and moral detachment (Molendijk, 2018a).

Current research on moral injury in military populations has several other limitations. It is mainly individual-focused, thereby overlooking wider political and societal aspects (Molendijk, 2021). In addition, it is mostly quantitative in nature, with little attention to veterans' lived experience of PMIEs and moral injury (Litz & Kerig, 2019). In conclusion, military veterans from peacekeeping missions may be vulnerable to developing moral injury, but little is known about their lived experience of PMIEs and moral injury, including societal aspects.

To broaden our understanding of what PMIEs and moral injury in military veterans from peacekeeping missions entail, we conducted a qualitative study among Dutchbat III military veterans 25 years after their peacekeeping mission in the former Yugoslavia. During the 1995 Dutchbat III mission, 850 Dutch blue helmets were stationed in and around the Srebrenica enclave. Their task was to oversee a truce between Bosnian Muslim (Bosniak) and Bosnian Serb forces, serving as peacekeepers under a United Nations mandate of neutrality. In July 1995, Bosnian Serb forces captured Srebrenica. The blue helmets were unable to prevent the capture and subsequent massacre of over 8,000 Bosniak boys and men by Bosnian Serb forces. While public debates had urged the Dutch government to intervene on moral grounds (J. C. H. Blom et al., 2002), the mission faced widespread condemnation after details of the massacres emerged. The battalion's actions underwent scrutiny from the Ministry of Defense and sensationalized media reporting, which at times portrayed the blue helmets as passive or even collaborators (Algra et al., 2007; Molendijk, 2021). At the same time, the Dutchbat III soldiers felt abandoned due to the lack of support by the international community, and misunderstood by politicians, the media, and the public at home (J. C. H. Blom et al., 2002; Klep, 2008; Molendijk, 2021). Consequently, many were greatly affected by both the events in Srebrenica and the aftermath upon their return home.

In 2019, the Dutch Ministry of Defense commissioned a mixed methods study on Dutchbat III veterans' well-being. The study's quantitative findings showed that of the 430 participants, 25% displayed a heightened risk for developing posttraumatic stress disorder (PTSD; American Psychiatric Association [APA], 2013), 33% reported their life to have been very negatively influenced by the mission, and 21% considered their quality of life to be insufficient (Olff et al., 2020). These findings were in stark contrast to data on Dutch veterans who were deployed in the years before and after the Dutchbat III mission, only 5% of whom considered their quality of life insufficient (Reijnen & Duel, 2019). Upon closer examination, secondary analysis of PMIE exposure data showed that 18% of Dutchbat III veterans had been highly exposed to PMIEs during the mission, 50% had been moderately exposed, and 31% had been predominantly exposed to betrayal and powerlessness, with more PMIE exposure being associated with higher odds of having probable PTSD (De Goede et al., 2024). In addition, interviews with Dutchbat III veterans' family members showed that some of them struggled with indirect mission impact that led to continued feelings of betrayal (B. C. E. M. Blom et al., 2023). All in all, the Dutchbat III mission to the former Yugoslavia may be perceived as potentially morally injurious.

The current study concerned a secondary analysis of the qualitative data that were collected as part of the mixed methods study. The main question of this secondary qualitative analysis was: How do veterans of the Dutchbat III mission to the former Yugoslavia perceive the mission, the consequent societal response, and its impact 25 years after its completion when looked at through a moral injury framework? Apart from increasing our insight into these factors, the study ultimately aimed to contribute to the prevention of moral injury in military veterans as well as to the improvement of care for those who are negatively impacted.

Method

Study Setting and Design

The study was conducted by ARQ National Psychotrauma Center, a Dutch national center for research, policy advice, diagnostics, and treatment after complex traumatic events. The main study, commissioned by the Dutch Ministry of Defense and conducted in 2019, used a mixed methods case design to gain in-depth insight into the psychosocial well-being of Dutchbat III veterans and how their well-being was impacted by mission experiences as well as societal and organizational factors. This approach was shaped by the research problem as defined by the commissioning party, which sought to identify measures and solutions to address the challenges faced by a part of the veteran population.

The present study concerned a secondary analysis utilizing qualitative data obtained from interviews conducted as part of the main study. As open, semistructured interviews were conducted, they generated rich data well suited for a moral injury-informed reanalysis. Consequently, the present study consists of a thematic analysis of moral injury within a case study on Dutchbat III veterans, using existing moral injury research as a guiding theoretical framework.

The study uses a critical realist approach which recognizes that moral injury is a real phenomenon, while also acknowledging that veterans' interpretations are shaped by personal, social, and historical contexts. In other words, the study aims to examine PMIES and moral injury within a particular sociohistorical context (Cabote et al., 2024).

Ethical Considerations

Upon formal consultation of the Medical Ethics Review Board of the Amsterdam Academic Medical Center, the study was exempt from further Institutional Review Board approval (W19_400 19.465). An information letter and informed consent form informed the participants of the research questions and objectives and of the anonymous use and safe storage of research data. Participants could withdraw without stating any reason and at any moment, upon which their data would be deleted. A Data Protection Impact Assessment was conducted to ensure participant privacy.

Procedure

Dutchbat III veterans who were deployed in former Yugoslavia as part of the United Nations Protection Force between January 6, 1995, and July 14, 1995, were approached for participation. Contact details of veterans living in the Netherlands were obtained through the Ministry of Defense, while those living abroad were invited to participate through a call on social media. After the researcher received contact details, each veteran was assigned a unique code, the matching name to which only the researchers had access to. A week before the study was publicly announced, veterans were informed by regular mail. They then received two sets of questionnaires, one intended for themselves and one for their home front. The veterans could indicate in the questionnaire whether they were willing to participate in an interview and/or focus group meeting.

Based on a latent class analysis of quantitative data, participants were grouped into four classes: a "healthy" class ($n = 246$) characterized by a high quality of life, few PTSD symptoms, and little need for care; a "somewhat affected" class ($n = 78$) characterized by sufficient quality of life, slightly heightened risk of PTSD and somewhat heightened need for care; an "affected" class ($n = 70$), characterized by low quality of life, heightened risk of PTSD and a heightened need for care; and a "severely affected" class ($n = 33$), characterized by very low quality of life, heightened risk of PTSD and a high need for care.

A purposive sampling method was used to ensure diverse representation among participants interested in interview participation. Especially respondents at the two ends of the spectrum, the healthy and severely affected class, were invited to participate.

Participants

Of the 763 veterans who were approached for participation, 431 (56.5%) agreed to participate. Of those, 229 (53.1%) agreed to being approached for an interview. After purposive sampling, 34 veterans were invited for an interview. Of those, 21 responded positively, one declined, and 12 did not respond despite repeated invitations. After initial consent, two veterans withdrew due to lack of time and the expectation that an interview would be too burdensome. In total 19 interviews were conducted (18 men, one woman) between February and August 2020, with a breakdown of participants across the four classes: healthy ($n = 7$), somewhat affected ($n = 1$), affected ($n = 4$), and severely affected ($n = 7$).

Topics included (talking about) the mission, experiencing appreciation and support, health, daily functioning, resilience, and meaning making (see Table 1).

Due to the COVID-19 pandemic, most interviews were conducted and audio-recorded via secure video calls, lasting approximately an hour each. Seven interviews were conducted at a location convenient for the respondent, commonly at the person's home. A verbal transcript was made of each audio recording. Researchers then summarized the focal points of each interview based on the transcript, which was then verified and when necessary supplemented by participants via telephone.

Analysis

The main study, conducted in 2019, thematically analyzed the data using open, axial, and selective coding with the assistance of Max Qualitative Data Analysis 2020. Data saturation was assessed weekly (Boeije, 2014). All themes and their underlying code structures were discussed among the initial research team (including Trudy M. Mooren and Bart Nauta) until consensus was reached, with refinements made as needed. Finally, selective coding was used to connect the identified themes to the research questions, leading to the synthesis of the overall results.

The current study revisited the existing transcripts and codes. Thematic analysis was used to identify recurring patterns in veterans' stories. The primary framework for analyzing the data was provided by existing theories on PMIEs and moral injury. PMIEs were defined as events in which an individual perpetrates, fails to prevent, or witnesses acts that violate deeply held moral expectations or beliefs (Litz et al., 2009), including acts of betrayal (Shay, 1994). Moral injury was defined as changes in self-perception, moral thinking, social functioning, and beliefs about meaning and purpose, as well as in self-harming or -sabotaging behavior and impairing moral emotions (Litz et al., 2022). The analysis involved careful (re-)reading of the texts and organizing and clustering fragments in search of patterns and themes. Through an iterative process, existing codes were redefined into patterns and themes, a procedure informed by theoretical concepts that remained adaptable to emerging insights from the data (Naeem et al., 2023). Some themes were informed by the moral injury framework, for example, betrayal and powerlessness, while other themes, such as public condemnation and scandalization, emerged from the data, based on veterans' own words. Furthermore, the analysis was informed by interdisciplinary conceptualization (Molendijk, 2018b), theories on contextual factors including societal judgment, social support, and empathy (Griffin et al., 2019; Molendijk, 2018b; ter Heide, 2020), and research on moral resilience and growth (Tedeschi & Calhoun, 2004).

Positionality Statement

The research team was interdisciplinary in nature, comprising two clinical psychologists (Jackie June ter Heide and Trudy M. Mooren), one psychologist (Miranda Olff), a cultural anthropologist specializing in moral injury and Dutch military culture (Tine Molendijk), and a historian specialized in genocide studies (Bart Nauta). Three researchers (Trudy M. Mooren, Miranda Olff, and Bart Nauta) were involved in the initial 2019 study, while two authors (Jackie June ter Heide and Tine Molendijk) contributed to the analysis for the current study. The authors have extensive professional experience in the study and treatment of psychological trauma and moral injury across various populations, including but not limited to military veterans.

As academics, our scientific perspective shapes how we interpret moral injury, which may not fully align with how veterans understand their own experiences. To bridge this gap, we prioritized an open-ended, participant-driven interview approach, to capture lived experiences in the veterans' own words. Interviews were

Table 1
Topic List for the Interviews With Dutchbat III Veterans

General topics	Main questions
Health	How did the mission impact the respondent, in terms of physical and mental health?
	What was the quality of life?
	What was the respondent's need for care?
Social support	Who/what provided social support to the respondent?
Identity, meaning making, sense making	How did the mission impact the identity of the veteran?
	How did the respondent find meaning after the mission?
	How did the respondent made sense of what had happened?
Recognition and appreciation	Has the respondent felt sufficient recognition and appreciation as a veteran of this specific mission?
The impact of media reporting	How did the respondent experience the media reporting on the military mission? How did this impact the respondent?
Recommendations	Review and evaluation of the mission: what helped the respondent in the aftermath and what did not?
	How can veterans and families who struggle with the impact of the mission can be helped more aptly?

conducted by a clinical psychologist (Trudy M. Mooren) and historian (Bart Nauta). Significant educational gaps existed between the interviewers and some of the respondents, which led to initial responses of mistrust. However, the interviewers' knowledge of the sociohistorical context and clinical skills quickly put interviewees at ease—alleviating the need for extensive explanations of historical details—and fostered trust in the interviewing process.

The team mainly consisted of female psychologists conducting research on a predominantly male population, and we recognize that gender may have influenced the research process. However, a male author (Bart Nauta) was present in nearly all interviews.

During the analysis, existing knowledge became a means to contextualize respondents' experiences within broader sociohistorical milieus. The team's familiarity with the subject matter could have introduced implicit biases which influenced the framing of questions and the interpretation of responses. To mitigate this, we engaged in interdisciplinary discussions to ensure a balanced analytical approach. The revisiting of existing data by researchers who were not part of the initial 2019 study (Jackie June ter Heide and Tine Molendijk) played an important role in fostering this open-ended discussion and analysis.

Results

In the subsequent paragraphs, we will first focus on PMIEs and then on moral injury outcomes, distinguishing between experiences that were morally injurious versus those that made respondents proud (PMIES) as well as between outcomes of moral injury versus moral resilience or growth (see Figure 1).

Potentially Morally Injurious Experiences

Of the 19 participants, 18 described experiences that can be interpreted as potentially morally injurious, that is, involving the committing, failing to prevent, or witnessing of acts that transgress deeply held moral beliefs and expectations (Litz et al., 2009).

Omission and Commission

Failing to help appeared as a main theme, both before and during the fall of Srebrenica, and involving actions and inactions by oneself and others. Several veterans told of instances where civilians, including children, women, and the elderly, were refused medical care due to military rules:

> A Muslim woman with a baby came at the gate. We were told never to leave locals within the gates of the observation post. (…) But it was in the snow, in winter. A baby almost dying with a febrile seizure. (…) The doctor said: let them in and keep an eye on them, the fever has to go down. (…) Well, then you get a sergeant who says: listen, the Serbs are watching, this is impossible, get them off the gate. I said: when this child dies, I have to look at myself in the mirror for the rest of my life and you don't. (…) I took a risk, I endangered the group perhaps. (…) Took [the baby] inside.

Especially during the fall of the enclave, veterans reported a desire to help while ending up making decisions that, wittingly or unwittingly, led to tragic results. Some reported overseeing the evacuation and trying to keep families together. Others recalled an inability to help desperate civilians:

> I was called by a boy (…) of about 9 or 10 years old. (…) He said: can you help me with my father? And he literally pulled my hand. I said no, I can't. (…) He was crying and the mother too. So I said to the man: go to the road because if you keep standing here you'll get shot when you hide. I feel like, I feel like I just ripped a family apart.

Betrayal

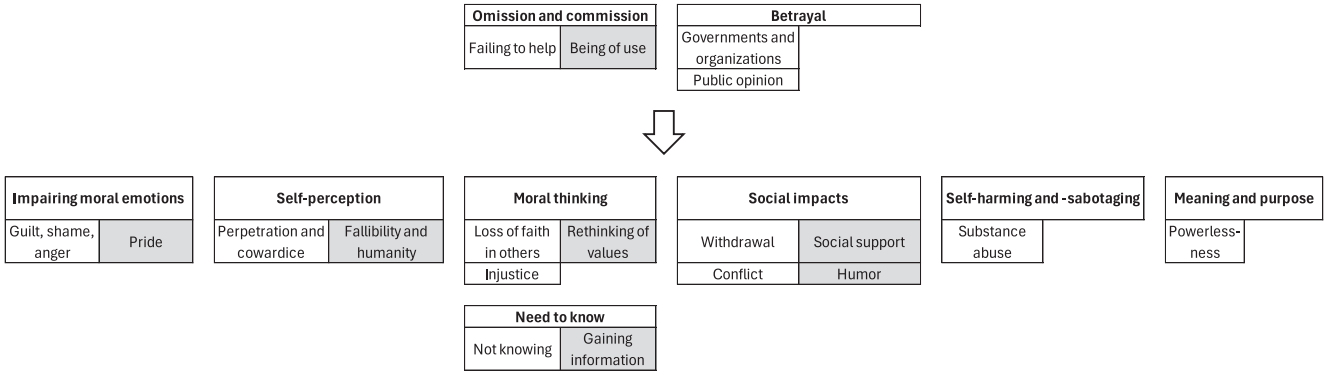
As the situation deteriorated, veterans felt increasingly abandoned by the Dutch government and international organizations, eventually perceiving it as a betrayal. This feeling added to their sense of powerlessness in preventing harm. One veteran stated:

> I never thought they would let this happen. There are tens of thousands of refugees there, this is a situation where the international community will intervene. We will fly in an extra air battalion, or an extra UN force, or the NATO will prevent it. Nothing at all. Nil. Then I felt very much abandoned. It's not just about me being abandoned, but all those refugees have been abandoned there as well. (…) Everyone has let those people down. Tell me how?

For several veterans, this sense of betrayal formed the main moral burden of the Dutchbat III mission.

Figure 1

Potentially Morally Injurious Experiences and Moral Injury Domains: Negative and Positive Themes Among Dutchbat III Veterans



Following their return home, these feelings were exacerbated as veterans found themselves vilified in public opinion:

> Of course the negative publicity was so intense. It wasn't like that at first, of course, but at a certain point it got worse and worse. The press, of course, always went along with it. In the long run we were murderers, and we had helped with the genocide. There were even people who claimed that we had killed people ourselves. The strangest, weirdest stories circulated.

One veteran recalled being asked why he had not given his life there.

Throughout this ordeal, veterans felt unsupported by the Dutch Ministry of Defense:

> I saw those guys [other Dutchbat veterans, ed.] gradually break down in the months after their return. That went very badly. I actually saw no adequate action from the Defense organization. An organization that treats people like this. … Those who have made their sacrifice, who had done what was expected of them. … You have to stand for that and I miss that completely.

To most veterans, the fall of Srebrenica was a mixture of moral powerlessness and betrayed expectations, that afterward they found themselves trying to make sense of. As one veteran described it: "Really a total chaos."

Positive Experiences

Despite all this, some veterans also recalled memories that evoked pride. Several veterans reported having done their best, especially in the period leading up to the fall of Srebrenica. One veteran recalled trading with the local population, giving away food and small supplies, and providing medical support. Another recalled working hard, having good contact with the local population, and enjoying the snow and the scenery. He said: "I still have good memories of that, despite the negative outcome."

Moral Injury

Of the 19 veterans, 11 described psychosocial outcomes of the mission that may be interpreted as moral injury. Interviews showed an impact on all moral injury domains: moral emotions, self-perception, self-harming or -sabotaging, moral thinking, social functioning, and beliefs about meaning and purpose (Litz et al., 2022). However, not all impact was negative, with some veterans reporting resilience and moral growth.

Impairing Moral Emotions

The majority of the veterans, even 25 years after the mission, reported being troubled by negative moral emotions, including guilt, shame, and anger. These emotions were very much intertwined with each other and with other emotions such as sadness.

One veteran who under fire drove away from a Bosnian family rather than helping them, still experienced strong feelings of guilt:

> You just leave someone behind. You quickly drive away with your tank and leave the people there behind, while you were there for another purpose. (…) To help them. Yes, that's guilt. Such a feeling then lingers and that bothers me.

Such feelings prevented him to function in his work and he was diagnosed with PTSD. Present-day incidents that he interpreted as unjust resulted in aggressiveness, and he sometimes watched the news about refugees in tears:

> I think it touches me more, because I've been in that mess myself, so you can imagine. … The innocence of people who are victims of politics.

Several veterans echoed this veteran's anger when reminded of injustice, both related to the events during the mission as well as after their homecoming. One veteran reported still being bothered by the refusal of a medic to help an elderly, ill man:

> That guy just said: I'm not going to help him, he's written off. That goes against my body, still does. I can still picture him kind of but when I see him: I'm going to give him some freaking punches. I really am.

Some veterans were unable to continue the interview when reminded of the suffering of people they were personally exposed to or with whom they had formed a personal bond.

Others mentioned the absence of positive moral emotions, stating: "I can never really be proud or anything." However, some veterans did mention feeling proud, especially of the work they did in the first months of the mission:

> I can't say I'm ashamed. The first part I'm rather proud of, I worked quite hard there. Seven days a week, 24 hours a day you were busy. Walking patrols, observing, cooking your own food. (…) The first months, we were sort of in control. Things just went really well.

Another veteran, although suffering from PTSD, mentioned an increase in compassion and empathy, and a "warm feeling of having belonged to a club" related to the mission.

Self-Perception

Several veterans talked about evaluating their own roles and self-image after homecoming, especially with regard to having aided in the evacuation. Being depicted as murderers and criminals by the media influenced this:

> In the end they are right because I was at those busses saying "you go there and you go there." (…) In the end I'm no different than a Nazi. I didn't know what would happen, I didn't know. But maybe [a Nazi] didn't know that either, what would happen. How am I different?

Another also struggled with what the word "perpetrator" meant:

> It's easy to say: I'm a victim as well as a perpetrator. (…) It's bullshit, because there are things I didn't do there that make me a perpetrator. It doesn't make you a perpetrator in the sense that you did something wrong because you wanted to do it, but that's a different story. But I am a perpetrator, because I drove along with the busses.

Another perceived himself as a coward: "Look how I left people behind with whom I was friendly before. Yes, that feels cowardly."

One veteran, who had very low well-being 25 years after the mission, perceived himself as irreparably damaged due to the societal condemnation:

> You can't, when you make a tear in someone's heart, you can't repair it. When you crack a glass you need a new glass. (…) But you can't repair the crack. The crack stays. And that crack is in our souls. Or in my heart. Once there's a crack, there's a crack.

However, several others appeared able to maintain their self-esteem. One veteran who was doing well 25 years postmission, did so by stressing his humanity and fallibility:

> What do you do on your own or with the two of you when at a border post there's 50 to a 100 men waiting? Maybe I'm a fool for saying so, but you cut your losses (…). I think that's only normal that you would think and do that in that moment. I think most people who would stand there, if they'd still stand there, would pee in their pants at that moment, instead of still thinking rationally.

Moral Thinking

Several veterans reported changes in moral beliefs and expectations. Witnessing human cruelty and suffering led one veteran to lose his faith in humanity:

> Let's put it this way, it's just been a … hard lesson. Enlightening? Yes, in the sense that you've been able to see how humanity can be so cruel, it's really unbelievable. Anyway, people are like this. … If at some point you find yourself in such a situation, in war ….

Another, who suffered from PTSD, was unable to deal with small moments of injustice: "Private stress reactions, like a traffic incident or skipping the line in the supermarket. That gives me enormous emotions like anger."

For other veterans, their experiences in Srebrenica helped them reevaluate their values:

> I can't bother about little things. When you go through something so big, it helps to see things in perspective. I still do that, I think: don't worry about it, what in God's name are you worrying about? (…) The Dutch can be whiners. We whine about everything. We worry about peanuts.

Social Impacts

Some Dutchbat III veterans indicated that the negative media coverage impacted their social functioning. It led some to not join the parade on Veterans' Day, to not wear their medals, or to remove their military work experience from their resume. For some, it led to heated discussions and occasional physical altercations. One veteran described being impacted by the opinions of outsiders:

> People have a certain idea of what happened there. That makes me really sad. (…) Look: colleagues, I have to be honest, understand what that feeling must have been like. You can talk about that with them. But the people outside the Defense organization, who hold some aversion against it, who don't see the importance of it, people like that, they can really talk you down in that respect. That hurts me.

Social support appeared to form a buffer against societal condemnation. Several veterans mentioned the importance of social support by loved ones. One veteran who was suffering from PTSD said:

> [My wife] understands me when I'm being unreasonable. She wants to listen to me. She's also interested in what's happened. We've talked about it. She supports me when I'm very sad because of bad memories.

Another described how he and veterans from his group used humor to support each other: "A black kind of humor. Making cynical jokes. That happens. That helps to see things in perspective, that kind of humor. Then when we say goodbye, we hug and that kind of thing."

In contrast, many veterans reported a lack of support by the Dutch government. The government was depicted as "playing games" with Dutchbat soldiers and acting in its own interest. This led to a breakdown of trust. As one veteran said: "And that was my reaction: I'm not going to work for these people anymore."

Self-Harming and -Sabotaging

Self-harming or self-sabotaging was mentioned relatively little. One veteran who was now doing well, described how in the past turning to alcohol helped him cope with the impact of the mission:

> Alcohol just numbs. It makes you think differently. (…) It takes off the sharp edges, let me put it that way. (…) The sense of impotence, of not having been able to do anything, of powerlessness, frustrations you have at the moment. Also anger, why did they abandon us like that? That type of thing, it takes off that type of thing.

Beliefs About Meaning and Purpose

Feelings of powerlessness were a major theme among the respondents. Powerlessness in the context of the Dutchbat mission meant that the peacekeepers had their hands tied by macrolevel decision making. They could therefore not halt the Bosnian–Serb advance, nor stop the suffering of certain individuals, notably families, and children. This led to an increased sensitivity to powerlessness upon homecoming. One veteran recalled:

> Powerlessness because of the situation that you ended up in during deployment. No air support. It's the whole run-up to it of course. You have no influence on anything. (…) I waited half my mission for a clearance to go on leave. Waiting for planes that didn't come. Getting less and less food. Less fuel. Eating canned food for weeks.

This veteran, like several others, mentioned reliving that sense of powerlessness in his current life:

> That leaves a feeling, and that lingers. Yes, and it bothers you and it comes back in certain situations. My father-in-law died after a short illness. (…) And that sense of powerlessness then comes back and it hits much harder than [it would have done] otherwise.

As illustrated in earlier quotes, the fatal outcome of the mission and consequent societal condemnation had a profound moral effect all around. It caused many veterans to struggle with their self-perception, questioning whether they were victims or perpetrators, or feeling unable to be proud again while having developed a sense of social estrangement. In general, it had made veterans realize "how humanity can be so cruel," thus impacting their sense of human morality and beliefs about meaning and purpose.

Need to Know

In addition to the discussed domains, a need to know appeared as a clinically relevant theme. Several veterans talked about the burden of not knowing what had happened during the mission. One veteran who was on sickness leave due to PTSD spoke of a boy he knew:

> To me it's personal memories of the contacts I had there. (…) During watch there were always little boys at the gate by the fence. They had organized it so that they were friends with someone. (…) And then you form a bond with someone like that. My kids are now at the age of the boy that I had contact with. I noticed that it just got to me that it's unknown how that boy is doing.

Another spoke of his anxiety about not knowing what happened to an interpreter:

> We employed an interpreter who at one moment wasn't allowed on the compound because he didn't have a permit. (…) It made me incredibly angry. So I was really interested in if that guy survived or not. At a certain moment the doctor, who had also been involved, told me that he did survive. (…) At that moment I could let it rest. (…) You have a certain worry, whatever it's worth, of what happened to the people there.

Gaining information appeared to be an antidote. A veteran who was now doing well, explained: "We often talk about certain things that happened there. 'How did that happen? Do you remember how that happened?'" He also read a scientific analysis of what happened in Bosnia as well as several books. This helped him deal with the negative media attention:

> When something is in the news, someone points a finger or there's a headline, some guys become completely hysterical, even now. (…) I've never had that. I know exactly what happened, I know how it developed and unfolded, I quickly had my own opinion about it, my own analyses. I just think: well, 90% of what's being said here is complete nonsense, I'm not going to listen to that.

This veteran also visited schools to educate children in the context of a project called "Veteran in the classroom."

Discussion

This study concerns a secondary analysis of interviews with Dutchbat III military veterans, examining their mission experiences and outcomes through a moral injury framework. Findings reveal that most veterans recalled potentially morally injurious moments during the mission (including failing to help people in need, witnessing moral transgressions by others, and feeling abandoned by the Dutch government and international organizations), as well as after the mission (most notably societal condemnation). These experiences continued to affect their well-being even 25 years later, impacting all domains of moral injury. However, some veterans reported internal and external sources of support that helped them cope.

Commission and Omission

While the commission-omission framework, often used in moral injury research (e.g., Litz et al., 2009), can be a helpful way of categorizing veterans' experiences, it did not fully capture the morally conflicting experiences of the respondents. Experiences were, so to speak, messy. In contrast to studies of moral injury in U.S. military veterans of combat missions (Schorr et al., 2018), our study showed little evidence of moral injury based on the active infliction of harm, such as killing or injuring the enemy in battle or using disproportionate violence. While some Dutchbat III veterans felt complicit in the fatal outcomes (e.g., by aiding in the evacuation), their involvement was unknowing and involuntary. Even when their actions were justified, they still felt conflicted and morally stained. Others followed their personal values while breaking military codes, transgressing the so-called "values of the head" by prioritizing "values of the heart" (Evans et al., 2020).

This complexity challenges conventional definitions of perpetration and complicity. Rather, it resonates with the ideas of "dirty hands" and "the loss of moral innocence," including the knowledge that veterans "have been a willing and active causal link in the furthering of evil projects" (De Wijze, 2005, p. 456). Consequently, the impact of such experiences is not just straightforward blame of self or others, but "moral disorientation," which refers to a "loss of one's previous certainties about wrong and right" (Molendijk, 2018a, p. 6). Clinically, this stresses the risks involved in examining degrees of blame in an attempt to diminish what the *Diagnostic and Statistical Manual of Mental Disorders*, fifth edition (APA, 2013), calls "persistent, distorted cognitions" leading patients to blame themselves or others. While some attributions of blame may clearly be unjustified, other instances may be less clear-cut and an acceptance of this inherent "messiness" might be clinically more helpful (e.g., Evans et al., 2020).

Betrayal

Veterans reported a profound sense of institutional or political betrayal (Molendijk, 2021; Smith & Freyd, 2014). This betrayal refers to the experience of the violation of dependence and trust of a member of an institution, meaning that the member's belief in a benevolent organization that stands for the well-being and safety of its members is shattered (Molendijk, 2021). Even the Dutch public constitute a link, since they pushed the Dutch government to intervene, while in hindsight proper preparation, arms systems, and intelligence could not be guaranteed (J. C. H. Blom et al., 2002).

In response to the experienced betrayal, some veterans sought compensation from political leaders, expressing a need for reparations (Molendijk, 2021; Olff et al., 2020). Notably, data were collected in 2019 as part of a study commissioned by the Netherlands Ministry of Defense. The study stemmed from advocacy efforts by Dutchbat III veterans after years of insufficient institutional care and societal support. After the publication of the research report (Olff et al., 2020) additional steps were taken by the Dutch government, including compensation and an official apology from the Prime Minister in 2022. These dynamics demonstrate the importance of considering broader institutional, political, and societal factors in understanding moral injury. Also, they underscore the role of accountability and restorative justice in addressing moral injury.

Public Condemnation

Public condemnation, particularly through scandalization, exacerbated the moral distress of some veterans. Any scandal consists of the public, a scandalizer who expresses moral outrage, and the scandalized, who is prompted to express guilt and shame (Jiang et al., 2011). The Dutch public does not seem to have held negative views of the veterans, and media reports did not have a long-lasting and negative effect on public attitudes (Algra et al., 2007) Nevertheless, media sensationalism, especially in the mission's aftermath, made a strong impact on veterans' well-being. It seems that public controversy in itself has an effect. The effects of scandalization and stigmatization on moral injury warrant further research.

Scandalization, as an expression of moral outrage, is connected to misrecognition, as the infliction of moral harm. Misrecognition among Dutchbat III veterans may contribute to moral injury, as misrecognition involves doing injustice to one's experiences within the moral relation with others. In response, some veterans sought societal recognition, expressing a need for justice and the restoration of damaged moral relations with society (Molendijk, 2018b). Again, these dynamics demonstrate the importance of addressing the wider social context, specifically the role of recognition and support in addressing moral injury.

Moral Injury

As stated, all domains of moral injury could be found in the veterans' responses. These domains showed an interplay, not only with other domains but also with PMIEs and societal condemnation. Veterans reported a strong sense of guilt, anger, and grief, related to past events and easily triggered by current events. These feelings were strongly influenced by negative changes in self-perception, with veterans perceiving themselves as perpetrators, cowards or irreparably damaged. Such changes were influenced both by the mission itself and the consequent societal condemnation. Perceptions of others also changed, mostly in a negative way, leading to a heightened sensibility to cruelty and injustice. Socially, veterans tended to withdraw or accept support only from other veterans or close family. All in all, the impact appeared to pivot around the domain of meaning making, where veterans had to make sense of events in which they experienced profound tragedy, injustice, and powerlessness, often by making negative attributions. This finding is in line with the original working model of moral injury by Litz et al. (2009), which perceives negative attributions as central to the development of moral injury, as well as with other qualitative studies in U.S. military veterans which show an increased moral questioning of oneself and others (Borges et al., 2023). Findings also point to the fact that moral injury may persist until long after the actual events, which resonates with a quantitative study showing that aging U.S. veterans might experience an increasingly worse quality of life associated with increasingly severe moral injury (McDaniel, 2025).

Need to Know

Knowing versus not knowing was identified as an additional theme that has received relatively little attention in the moral injury literature. Several veterans reported being preoccupied by wanting to know what had happened to people they had come in personal contact with during the mission. Not knowing how those people fared contributed to ongoing moral distress, while knowing they were well provided a sense of peace. This might be related to images of pain and suffering that continued to disturb some veterans as well as to a need to comprehend the full extent of what had happened.

Some veterans built personal relationships with Bosnians, including children and coworkers, and were concerned about their well-being but had to leave them behind. Consequently, the image of the distress of these Bosnians was the last image on these veterans' minds. For some veterans, these images gained additional saliency at a later stage in their lives, for example, when they were confronted with the suffering of children during the mission and later had children of their own (an inability to prevent the suffering of children may be especially morally injurious; e.g., Denov, 2022). Such observations lend support to the hypothesis that moral injury may be developed after events in which one person is willing but unable to help another person, especially when there is high exposure to another person's suffering and the persons involved are relatively familiar or alike (ter Heide, 2020).

The relief experienced by veterans who learned about the fate of those to whom they felt connected shows the importance of interventions that help veterans gain a full understanding of events and their aftermath. Guided return trips to former Yugoslavia, for example, may help Dutchbat III veterans to process memories as well as update images that are frozen in time (Driessen, 2021).

Resilience and Growth

While many veterans testified to a negative impact of the mission, several veterans reported positive personal outcomes. Some appeared to use coping strategies that increased their resilience. They remembered instances when they had been of help and that were a source of pride, or coped with the societal condemnation by stressing their own fallibility, by seeking support from colleagues or loved ones, or by reading up on the facts concerning the mission. Resilience may be defined as the process through which individuals maintain mental and physical stability after experiencing an adverse event (Bonanno, 2004). The association between PMIE exposure and psychological resilience has, thus far, not been studied in veteran samples. In an analysis of resilience and PMIE exposure in Dutchbat III veterans, a resilience instrument had to be excluded due to a high overlap with PTSD (De Goede et al., 2024). Qualitative data from the current study point to strategies that may help veterans stay resilient. Some of these strategies overlap with sources of support identified in a scoping review of moral resilience among health care workers, namely

self-care, self-regulation, moral compass, moral courage, communication, and social support at work (Osifeso et al., 2023).

For some, the mission also led to an increase in positive moral emotions such as compassion, empathy, and a sense of belonging. This may be perceived as posttraumatic growth, or the process through which dealing with trauma can create positive changes (Tedeschi & Calhoun, 2004). Findings are in line with a qualitative study on moral injury in U.K. military veterans, some of whom reported an improvement in ability to empathize, a greater gratitude for relationships with family members, and a greater appreciation for the value of life (Williamson et al., 2020). In a previous analysis of quantitative data on moral injury exposure in Dutchbat III veterans, PMIE exposure was not related to posttraumatic growth (De Goede et al., 2024). However, the qualitative findings indicate that such processes may have taken place in some veterans and consequently, might actively be promoted.

Strengths and Limitations

This study's strengths include its mixed methods approach, purposive sampling, and rigorous analysis. By focusing on qualitative data within a broader mixed method design, the study facilitated a comprehensive exploration of specific narratives set against the backdrop of "facts and figures," thereby providing support for observations that might otherwise have been more impressionistic. The purposive sampling strategy considerably heightened the diversity of respondents. At the same time, the rigorous thematic analysis, conducted using data analysis software while triangulating data from various sources and multiple existing theoretical frameworks, bolstered the study's robustness. However, the study is not without limitations, including a small sample size and bias. While attempts were made to diversify the sample through purposive sampling, the overall size may restrict the study's generalizability. Additionally, voluntary participation may have introduced self-selection bias, while reliance on retrospective recall could have led to recall bias.

Conclusion and Implication

In conclusion, the Dutchbat III military mission was shown to be morally injurious to some military veterans even 25 years after its completion, negatively impacting veterans' lives in multiple domains, while others showed relative resilience. The data demonstrate the harm caused by peacekeeping missions whose aims turn out to be impossible to execute and the importance of strong organizational support after such missions. Conjoint with quantitative outcomes (De Goede et al., 2024), this study shows that 25 years postmission some veterans may still be in need of support–clinically or otherwise. Consequently, psychological screening for moral injury is recommended for military veterans of peacekeeping missions and may need to be offered until long after the termination of the mission. For such purposes, a screening instrument like the Moral Injury Events Scale (Nash et al., 2013) may be used, followed by a more comprehensive instrument (see Houle et al., 2024, for a systematic review) for those who report having been affected. Those who suffer from moral injury may be offered care or treatment, ranging from easily accessible care by chaplains or spiritual counselors (e.g., Jones et al., 2022) to evidence-based psychological treatment (e.g., Aita et al., 2023). Helping veterans accept the inherent moral "messiness" of peacekeeping missions, reflecting on the meaning of events, and updating traumatic images may be helpful elements of care. In addition, veterans' own strategies for promoting psychological resilience, including the active remembering of positive events, acknowledging fallibility, and seeking support and information, may serve as an inspiration to care providers. In that way, veterans' own stories of morally burdening missions and their impact may help other veterans whose souls have been cracked, heal.

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