

## **RISK AND PROTECTIVE FACTORS AGAINST PTSD IN PORTUGUESE PEACEKEEPERS: A QUALITATIVE STUDY PROTOCOL**

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### **ABSTRACT**

Peacekeepers often face physical and psychological stressors that can lead to post-traumatic stress disorder (PTSD). However, not all develop PTSD, and the factors influencing this variability remain unclear. Objective: Guided by the Conservation of Resources theory, this qualitative study explores risk and protective factors influencing peacekeepers' experiences of potentially traumatic events during deployment, which may contribute to PTSD. Methods: Semi-structured interviews are being conducted with 32 Portuguese Defense Forces peacekeepers deployed to Bosnia (1996; 2006-2007), Afghanistan (2008; 2014), the Central African Republic (2017; 2019) and Romania (2022; 2023-2024). These missions were selected for their diverse geographical, socio-political, and operational contexts, offering a broad spectrum of experiences for analysis. They also reflect key phases in Portuguese peacekeeping, capturing evolving challenges. Additionally, they encompass varying stressors, from

post-conflict stabilization (Bosnia) to counterinsurgency (Afghanistan), peace enforcement (Central African Republic) and training missions (Romania), making them relevant to PTSD research. The study received ethical approval from the University of Lisbon's Research Ethics Committee. The interview schedule, comprising open-ended questions, was reviewed by the Portuguese Army Applied Psychology Center and piloted with two Army members. Interviews are being conducted via Google Meet, recorded with OBS Studio, and transcribed verbatim. Thematic analysis using NVivo (v12) is being used to identify risk and protective factors. Preliminary Results: sixteen interviews with peacekeepers deployed to Bosnia and Romania revealed key protective factors against PTSD, including social support, military values, preparation, personal fulfillment, and adaptive coping strategies. Identified risk factors included adverse operational conditions, separation from home, strained relationships, and maladaptive coping mechanisms. Findings enhance understanding of PTSD in peacekeeping, support the development of an instrument to analyze risk and protective factors, and inform evidence-based recommendations for deployed personnel's mental health.

**Keywords:** military, peacekeepers, peacekeeping, post-traumatic stress disorder, PTSD.

## **1. INTRODUCTION**

Post-Traumatic Stress Disorder (PTSD) is a psychological condition that arises after an individual experiences or witnesses a traumatic event. This disorder typically develops in response to highly stressful or traumatic experiences that deeply affect a person's mental and emotional state. PTSD can be triggered by a wide range of traumatic events, and its onset is often directly linked to the severity and nature of the

event itself (Coenen et al., 2021; Nash et al., 2014). Such events can include combat, natural disasters, or violent personal attacks.

Although a significant number of Portuguese military personnel have been deployed on non-war missions over the years, there is a notable research gap concerning the prevalence of PTSD among these individuals. To date, no studies have examined the rates of PTSD in Portuguese personnel involved in non-war operations or identified the risk and protective factors that might contribute to the development of PTSD in these military personnel. Conducting such research is vital for developing targeted prevention and intervention strategies for PTSD, which would not only improve the mental health and well-being of Portuguese military personnel but also enhance the overall effectiveness and success of non-war missions. By addressing this gap in research, we can better understand the psychological challenges faced by Portuguese military personnel and create solutions that promote resilience and mental health during and after deployment.

The focus of this research is to identify potential risk and protective factors associated with PTSD among Portuguese military personnel in non-war operations. The factors identified in this study will be used to develop a comprehensive instrument of factors that relate (both positively and negatively) with PTSD. Theoretically, the study seeks to contribute to the extension and consolidation of knowledge about PTSD in military personnel involved in non-war operations. Practically, the research aims to contribute to organizational practices by gathering conditions for interventions that protect military personnel from risk factors and provide them with protective resources against PTSD.

## **2. LITERATURE REVIEW**

### **2.1 PTSD IN COMBAT CONTEXTS**

Research in the field of traumatic stress has significantly explored the relationship between exposure to combat situations and the development of PTSD. It has been consistently found that military service acts as a considerable risk factor for the development of various psychiatric disorders, with PTSD being one of the most common among them (Greenberg et al., 2008; Maia et al., 2011). The experience of war or combat often plays a crucial role in the development of PTSD, with the intense and frequent exposure to trauma taking a severe psychological toll on military personnel (Maia et al., 2011; Xue et al., 2015). Meta-analyses of military personnel highlight the troubling prevalence of PTSD in groups serving in war zones (Coenen et al., 2021; Xue et al., 2015). For example, studies on U.S. military personnel deployed to combat zones report that PTSD rates vary widely, ranging from as low as 8.8% to as high as 25%, depending on various factors such as the specific branch of the military and the location of deployment (Booth-Kewley et al., 2010; Chemtob et al., 1990; Espinoza, 2010; Hing et al., 2012; Hoge et al., 2004). This wide range of PTSD rates underscores the complexity of factors involved in the disorder's development and suggests that individual experiences and the nature of military service significantly influence the likelihood of developing PTSD. Research also indicates that the severity of PTSD symptoms often correlates with the intensity of combat experiences (Fear et al., 2010; Hoge et al., 2004).

### **2.2 PTSD IN NON-WAR MILITARY OPERATIONS**

An interesting and somewhat surprising finding is that military personnel involved in international non-war operations, such as peacekeeping and peace enforcement missions, often face similar types of traumatic stressors as those experienced by

soldiers in conventional warfare. These stressors can include witnessing the aftermath of violent conflicts, seeing corpses, experiencing threats of violence, and even being targeted by the very communities they are assigned to protect. Despite not being engaged in active combat, these personnel can be exposed to intense emotional and psychological pressures (Greenberg et al., 2008). The increasing success of such missions has, however, raised the expectations placed on these troops. As peacekeeping operations become more widespread, military personnel are now required to perform complex tasks in volatile and unpredictable environments that often involve handling political instability and potentially dangerous situations (United Nations Peacekeeping, n.d.). As a result, peacekeeping personnel are frequently exposed to a combination of physical threats and psychological stressors, which can take a toll on their mental health and well-being. This can lead to conditions such as PTSD, anxiety, depression, and substance abuse, further complicating their ability to carry out their missions effectively and impacting their overall preparedness and mental resilience (Greenberg et al., 2008).

PTSD rates among military personnel in non-war operations are comparable to those in combat zones like Iraq, Afghanistan, and the Persian Gulf (Magruder & Yeager, 2009). PTSD prevalence in non-war operations can range from 0.05% to as high as 25.8% (Souza et al., 2011), indicating that the psychological impacts of these operations can be significant. However, it is essential to note that not all military personnel engaged in non-war missions develop PTSD. PTSD prevalence in these groups can vary significantly, and studies have found that the rates range from 2% to 15% in Western countries (Greenberg et al., 2008). This variation leads to an important question: why do some military personnel involved in non-combat operations develop PTSD, while others do not? This question underscores the need for further research into the specific risk and protective factors that might influence the development of

PTSD in such contexts. Understanding these factors is crucial to providing better care and support for military personnel who may be at risk. Therefore, a recent systematic review and meta-analysis (Carmona et al., 2024) examined risk and protective factors for PTSD in peacekeepers, identifying risk factors such as single marital status, female gender, serving in infantry, longer time since deployment, negative perceptions about deployment, combat/trauma exposure, deployment stressors, and negative social interactions, while protective factors included family/community and military support, higher education, higher rank, problem-focused coping strategies, and older age.

### **2.3 THEORETICAL FRAMEWORK**

The Conservation of Resources (COR) Theory, developed by Hobfoll (2002), offers a framework for understanding how individuals respond to stress and the role that resources — such as objects, personal traits, and physical, psychological, and social conditions — play in managing life's challenges. The theory asserts that resources are essential for coping with stress, and when they are depleted, individuals become vulnerable to further stress. This resource depletion can create a negative feedback loop, worsening stress and leading to further loss of resources. On the other hand, the accumulation of resources fosters resilience and improves well-being by enhancing the ability to cope with stress.

In relation to PTSD, COR Theory suggests that the loss of critical resources —whether personal (e.g., self-esteem, emotional stability) or situational (e.g., support systems, stability) — increases vulnerability to trauma. PTSD does not stem solely from exposure to trauma but from the loss of resources and the inability to replenish them. However, maintaining or accumulating resources, such as strong social support and effective coping mechanisms, can help mitigate PTSD by promoting resilience. COR Theory is particularly relevant in understanding PTSD among military personnel in

non-war operations, such as peacekeeping or humanitarian missions, where unique stressors — e.g., emotional exhaustion, isolation, and exposure to traumatic events — can deplete resources. If these resources are not replenished, military personnel become more vulnerable to stress-related disorders, including PTSD.

The theory's focus on resource management is crucial in developing mental health interventions for military personnel. By identifying risk and protective factors, COR Theory informs strategies to provide emotional support, improve coping skills, and ensure personnel can maintain or accumulate resources. This helps prevent PTSD and supports military performance in challenging environments. Overall, COR Theory highlights the importance of safeguarding psychological well-being and improving resilience among military personnel, especially in non-combat settings.

### **3. METHODS**

This study involves conducting one-on-one, semi-structured interviews with 32 peacekeepers from the Portuguese Defense Forces who were deployed to various international missions, including Bosnia (1996; 2006-2007), Afghanistan (2008; 2014), Central African Republic (2017; 2019), and Romania (2022; 2023-2024). These specific deployments were selected for several reasons: first, they represent a broad spectrum of mission contexts, each characterized by distinct geographical locations, socio-political environments, and operational demands. This variety offers a diverse range of experiences that can enrich the analysis. Second, these missions are historically significant, reflecting various phases and challenges faced by Portuguese peacekeepers over the years, which adds valuable depth to the study. Third, the different nature of these operations — ranging from post-conflict stabilization in Bosnia, to counterinsurgency efforts in Afghanistan, peace enforcement in the Central African Republic, and training missions in Romania — provides a wide array of

stressors. These diverse experiences make these missions particularly relevant to the study of PTSD in peacekeepers.

The interviews are designed to address a central research question: What are the risk and protective factors against post-traumatic stress disorder (PTSD) in army peacekeepers? To the best of our knowledge, this research represents the first study of its kind focusing on Portuguese peacekeepers. The participants are being recruited from the Portuguese Defense Forces through a protocol established between the Faculty of Psychology at the University of Lisbon and the Portuguese General Directorate of National Defense Resources. The recruitment process, carried out by the Portuguese Army Applied Psychology Center, began by reaching out to commanders via email to request the orders of battle. Once these orders were received, potential participants were contacted by email and invited to participate in the study. Inclusion was based on the condition that participants had served in one of the specified international deployments: Bosnia (1996; 2006-2007), Afghanistan (2008; 2014), Central African Republic (2017; 2019), or Romania (2022; 2023-2024). No additional exclusion criteria were applied. Those who agree to participate are provided with an overview of the study before the interviews begin, and all participants give their informed consent to take part. Ethical approval for the study was granted by the Research Ethics Committee of the Scientific Committee of Faculty of Psychology of University of Lisbon. Participation is voluntary and confidential, ensuring that only the research team had access to the data collected.

The interview process was guided by a semi-structured interview schedule, which was designed to explore the lived experiences of the peacekeepers in relation to their time in these missions. This format allowed for flexibility, ensuring that each interview could be tailored to the individual's unique experiences. To ensure the interview questions were both relevant and appropriate, the schedule was reviewed and critiqued

by members of the Portuguese Army Applied Psychology Center. After incorporating their feedback, the schedule was piloted with two Army personnel who had operational experience. Final adjustments were made based on this pilot before proceeding with the actual interviews. The interview schedule consisted of 15 broad, open-ended questions, each with prompts to guide the interviewer in eliciting detailed responses.

**Table 1**

*Interview Script*

Interview Domain	Items
Demographic Information (current and at the time of deployment)	Date of birth Marital status Education level Length of military service Rank/position held Permanent staff or contract? If under contract, how much time remained until the contract ended at the time of deployment? Were you deployed voluntarily or by assignment? What was your perception of going on the mission?
Experiences in the Peacekeeping Mission	General description of the peacekeeping mission Moments or situations that were particularly challenging or stressful during the mission. Were there any events or situations that, from your perspective, could be classified as potentially traumatic during the mission?
Identifying Protective Factors Against PTSD	Pre-Mission During Missions Post-Missions Other missions
Final reflections	From your perspective, considering both your personal experience and what you have observed in other military personnel, what would you say about the impact of participating in these missions on mental health? What would you recommend for the selection and recruitment of military personnel for these missions? What recommendations would you make regarding the support provided by the military before, during, and after the mission?
Conclusion	Reiterate the commitment to confidentiality and formally conclude the interview

Interviews are being conducted using Google Meet, recorded with OBS Studio software, and transcribed verbatim for analysis. The duration of each interview is circa

one hour. All interviews are being conducted by the lead author, who has no military background. This lack of military experience is being disclosed to all participants at the outset. At the conclusion of each interview, participants complete the Portuguese version (Carvalho et al., 2020) of the Posttraumatic Stress Disorder Checklist for DSM-5 (PCL-5; Weathers et al., 2013), which provides a standardized measure of PTSD symptoms.

Following the interviews, the audio recordings are transcribed into Microsoft Word documents. The data analysis is being carried out using NVivo (v12), employing a reflexive thematic analysis approach in line with the guidelines established by Braun and Clarke (2006). The analysis process is systematic and involves several stages. Initially, the research team thoroughly familiarizes themselves with the interview transcripts by reading and re-reading the data. This close engagement with the material enables the generation of initial codes, which are then grouped together to form broader categories. During this process, particular attention is being paid to the relationships between the codes, allowing the team to identify patterns and organize the data into coherent categories.

Once the initial categories are formed, the research team reviews them to assess their validity. This involves evaluating whether the categories could stand alone, needed to be combined with others, or should be discarded altogether. The final step involves refining the categories into overarching “domain categories,” which represent key themes in the data. These domain categories provide the structure for interpreting the findings of the study. Throughout the analysis, the research adheres to a social constructivist epistemological approach, acknowledging that each participant's experience of trauma and its psychological effects are shaped by their unique social realities and personal contexts.

#### 4. PRELIMINARY RESULTS

Data collection is ongoing. Sixteen interviews were conducted and analyzed with participants from Bosnia and Romania. Among the most relevant protective factors were social support (military psychological support, camaraderie, family support); military values (being a soldier, duty, sacrifice and responsibility), selection/preparation (selection, personal preparation and previous military experience, military preparation for the deployment), fulfillment (personal growth, pride/achievement, enjoyment/motivation), and coping strategies (adaptive coping strategies, rest/relaxation). On the other hand, the risk factors include adverse conditions (conflict and danger scenarios, insufficient resources, stress and pressure, isolation and restrictions, unknown and unpredictability), distance from Portugal (being far from home and family, issues related to returning to normal life, concerns about and from family), relational challenges (bad or overwhelming relationships, negative leadership), coping strategies (maladaptive coping strategies).

**Table 2**

*Preliminary results*

Domain	Theme (node)	Subcategories (sub-nodes)
Protective factors	Social Support	Military psychological support, camaraderie, family support
	Military Values	Being a soldier, sense of duty, responsibility, sacrifice
	Selection and Preparation	Selection, personal preparation and prior military experience, military training for the deployment
	Fulfillment	Personal growth, pride/ achievement, motivation/ enjoyment
	Coping strategies	Adaptive coping strategies, rest, and relaxation practices
Risk factors	Adverse conditions	Conflict and danger, insufficient resources, stress and pressure, isolation and restrictions, unknown, unpredictability
	Distance from Portugal	Being far from home and family, issues related to returning to normal life, concerns about and from family
	Relational challenges	Negative leadership, bad or overwhelming relationships
	Coping strategies	Maladaptive coping strategies

## **5. DISCUSSION**

This study discusses preliminary qualitative findings regarding the risk and protective factors influencing the development of PTSD among Portuguese peacekeepers, aiming to deepen the understanding of how individual, social, and contextual resources affect mental health outcomes during and after deployment.

Some factors had already been shown in previous studies. Institutional military social support (Barnes et al., 2013), military leaders and peers' support (Bolton et al., 2003; Mehlum & Weisaeth, 2002), problem-focused coping (Dirkzwager et al., 2003), rest and recovery opportunities (Gjerstad et al., 2020), and community and family reception (Bolton et al., 2002) are significantly linked to lower PTSD in peacekeepers. Growth is also linked, but not significantly (Goede et al., 2024). On the contrary, exposure to combat/war zones (e.g., Bolton et al., 2002; Bolton et al., 2003; Bolton et al., 2006; Connorton et al., 2011; Dickstein et al., 2010; Di Nicola et al., 2007; Gray et al., 2004; Litz et al., 1997; Mehlum et al., 2006; Sareen et al., 2007), stress and pressure (e.g., Mehlum et al., 2006; Richardson et al., 2007; Seedat et al., 2003), emotion-focused coping (Dirkzwager et al., 2003), being away from home and family (Orme & Kehoe, 2014), and difficulties in social reintegration after returning (Mehlum et al., 2006) are significantly linked to higher PTSD in peacekeepers. In military personnel, low motivation for military service influences vulnerability for PTSD (Kaplan et al., 2002). Prior experience shows mixed results: while the 1st deployment is linked to higher PTSD (Adler et al., 2005), and multiple deployments (Dirkzwager et al., 2005) are linked to lower PTSD, peacekeepers deployed more than once have a higher likelihood of PTSD (Richardson et al., 2007). However, some factors have not yet been explored in peacekeepers, such as military values; fulfillment; selection/preparation; concerns about and from family; and adverse conditions such as insufficient resources, isolation and restrictions, and unknown and unpredictability.

These preliminary findings reinforce the applicability of the Conservation of Resources (COR) theory in understanding PTSD among peacekeepers. The theory suggests that traumatic stress arises from the loss of resources and the inability to recover them, with the presence or absence of personal, social, and contextual resources directly impacting individuals' mental health. The data validate this premise, showing that elements such as social support, effective leadership, and adaptive coping strategies act as essential protective resources, whereas stress exposure, isolation, and reintegration challenges represent forms of resource loss with a negative psychological impact. This study also highlights the importance of contextual variables such as mission environment, the role performed, and post-deployment conditions, suggesting that effective interventions must occur before, during, and after the mission. Attention to relational and contextual factors — such as camaraderie and moments of relaxation — may play a crucial role in preventing PTSD. Additionally, the findings provide a strong foundation for future quantitative studies and may help guide military policies and practices regarding psychological preparation and support for deployed personnel. Attending to both individual (e.g., coping strategies) and contextual (e.g., institutional support) factors emerges as essential for mitigating the psychological impact of peacekeeping missions.

## **6. CONCLUSION**

In conclusion, this research aims to provide a deep understanding of the risk and protective factors that affect PTSD development among Portuguese peacekeepers. By utilizing semi-structured interviews and a robust data analysis method, the study will contribute valuable insights into the mental health challenges faced by military personnel deployed in international peacekeeping missions. The findings will offer a clearer understanding of how diverse operational experiences and personal resources

influence the likelihood of PTSD, thereby informing future strategies for supporting the mental health and well-being of peacekeepers.

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