



Nationaal
Psychotrauma
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Moral Injury: alertering

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'Moral injury', in het Nederlands ook wel 'moreel trauma' genoemd, is een begrip dat verwijst naar de psychosociale klachten die mensen kunnen ontwikkelen wanneer zij ervaringen hebben meegemaakt waarin belangrijke morele verwachtingen en overtuigingen worden geschonden.

Elke maand zet de ARQ-bibliotheek nieuwe publicaties over *Moral Injury* op deze lijst.

Voor eerdere updates kunt u mailen naar de [ARQ-bibliotheek](#).

Deze attendering hoort bij het [themadossier Moral Injury](#).

Ajayi, O., Esangbedo, A., Lawal, A., Olanrewaju, A., Ojo, T., & Talabi, O. (2023). Moral Injury, Trance and Possession State or a Schizophrenic Illness. a Case report. *BJPsych Open*, 9(S1), S128–S129.

<https://doi.org/10.1192/bjo.2023.359>

Aims Moral Injury is a strong cognitive and emotional response occurring upon witnessing, participating in, or failing to prevent an act that goes against one's ethical code. This has been linked with Post Traumatic Stress Disorder, Depression, Suicidality, and Anxiety, amongst others. Data on its association with Schizophrenia are however lacking. Trance and Possession Disorders defined by the ICD-10 refers to a group of disorders involving temporary loss of both the sense of personal identity and full awareness of the surrounding with individuals acting in some cases as if taken over by another personality, spirit, deity, or force with reports of such states occurring in primary psychotic disorder. This case presentation describes a 22-year-old male whose first episode of schizophrenia was preceded by moral injury. Methods A 22-year-old male Nigerian with a strong conservative Christian religious upbringing and a history of receiving a prophecy against having intercourse with women. He started showing symptoms of a mental illness a month after attaining coitarche with a lady. This presentation was characterized by irrelevant speech, intrusive flashbacks and unusual beliefs (excessive guilt, ill health). 7 months after, he was presented to the hospital with above symptoms and disorganized behavior characterized by beliefs of being possessed by four different people, shouting in different voice textures, throwing himself on the floor. We kept in view a diagnosis of schizophrenia and placed him on oral Olanzapine 5mg nocte following which he made significant improvement within 2 weeks with no memory of the event. Results Different factors can be considered in the aetiopathogenesis and presentation of symptoms in this patient. According to Williamson V. et. al; An Individual's experience of moral injury may lead to feelings of shame or guilt which was present in this patient (delusion of guilt). The pathogenic effect of culture and religion (e.g through prophecy against intercourse with women) may account for this illness. Moreso, pathoplastic and pathoreactive effects of culture could be said to have contributed significantly to the presentation of a psychotic disorder with trance and possession state as a reaction to moral injury. Conclusion Moral Injury, not previously considered to be associated with primary psychotic disorder may not only possibly precipitate a primary psychotic disorder but also show cultural/religious differences in phenomenology. Further studies are therefore required to explore these associations.

Andrews, K., Roth, S. L., Lloyd, C., Protopopescu, A., O'Connor, C., Lanius, R. A., & McKinnon, M. C. (2023).

Development and preliminary evaluation of the Moral Injury Assessment for survivors of abuse. *Traumatology*, No Pagination Specified-No Pagination Specified. <https://doi.org/10.1037/trm0000475>

Survivors of abuse (SoA) are exposed to violations of their trust and moral standards leading to the risk of experiencing significant psychological, spiritual, and behavioral suffering. However, little research has examined these experiences of moral injury (MI) in this population. Further, to our knowledge, there are no existing tools to measure MI in SoA. The Moral Injury Assessment for Survivors of Abuse was developed over multiple stages including literature review, focus groups with SoA, and consultations with clinical and research experts in relevant disciplines. The tool was piloted with 188 Canadian and American adult participants (M = 33.5 years old, standard

deviation, SD = 9.2; 55% male-identified) and an exploratory factor analysis was conducted. Four distinct factors emerged that explained 60% of total variance: intergenerational transmission of trauma, emotional sequelae, self-blame, and betrayals. Further, the scale demonstrated strong internal reliability (total score: Cronbach's $\alpha = .93$), item-total correlations, and construct validity when compared to relevant measures of psychological distress. These findings present important preliminary insight into the unique experiences of MI within the SoA population and provide a foundation for future validation studies. Ultimately, it can potentially provide an additional tool for clinicians in developing tailored assessments and treatment plans for SoA. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

Berdida, D. J. E. (2023). The mediating roles of moral courage and moral resilience between nurses' moral distress and moral injury: An online cross-sectional study. *Nurse Education in Practice*, 71, 103730.

<https://doi.org/10.1016/j.nepr.2023.103730>

Aims To investigate the mediating role of moral resilience and moral courage in the association between moral distress and moral injury. **Background** There is a preponderance of nursing literature about moral distress, moral resilience, moral courage and moral injury. However, examining moral resilience and moral courage as mediators remain underreported during the COVID-19 pandemic and in the context of a developing nation. **Design** Correlational, cross-sectional design compliant with the STROBE guidelines. **Methods** A convenience sample of nurses (n = 412) from the Philippines were recruited using social media platforms (e.g., Facebook, Messenger, Twitter). Four self-report and validated scales (8-item Moral-Distress Appraisal Scale, 21-item Nurses' Moral Courage Scale, 17-item Rushton Moral Resilience Scale and 10-item Moral Injury Symptom Scale: Healthcare Professionals Version) were used to collect data from January to July 2022. Pearson's r, bivariate analysis and multistage regression analyses were used for data analysis. **Results** This study afforded a model that depicted the interrelationships of moral distress, moral resilience, moral courage and moral injury. Moral distress has a negative impact on moral resilience and moral courage while positively affecting moral injury. Moral resilience positively influences moral courage while having a negative impact on moral injury. Moral courage has an indirect impact on moral injury. Finally, moral resilience and moral courage demonstrated a mediating effect between moral distress and moral injury. **Conclusions** Healthcare organizations, policymakers and nurse managers should include policies and programs that include improving approaches to modifying workplace conditions and evaluating nurses' moral resilience and courage. Nurse managers need to advocate ethics education and professionalism. Nurses must practice self-care strategies to strengthen morally resilient and courageous therapeutic practices.

Berdida, D. J. E., & Grande, R. A. N. (2023). Moral Distress, Moral Resilience, Moral Courage, and Moral Injury Among Nurses in the Philippines During the COVID-19 Pandemic: A Mediation Analysis. *Journal of Religion and Health*. <https://doi.org/10.1007/s10943-023-01873-w>

Investigations about moral resilience and moral courage as mediators between moral distress and moral injury remain underreported among nurses during the COVID-19 pandemic. Nurses (n = 412) from the Philippines were conveniently recruited via social media platforms and completed four self-report scales. The mediation model depicts that moral distress negatively impacts moral resilience and moral courage while positively affecting moral injury. Moral resilience and moral courage negatively impact moral injury, whereas moral resilience directly impacts moral courage. Finally, moral resilience and moral courage demonstrated a mediating effect between moral distress and moral injury. Findings indicate that healthcare organizations and nurse managers should nurture morally resilient and courageous therapeutic practices among frontline healthcare professionals to mitigate the negative effects of moral distress and moral injury.

Biscoe, N., Bonson, A., Nickerson, A., & Murphy, D. (2023). Factors associated with exposure to potentially morally injurious events (PMIEs) and moral injury in a clinical sample of veterans. *European Journal of Trauma & Dissociation*, 7(3), 100343. <https://doi.org/10.1016/j.ejtd.2023.100343>

Introduction Moral injury is not inevitable following exposure to a potentially morally injurious event (PMIE). Since moral injury is associated with poor mental health outcomes, it is clinically important to understand when moral injury develops following PMIE exposure and when it does not. The current study explores associations between both PMIE exposure and moral injury with a range of mental health and functioning outcomes to explore possible differences in comorbidities between those who do, and those who do not go on to develop moral injury following PMIE exposure. Methods A total of 428 treatment-seeking veterans from a national charity (Mage = 50.4, SDage = 10.9) completed an online questionnaire which included the Moral Injury Outcome Scale to assess PMIE exposure and moral injury symptoms, and measures of other mental health outcomes. Results Independent t-tests revealed significant differences between mean scores on measures of common mental health difficulties (CMD, anxiety and depression), physical health problems, loneliness and complex PTSD between veterans who had experienced a PMIE and veterans who had not. The presence of caseness for CMD, physical health difficulties, anger difficulties, PTSD and CPTSD were significantly associated with moral injury, and trust and shame subscales of the MIOS. Discussion These findings build on previous theory and research indicating a distinction between exposure to PMIEs and moral injury. These distinctions suggest potential risk factors for developing moral injury following a PMIE and highlight the possible relevance of poor psychosocial functioning in the development of moral injury. Longitudinal research is needed to explore the observed associations further.

Burnout and Moral Injury Among Active-Duty U.S. Army Behavioral Health Officers: A Quantitative Correlational Study - ProQuest. (n.d.). Retrieved September 6, 2023, from <https://www.proquest.com/openview/591746bbe860b7b97938a5ecac7e3520/1?pq-origsite=gscholar&cbl=18750&diss=y>

There is a lack of understanding of burnout and moral injury among U.S. Army behavioral health officers (BHOs). These providers hold dual roles as active-duty officers and licensed mental health clinicians, placing them at a higher risk than their single-role peers. This quantitative correlation with regression study analyzed 41 BHOs who actively served through back to back national crises like the COVID-19 pandemic, the Black Lives Matter movement, and the U.S. Capitol Insurrection, which created prolonged periods of extreme emotional strain between 2018-2022. Results showed a statistically significant, strong positive correlation between burnout and moral injury, $r(39) = .65$ $p < 0.001$, and that work-related burnout statistically significantly predicted moral injury, $p = .043$ as measured by the Copenhagen Burnout Inventory and the Moral Injury Symptom Survey-Health Professional. Findings show all BHOs (54% Licensed Clinical Social Workers and 44% Clinical Psychologists) are experiencing at least moderate levels of burnout and/or at least low to moderate levels of moral injury. The job demands-resource (JD-R) model supports organizational-level interventions focusing on decreasing moral injury, which in turn optimizes opportunities for individual-level interventions to work more effectively in decreasing work-related burnout. Recommendations include the U.S. Army addressing potentially morally injurious events (PMIEs) in BHO by decreasing role conflict & ambiguity, and workload & pressures. Future recommendations include expansive qualitative research on BHO experiences exploring factors contributing to burnout and moral injury, and also to the pervasive and “wicked problem” of suicide in active-duty populations. This study is important because it addresses mental health provider shortages and contributes to the expansion of JD-R theory by providing new burnout and moral injury data on active-duty mental health clinicians (BHOs), a population not adequately represented in prior research.

Capobianco, J. (2023). *Combat-Related Moral Injury and Religiosity. Doctoral Dissertations and Projects.* <https://digitalcommons.liberty.edu/doctoral/4761>

The purpose of this study was to explore the relationship between combat-related moral injury and religiosity. This quantitative study relied on a convenience sample recruited from a 6,000-person database of veterans in upstate South Carolina. The participants were recruited via email invitation and screened for combat exposure and the presence of moral injury. Instrumentation consisted of the 45-item Moral Injury Symptom Scale-Military version (MISS-M) and the 15-item Centrality of Religiosity Scale. All participants were anonymous, and responses

were given through self-report. Multiple linear regression was conducted on a sample of 119 combat veterans exploring the relationship between the MISS-M's 10 subscales of guilt, shame, betrayal, moral concerns, loss of trust, difficulty forgiving, loss of meaning/purpose, self-condemnation, religious struggles, and loss of religious faith/hope and with measurements of religiosity. The study found that the subscales of shame, difficulty forgiving, loss of trust, and loss of religious faith/hope were predictors of religiosity. Focusing treatment on these subscales of moral injury can enhance clinical and pastoral counseling treatment outcomes and assist clergy in meeting the needs of their congregations.

Chamberlin, E. S., Usset, T. J., Fantus, S., Kondrath, S. R., Butler, M., Weber, M. C., & Wilson, M. A. (2023). Moral Injury in Healthcare: Adapting the Building Spiritual Strength (BSS) Intervention to Health and Strength (HAS) for Civilian and Military Healthcare Workers. *Current Treatment Options in Psychiatry*.

<https://doi.org/10.1007/s40501-023-00294-6>

The COVID-19 pandemic has increased moral distress and injury (MD&I) among healthcare workers (HCWs) and has highlighted a need for intervention. Most MD&I interventions have been with service members and veterans; only five have been empirically tested. Further, with the Defense Health Agency calling for civilian HCWs to provide care for military members, it is necessary to adapt an MD&I intervention that has been shown successful.

Cohen Lissman, D., Adkins-Cartee, M. R., Rosiek, J., & Springer, S. (2023). Moral injury and moral traps in teaching: Learning from the pandemic. *Journal of Moral Education, 0*(0), 1–28.

<https://doi.org/10.1080/03057240.2023.2237202>

The construct of moral injury is usually utilized to understand cases in which individuals perform or witness actions they consider morally wrong. In this paper, we suggest the construct of moral trap, which entails circumstances in which teachers face pressure to act but are unable to simultaneously meet the demands of care, justice, and truthfulness because of systemic conditions. Using grounded theory, we present the analysis of ten semi-structured interviews with teachers from four U.S. states. We found three different types of entrapment: teachers attempting to enact and/or advocate for social justice, attempting to care for their families, and attempting to care for their professional identities. Implications for teacher education include a need to prepare teachers for navigating multiple moral demands and for coordinating with other teachers to advocate for social change. Implications for policy include a need to provide greater wrap-around supports for educational equity.

Diekmann, C., Issels, L., Alliger-Horn, C., Rau, H., Fischer, C., Thiel, T., Willmund, G., & Zimmermann, P. (2023).

Traumatized German soldiers with moral injury – value-based cognitive-behavioral group therapy to treat war-related shame. *Frontiers in Psychiatry, 14*. <https://www.frontiersin.org/articles/10.3389/fpsy.2023.1173466>

Introduction During deployment, soldiers are confronted with potentially morally injurious events. In many cases, these events violate their personal values and belief systems, resulting in feelings of anger, alienation, guilt, and shame. The psychological distress caused by such transgressions is defined as moral injury. It remains unclear to date, which therapeutic interventions are most appropriate for addressing this specific psychological condition. This study examines the effectiveness of value-based cognitive-behavioral group therapy combining elements of cognitive-behavioral therapy, acceptance and commitment therapy, spiritual care, and adaptive disclosure therapy. Materials and methods This controlled study uses the Compass of Shame Scale to assess symptom severity among participants both before and after a three-week inpatient group therapy regimen for moral injury. An intervention group (n = 45) was compared to a waiting-list control group (n = 40). A one-way between subjects ANOVA was conducted to determine the differences between the two measurement points in the intervention group compared to the control group. A positive ethics vote from the Humboldt University Berlin (Charité) was available (No.EA1/092/15). Results A significant difference was found on the shame-associated maladaptive strategies subscales of attack self (F (1, 83) = 5.942, p = 0.017, Cohen's f = 0,27), withdrawal (F (1, 83) = 8.263, p = 0.005, Cohen's f = 0,32), and attack others (F (1, 83) = 10.552, p = 0.002, Cohen's f = 0,36) of the Compass of Shame Scale between the intervention group and the control group at the p < 0.05 level in the pre- and post-

treatment (t1-t2) comparison. Conclusion This study suggests that the special therapeutic focus in cognitive-behavioral group therapy can alter shame-based maladaptive coping behaviors in response to war-related moral injury. This study provides further evidence that therapeutic approaches – through fostering a reconciliatory, compassionate, and forgiving approach toward oneself and others – target the underlying mechanisms of moral injury. Therefore, value-based cognitive-behavioral interventions should be considered as a standard element of trauma care in a military setting. Future studies should further examine such interventions in randomized control trials. It would also be particularly valuable for future studies to include a follow-up time point.

Dobos, N. (2023). Pharmacological Prophylaxes against Moral Injury. *Monash Bioethics Review*, 41(1), 37–48. <https://doi.org/10.1007/s40592-022-00167-3>

Colonel Paul Tibbitts, the American pilot who dropped the atomic bomb on Hiroshima, was by most accounts untroubled by what he had done. In the years that followed he even participated in re-enactments of the bombing in front of audiences at model aircraft shows. By contrast the man who flew the reconnaissance plane over Hiroshima immediately before the bombing—Major Claude Eatherly—could hardly live with himself afterwards. He became an outspoken pacifist, donated a portion of his salary to a fund for children in Hiroshima, and would send letters of apology to the victims and their families. He was haunted by nightmares, attempted suicide, and underwent extensive psychiatric treatment (Glover 2012: 100–101). He even committed petty, senseless crimes for no gain, apparently in “a desperate attempt to prove his guilt to himself and to his fellow men, who too easily had classified him as a guiltless, even gilded hero” (Anders and Eatherly 1962, 52).

Embodied Disclosure Therapy: Writing from a Place of Inner Safety and Connection: A Novel Approach for Moral Injury - ProQuest. (n.d.). Retrieved September 6, 2023, from

<https://www.proquest.com/openview/966387b8a0727031d7b5538efebd55eb/1?pq-origsite=gscholar&cbl=18750&diss=y>

This dissertation offers a new model of exposure-based writing therapy (WT) that incorporates somatic psychology and therapies, as they have been shown to particularly successful in treating trauma, thanks to advances in neuroscience that demonstrate how trauma reshapes both body and brain [...].

Fernandez, P. E., & Currier, J. M. (2023). Exploring the role of moral injury outcomes in intimate relationship functioning among U.S. combat veterans. *Psychological Trauma: Theory, Research, Practice, and Policy*, No Pagination Specified-No Pagination Specified. <https://doi.org/10.1037/tra0001553>

Objective: Moral injury entails psychological, social, and possible spiritual issues that might interfere with veterans’ functioning in romantic or intimate relationships. To date, research has not examined the contribution of moral injury outcomes in this core functional domain in many veterans’ lives. Method: In total, 65 combat veterans who were engaging in a peer-led intervention for moral injury in a Veteran Service Organization completed the Expressions of Moral Injury Scale, posttraumatic stress disorder (PTSD) checklist for DSM-5, and the romantic relationship subscale of the Inventory of Psychosocial Functioning Scale. Results: Bivariate analyses revealed that moral injury and PTSD symptoms were each associated with worse relationship functioning among the veterans. When including moral injury and PTSD symptoms as predictors in a multivariate analysis, only moral injury was uniquely linked with poorer relationship functioning. Conclusions: Overall, these findings suggest that moral injury could play a pernicious role in many veterans’ issues in relationship problems with their spouses or partners. Future research needs to examine the potential utility of addressing moral injury among veterans who are struggling to meet demands for intimacy and connection in their intimate or romantic relationships. (PsyInfo Database Record (c) 2023 APA, all rights reserved)

Gbenga Taiwo Okulate. (2023). Socio-Cultural Perspectives in Moral Injury in the Military: A Nigerian Experience. *MAR Neurology, Neurosurgery & Psychology*, 7(2).

https://www.medicalandresearch.com/assets/articles/documents/DOCUMENT_169261170064e33474238cbMARNE_247.pdf

It has been suggested that in future combats, combatants will more likely be confronted with morally injurious experiences than life-threatening predisposing stressors to “pure” posttraumatic stress disorder (PTSD). Morally injurious experiences include those acts of omission and commission that transgress an individual’s fundamental values and longacquired ethics. Since human responses to trauma are almost always partly culturally determined, it is quite likely that the symptom manifestations of Moral Injury and attempts to cope with them also have a strong socio-cultural connotation. The military, despite its strong ideology-based culture of toughness, togetherness and ‘strength in unity’, is often confronted with conflicting circumstances which potentially have moral, ethical and spiritual implications, especially during combat. Nigerian combatants are commonly inclined to adopt spiritual and religious techniques to militate against possible combat misfortunes. These methods are also naturally handy as coping methods against moral injury following combat. Unfortunately, public education in the military on the manifestations and management of moral injury, including getting those affected to seek effective intervention is often an uphill task. This is largely because of a military culture that stigmatizes and impacts negatively on veterans’ career if they report symptoms related to mental disorders generally, and moral injury specifically.

Griffin, B. J., Weber, M. C., Hinkson, K. D., Jendro, A. M., Pyne, J. M., Smith, A. J., Usset, T., Cucciare, M. A., Norman, S. B., Khan, A., Purcell, N., & Maguen, S. (2023). Toward a Dimensional Contextual Model of Moral Injury: A Scoping Review on Healthcare Workers. *Current Treatment Options in Psychiatry*.

<https://doi.org/10.1007/s40501-023-00296-4>

Healthcare workers (HCWs) may be exposed to potentially morally injurious events (PMIEs) while on the job and consequently experience acute, functional moral distress to prolonged, impairing moral injury.

Grimell, J., & Atuel, H. R. (2023). *Beyond PTSD: A Multi-Case Study Exploring Identity, Moral Injury, and Spiritual Injury*. 9(3), 9–22. <https://doi.org/10.21061/jvs.v9i3.436>

This multi-case study explored Swedish military veterans’ experiences related to posttraumatic stress disorder, moral injury, and spiritual injury. Specifically, the present study focused on 4 domains (health care, veteran’s administration, moral conflicts and injuries, and identities and existential dimensions) that emerged in participants’ meaning making as they navigated everyday life. While these domains are distinct from each other, results show health care experiences are typically embedded within veteran’s administration, while at times, moral injury and/or spiritual injury appear to be linked to identities and existential dimensions. Questions of identity (e.g., who am I?), morality (e.g., how do I become good?), and spirituality (e.g., does a higher being cause people to suffer?) are not pathological by nature, but can be viewed as fundamental to an individual’s raison d’être.

Held, P., Klassen, B. J., Steigerwald, V. L., Smith, D. L., Bravo, K., Rozek, D. C., Van Horn, R., & Zalta, A. (2021). Do morally injurious experiences and index events negatively impact intensive PTSD treatment outcomes among combat veterans? *European Journal of Psychotraumatology*, 12(1), 1877026.

<https://doi.org/10.1080/20008198.2021.1877026>

Background: It has been suggested that current frontline posttraumatic stress disorder (PTSD) treatments are not effective for the treatment of moral injury and that individuals who have experienced morally injurious events may respond differently to treatment than those who have not. However, these claims have yet to be empirically tested. Objective: This study evaluated the rates of morally injurious event exposure and morally injurious index trauma and their impact on PTSD (PCL-5) and depression symptom (PHQ-9) reductions during intensive PTSD treatment. Method: Data from 161 USA military combat service members and veterans (91.3% male; mean age = 39.94 years) who participated in a 3-week Cognitive Processing Therapy (CPT)-based intensive PTSD treatment programme (ITP) was utilized. Morally injurious event exposure was established via the Moral Injury Event Scale

(MIES). Index traumas were also coded by the treating clinician. Linear mixed effects regression analyses were conducted to examine if differences in average effects or trends over the course of treatment existed between veterans with morally injurious event exposure or index trauma and those without. Results: Rates of morally injurious event exposure in this treatment sample were high (59.0%-75.2%). Morally injurious event exposure and the type of index trauma did not predict changes in symptom outcomes from the ITP and veterans reported large reductions in PTSD ($d = 1.35-1.96$) and depression symptoms ($d = 0.95-1.24$) from pre- to post-treatment. Non-inferiority analyses also demonstrated equivalence across those with and without morally injurious event exposure and index events. There were no significant gender differences. Conclusions: The present study suggests that PTSD and depression in military veterans with morally injurious event exposure histories may be successfully treated via a 3-week CPT-based ITP.

Jack, F. J. G., & Kotronoulas, G. (2023). The Perceptions of Healthcare Staff Regarding Moral Injury and the Impact on Staff Life and Work During COVID-19: A Scoping Review of International Evidence. *Journal of Religion and Health*, 62(4), 2836–2860. <https://doi.org/10.1007/s10943-023-01803-w>

The COVID-19 response introduced legal restrictions on social distancing globally, affecting healthcare staff personally and professionally. These restrictions suspended routine hospital visiting, which may have left staff feeling they had to compromise on the care they provided. Such conflict may be experienced as moral injury. This scoping review aimed to synthesise international evidence, to answer this question: “Have COVID-19 restrictions affected healthcare staff’s experiences of moral injury? If so, how?” Nine studies met the search criteria. Although healthcare staff seemed to be aware of the risks and effects of moral injury, they were still reluctant to “name” it. Healthcare staff’s own emotional and spiritual needs were mostly ignored. Although psychological support is often the recommended approach by organisations, a greater focus on spiritual and emotional support is recommended.

Jain, K. (2023). The value of peer support in curbing moral injury: A resident’s perspective. *Canadian Urological Association Journal*, 17(8 Suppl 3), S167. <https://doi.org/10.5489/cuaj.8500>

Jamieson, N., Carey, L. B., Jamieson, A., & Maple, M. (2023). Examining the Association Between Moral Injury and Suicidal Behavior in Military Populations: A Systematic Review. *Journal of Religion and Health*. <https://doi.org/10.1007/s10943-023-01885-6>

The increasing number of suicides among military populations cannot be fully accounted for by conventional risk factors like Post-Traumatic Stress Disorder (PTSD). As a result, researchers and theorists propose that delving into the concept of Moral Injury could offer a more comprehensive understanding of the phenomenon of suicide. Moral Injury is not currently a recognized mental health disorder but can be associated with PTSD. Moral Injury is a multi-dimensional issue that profoundly affects emotional, psychological, behavioral, social, and spiritual well-being. The objective of this systematic review is to examine the association between Moral Injury and suicidal behavior (suicide ideation, plans and or suicide attempt) within military populations. The review will specifically concentrate on identifying and analyzing studies that have investigated the connection between these variables, with a specific focus on the context of military personnel both serving and former serving members. Of the 2214 articles identified as part of this review, 12 studies satisfied the research criteria with a total participant sample having an average age of 40.7 years. The male population accounted for 78.6% of the overall sample. Two studies were identified as high-quality, while the remaining ten were rated as moderate. The analysis of these twelve studies consistently affirms a connection between Moral Injury and suicidal behavior; most obviously, that exposure to morally injurious events substantially amplify the risk of suicide, with higher levels of potential exposure being linked to increased Moral Injury and heightened levels of suicidal behavior. Our review uncovered noteworthy findings regarding the association between Moral Injury and suicidal behavior, marking a pioneering effort in exploring this association and offering valuable insights into this emerging issue. Several limitations are noted regarding this review and recommendations are made concerning the need to prioritize, expand and

employ longitudinal research designs that include non-military populations such as first responders (e.g., police, paramedics, firefighters) and medical, nursing, or allied health professionals—all disciplines known to be impacted by Moral Injury.

Kalmbach, K. C., Basinger, E. D., Bayles, B., Schmitt, R., Nunez, V., Moore, B. A., & Tedeschi, R. G. (2023). Moral injury in post-9/11 combat-experienced military veterans: A qualitative thematic analysis. *Psychological Services*, No Pagination Specified-No Pagination Specified. <https://doi.org/10.1037/ser0000792>

War zone exposure is associated with enduring negative mental health effects and poorer responses to treatment, in part because this type of trauma can entail crises of conscience or moral injury. Although a great deal of attention has been paid to posttraumatic stress disorder and fear-based physiological aspects of trauma and suffering, comparatively less attention has been given to the morally injurious dimension of trauma. Robust themes of moral injury were identified in interviews with 26 post-9/11 military veterans. Thematic analysis identified 12 themes that were subsumed under four categories reflecting changes, shifts, or ruptures in worldview, meaning making, identity, and relationships. Moral injury is a unique and challenging clinical construct with impacts on the individual as well as at every level of the social ecological system. Recommendations are offered for addressing moral injury in a military population; implications for community public health are noted. (PsyInfo Database Record (c) 2023 APA, all rights reserved)

Kearney, B. E., Terpou, B. A., Densmore, M., Shaw, S. B., Théberge, J., Jetly, R., McKinnon, M. C., & Lanius, R. A. (2023). How the body remembers: Examining the default mode and sensorimotor networks during moral injury autobiographical memory retrieval in PTSD. *NeuroImage: Clinical*, 38, 103426.

<https://doi.org/10.1016/j.nicl.2023.103426>

Neural representations of sensory percepts and motor responses constitute key elements of autobiographical memory. However, these representations may remain as unintegrated sensory and motor fragments in traumatic memory, thus contributing toward re-experiencing and reliving symptoms in trauma-related conditions such as post-traumatic stress disorder (PTSD). Here, we investigated the sensorimotor network (SMN) and posterior default mode network (pDMN) using a group independent component analysis (ICA) by examining their functional connectivity during a script-driven memory retrieval paradigm of (potentially) morally injurious events in individuals with PTSD and healthy controls. Moral injury (MI), where an individual acts or fails to act in a morally aligned manner, is examined given its inherent ties to disrupted motor planning and thus sensorimotor mechanisms. Our findings revealed significant differences in functional network connectivity across the SMN and pDMN during MI retrieval in participants with PTSD ($n = 65$) as compared to healthy controls ($n = 25$). No such significant group-wise differences emerged during retrieval of a neutral memory. PTSD-related alterations included hyperconnectivity between the SMN and pDMN, enhanced within-network connectivity of the SMN with premotor areas, and increased recruitment of the supramarginal gyrus into both the SMN and the pDMN during MI retrieval. In parallel with these neuroimaging findings, a positive correlation was found between PTSD severity and subjective re-experiencing intensity ratings after MI retrieval. These results suggest a neural basis for traumatic re-experiencing, where reliving and/or re-enacting a past morally injurious event in the form of sensory and motor fragments occurs in place of retrieving a complete, past-contextualized narrative as put forth by Brewin and colleagues (1996) and Conway and Pleydell-Pearce (2000). These findings have implications for bottom-up treatments targeting directly the sensory and motoric elements of traumatic experiences.

Kok, H. N., Hoedemaekers, C. W. E., Zegers, M., & van Gorp, J. L. P. (2023). [Moral injury in medicine: recognition and guidance]. *Nederlands Tijdschrift Voor Geneeskunde*, 167, D7660.

Moral injury signifies a permanent mental wound characterized by feelings of guilt, shame, anger or moral disorientation. Physicians may become morally injured whenever they act in a way that conflicts with deeply held, moral beliefs. During a pandemic, a war or whenever physicians provide care to large numbers of refugees, there is a heightened risk of moral injury. These circumstances cause conditions of scarcity of personnel and resources,

and urge governments and societies to sometimes ask physicians to act in manners which conflict with their moral beliefs. Moral injury can have damning consequences for the professionals involved. That is why it is essential that physicians learn to recognize the signs of moral injury within themselves and with colleagues.

Lang, J., & Schott, R. M. (2023). *How war revealed the moral dimension of trauma*.

<https://policycommons.net/artifacts/4632733/how-war-revealed-the-moral-dimension-of-trauma/5457216/>

Betraying your own moral beliefs is a particular form of trauma. New book chapter explores the concept of 'moral injury' and how the psychological understanding of war has changed over the last twenty years. In 2006, at the height of the Iraq War, the U.S. military found itself in the middle of a mental-health crisis. More American soldiers were committing suicide than were being killed in action in Iraq, while reports estimated that one-third of the troops returning from Afghanistan and Iraq might qualify for a psychiatric diagnosis. The counterinsurgency warfare in Afghanistan and Iraq had often blurred the distinction between combatants and non-combatants, confronting soldiers with difficult ethical decisions about when to use force. Already by 2003, 20% of U.S. soldiers and Marines reported having killed non-combatants. But mental-health experts lacked the vocabulary and methods to address the moral dimensions of trauma. Some psychologists and psychiatrists in the U.S. military began to use the term 'moral injury.' The term referred to the anguish of having been betrayed by one's leaders, as well as the sense of having betrayed oneself, one's friends, or one's ideals.

Maguen, S., Griffin, B. J., Vogt, D., Hoffmire, C. A., Blosnich, J. R., Bernhard, P. A., Akhtar, F. Z., Cypel, Y. S., & Schneiderman, A. I. (2023). Moral injury and peri- and post-military suicide attempts among post-9/11 veterans. *Psychological Medicine*, 53(7), 3200–3209. <https://doi.org/10.1017/S0033291721005274>

Background Our goal was to examine the association between moral injury, mental health, and suicide attempts during military service and after separation by gender in post-9/11 veterans. Methods A nationally representative sample of 14057 veterans completed a cross-sectional survey. To examine associations of exposure to potentially morally injurious events (PMIEs; witnessing, perpetrating, and betrayal) and suicidal self-directed violence, we estimated two series of multivariable logistic regressions stratified by gender, with peri- and post-military suicide attempt as the dependent variables. Results PMIE exposure accounted for additional risk of suicide attempt during and after military service after controlling for demographic and military characteristics, current mental health status, and pre-military history of suicidal ideation and attempt. Men who endorsed PMIE exposure by perpetration were 50% more likely to attempt suicide during service and twice as likely to attempt suicide after separating from service. Men who endorsed betrayal were nearly twice as likely to attempt suicide during service; however, this association attenuated to non-significance after separation in the fully adjusted models. In contrast, women who endorsed betrayal were over 50% more likely to attempt suicide during service and after separation; PMIE exposure by perpetration did not significantly predict suicide attempts before or after service among women in the fully adjusted models. Conclusions Our findings indicate that suicide assessment and prevention programs should consider the impact of moral injury and attend to gender differences in this risk factor in order to provide the most comprehensive care.

McEwen, C., Alisic, E., Whyman, T., Alkarrar, J., & Jobson, L. (2023). Exploring how youth with refugee backgrounds navigate moral challenges associated with the refugee experience: A qualitative study. *Traumatology*, No Pagination Specified-No Pagination Specified. <https://doi.org/10.1037/trm0000474>

Youth with refugee backgrounds are often required to navigate moral challenges and dilemmas associated with the refugee experience. However, little research to date has explored the experiences of how youth navigate moral challenges associated with the refugee experience from their perspective. Thus, this study interviewed 10 youth with refugee backgrounds (six female and four male), mean aged 21.20 years (SD = 2.92, range 17–25 years), and explored how morals have a role in the challenges experienced by refugee youth, and the impacts of these challenges. Thematic analysis revealed that youth with refugee backgrounds: (a) perceived morals as still developing, (b) are faced with morally conflicting decisions associated with the refugee experience, and (c)

highlighted that the long-lasting impacts of these challenges need to be recognized. Findings support that morals are important to understanding some of the challenging aspects of the refugee journey experienced by youth. Further research in this area is needed to guide future psychosocial interventions and inform policy and practice of community workers, educators, and mental health practitioners. (PsyInfo Database Record (c) 2023 APA, all rights reserved)

Meza, J., Soufan, K., Francis, M., & Berjaoui, A. (2023). Professionalism and moral injury in a capitalist healthcare system. *Clinical Research in Practice: The Journal of Team Hippocrates*, 9(1).

<https://doi.org/10.22237/crp/1688342460>

Professionalism cautions against profit while capitalism exists for profit. This case is a structural analysis of capitalism in a clinical setting that reveals physicians to be simultaneously wage laborers and professionals. Capitalism generates profit. Professionalism views profit as a conflict of interest that erodes trust in the doctor-patient relationship. Managing these conflicting values causes moral injury for physicians, which is a driver of physician burnout.

Mikaelsen, C. R., Woodbury, K., & Libutti, F. (2023). Connecting the Spirit of a Horse with the Soul of a Veteran: Chaplain and Equine-Assisted Learning for Moral Injury. *Current Treatment Options in Psychiatry*.

<https://doi.org/10.1007/s40501-023-00299-1>

This article seeks to explore the potential efficacy of combining chaplain care and equine-assisted interventions (EAI) as a therapeutic intervention in veterans with moral injury through a review of EAL research that has been conducted and the presentation of preliminary data from an ongoing EAL program being conducted.

Moral and Spiritual Injury Impact on Military Members with Co-occurring Posttraumatic Stress and Substance Use Disorders: A Critical Analysis of the Literature - ProQuest. (n.d.). Retrieved September 6, 2023, from

<https://www.proquest.com/openview/b46d79962701dc85327a85fca1b410ff/1?pq-origsite=gscholar&cbl=18750&diss=y>

This dissertation aims to explore the need for both moral and spiritual injury specific treatment for military members with a substance use disorder. Military members are repeatedly placed in stressful situations where decision making implications can cause mental distress and thought distortion (Meredith et al., 2011). Both can cause the development of the moral and spiritual injury along with a substance use disorder. Moral and spiritual injury can both be described as an individual acting in a way that goes against his or her beliefs (Shay, 2014) (Carey & Hodgson, 2018). There is currently no specified evidenced-based treatment for both moral and spiritual injury caused by to limited empirical data (Callaway & Spates, 2016). After identification from a professional, moral injury is treated with eight specific steps derived from Post-Traumatic Stress Disorder treatment (Litz et al., 2009). While moral injury and post-traumatic stress disorder are similar, there are differences that warrant the need for moral injury to have its own specified evidence-based treatment (Maguen & Burkman, 2013).

Moral Injury in Nursing: A Quantitative Descriptive Study - ProQuest. (n.d.). Retrieved September 6, 2023, from

<https://www.proquest.com/openview/955eb55e7fb0905f448da87c76b58938/1?pq-origsite=gscholar&cbl=18750&diss=y>

Purpose: The purpose of this study was to 1) describe the level of moral injury among nurses working in the inpatient, adult hospital setting, 2) to examine the associations between work environment, patient/family interactions, job satisfaction, turnover intention, and moral injury, and 3) to explore the demographic relationships with moral injury.

Background: Moral injury in nursing is an important concept related to job satisfaction, nurse well-being, and turnover intention. The distressing work conditions brought on by the COVID19 pandemic have put forward the concept of moral injury to the forefront in healthcare, especially in nursing.

Research Design: A cross-sectional quantitative research design.

Methods: This study used a cross-sectional and descriptive design with logistical and linear regression analyses to describe levels of moral injury and relationships between the work environment, patient/family factors, job satisfaction, and turnover intention among nurses working in the inpatient, adult hospital setting.

Results: This study examined descriptive statistics of the instruments, analyzed correlations associated with moral injury in nursing, identified predictors of moral injury in nursing, and described the demographic characteristics of the participants. Independently, work environment, job satisfaction, and turnover intention were significant predictors of moral injury, while patient/family factors were not. When analyzed as a multivariate model, work environment, patient/family factors, and turnover intention were significant, while job satisfaction was not.

Conclusion: Moral injury present in 97% of the study population identified concerns for nurses leaving the profession may be more than burnout, moral distress, or compassion fatigue. All of these are real and substantial on their own, but the wearing down of one's moral code and beliefs, moral injury, may supplant a lifelong challenge and lead to changing professions of many outstanding nurses and precipitate mental health concerns for the nurse. Organizations must address the work environment to improve nurses' job satisfaction, work-life balance, and well-being.

Morgan, L. (2023). *An Investigation into the use of compassion-focused interventions for moral injury and post-traumatic stress disorder in military veterans* [Phd, University of Southampton].

<https://eprints.soton.ac.uk/481513/>

The first chapter details a meta-analysis exploring the relationship between self compassion (SC) and post-traumatic stress disorder (PTSD) among veterans. Searches were conducted using PsycINFO, MEDLINE, Web of Science, Google Scholar, ProQuest Military, and ProQuest PTSD pubs. Twelve studies were included in the review. Random effects meta-analyses investigated associations between SC and PTSD, and effectiveness of SC interventions on PTSD and SC among veterans. The first meta-analysis included eight studies revealing a significant positive relationship between SC and PTSD ($r = -.525$, $p < 0.001$), the second meta-analysis included four studies revealing non-significant findings for SC interventions on PTSD ($d = -.398$, $p = .058$), and exploratory analyses revealed SC interventions significantly increased SC levels among veterans ($d = -.369$, $p = .042$). The study tentatively indicated the use of SC within veteran specific PTSD treatments. Future research is needed using RCT designs whilst investigating the relationship between SC and PTSD in veterans. The second chapter is an empirical paper exploring the relationship between psychological distress, alcohol use, the inhibitors and facilitators of compassion, and the three flows of compassion on moral injury (MI) in veterans. A total of 127 participants completed online measures of MI, psychological distress, alcohol use, shame, fears of compassion, self-criticising and self-reassurance, and the three flows of compassion. Bivariate correlations and a hierarchical multiple regression determined relationships between the aforementioned variables, and whether these predicted MI among veterans. Younger age, lower rank, psychological distress, alcohol use, and the facets of compassion were all significantly related to MI in veterans, however these variables did not predict MI. Shame was found as the biggest predictor of MI in veterans, followed by lower rank. The findings indicate strong relationships between the facets of compassion and MI in veterans, highlighting the potential clinical utility of including compassion within MI interventions.

Morriss, M., & Berle, D. (2023). Measuring Moral Injury: Further Validation of the MIES-C and EMIS-C in a Civilian Population. *Journal of Psychopathology and Behavioral Assessment*. <https://doi.org/10.1007/s10862-023-10071-7>

Moral injury among civilians has garnered increased recognition in recent years. However, most moral injury measures have focused on military experiences, with language being military specific. This study aimed to further validate two self-report measures of civilian moral injury, the Moral Injury Events Scale - Civilian (MIES-C) and

Expressions of Moral Injury Scale - Civilian (EMIS-C). Participants were 312 adults (99 males, 212 females, Mage = 37.24) who completed the MIES-C, EMIS-C, and a battery of associated measures on two occasions. For the MIES-C, four Confirmatory Factor Analysis (CFA) models were examined. A three-factor model, with covaried items, provided the best fit to the data. For the EMIS-C, three CFAs were examined. A two-factor model, with covaried items, and the bi-factor model provided the best fit to the data, with the two-factor model being preferred for reasons of parsimony and its absence of weak and negative item loadings. Both measures demonstrated acceptable test-retest reliability and convergent validity with associated measures of psychological distress. This study provides psychometrically sound tools for clinicians and researchers of civilian moral injury.

Rabin, S., Kika, N., Lamb, D., Murphy, D., AM Stevelink, S., Williamson, V., Wessely, S., & Greenberg, N. (2023). Moral Injuries in Healthcare Workers: What Causes Them and What to Do About Them? *Journal of Healthcare Leadership, 15*, 153–160. <https://doi.org/10.2147/JHL.S396659>

Moral injury (MI) refers to the persisting distress which may occur following exposure to potentially morally injurious events (PMIEs). The COVID-19 pandemic has drawn attention to MI in healthcare workers, who have been found to experience more frequent PMIEs in their day-to-day work than those in other occupational groups such as the military. These events may occur on an individual, team, organizational or system level and have been associated with increased clinician burnout and distress, and poor psychological wellbeing. This paper focuses on healthcare workers' experiences of MI, including potential causes and ways to reduce them. There are myriad challenges that influence the development of MI, such as chronic understaffing and the pressure to treat high numbers of patients with limited resources. There are also multiple impacts of MI: at the individual-level, MI can lead to increased staff absences and understaffing, and prolonged patient contact with limited decision-making power. COVID-19 exacerbated such impacts, with a lack of organizational support during a time of increased patient mortality, and uncertainty and heightened pressure on the clinical frontline associated with scarce resources and understaffing. Potential methods for reduction of MI in healthcare workers include pre-exposure mitigation, such as fostering work environments which treat PMIEs in the same way as other occupational hazards and post-exposure mitigation, such as facilitating healthcare workers to process their experiences of PMIEs in peer support groups or with spiritual advisors and, if MI is associated with mental ill-health, talking therapies using trauma-focused and compassion-oriented frameworks.

Reed, E. D. (2023). *Rebooting military ethics from moral injury*. <https://ore.exeter.ac.uk/repository/handle/10871/133789>

In 2022, members of the Five Eyes Mental Health Research and Innovation Collaborative recommended the integration of moral injury prevention into military leadership training and mission command, and the design of military ethics training to better prepare serving personnel for potentially morally injurious events. The Five Eyes is an intelligence alliance comprising Australia, Canada, New Zealand, the United Kingdom, and the United States. The Five Eyes Health Research and Innovation Collaborative comprises many of the world's leading experts in moral injury who recognised the need to advance understanding of moral injury, including its moral/ethical dimensions. Their challenge is to take moral injury more seriously across all aspects of military life, including ethics training/education. This essay picks up the challenge from a Christian perspective. We look briefly at definitions of moral injury and examples of moral injury in workplaces, before re-visiting the origins of classic, Western theologically-rooted tradition of just war reasoning – in the experience of moral injury amongst serving military personnel. This essay reconsiders the origins of Western military ethics in Augustine's conversations with Boniface. We begin where Augustine perhaps failed.

Rogers, M., & Cawood, M. (2023). *The impacts of moral injury on First Responder, Defence and Veteran partners and children*. <https://rune.une.edu.au/web/handle/1959.11/55907>

When Australia is faced with the sudden and often unexpected impact of natural disaster and other forms of crisis, citizens typically “look for the heroes” – the brave first responders and Australian Defence Force (ADF) personnel who put their minds and bodies on the line to ensure the safety and well being of others.

Smigelsky, M. A., Trimm, V., Meador, K. G., Jackson, G. L., Wortmann, J. H., & Nieuwsma, J. A. (2022). Core components of moral injury groups co-facilitated by mental health providers and chaplains. *Spirituality in Clinical Practice*, 9(3), 159–174. <https://doi.org/10.1037/scp0000297>

Despite increasing interest in moral injury, there is not yet consensus around what it is (and is not), who can have it and under what circumstances, or the degree and form of distress necessary to distinguish moral injury from other psychological and spiritual difficulties. The novelty of moral injury has created space for frontline Veterans Health Administration (VHA) mental health and spiritual care providers to creatively apply their core professional skills and identities to moral injury. This article presents findings of a core components analysis (CCA) derived from seven co-led chaplain-mental health moral injury group facilitation teams that were involved in a 16-month quality improvement endeavor of the Dynamic Diffusion Network (DDN). The DDN initiative engages providers in collaborative and iterative refinement of practices to promote rapid improvements in care for complex problems that lack a codified evidence base. Using CCA, we identified 10 core components of co-facilitated moral injury group care. Components include a clear conceptualization of moral injury, an inclusive approach to spirituality, and exploration of forgiveness, among others. This article offers guidance that can be widely applied and readily adapted as our collective understanding of moral injury continues to expand and clarify. The core components are articulated here as principles for ongoing review and revision in response to future moral injury advances in the DDN and elsewhere. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Spiritually Integrated Cognitive Processing Therapy for Mora... : The Journal of Nervous and Mental Disease. (n.d.). Retrieved September 6, 2023, from

https://journals.lww.com/jonmd/abstract/2023/09000/spiritually_integrated_cognitive_processing.2.aspx

After defining the syndrome of moral injury (MI), reviewing its relationship to posttraumatic stress disorder (PTSD), and examining its psychological consequences and impact on functioning, we describe a new psychotherapeutic treatment for MI called spiritually integrated cognitive processing therapy (SICPT). SICPT builds on cognitive processing therapy (CPT), a commonly used trauma-focused treatment for PTSD. To our knowledge, SICPT is the first one-on-one individualized psychotherapeutic treatment that integrates a person's spiritual and religious beliefs into the treatment for MI, using the latter to work through and process the psychological, spiritual, and religious symptoms of this condition. Here, we describe the initial results obtained from a single-group experimental study examining the treatment of three patients with significant symptoms of both MI and PTSD. Given the effects of SICPT on reducing both MI and PTSD symptoms, we have decided to report these early results before study completion to alert the scientific community about this potentially effective new treatment.

Steen, S., Morris, D., Law, G., Fogarty, L., & Fox, C. (2023). Assessing Moral Injury and its Clinical Associations in a UK Secure Care Population. *Traumatology*. <https://researchprofiles.herts.ac.uk/en/publications/assessing-moral-injury-and-its-clinical-associations-in-a-uk-secu>

Introduction: Moral Injury (MI) represents a type of trauma that can manifest after committing or witnessing transgressions which result in feelings of shame, guilt, and inner turmoil. Although originally conceived and researched in military settings, emerging research has focused on broader populations including health professionals, social workers, police, and prison staff. Few empirical studies have focused on service-user populations, especially those in forensic clinical settings despite the risk factors associated with these groups. Method: This cross-sectional study assessed the presence of MI along with its clinical associations among a UK forensic secure care sample (n=38). It used a series of brief psychometric tools including a modified Moral Injury Event Scale (MIES), International Trauma Questionnaire (ITQ), Recovering Quality of Life (ReQoL-20), State Shame and Guilt Scale (SSGS), and Self-Compassion Scale-Short Form (SCS-SF).

Results: MI was endorsed by most participants (89.5%) with an overall moderate-to-high level rating ($M=38.2$). Other-transgressions ($M=9.2$) and betrayal ($M=13.6$) were relatively higher compared with self-transgressions ($M=15.4$) based on possible maximum sub-domain scores. The overall MI scores were associated with ratings of trauma ($r=.550$), guilt ($r=.470$), and poorer quality-of-life ($r=-.341$), though not shame or self-compassion ($p>.05$). Regression analyses revealed a moderate contribution of ITQ scores in MIES score variability.

Discussion: MI scores were similar to or higher than other populations from across the literature demonstrating a high presence of potentially morally injurious events and related distress among the sample. The findings support the need for trauma-based assessments of moral emotional experiences within a forensic secure care context.

Szabó, D., Békés, V., Lévy, E. E., Salgó, E., & Unoka, Z. S. (2023). Moral injury in psychiatric patients with personality and other clinical disorders: development, psychometric properties, and validity of the Moral Injury Events Scale—Civilian Version. *European Journal of Psychotraumatology*, 14(2), 2247227.

<https://doi.org/10.1080/20008066.2023.2247227>

Background: Moral injury emerges when someone perpetrates, fails to prevent, or witnesses acts that violate their own moral or ethical code. Nash et al. [(2013). Psychometric evaluation of the moral injury events scale. *Military Medicine*, 178(6), 646–652] developed a short measure, the Moral Injury Events Scale (MIES) to facilitate the empirical study of moral injury in the military. Our study aimed to develop a civilian version of the measure (MIES–CV) and examine its psychometric properties in a sample of psychiatric inpatients. Methods: In this cross-sectional study, the sample comprised 240 adult patients (71.7% female) with a mean age of 31.57 ($SD = 11.69$). The most common diagnoses in the sample were anxiety disorders (58.3%), depressive disorders (53.8%), and borderline personality disorder (39.6%). Participants were diagnosed using structured clinical interviews and filled out psychological questionnaires. Results: Exploratory factor analysis suggested that Nash et al.'s model (Perceived Transgressions, Perceived Betrayals) represents the data well. This two-factor solution showed an excellent fit in the confirmatory factor analysis, as well. Meaningful associations were observed between moral injury and psychopathology dimensions, shame, reflective functioning, well-being, and resilience. The Perceived Betrayals factor was a significant predictor of bipolar disorders, PTSD, paranoid personality disorder, borderline personality disorder, and avoidant personality disorder. Conclusions: Our study demonstrated that this broad version of the MIES is a valid measure of moral injury that can be applied to psychiatric patients.

Tappenden, P. C., Cole, T. A., Valentine, J. N., & Lilly, M. M. (2023). Examining the psychometric properties of the expressions of moral injury scale in a sample of first responders. *Psychological Trauma: Theory, Research, Practice, and Policy*, No Pagination Specified-No Pagination Specified. <https://doi.org/10.1037/tra0001569>

Objective: There is emerging evidence that first responders, like military personnel, are at risk for exposure to potentially morally injurious events. However, studies examining expressions of moral injury in first responders are nascent, in large part due to the limited number of measures validated for use in this population. To address this gap, the present study sought to investigate the psychometric properties of the Expressions of Moral Injury Scale—Military Version (EMIS-M) in a sample of first responders. Method: The psychometric properties of the EMIS-M were investigated in a sample of 228 first responders to determine reliability, convergent validity, discriminative validity, and divergent validity. In addition, confirmatory factor analysis was conducted to test the bifactor model identified in a veteran sample (Currier et al., 2018). Results: Results yielded an excellent fit for the bifactor model with correlated self-directed and other-directed subscales identified in the EMIS-M development study. In addition, the measure evidenced strong reliability, convergent validity, discriminative validity, and divergent validity. Conclusions: The findings of the present study suggest that the Expressions of Moral Injury Scale—First Responder Version is a psychometrically sound measure capable of assessing self- and other-directed expressions of moral injury in first responders. The significance of these findings to our understanding of moral injury in first responders and their implications for future research are discussed. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

Taverna, E. (n.d.). *Validation of the Moral Injury Construct for Family Aggression Perpetration*. Retrieved September 6, 2023, from <https://etda.libraries.psu.edu/catalog/31809ext77>

Moral injury research has been predominantly conducted among military veterans and cross-sectional to date. Yet, moral injury may be a relevant construct for understanding family aggression perpetration and how it reoccurs overtime. In Chapter 2, I use classical test theory analyses across two studies of undergraduate students and two studies of community samples to develop a measure of moral distress following IPV perpetration that assesses thoughts about the actions, thoughts about the self due to one's actions, and emotions experienced due to one's actions. The final measure includes three subscales consisting of five items each. Results demonstrate support for internal consistency and test-retest reliability, convergent, discriminant, and incremental validity, and factor structure. In Chapter 3, I present results from a study of 243 participants from 137 cohabiting community couples who completed repeated interviews regarding incidents of family aggression. I conducted multilevel generalized linear regression models to examine how moral cognitions and emotions following one personally severe incident of aggression predicted the amount of subsequent aggression. Results suggested that within-person, greater incident-level moral cognitions predicted greater subsequent aggression and that this interacted with incident-level moral emotions, with this association being more pronounced when trait-level negative cognitions about the self due to aggression perpetration were elevated. Those who tended to have stronger emotional responses to incidents of aggression also tended to engage in more aggression on average. Results were generally consistent for psychological and physical aggression and for men and women. However, incident-level moral cognitions played a more prominent role in predicting subsequent intimate partner aggression (IPA), but parent to child aggression (PCA) was dependent on both moral cognitions and emotions. Overall, results provide further evidence for moral injury theory and indicate that moral responses may be important to understanding family aggression perpetration and how the behavior may reoccur.

Thibodeau, P. S., Nash, A., Greenfield, J. C., & Bellamy, J. L. (2023). The Association of Moral Injury and Healthcare Clinicians' Wellbeing: A Systematic Review. *International Journal of Environmental Research and Public Health*, 20(13), 6300. <https://doi.org/10.3390/ijerph20136300>

Research focused on elucidating moral injury amongst healthcare workers (HCWs) is essential due to the deep connection with morality and individuals' overall wellbeing. Examining moral injury provides an avenue through which researchers can connect individual experiences with systemic level causes (i.e., structural power imbalances between clinicians and health systems) to better study workplace wellbeing. The omnipresence of the COVID-19 pandemic has amplified the need to study moral injury. This paper describes a systematic review conducted using PRISMA-P guidelines to answer the question, "what is the association between moral injury and professional wellbeing and mental health amongst healthcare workers." Twelve databases were searched to identify specified studies. This study's criteria included: (1) articles published through December 2022; (2) qualitative and quantitative empirical studies; (3) articles written in English; (4) articles including moral injury; and (5) articles including at minimum one other measure of professional or personal wellbeing. The initial search produced 248 articles, and 18 articles were ultimately included in the final review. To confirm that no articles were left out of this study, the first author of each included article was contacted to inquire about any additional works that met the inclusion criteria of this study. The elements of the 18 included articles described in this review are discussed. The results indicate that moral injury is associated with both professional wellbeing factors and mental health outcomes. Further theoretical development, including (professional- and identity-based) exploratory research on moral injury, and evidenced-based interventions for moral injury are needed.

Treatment of Moral Injury in Racial Minorities: How Meaning Making Mediates Trauma in Veterans - ProQuest. (n.d.). Retrieved September 6, 2023, from <https://www.proquest.com/openview/43602994e367f13669874e3a7bf88279/1?pq-origsite=gscholar&cbl=18750&diss=y>

Military combat veterans, by nature of their occupation, tend to engage in both ethical and unethical battlefield behaviors. The latter often leads to negative mental health outcomes, such as PTSD, depression, and most relevant to this paper, moral injury. Moral injury is a condition, similar to PTSD in presentation, but occurs specifically when an individual has acted or observed an act which violates their beliefs of what is right and wrong—something which occurs frequently in the context of war. Further, racial minority veterans seem to develop moral injuries at a higher rate than their white counterparts. In this literature review, I synthesize existing literature to examine differences among racial groups in terms of the development of moral injury as well as how to treat it. It appears racial minorities may be more susceptible to developing a moral injury due to several factors, including views of the war, attitudes about the enemy, group identification, motivation for enlistment, and historical and sociopolitical reasons, among others. It also remains to be seen how much other variables, such as socioeconomic status and education level play into these relationships. Manualized treatments for moral injury are still being developed, but formats which seem to be more effective are groups led or co-led by chaplains, ACT, and Adaptive Disclosure, though each of these formats must consider multicultural competency as a core principle.

Wadham, B., Connor, J., Hamner, K., & Lawn, S. (2023). Raped, beaten and bruised: military institutional abuse, identity wounds and veteran suicide. *Critical Military Studies*, 0(0), 1–20.

<https://doi.org/10.1080/23337486.2023.2245286>

The Australian government has recently established a Royal Commission on Defence and Veteran Suicide (DVSRC). Veteran suicide rates for those who have left the Australian Defence Force (ADF) are higher than the national average and there has been little success in reducing this over an extended period of time. Veteran suicide is poorly understood, and the collected data is imprecise and incomplete. Deployment trauma and Post-traumatic stress disorder (PTSD i.e. a mental health lens) are taken for granted as the principal causes. This article presents a case study on institutional abuse in the ADF which led to the veteran attempting suicide on numerous occasions. The article draws upon the mental health and moral injury knowledge but questions their centrality and dominance. Military Institutional Abuse (MIA) and its consequent identity wounds are explained as institutional causes of military trauma. We argue that these institutional abuse processes and their consequences, occurring within military moral geographies, lead to suicidal ideation and attempt. These are situated within wider relations of civil society, the state, and the military.

Weiss, M. A., Hawkins, L., & Yarvis, J. S. (2023). Moral injury in women military members and Veterans: What do we really know? *Journal of Military, Veteran and Family Health*, e20220075. <https://doi.org/10.3138/jmvfh-2022-0075>

Moral injury describes and explains the biological, psychological, sociological, and spiritual wounds service members may develop when they are betrayed by leadership or act, fail to act, or bear witness to acts that are in direct conflict with their moral code. Very little research is focused on moral injury experienced by women service members and Veterans. A woman's experience in the military is often vastly different than a man's because they have a higher prevalence of military sexual trauma (the threat or experience of sexual assault or harassment). To date, little research has been conducted about how betrayal, military sexual trauma, and moral injury interact. This article attempts to decipher moral injury from other psychological and combat stress injuries and highlights the unique aspects of moral injury experienced by women combat Veterans.

West, C., & Cronshaw, D. (2023). Warrior Welcome Home: a phenomenological case study of moral injury and soul repair. *Journal of Spirituality in Mental Health*, 25(3), 177–197.

<https://doi.org/10.1080/19349637.2022.2094852>

Warrior Welcome Home retreats have hosted Australian soldiers, veterans and their families since 2007. This article is an appreciative inquiry into theological and spiritual resources that respond to the emerging understanding of military moral injury. It discusses how Scriptural hermeneutics and experience of moral injury

inform one another, how leadership fosters a nurturing community, how liturgy can aid spiritual healing and other implications of the retreats. Participants' experience of Warrior Welcome Home demonstrates the therapeutic character of the Christian scriptures, community and liturgy in ways that are relevant to understanding and responding to moral injury with efficacious spiritual care.

Whitman, A. (2023). *Love Thine Enemy: Moral Preparation for Killing in War* [Thesis, Université Saint-Paul / Saint Paul University]. <https://doi.org/10.20381/ruor-29364>

This paper looks at the moral impact of killing in war, on the soldiers doing the killing. Recent research coming from the treatment of soldiers suffering from chronic psychological distress such as posttraumatic stress disorder (PTSD) because of combat experiences has identified 'Moral Injury' (MI) as a related but distinct condition. I argue that MI is caused by a transgression of a moral code, which I distinguish as MI-1 and/or disappointment of moral expectations, which I distinguish as MI-2. I argue that it is possible to mitigate the risk of MI-1 by developing moral virtues, particularly the virtue of justice as the motivator for war and love of humanity as the internal motivator for peace and restraint in war. Starting from the Aristotelian virtue tradition, I explore the problem from a distinctly reformed Protestant Christian perspective, which understands the "chief end of man" or eudaimonia as "to glorify God and enjoy Him forever". I appeal to Jonathan Edwards and Helmut Thielicke for reformed Protestant conceptions of virtue, justice and love. I argue that it is possible to mitigate MI-2 by developing moral expectations which stand up against reality. Finally, I look at some practical means to cultivate virtue and expectation in soldiers.

Xanthios, K., & Saffaran, P. (2023). Examining Moral Injury using a Predictive Processing Framework. *Proceedings of the Annual Meeting of the Cognitive Science Society*, 45(45). <https://escholarship.org/uc/item/9vs011tq>

Moral injury describes the set of psychological symptoms resulting from traumatic experiences that violate one's moral presuppositions. Such disruption occurs when an individual encounters information from the environment that cannot be reconciled with the fundamental assumptions underlying their predictive models of the world. Examination of predictive models has been rapidly developing within cognitive science, with the predictive processing framework emerging as a central paradigm. Predictive processing entails estimations of sensory uncertainty scaffolded by previous predictions and modified by attention. This model describes cognition as seeking to minimize sensory prediction error using dynamic interactions between top-down and bottom-up processes. Therefore, the predictive processing framework may be fruitfully used to examine psychological changes related to moral injury. Towards this end, we will consider moral injury as a form of belief updating, dysregulation in precision estimates of predictive models, and a breakdown in what Ramstead et al. (2016) call 'regimes of shared attention.

Yazıcı, I. (2023). *Moral Injury and Moral Self-Image in Healthcare Workers: Centrality of Event as a Moderator* [Master Thesis]. <https://studenttheses.uu.nl/handle/20.500.12932/44534>

Moral Injury (MI) is a construct that refers to the severe distress, and functional impairments individuals may experience after exposure to traumatic events violating their moral beliefs and values. MI, encompassing two dimensions, MI-Self (violations by oneself) and MI- Others (violations by others), may conflict with one's morals and challenge their moral integrity and self which may lead to developing adverse psychological outcomes. There is growing recognition of MI in healthcare, and the present study aimed to widen the scope of MI and its possible associations with different psychological constructs in a healthcare context. A simple regression analysis was conducted between MI (with MI-Self and MI-Others independently) and moral self-image, to see if MI did challenge one's moral integrity and influence their moral self- image, as well as a moderation analysis between MI (X), moral self-image (Y), and centrality of (morally injurious) event (M). Additionally, a multiple regression analysis was performed to explore the association of these three separate variables to PTSD. 95 participants completed an online survey with five questionnaires on MI and psychological well-being. Results showed significant positive association between MI and moral self-image (for the subscales, same results only for MI-

Others), and nonsignificant moderation of centrality of event, and MI and centrality of event significantly predicted PTSD, while moral self-image was nonsignificant. Further research is needed to understand these associations better.

Zasiekina, L., Duchyminska, T., Bifulco, A., & Bignardi, G. (2023). War trauma impacts in Ukrainian combat and civilian populations: Moral injury and associated mental health symptoms. *Military Psychology, 0(0)*, 1–12. <https://doi.org/10.1080/08995605.2023.2235256>

This is the first study to compare active-duty soldiers and student civilian samples during the first three months of the Ukrainian-Russian war in relation to moral injury and its association with PTSD, anxiety and depression. A total of 350 participants, including 191 active-duty soldiers of the Ukrainian Armed Force (UAF), who were on the frontline during the full-scale invasion of Russian troops in February 2022, and 159 students from different HEIs in Volyn oblast, were recruited into the study through their attendance at the Ukrainian Psychotrauma Center. Prior to the in-person group-intervention program of psychosocial support for military and civil populations at the Ukrainian Psychotrauma Center, moral injury, PTSD, depression, and anxiety were assessed. Results showed significantly higher moral injury, PTSD, depression, and anxiety scores in civilian students, with a two-way ANOVA indicating a significant impact of female gender in civilians only. A hierarchical regression indicated that moral injury is a predictor of PTSD symptoms in both active-duty and civilian student groups. However, previous family trauma of genocide is associated with PTSD symptoms in active soldiers only. The findings of the current study could contribute insights for clinical practice for combatants and civilians during the current war.