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ARTICLE



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## Co-creating a research-based e-storybook for children coping with parental moral injury: insights from affected communities and partners

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### ABSTRACT

This study provided an account of the affected community and partner (stakeholders) input into the interdisciplinary co-creation process and preliminary testing of the suitability of a research-based e-storybook for children coping with parental moral injury. Children whose parents have trauma-related mental health difficulties, including moral injury, tend to misunderstand their parent's responses and behaviours. To date, there have been no research-based narrative resources to support these children. Our interdisciplinary, international team of researchers, clinicians, and those with lived experience co-created a bibliotherapy storybook using moral injury narratives. Using a mixed methods approach, a cross-sectional online survey of key affected communities and partners was conducted to explore the resources' suitability. Preliminary findings suggest overall suitability and that the e-storybook's narratives acted as a springboard to conversations about what was happening in their families. Thus, the co-creation process is an effective approach to developing targeted supports for children coping with parental moral injury.

### KEYWORDS

Children's well-being; co-creation; first responder families; military families; moral injury; mental health

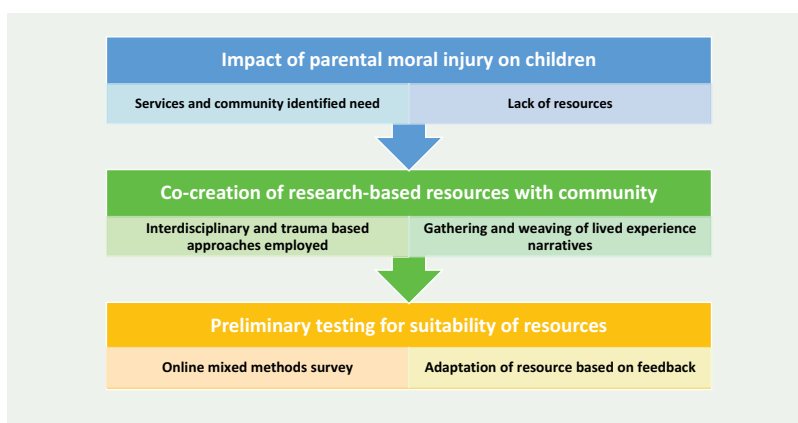
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## Introduction

Children from military, veteran and first responder families (hereafter service families) face particular challenges that are not necessarily shared by children from other families (May, Van Hooff, Doherty, and Carter 2023; May, Van Hooff, Doherty, and Iannos 2023; Rogers 2017). Some children from service families have parents who are impacted by a service-related moral injury, which is a severe psychological, emotional and/or spiritual wounding (Rogers et al. 2023; Williamson et al. 2023). In some cases, having a parent struggling with moral injury-related mental health difficulties such as post-traumatic stress disorder (PTSD) or depression may impact children's well-being outcomes and ability to thrive (May, Van Hooff, Doherty, and Carter 2023; May, Van Hooff, Doherty, and Iannos 2023). There is little research evidence from Australia, Canada and the UK investigating the impact of parental moral injury on the well-being of children. Data from the United States suggest that children and youth in military or veteran families are 2.5 times more likely to develop psychological problems than their peers and are more likely to report higher levels of mental health disorders, sadness and worry (Flake et al. 2009; Williamson et al. 2018). Thus, the need for interdisciplinary support is evident (T. Ford and Parker 2016). Previous research has shown the usefulness of resources tailored to support the needs of children from service families (Rogers et al. 2021). However, there is a dearth of research-based resources that include narratives based on the lived experiences of service families and their children.

## Research context

To address the current gap in resources available to children coping with challenges experienced by service families, researchers from the *Child and Family Resilience Programs* team co-created a number of resources (see <https://ecdefenceprograms.com/modules/>). These resources voice children's and their parents' lived experience narratives featuring their struggles and protective factors within service families (Rogers-Baber 2017). This can empower children's sense of belonging while enhancing community capacity to understand and support children. The research-based e-storybooks and additional resources provided in associated modules address stressors and challenges experienced by service families, including parental absences due to deployment and training, commemorations, and parental service-related health conditions such as PTSD and other mental health conditions, as well as physical injuries. Over time, various affected communities and partners (e.g. parents, educators, support workers, clinicians, researchers, and individuals with lived experience) contributed their insights and their children's struggles in understanding the situations within the household when a parent may be affected by moral injury. We avoided using the word 'stakeholder' here due to the move away from using a word associated with colonialism (Reed et al. 2024). Additionally, the

research team drew upon existing research about the impacts of service-related moral injury and other service family challenges (for example, Jamieson et al. 2020, 2023; May, Van Hooff, Doherty, and Iannos 2023; Rogers et al. 2021; Williamson et al. 2023; Williamson, Stevelink, and Greenberg 2018). Therefore, the main aims of the present study were to showcase the co-creation process and to provide preliminary evidence of the suitability of an e-storybook and additional resources for supporting children coping with parental moral injury.

## Understanding moral injury

As yet, moral injury is not recognised as a formal diagnosis, instead, it is a term currently used to describe the psychological, physical, social and/or spiritual impact following transgressions, betrayal or violations of an individual's deeply held moral beliefs (Jamieson et al. 2020; Litz et al. 2009; Shay 2014). The concept of experiencing moral injuries has been around since the Trojan War era and has elicited philosophical and theologian interest since the late 12th Century (Shay 2014). However, it was not until the mid-1990s that the term was formally coined by US military psychiatrist Jonathan Shay (1994) when comparing the trauma depicted in Homer's Iliad with Vietnam veterans suffering from PTSD. Shay (1994) delineated the complex effects of war on veterans of the Vietnam conflict, while US Veterans Administration psychologist Litz et al. (2009) later introduced a preliminary conceptual model, catalysing empirical inquiry into moral injury and prompting a surge in clinical studies (Bryan et al. 2016; Drescher et al. 2011; Maguen and Litz 2012; Nash and Litz 2013; Steenkamp et al. 2013).

Moral injury may follow exposure to potentially morally injurious events (PMIEs) that transgress or betray one's deeply held moral beliefs and challenge one's belief in the moral order in which one lives or works (Jamieson et al. 2020). PMIEs can include a person's own or other people's acts of omission or commission, or betrayal by a trusted person in a high-stakes situation (Griffin et al. 2019; Williamson et al. 2021). There is consensus that there are three broad types of PMIEs: (i) events that involve perpetrating – for instance, engaging in actions that violate moral beliefs or values, particularly in the context of warfare, combat and/or high stakes situations; (ii) witnessing actions that violate one's core beliefs (Litz et al. 2009) such as witnessing bullying or harm, and or (iii) betrayal by a leader or trusted authority (Shay 2014). These different contexts may be associated with different psychological outcomes, where commission or perpetration-related transgressions engender feelings of guilt and shame; while betrayal experiences have been found to be associated with feelings of anger, injustice and embitterment (Litz and Kerig 2019).

## Moral injury and its impact on individuals, families and children

An individual's experience of moral injury is shown to be associated with a higher prevalence and severity of clinical conditions such as PTSD (Koenig et al. 2020), depression (Nazarov et al. 2018) and suicidality (Jamieson et al. 2023). Recent research has explored the impact of moral injury on family functioning, showing that individuals affected by moral injury often report familial breakdown due to moral injury-related distress and maladaptive coping behaviours (e.g. self-harm, problematic substance use; Reeves 2024; Williamson et al. 2023). Parental mental health problems can adversely impact child well-being (Pierce et al. 2020). Studies show that parental mental health difficulties, including PTSD, are strongly associated with children internalising and externalising problems (Bagur et al. 2022). Those with lived experience and service providers informed us that parents could find it significantly challenging to discuss traumatic events and trauma-related symptomology with children (Rogers et al. 2023; Williamson et al. 2019).

There is limited but growing literature on the transmission of moral injury or 'moral trauma' to family members, including children. The common symptoms of moral injury, such as guilt, shame, betrayal and hopelessness, can impact interpersonal relationships and potentially be adopted by children through identification with, and emulation of the parent (Ancharoff, Munroe, and Fisher

1998; Jamieson et al. 2020; E. Jones 2018; May, Van Hooff, Doherty, and Carter 2023; May, Van Hooff, Doherty, and Iannos 2023). Research suggests that a dysregulated emotional environment caused by parental distress can affect a child's development and emotional regulation (Bowlby 1979; J. D. Ford et al. 2013; Van der Kolk 2005). It is possible that parents struggling with functionally impairing moral injury-related mental health difficulties, such as PTSD, depression (Nazarov et al. 2018) and suicidality (Jamieson et al. 2023), may find it more difficult to care for their children and could be more likely to engage in negative parenting responses (Christie et al. 2019). Parents report finding it extremely challenging to discuss trauma-related events with their children for several reasons, including the parents' own distress, concerns about event-related stigma, as well as concerns about distressing their child. Previous studies have found that parents also report a lack of formal guidance and support available on how to manage the discussion of traumatic events with their children (Williamson et al. 2016, 2019). In her study with adult children of parents with a service-related moral injury, Reeves (2024) highlights the lack of supports specifically for children affected by their parent's moral injury. This developmental perspective of children highlights the need for early intervention, requiring improved awareness, assessment and referral pathways and resources for children experiencing parental moral injury in service families (May, Van Hooff, Doherty, and Carter 2023; May, Van Hooff, Doherty, and Iannos 2023). One such early intervention and prevention approach could be the use of research-based resources that support parents to have adaptive, age-appropriate conversations with their children about mental ill-health – which can also foster improved family functioning (Lagdon et al. 2021). The following section outlines the co-creation of the e-storybook and additional resources for children coping with parental moral injury.

### Co-creating a research-based e-storybook for children

Complex human needs require complex strategies to address them to ensure that interventions are targeted appropriately (Hoffman 2024). Community consultation is positioned as key to addressing complex and ongoing problems (Vargas et al. 2022), often called 'wicked problems' in the literature (Yeung et al. 2021, 1). In particular, to overcome the gap between theory, knowledge and practice (Grindell et al. 2022). We position our approach as one of co-creation.

In the current context, to ensure resources for children who have a parent with moral injury are sensitive, appropriate and speak to the unique needs and concerns children face, it is imperative that such resources are informed by those with lived and living experience of having a parent with a moral injury. We followed the co-creation approach recommended by Vargas et al. (2022), and we now share the strategies used to address the various requirements identified in this work for co-created work as explained in Table 1. The outcome of the project was a co-created storybook targeted at children who are living with a family member who had experienced a moral injury, the need for which was identified initially by members of affected communities from Australia, Canada and the UK. These affected communities included those with lived experience, as well as those support workers, clinicians and researchers working with this cohort. Levels of engagement of members varied: those who chose to maintain engagement throughout the process we now refer to as our partners in the co-creation process. When partners represented an organisation, the organisational logo was added to the end product (the storybook) to ensure their in-kind contribution to the work was acknowledged. Partners also included those with lived experience (for example, those parents who have experienced a moral injury themselves, adult children of those who have experienced a moral injury, and parents or partners of those who have experienced a moral injury). Partners co-led the book's development, design, implementation and testing for suitability. They drafted storybook pages based on lived experience narratives and incorporated the narratives relayed to the team via clinicians who support these families. They also worked with the illustrator to refine her interpretation of the narratives and enhance the relationship between the intended message and the illustrations.

**Table 1.** Co-creation process in the development of the research-based e-storybook.

Features	Co-creation	Activity
Focus	Consumer and experience centric. Engaging affected communities and partners. High level of information processing.	Affected communities and partners identified the need to support the target cohort by providing them with research-based resources due to the identified resource gap. Care was taken to engage affected communities and partners from Australia, Canada, and the UK. The idea generation and exchange of knowledge and concepts involved high levels of information processing.
Key affected communities and partners	All relevant affected communities and partners involved in the process (e.g. consumers, managers, employees, community).	The affected communities and partners involved in the process included end-users, those with lived experience, support workers, clinicians and researchers. The support workers and clinicians included teams of workers and managers. Those from the veteran and first responder community were highly engaged.
Affected communities and partners role	Very active: provide continuous input to service provider throughout the process Information provider. Value creator.	Affected communities and partners were acknowledged as contributors and co-authors, depending on the level of input. Where relevant, their organisation logo was added to the book to ensure their in-kind funding was acknowledged. Research participants were informed that their feedback would support the improvement of the resource for other families.
Affected communities and partners participation	Repeated interactions and transactions across multiple channels. Help to produce knowledge and skills. Collaborative cooperation in all steps of the process from problem definition, design of solutions, and implementation. and evaluation of changes.	Those with lived experience (adult children of veterans or first responders) co-led the book's development, design, implementation and testing for suitability. The interactions with affected communities and partners occurred via email, social media channels and across organisations. They drafted storybook pages based on lived experience narratives and incorporated the narratives relayed to the team via clinicians who support these families. They also worked with the illustrator to refine her interpretation of the narratives and enhance the relationship between the intended message and the illustrations. The survey to gather feedback about the suitability of the resource was led by the research team, which involved those with lived experience. Thus, affected communities and partners helped to produce knowledge and skills.
Communication	Ongoing dialogue with diverse affected communities and partners. Bidirectional and transparent communication	Care was taken to create bidirectional and transparent communication. Emails to the group invited broader collaboration meaning the group grew. Contributors were asked to reply directly to the team leader, rather than 'reply all' to ensure they felt comfortable in sharing. The types of communication included face-to-face meetings, virtual meetings and many emails. Participants were asked for feedback using an online survey that outlined the ethics approval of the study and the use of pseudonyms if they were to be quoted.

*(Continued)*

Table 1. (Continued).

Features	Co-creation	Activity
Value creation (e.g. psychological, economic value or a social good)	Creation of unique personalised experiences – ownership and engagement in subsequent action.	Those with lived experience shared their narratives which were woven into the book. These narratives were evaluated by other affected communities and partners to test if these were unusual or common experiences, indicating how these should be presented within the resource. Affected communities and partners were engaged in decision making about implementing the feedback at all stages of development. The book was created as a royalty free resource, published under a Creative Commons Licence. All affected communities and partners were informed that their contributions were unpaid but were considered valuable to inform the resource.
Resultant initiative	Is created with consumer engagement at all stages of problem definition, boundary setting etc.	After the initial resource design, the continued consultation with support workers, clinicians and those with lived experience ensured the researchers kept a strengths-based, resilience-based approach. This ensured the resource was created with the end user in mind during problem definition and boundary setting. Affected communities and partners input also ensured the project was kept within the initial scope.
Possible outcomes	Creates value of a good or service using the views of diverse affected communities and partners.	The draft e-storybook was trialled with adult children of parents with a moral injury, parents with adult children with a moral injury, educators, support workers and clinicians to collect preliminary feedback. Additional feedback will be sought from UK parents with young children from families impacted by parental moral injury. After analysing the feedback, the research team prioritised which feedback they could include in the book within the project budget. Once the improvements are made, the book will be released online and disseminated via affected communities and partners contacts, media and social media. We believe this book has the potential to empower children from these families as they see their lives reflected in children's literature and enhance the capacity of their parents, support workers and clinicians to support them.

Source: Columns 1 and 2 are from Vargas et al. (2022).

Once the storybook was drafted, it was made available as a royalty-free resource and published under a Creative Commons Licence. It was trialled with adult children of parents with a moral injury, parents with adult children with a moral injury, educators, support workers and clinicians to collect preliminary feedback. Those who used it were asked for feedback using an online survey that outlined the ethics approval of the study and the use of pseudonyms if they were to be quoted. Feedback was then collated by a small group of partners who volunteered to become the research team. This feedback was shared with partners, and joint decisions were made about which feedback to incorporate and how to implement the changes within the project budget. There is no claim made



that the material included in the storybook is representative of all the possible experiences of those living with a family member with a moral injury. However, the story reflects elements of a variety of experiences that resonated most strongly with those who were engaged in the co-creation of the book and those who participated in the trial of the first draft. It is important to remember that the storybook is written for young children; therefore, the suitability of the material for the audience was also a consideration in the selection of material to include. Once the improvements were made, the book was released online and disseminated via affected communities' and partners' contacts, media and social media.

Strategies used to communicate and work with partners included emails, social media channels, and face-to-face and virtual meetings. Care was taken to create bidirectional and transparent communication. Emails to the group invited broader collaboration meaning the group grew. Through these communication channels, those with lived experience shared their narratives, which were woven into the book. Other affected communities and partners evaluated these narratives to test if these were unusual or common experiences, indicating how these should be presented within the resource.

## The present study

To gather insights from the affected communities and partners into the suitability of the newly developed e-storybook and additional resources for children coping with parental moral injury, we shared resources with key groups, asking them to review the resources and inviting their responses via a survey. These included various support workers (e.g. social workers, family workers and support officers for children from military families in schools), clinicians, adult children with lived experience, spouses of parents with lived experience of moral injury, and parents with lived experience of moral injury (veterans and first responders). The present study reports on the findings of these preliminary data.

## Method

### Study design

This mixed-methods study used an online survey comprising a brief questionnaire and a qualitative component with open-ended questions. This approach allowed for an in-depth exploration into the perceptions of the affected communities and partners about the suitability (e.g. usefulness, relevance) of the e-storybook and additional resources for supporting children coping with parental moral injury.

### Participants

After recruitment via emails, media and social media posts, a total of 15 participants, a convenience sample drawn from key groups listed above, agreed to complete the survey, of which nine (60%) reported demographic information for age and gender with six females and three males, ages 25 to 62 years ( $M = 42$ ,  $SD = 14$ ). In addition, 12/15 (80%) of participants reported on their relationship with the target cohort: 'Parent, carer or adult child in a defence (military), veteran or first responder family' ( $n = 7/12$ ; 58.33%), 'Support worker' ( $n = 1/12$ ; 8.33%), 'Clinician' ( $n = 1/12$ ; 8.33%); and 3/12 participants (25%) reported as 'Other' of which two noted as being a 'First responder' and 'Working for a Canadian organisation supporting veterans and families'.

Military-connected communities are well acknowledged as a hard-to-reach population, as concerns particularly relating to privacy can influence their willingness to participate in survey-based research (Schumm et al. 2019). The short time frame of the survey availability (6 weeks) may have also impacted participants' ability to access, review and then return their responses, leading to lower than expected participant numbers.



## Survey questions

In designing the survey, care was taken to use a trauma-informed principle of ‘empowerment, voice and choice’ by the Substance Abuse and Mental Health Services Administration (2014, 10). To support participant voices, we designed the survey to maximise empowerment by providing choices to ensure they were able to make decisions in relation to the amount and type of data they chose to provide. This is especially important in military populations who can be suspicious of giving information due to fears it might be given to a government department.

The quantitative survey component comprised three questions. Item 1 asked respondents to indicate their level of agreement on this statement: ‘the content was relevant, informative or useful’ (Table 2). This item was measured on a 5-point Likert-type scale ranging from 1 (*Strongly agree*) to 5 (*Strongly disagree*). Item 2 asked respondents the likelihood that they would ‘recommend the resource to other parents, support workers, educators or clinicians’. Item 2 was assessed on a 5-point Likert-type scale ranging from 1 (*Definitely*) to 4 (*Unlikely*) and 5 (*N/A; Have not used the resource yet*). Item 3 asked respondents to endorse how the resource has improved their children’s understanding, meaning making, and awareness of what is happening in their family environment based on the seven core supportive capabilities as listed in Table 3.

The qualitative survey component asked open-ended questions pertaining to the following six areas: (i) what sections of the resource they engaged with; (ii) what else needs to be included in the resource; (iii) three key messages they took from the resource; (iv) an anecdote of how they/child/family member responded to the resource; (v) an anecdote of how their child/family member responded to any changes brought on by the participant; and (vi) the reasons for their recommendation (or not) of this resource.

## Procedure

Before data collection, we obtained ethics approval from the University of New England Human Research Ethics Committee. The preliminary research for testing the suitability of the e-storybook and additional resources used convenience sampling to recruit key affected communities and partners (civilian parents from service families, clinicians, and support workers) through research-based news articles and social media posts by key project partners. Participants were directed to the project website, where they could download a PDF copy of the e-storybook for their review. Also, this page contained a suite of accompanying resources, including weblinks to support organisations and research insights about moral injury.

**Table 2.** Summary of responses.

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree	No response
Item 1:	<i>n</i> (%)	<i>n</i> (%)	<i>n</i> (%)	<i>n</i> (%)	<i>n</i> (%)	<i>n</i> (%)
Content was very relevant, informative or useful	10 (66.67%)	–	–	–	–	5 (33.33%)
	Definitely	Probably	Possibly	Unlikely	Have not used the resource yet	No response
Item 2:	<i>n</i> (%)	<i>n</i> (%)	<i>n</i> (%)	<i>n</i> (%)	<i>n</i> (%)	<i>n</i> (%)
Would recommend this resource to other parents, support workers, educators or clinicians	7(46.67%)	2 (13.33%)	–	–	1 (6.67%)	5 (33.33%)

**Table 3.** Participant endorsement of the effectiveness of the e-storybook resources at improving core supportive capabilities.

Items	Frequency
Understanding of what is happening in their family or other families	5
Ability to non-verbally share (through art and other mediums) what is happening in their family/what did happen/ what will happen	5
Ability to verbalise what is happening in their family/what did happen/what will happen	5
Ability to attribute their feelings to what is happening in their family	5
Ability to show empathy to characters in the stories	5
Ability to discuss strategies to self-soothe	5
Ability to help out at home	5

Participants could select more than one response option as listed.

Participants were not directly required to engage with these resources, but some chose to provide survey responses that reflected their experiences with both the e-storybook and additional resources. Other participants, however, focused explicitly on the e-storybook. The survey was administered online for 6 weeks.

### Data analysis

We used descriptive statistics (e.g. frequencies) to summarise quantitative data in Excel. Qualitative data were thematically analysed using an inductive approach (Bingham 2023). We used pseudonyms for participant quotes to protect the privacy and identity of the respondents.

### Results

The results of the present study about the suitability of the e-storybook and additional resources are presented below in two sections: quantitative and qualitative findings.

#### Quantitative findings

Ten out of 15 (66.67%) participants indicated they were giving feedback on the e-storybook, while other participants either did not specify or provided feedback. For Item 1 (relevance or usefulness of the resource) and Item 2 (recommendation to others), 10/15 (66.67%) participants provided data, respectively. Table 2 provides a summary of responses showing that overall, participants found the e-storybook content relevant, informative or useful and also indicated that they would recommend the e-storybook and additional resources to other parents and other affected communities and partners supporting the children coping with parental moral injury.

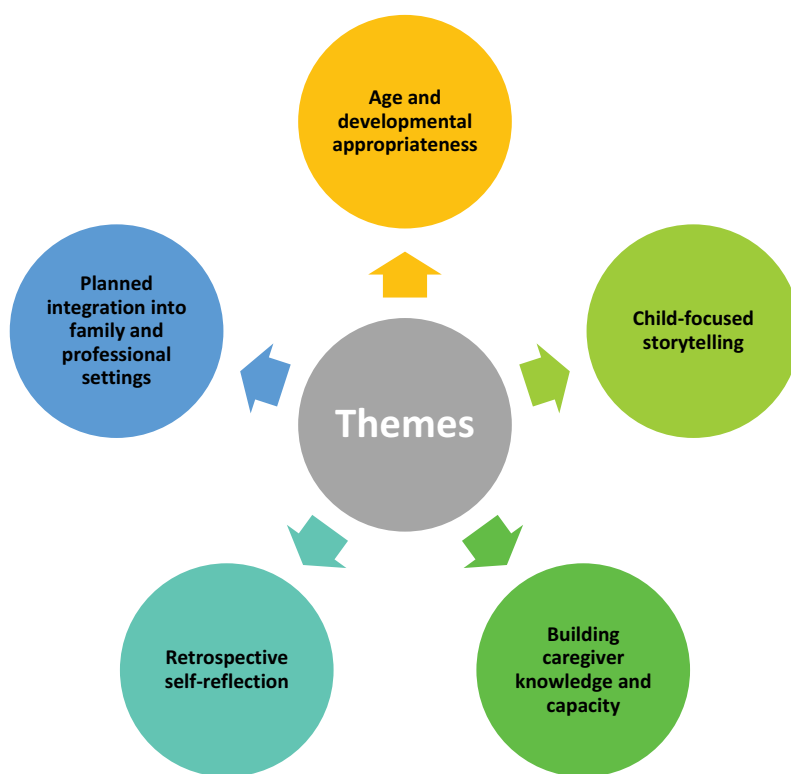
Item 3 asked participants to what extent have the resources and activities from this resource been effective at improving their child/ren’s understanding, meaning making, and awareness of what is happening in their family environment. Table 3 summarises the responses from five participants (33.33%) who provided data. Overall, respondents found the research-based e-storybook effective in improving their child/ren’s abilities and skills in dealing with and managing parental moral injury. It should be noted that only 5 answered these questions due to the design of the survey to support those with lived experience to have agency and choice, rather than to risk re-traumatisation.

#### Qualitative findings

Of 15 respondents who completed the online survey, 10 also provided responses to open-ended questions: (a) What else do you think needs to be added to this module or storybook, if anything?; (b) What were the 3 key messages you took from the module or storybook?; (c) Please write one anecdote of how you, or a child/ren, or family members responded to the resource(s); (d) Please write one anecdote of how a child or children or family members responded to any changes in your

practices as a result of the module or storybook; and (e) Could you please say a few words about why you would/would not recommend the module or storybook?

These qualitative data were thematically analysed using an inductive approach (Bingham 2023; Braun and Clarke 2006), where two coders independently and jointly worked to develop the final themes and findings. After sorting the data, both coders independently undertook descriptive coding aligned with the aims of the research study. In the third and fourth phases, the coders established themes by consensus. This analytical approach identified five themes related to the suitability of this newly developed research-based e-storybook and additional resources in supporting children coping with parental moral injury, and were labelled as: (i) age and developmental appropriateness; (ii) child-focused storytelling; (iii) building caregiver knowledge and capacity; (iv) retrospective self-reflection; and (v) planned integration into family and professional settings (see Figure 1).



**Figure 1.** Identified themes related to the suitability of the e-storybook resource.

The following section provides a detailed description of each of the identified themes. Participant quotes are provided to illustrate themes with pseudonyms assigned by the research team.

### *Age and developmental appropriateness*

Participants commented on the level at which the resources were developed, and whether they felt like this level was appropriate for the young readers targeted. Some participants felt it was appropriately targeted:

Wow. When I first started reading it I thought it was too simplistic, valid for maybe a 3 or 4-year-old. I changed my mind very quickly. They [children and grandchildren] have a pretty solid understanding of his experiences but this explanation is so much better than ours have been. (Charlie, veteran family member)

[I] think it is a good, plain language way to explain a very complicated experience. (Ash, support worker)

Other participants thought this needed further development:

I think a bit of a 'kid friendly' explanation regarding what a moral injury is, whether it be a sentence or two, prior to jumping into the cloud analogy (which is so awesome by the way) would be helpful in creating more of a well-rounded understanding for book users. (Sam, first responder)

### *Child-focused storytelling*

A clear theme related to the narrative structure, storyline and plot of the book was identified. Participants made comments about whether the overarching story made sense and was clear for a young audience. Some participants felt the plot and storyline were not as compelling and engaging for children as it could be:

I think the arc of the story wasn't clear/engaging for kids. It would be good to make the point that Dad has difficulties then to focus on the talking/counselling etc. (Drew, other participant [unspecified])

Other participants made comments about the content of the e-storybook, and the balance of positive, solutions-based approaches with realistic and pragmatic subject matter which accurately reflects the experiences families face:

I feel like it focused too much on the bad. Would also be more inclusive if the first mention of Dad's cloud didn't attribute it just to work. Some moral injury comes from work but experiences in general may be more of a catch all. (Jesse, other participant [unspecified])

Dad is sad was the overwhelming message. I wish it was more balanced with the 'so what, now what' messaging. (Max, other participant [unspecified])

This story shed a realistic and wholesome light on the realities of how moral injuries impact those that have served and their families. (Casey, veteran family member)

I would caution on the message that children need to help out more at home, for some children this becomes parentifying and taking on chores that are beyond their age and stage to help out but it can have consequences. (River, support worker)

### *Building caregiver knowledge and capacity*

Participants made a considerable number of comments about the factual and research-based resources at the end of the e-storybook written in plain English for accessibility (rather than academic English). These resources were provided to assist parents, caregivers and professional support staff in furthering their own understanding of moral injury, and it was clear that this aim had been achieved in the books. Participants confirmed using these pages to upskill their own knowledge:

I personally found it insightful, informative, normalising, and generally helpful in understanding how moral injury expresses itself. (Blake, veteran family member)

### *Retrospective self-reflection*

Although the e-storybook is designed for children, it was surprising how many participants reflected on how the book and accompanying factual information helped them, as adults, to gain new perspectives and potential healing around their individual and family experiences of moral injury. The content appeared to resonate deeply with participants and enabled them to connect with the subject matter. Further, the e-storybook appeared to validate and give voice to their past experiences, which they may not have fully understood or processed:

The further I read, especially once I got to the more clinical descriptions at the back, the more it hit me and made me so sad this book wasn't around when [my partner's] kids and granddaughter were younger, realising what a difference it may have made if they could have understood what was happening with him. (Alex, veteran family member)

This wee book provides the clearest explanation yet of the origins and initial steps toward explaining and solving a highly complex problem that (as veterans) my husband and I have been grappling with for the past 62 years. The prologue and epilogue are particularly satisfying, as they help us as adults to understand the 'why' behind it all. (Riley, veteran family member)

It made me cry. I believe that all efforts to address the perplexity of mental injury for children are worthy of support . . . speaking as a child who lived through it myself . . . having any level of understanding at all . . . would have had a positive effect on my childhood. (Lesley, veteran family member)

It is timely, even now, as I am currently still processing the injuries I have found a way to share it with them, even though my children are now young adults, when they hurt from my actions or inactions the become wounded children. I have reached out for additional support and continue to address the unseen wounds, this book gave a safe narrative to my story. (Sam, first responder)

### *Planned integration into family and professional settings*

The final theme evident in participant comments related to feedback about how participants intended to use the resources in their family context, or professional practice. Participants perceived these resources as useful and practical for real-world application, and referred to their anticipated use and integration:

I have already shared it with my network of morally wounded persons and anyone who offers support to us. There are hardly any resources that address such a challenging topic, this book is long overdue, this type of resource, in my opinion, has the chance to break the intergenerational trauma that our children are exposed to. (Sam, first responder)

I find the story helpful in that it provides the basis, with a room for users to adapt the story to their specific circumstances. (River, support worker)

I am confident that if I shared this story with a client in session who has a parent with a moral injury they would respond well to it. (Rae, clinician)

### *Triangulation and synthesis of findings*

Overall, both quantitative and qualitative findings found that the affected communities and partners agreed that the e-storybook resource was informative and relevant with its content being child-focussed and appropriate for the age and developmental stage. They also found the resource to be useful and practical with real-world applications in family and professional settings, providing support to children coping with parental moral injury. In addition, participants found the usefulness of this e-storybook for parents and/or carers of children in gaining new perspectives and potential healing around their own experiences of the moral injury resource. Participants made several suggestions for further enhancement of the e-storybook and associated resources, which predominantly related to ensuring suitability for younger audiences. This included adding simplified explanations of moral injury to support analogies used in the story. Participants also considered that the balance between realistic but also positive messaging may need further refinement. Finally, participants found the resource to be effective in building carers' knowledge and capacity to support children coping with parental moral injury.

## **Discussion**

The present study reported on the co-creation and preliminary testing of the suitability of a research-based e-storybook and additional resources to support children coping with parental moral injury. The

co-creation process aimed to support children to understand and cope with parents experiencing moral injury has shown significant potential in addressing the scarcity of resources in this field. Involving over 20 internationally affected communities and partners, including researchers, support workers, clinicians, and those with lived experience, this collaborative approach facilitated an exploration of the complex nature of moral injury experiences in service families and helped to identify central themes necessary to develop a resource that caters to children, carers and families facing similar circumstances. In the following sections, we discuss the results of the present study on the overall suitability of the e-storybook followed by identified gaps, suggestions for future research directions and implications.

### *Perceived suitability of the e-storybook*

In supporting children coping with parental moral injury, access to contextualised, age-appropriate resources is clearly important to service families. Our preliminary data showed promising results. Overall, over half of our study respondents (66.67%) found the e-storybook content relevant, informative or useful; and 60% indicated they would recommend the resource to other parents, support workers, educators or clinicians. Participants also reported on the usefulness of the e-storybook in improving their child/ren's understanding of parental moral injury. Dowdall et al. (2021) found, using randomised control trials, that book sharing tends to have positive effects on child development and the relationship between children and their caregivers. Shared book reading has a beneficial effect on parent-child bonding and reduces parental stress (Canfield et al. 2020). Further, Tubbs (2015) found bibliotherapy particularly useful for children facing the challenges of military family life.

The interdisciplinary nature and diversity of the research team underscored the importance of acknowledging the variations in everyone's experiences and perceptions of moral injury. We recognised that anyone who has supported, or is currently supporting, someone with moral injury may perceive and experience it differently. This emphasises the benefits of using collaborative approaches that facilitate knowledge translation and help identify key needs by bringing affected communities and partners together as active partners (Grindell et al. 2022). This can be accomplished by valuing all types of knowledge, identifying key needs, and employing creative methods to foster a shared understanding of the issues the resource addressed, ultimately balancing power differentials and instilling a sense of ownership (P. Jones 2018). Thus, the process involved balancing individual experiences as well as common experiences to be included in the e-storybook while acknowledging these differences.

Based on our findings and the growing need for research-based, child-friendly resources that centre on parental moral injury, we have adopted an iterative development approach to refine and improve the e-storybook and additional resources based on ongoing feedback from the affected communities and partners. This approach involves updates to the resources' content, design, and functionality to ensure their ongoing pertinence and impact in addressing the evolving needs of children and their families affected by parental moral injury.

### *Limitations, identified gaps and suggestions for future research*

This study used convenience sampling, resulting in an overall small sample size, and thus, does not allow for any generalisation or strong conclusions. However, the results from this small sample were indicative and suggest a general agreement among participants.

Throughout the creation and refinement of the e-storybook and additional resources showcased in the present study, we received considerable positive feedback, yet some areas were identified for improvement. Even though the current version of this e-storybook shares common experiences of moral injury among service families, further engagement with children and their parents and caregivers would help in assessing the broad-scale suitability and relevance of the e-storybook's content across different contexts (e.g. age groups, geographic location/countries, service type) and diverse populations, including children from different linguistic, ethnic and cultural backgrounds

and those with varying levels of understanding and literacy. Future research could involve testing the adaptation and suitability of the resource to better meet the needs of specific groups, such as families of children with neurodisability or neurodiversity who experience lifelong help-seeking or navigation challenges. Future research could also gather insights from children coping with parental moral injury and understand their experiences first-hand to ascertain if the e-storybook content and illustrative work are accessible and meaningful. Another possible avenue for future research direction would be to incorporate the e-storybook resource to complement treatment trials and provide it to morally injured adults with children to test whether the resource improves outcomes for patients and their families.

We also received feedback on the primary focus on negative aspects of the story messaging in the current version of the e-storybook, attributing Dad's struggles to work-related experiences. This feedback highlights that moral injury can stem from different origins, emphasising the importance of inclusivity within the narrative. Other feedback from our study participants suggested including solutions alongside challenges, conveying a 'so what, now what' message. To address this, future iterations of the e-storybook could highlight Dad's progression from adversity to available support mechanisms, such as counselling, support groups and connecting with friends, stories of resilience, relief, hope, belonging, and support mechanisms alongside challenges to empower children and their families facing parental moral injury. This exploration for the inclusion of positive narratives and solutions within the e-storybook will provide a more balanced perspective on coping with parental moral injury. As research into moral injury expands and more is understood about who can experience PMIEs and how their families are affected, it is possible that alternative versions of the e-storybook may be beneficial that are appropriate for families with alternative structures, such as a future version that includes an adoptive/foster parent or same-sex parents.

## Implications

Children from service families face unique challenges not shared by children from non-service families. By exploring the impact of moral injury on family dynamics and children's well-being, the present study sheds light on the urgent need for such research-based, easily accessible resources for children and parents from service families. These families often struggle to access support in regional, rural and remote communities where there are long waiting lists and travel for mental health services. Our research provides an exemplar for co-creating research translation supports that could inform support service delivery in schools, healthcare facilities and community organisations by integrating such research-based resources into existing interventions and support programmes for service families.

## Conclusion

This study addresses an important gap in the availability of resources tailored specifically for children coping with parental moral injury, as identified by Reeves (2024). Our study provides evidence-informed resources for carers and healthcare professionals to initiate and maintain discussions with children and families. Diversity and interdisciplinary knowledge and skills within the research team and affected communities and partners highlight the value of collaborative approaches in understanding and addressing complex issues such as moral injury. Our preliminary findings demonstrate the suitability of this e-storybook resource for children coping with parental moral injury. Adopting an iterative approach to development ensures the e-storybook remains responsive to the evolving needs of its audience, enhancing its long-term effectiveness and relevance.



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## Ethics

Ethics approval was gained from the University of New England (approval # HE20–027).

## Data sets

Data are not publicly available at this time for this study.

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