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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](#).

Acampora, C. D., Munch-Juriscic, D., Culbreth, A., Denne, S., & Smith, J. (2024). Critique of the standard model of moral injury. *New Ideas in Psychology*, 75, 101107.

<https://doi.org/10.1016/j.newideapsych.2024.101107>

This article seeks to describe in general terms what has become the standard way of conceptualizing moral injury in the clinical psychological and psychiatric literature, which is the key source for applications of the concept in other domains. What we call “the standard model” draws on certain assumptions about beliefs, mental states, and emotions as well as an implicit theory of causation about how various forms of harm arise from certain experiences or “events” that violate persons’ moral beliefs and systems. Our analysis makes these assumptions more explicit and subjects them to critical scrutiny. In so doing, we survey the current literature and identify basic features of how moral injuries are defined, how they are thought to occur, and the forms of treatment or repair that appear to be indicated. We caution that it matters how moral experience is characterized and argue that an alternative understanding of what is the moral in moral injury is important for overcoming critical challenges to the standard model. Moreover, recently evolving approaches to moral repair could be more consistent with an alternative model. Our concluding suggestion is that a more robust account of the nature of moral experience and its relations to self-identity and social experience more generally could advance understanding of the etiology of moral injury and promote rehabilitation.

Albaqawi, H. M., & Alshammari, M. H. (2024). Resilience, compassion fatigue, moral distress and moral injury of nurses. *Nursing Ethics*, 09697330241287862. <https://doi.org/10.1177/09697330241287862>

Background: Compassion fatigue, moral distress, and moral injury are interconnected phenomena that have a detrimental impact on the delivery of nursing care. Nurses possess the inherent resilience necessary to effectively handle these three adverse occurrences. Aim: To determine the mediating impact of resilience on compassion fatigue, moral distress, and moral injury among nurses in Saudi Arabia. Design: The final product was a structural equation model (SEM) generated using a quantitative correlation cross-sectional design, and we followed the STROBE guidelines for this study. Methods: The study involved a sample of 511 staff nurses, who were selected using consecutive sampling. The study was conducted in three government hospitals in Saudi Arabia. Ethical considerations: This study received approval from Ethics Committee under approval number H-2021-151 on March 5, 2021. The survey’s description and consent statements were clearly presented on Google survey forms in both

English and Arabic. Results: Results showed that resilience negatively influenced moral distress, while compassion fatigue and moral injury had a positive influence. Likewise, compassion fatigue had a direct, positive effect on moral distress and moral injury, and moral distress had a direct, positive effect on moral injury. Analyses also showed that resilience had positive, indirect effects on moral injury through the mediation of both compassion fatigue and moral distress. Similarly, compassion fatigue had a positive, indirect effect on moral injury through the mediation of moral distress. Conclusion: Because resilience enables nurses to adapt, it helps them overcome obstacles in their career and professional lives. Resilience is frequently cited by nurses as a protective quality. Moral injury, compassion fatigue, and moral distress can negatively impact the health of nurses. Implications for the profession and/or patient care: Nurse leaders should develop programs and initiate efforts to improve nurses' resilience as an important protective trait against compassion fatigue, moral distress, and moral injury. Patient or Public Contribution: There was no public or patient participation in this study.

Anderson, J. R., Darke, N., Hinton, J. D. X., Pehlivanidis, S., & Jones, T. W. (2024). Moral Injury for LGBTQ+ Individuals and their Communities. *Current Treatment Options in Psychiatry*.

<https://doi.org/10.1007/s40501-024-00334-9>

Moral injury describes the severe distress and associated impairments that result from experiencing specific traumatic events. These are events that violate the values or core beliefs of the injured person, and are often directed from a person in a position of power. Research on moral injury is not new, but has typically had a limited focus (e.g., on moral injury sustained during war) and has only recently begun to focus on the context and severity of moral injuries for individuals from minoritized communities.

Aronson, K. R., Morgan, N. R., Doucette, C. E., McCarthy, K. J., Davenport, K. E., & Perkins, D. F. (2024). Associations among combat exposure, adverse childhood experiences, moral injury, and posttraumatic growth in a large cohort of post-9/11 veterans. *Psychological Trauma: Theory, Research, Practice, and Policy*, No Pagination Specified-No Pagination Specified. <https://doi.org/10.1037/tra0001793>

Objective: Post-9/11 veterans experienced more deployments, combat exposure, and disability than earlier military cohorts. Those in the military are also more likely to have experienced adverse childhood experiences. Despite these traumatic exposures, a substantial number of veterans report experiencing personal growth, development, and maturity from their military service. Method: This longitudinal survey study (n = 5,245) examined the degree to which posttraumatic growth (PTG) was present among post-9/11 veterans. Several components of PTG were examined, including relating to others, seeing new possibilities, personal strength, spiritual growth, and appreciation for life. Results: Respondents rated their degree of personal growth and new appreciation of life most highly, while spiritual growth and appreciation of others were the least highly rated. Female veterans reported greater PTG. Veterans who experienced traumatic events (i.e., combat exposure, adverse childhood experiences), screened positive for posttraumatic stress disorder, and moral injury reported greater PTG than those who had not experienced those events or screened positive for posttraumatic stress

disorder. Veterans reporting higher levels of social support and personal resilience were less likely to experience PTG. Veterans with other protective factors were more likely to experience PTG. Conclusions: Post-9/11 veterans report PTG in the face of various traumatic exposures. (PsycInfo Database Record (c) 2024 APA, all rights reserved)

Barger, J. (2024, June). *Licensed Mental Health Professionals' Experiences of Moral Development Following Perceived Morally Injurious Events* - ProQuest.

<https://www.proquest.com/openview/4f0afefcf69ffe6024bde00e68f53bf3/1?pq-origsite=gscholar&cbl=18750&diss=y>

Moral injury is a phenomenon that has been studied among combat veterans and, in recent years since the onset of the COVID-19 pandemic, among healthcare professionals. Much of the research on moral injury and morally injurious events (MIEs) has emphasized the clinical implications, including symptoms, effects on functioning, and potential treatment approaches. The purpose of this study was to address two gaps in the literature: the lack of research on the developmental implications of experiencing MIEs and moral injury, and the lack of research on MIEs and moral injury among mental health professionals. The research question for this study was: How do licensed mental health professionals experience moral development following their perceived morally injurious events? To answer this research question, a generic qualitative inquiry was conducted using semi-structured interviews. A sample of eight licensed mental health professionals who met predetermined inclusion and exclusion criteria were interviewed. Data were analyzed using inductive analysis with constant comparison to identify five themes and 21 patterns to answer the research question. It was found that licensed mental health professionals' experiences of moral development following their perceived MIEs included the negative effects of MIEs, various contributors to moral injury, becoming aware of and/or shifting their values, processes of development, and post-development changes. This study indicates the need for more extensive training and education on MIEs and moral injury in the mental health field to help mental health professionals learn about, prepare for, cope with, and overcome moral injury and MIEs. It is recommended that organizations refine or add policies that promote protective factors in this regard, which future research may further explore. Further research is also needed on the types of MIEs unique to mental health professionals. Lastly, there are theoretical implications of the study that could contribute to the development of a comprehensive theory of moral injury.

Borges, L. M., Desai, A., Barnes, S. M., & Johnson, J. P. S. (2022). The Role of Social Determinants of Health in Moral Injury: Implications and Future Directions. *Current Treatment Options in Psychiatry*, 9(3), 202–214. <https://doi.org/10.1007/s40501-022-00272-4>

Exposure to potentially morally injurious events (PMIEs) and the development of moral injury have yet to be conceptualized as they relate to social determinants of health (SDoH). In this paper, the extant literature on moral injury and SDoH is reviewed. Specific individual-level SDoH, including gender, sex, sexual orientation, race, and ethnicity, are explored relative to PMIEs and moral injury. The relationship among environmental SDoH, including childhood environment, justice involvement, and homelessness,

is described. Summary Assessment and treatment implications are discussed, and future research directions highlighting the need for additional work addressing health inequities in moral injury are presented.

Bryant, R. A. (2024). Challenges for the Moral Injury Construct. *Psychotherapy and Psychosomatics*, 1–4. <https://doi.org/10.1159/000541281>

The review by Frankfurt and colleagues (this volume) regarding the construct of moral injury (MI) provides a timely and thought-provoking summary of a topic which has attracted considerable attention and controversy, over the past decade. Stimulated by observations of the persistent psychological distress that war veterans reported following events in battle that challenged their sense of morality, this field has extended to a range of other trauma-exposed populations including refugees, first responders, and healthcare workers. The construct has garnered great interest from clinicians, chaplains, and trauma survivors who have expressed enthusiasm for a construct that is perceived as filling a gap that previous conceptualizations did not adequately capture: namely, describing the emotional turmoil suffered when one undergoes experiences in which their moral code is violated.

Cameron, H. (2024). *Prevalence and contributing factors towards moral injury within a homeless population* [Phd, University of Southampton]. <https://eprints.soton.ac.uk/494216/>

The first chapter is a systematic review of the associations between moral injury (MI) and social support (SS) across any population. The databases PsycINFO, MEDLINE, Web of Science, CINAHL, and Cochrane Library, were used to conduct literature searches. 13 studies were found and thematically fell into two groups for analysis, the social support group, and the social disconnection group. The analysis utilised two synthesis methods, summary of effects and narrative synthesis. The summary of effects showed that SS was negatively associated with MI-related constructs and social disconnection was positively associated with MI-related constructs. The narrative synthesis revealed the most consistent result related to the negative association between other-directed MI and SS. However, the outcomes of other types of MI, such as self-directed and betrayal, showed more inconsistent results. Explorations were made into the sources of support, and the role of SS in the relationship between MI and other mental health symptoms. This systematic review tentatively suggests that SS has an under-researched role in the experience of MI which could be further explored in future research. Suggestions of research topics are presented and considerations of how measures are used within MI research are discussed.

The second chapter reports on an empirical study, which had two aims relating to the exploration of MI within the homeless population in Hampshire. The first was to understand MI prevalence by comparing the scores on an MI measure between a homeless group (n=113) and a non-homeless group (n=408). MI was present in 60% of the homeless group sample. A t-test found a significant difference ($t(151.41) = 2.56, p=0.006$), between the groups and the mean difference = 4.12 (95% CI = .944, 7.285) indicating the homeless group has a higher rate of MI compared to the control group. The second aim was to consider if factors associated with homelessness (discrimination, adverse childhood events (ACEs), illegal activity, gender, generational poverty and substance use) alongside the transition into identifying as

homeless, predicted MI. Analysis used multiple linear regressions and mediation analyses. ACEs and discrimination significantly predicted the MI total scores and were then used in the mediation analysis. It was found that PTSD symptoms mediated both variable's relationship to MI, however only discrimination had a significant direct pathway to MI. Results are linked to theory and clinical practice, providing clinical suggestions for the inclusion of shame-informed practice into homeless services.

Foley, J. (2024). *A study of trauma and coping in police officers who investigate rape and child abuse in London* [Phd, Canterbury Christ Church University]. <https://repository.canterbury.ac.uk/item/99057/a-study-of-trauma-and-coping-in-police-officers-who-investigate-rape-and-child-abuse-in-london>

This thesis provides a portfolio of four pieces of original research which explores both trauma and coping in police officers who investigate rape and child abuse in London. This thesis first sought to understand what research existed in relation to secondary trauma and PTSD in UK policing, so a systematized literature review was conducted. This literature review consisted of two parts, with the initial literature review being completed in September 2019, and the second part, which was a continual review being completed in December 2023. The initial review identified twenty articles and the ongoing review identified a further twenty articles, giving forty articles in total that met the inclusion criteria. From the research, it was clear that trauma and coping in police officers was not understood, although this in part may have been due to the impact of culture which was prevalent in several articles. The second piece of research related to analysis of quantitative survey data, which identified that a subgroup of officers had potentially clinical levels of PTSD, anxiety, or depression. This research also identified that social support may moderate the effects of these conditions but due to the quantitative nature of the survey, further qualitative research was needed to try to understand how some officers are coping, and others were not. The third piece of research was a grounded theory study which was used to try to understand and develop a model of coping. Twenty-three interviews were conducted which highlighted that although some officers were affected by the traumatic nature of their work, the main 'stressors' related to organisational factors such as workload and lack of support from supervisors. Several risk and protective factors in relation to coping were identified including control, support, and having a sense of purpose. There was also the potential identification of 'moral injury' within these officers which was an unexpected finding. The fourth piece of research is qualitative case study using thematic analysis to identify the key supportive qualities and behaviours of a supervisor working in rape investigation, and how these qualities and behaviours may support a supervisee to cope with their daily work. Using thematic analysis three key themes of 'being supportive, trust and being competent', were identified as well as ten subthemes which related to the importance of welfare; being present; being open and approachable; reputation; being humble; feeling valued; being passionate, awareness; being balanced and being trained. The 'golden' thread which weaves this thesis together is the importance of support, whether that be social, peer, familial or from a supervisor, and its ability to help an officer to cope with the work they do. That may not be a surprising finding as the importance of social support in hierarchical organisations like policing is well known. However, this research is unique in that it has explored both quantitatively and qualitatively the importance of

support in this particular 'high risk' group of UK police officers, which adds to existing policing literature. In addition, there were some significant findings such as the importance of having a sense of 'purpose', and the potential impact of 'moral injury', which will need further research. Purpose and moral injury appear to be significant to this group of officers although could potentially be relevant to the whole of policing. If these two findings are correct, then more research on both purpose and moral injury is needed to help us understand the impact, which is crucial as it is only when these are properly understood that officers who are struggling to cope can be effectively treated.

Frankfurt O'Brien, S., Baptista, I., & Szeszko, P. R. (2024). Enhancing Conceptual Clarity regarding the Construct of Moral Injury. *Psychotherapy and Psychosomatics*, 1–10.

<https://doi.org/10.1159/000540030>

Background: The construct of "moral injury" is used widely in the research literature and media to broadly describe the impact of events involving perceived violations of one's sense of right and wrong (herein referred to as "potentially morally injurious events" [PMIEs]). Summary: In this theoretical review, we provided a brief overview of the "moral injury" construct and its limitations including the lack of consensus-drawn boundaries and operational definitions to guide hypothesis-driven research. We discussed whether this construct can be reliably distinguished from established psychiatric diagnoses and psychological constructs and the inherent challenges in separating or classifying the impact of high-magnitude stressful life events that likely form the majority of PMIEs. Assessments that purportedly measure "moral injury" are reviewed and limitations are discussed such as shared measurement variance with established psychological instruments. Key Messages: We identified conceptual strategies for investigating behavioral and neurobiological features of PMIEs that could be used to inform the field of traumatic stress. We concluded that the construct of "moral injury" may provide an interpretive framework for positing why someone may be beset by guilt, shame, and/or rage whereas existing psychiatric diagnoses such as post-traumatic stress disorder and depression provide comprehensive descriptions regarding what someone might experience following extremely stressful events. We proposed directions to better clarify the boundaries of "moral injury" versus established psychiatric categories that could be used to enhance the conceptualization and assessment of this construct.

Gabelmann, J. M. (2024, August). *Associations Between Combat Exposure, Moral Injury, and Suicidality Among U.S. Military Members: The Moderating Impact of Positive Rumination* - ProQuest.

<https://www.proquest.com/openview/9dbe33f9fe67202ab64a2f071b61aa2a/1?pq-origsite=gscholar&cbl=18750&diss=y>

Numerous studies have documented the risk for suicide among recent-era veterans with combat experience. Recently, moral injury has emerged as a possible contributor to suicidality in veterans. To that end, no study has approached the combat exposure-moral injury-suicidality link with a focus grounded in positive psychology. Specifically, the present study explored whether positive rumination, or the reflection on positive emotions and moods, may buffer the deleterious effects of potentially

traumatic experiences in warzones on moral injury and suicidality. This study was a secondary analysis of 250 current or former U.S. military members (Mage = 33.3 years) who had deployed at least one time as part of their occupational duties. Participants completed an online survey that assessed combat exposure, moral injury, suicidality, and responses to positive affect. Combat exposure, moral injury, and suicidality were all positively associated. In the mediation model, moral injury did not mediate the relationship between combat exposure and suicidality. In the moderated mediation model, positive rumination moderated the indirect effect of combat exposure on suicide via moral injury, as well as all three direct relationships between combat, moral injury, and suicidality. These findings provide much needed insight into the effects of combat on military mental health. Additionally, results suggest positive rumination may serve as a buffer to reduce the associations between combat exposure, moral injury, and suicidality. Implications from the present study may be used to promote awareness of positive affective states and encourage research on positive rumination inducing strategies for combat veterans, at-risk military members, or as prevention strategies for general military populations.

Harvey, S., & Newcombe, S. (2024). Sexual Abuse, Moral Transgression and Male Exit Narratives. *Religion*, (In press). <https://oro.open.ac.uk/100301/>

This article focuses on the experiences of men within two religious groups with evidence of sexual violence against women. Drawing on primary source material from enquires to Inform, the two movements are anonymised as those around leader X (a fitness instructor) and leader Z (an alternative healer). Both created patriarchal and misogynistic cultures in which women were inferior to men, including on the spiritual path. Whilst male followers did not directly experience sexual abuse in these groups, some of them experienced other forms of abuse including physical, psychological, spiritual, and financial abuse. We argue that the gendered nature of the religious teachings in the two movements led to gendered experiences of abuse. Men were harmed by the sexual abuse of their female co-religionists but also by control of their sexual relationships. Some also experienced physical abuse, financial indebtedness and spiritual harms/fears. We introduce the idea of moral injury as a transgression of deeply held moral beliefs to explain the different reactions of individuals to experiences of abuse. We argue that men and women had different patterns of religious exit in these groups, but we also focus on differences between the groups. Male leavers of X's group acknowledged the mistreatment of women as a central reason for their leaving and some expressed shame and regret in their role in supporting X. Male leavers of Z's group on the other hand prioritised the harm done to themselves in their exit narratives. It is important to consider not only how abuse and religious exit is gendered but also how men's experiences differ between groups with ostensibly similar, heteronormative teachings.

Jeffs, L., Heeney, N., Johnstone, J., Hunter, J., Loftus, C. A., Ginty, L., Greenberg, R., Wiesenfeld, L., & Maunder, R. (2024). Long-term impact of COVID-19 pandemic: Moral tensions, distress, and injuries of healthcare workers. *PLOS ONE*, 19(9), e0298615. <https://doi.org/10.1371/journal.pone.0298615>

Given the longevity of the COVID-19 pandemic, it is important to address the perceptions and experiences associated with the progression of the pandemic. This narrative can inform future strategies aimed at mitigating moral distress, injury, and chronic stress that restores resilience and well-being of HCWs. In this context, a longitudinal survey design was undertaken to explore how health care workers are experiencing the COVID-19 pandemic over time. A qualitative design was employed to analyze the open ended survey responses using a thematic analysis approach. All physicians and staff at an academic health science centre in Toronto, Ontario, Canada were invited to participate in the survey. The majority of survey respondents were nurses and physicians, followed by researchers/scientists, administrative assistants, laboratory technicians, managers, social workers, occupational therapists, administrators, clerks and medical imaging technologists. The inductive analysis revealed three themes that contributed to moral tensions and injury: 1) experiencing stress and distress with staffing shortages, increased patient care needs, and visitor restrictions; 2) feeling devalued and invisible due to lack of support and inequities; and 3) polarizing anti- and pro-public health measures and incivility. Study findings highlight the spectrum, magnitude, and severity of the emotional, psychological, and physical stress leading to moral injury experienced by the healthcare workforce. Our findings also point to continued, renewed, and new efforts in enhancing both individual and collective moral resilience to mitigate current and prevent future moral tensions and injury.

Kim, M., Jun, J., Lambert, J., Duah, H., Tucker, S. J., O'Mathúna, D. P., Pignatiello, G., & Fitzpatrick, J. J. (2024). Generational Differences in Moral Injury, Resilience, and Well-Being Among Nurses: Predictors of Intention to Leave Position and Profession. *Western Journal of Nursing Research*, 46(11), 909–918. <https://doi.org/10.1177/01939459241287458>

Background: The COVID-19 pandemic highlighted the negative impact of moral injury on nurses' well-being. However, there is a lack of research about generational differences among nurses, particularly on newer nurses who have been identified as having a higher rate of intention to leave. Objective: This study examines generational differences among nurses on moral injury, well-being, resilience, and intention to leave their nursing position and profession. Methods: This is a secondary analysis of cross-sectional data from registered nurses in clinical practice in Ohio between July and August 2021. Data on demographics, moral injury, resilience, and well-being were collected using an online survey. Participants were categorized into 4 generational groups based on their age in 2021: Baby Boomers (57-75 years old), Generation X (42-56 years old), Generation Y (27-41 years old), and Generation Z (12-26 years old). Descriptive and inferential statistics, including logistic regression and analysis of variance, were employed for analysis. Results: Significant generational differences were found in years of clinical experience, moral injury, resilience, and well-being. Baby Boomers reported higher well-being and resilience and lower moral injury. Notably, the intention to leave the profession was more strongly associated with well-being and moral injury levels than with the years of experience or generational group. Conclusions: The findings suggest that interventions to improve nurse retention should prioritize enhancing well-being and addressing the root causes of moral injury. Tailored strategies addressing the

needs of different generations are necessary for mitigating the adverse effects of current healthcare challenges on nurse attrition.

Kondrath, S. R., Brandt, E. A. B., Campbell, K., Chamberlin, E. S., Dordal, P., East, R., Fantus, S., Frankfurt, S. B., Golden, K. B., Griffin, B. J., Harris, J. I., Hiltner, R. K., Holman, C. S., McGuire, A., & Usset, T. J. (2024). Moral Injury and Institutional Betrayal Among Cis Women and Sexual and Gender Minorities. *Current Treatment Options in Psychiatry*. <https://doi.org/10.1007/s40501-024-00332-x>

This review paper addresses the betrayal-based moral injury experiences of cis women and sexual and gender minorities (SGM). Since the experiences of these groups have not received as much attention in the literature as other groups, such as cis men in the military, this paper encourages continued scholarship and partnership with communities of cis women and SGM to better understand and treat their experiences of moral injury and institutional betrayal. This review is designed to capture a) the cultural contexts that place this population at greater risk for betrayal-based moral injury, b) the impact of betrayal-based moral injury (e.g., suicide risk and neurological and biological sequelae), and, finally, c) considerations for assessment and treatment.

Meyers, J. (2024). Moral Injury in Military Corrections. *Masters Theses*. <https://digitalcommons.liberty.edu/masters/1227>

Over the past thirty years moral injury has been a topic of concern regarding the behavioral and spiritual health of military members. Part of that work has given a voice to Vietnam veterans and the events they faced while in combat. Some of these events were acts of betrayal at the hands of another military member or their own. This act led to an injury to their moral code. Military chaplains may have morally injured soldiers in need of pastoral care as they serve. This includes soldiers working the military prisons like the United States Disciplinary Barracks in Fort Leavenworth. This paper seeks to inform future chaplains on the corrections profession, and the challenges soldiers face with inmate fraternization that can lead to moral injury. Understanding why such a crisis exists and how chaplains can help could be helpful for future chaplains finding themselves in an Army corrections battalion or even within the Directorate of Pastoral Care of an Army correctional facility. This is done through discussing moral injury in the context of Army Corrections including events that can lead to soldiers having a moral crisis and developing moral injury. Biblical characters Judas and Peter will be used as examples of betrayal and to reflect on the betrayal of soldiers within corrections This discourse includes possible response and prevention methods through counseling and protectors taught to correctional staff.

Minor, A. (2024). Relationship Between Attachment, Spirituality, and Moral Injury Among Military Veterans. *Doctoral Dissertations and Projects*. <https://digitalcommons.liberty.edu/doctoral/6123>

Extensive research indicates a convergence of emotional and neurobiological symptomatology between insecure attachment and moral injury among military veterans indicating a relationship may exist between attachment and moral injury. This quantitative correlational study aimed to investigate the

relationship between attachment, moral injury, and intrinsic religiosity, addressing a gap in the research. This study included 42 United States residing participants all confirmed prior active military deployment to a war zone. Data was collected utilizing a single online survey to assess adult attachment, intrinsic religiosity, moral injury, and a demographic questionnaire. Bivariate correlations revealed that insecure anxious attachments positively correlated with intrinsic religiosity with a correlation of .40 ($p < 0.01$). Insecure avoidant attachments were negatively correlated with intrinsic religiosity with a correlation of $-.45$ ($p < 0.01$). A significant negative correlation was found between moral injury and intrinsic religiosity, $r(40) = -.36$, $p = .018$. The findings from the current research indicate the importance of intrinsic religiosity in the treatment of insecure attachments and moral injury, both of which extend beyond military communities.

Munson, S. (2024, April). *Evaluating the Impact of Moral Injury on Relationship Satisfaction - ProQuest*. <https://www.proquest.com/openview/221363047efe3e868208f89dadd39ad1/1?pq-origsite=gscholar&cbl=18750&diss=y>

Moral injury is a concept that has received increased levels of attention over the past few years, yet very little research has been conducted on the impact of moral injury on relationship satisfaction. The problem addressed by this study was the impact of exposure to potentially morally injurious events and moral injury on overall relationship satisfaction. As combat veterans are frequently exposed to potentially morally injurious events, they have a high chance of developing moral injury. Based on shattered assumptions theory, the purpose of this study was to explore the impact of moral injury on romantic relationship satisfaction. The study was designed as a quantitative correlational study with 44 veteran participants ranging in combat participation from Desert Storm to present, all five military branches, and had been in relationships from 0-30+ years. The participants completed an online survey that used the Moral Injury Event Scale, Moral Injury Symptom Scale, Revised Adult Attachment Scale, and Norton's Quality of Marriage Index. The questions posited by this study were 1) What is the relationship between exposure to PMIE and relationship satisfaction?, 2) How does the presence of MI affect overall relationship satisfaction?, and 3) How does attachment style impact the effects of MI on relationship satisfaction? Data were analyzed using multiple linear regression. The results indicated that there is no relationship between PMIE and relationship satisfaction, there is a negative relationship between moral injury and relationship satisfaction, and that insecure attachment negatively impacts relationship satisfaction in the presence of moral injury.

Nazarov, A., Forchuk, C. A., Younger, W. A., Plouffe, R. A., Trahair, C., Roth, M. L., Tuka, A., Shirazi, Z. A., Davis, B. D., & Richardson, J. D. (2024). Beliefs about Confidentiality and Attitudes toward Disclosure of Moral Injuries among Military Personnel. *Psychological Injury and Law*. <https://doi.org/10.1007/s12207-024-09521-8>

Military personnel often face situations that challenge their moral beliefs, which, in some instances, leads to moral injury – profound psychological, social, and spiritual impairments caused by actions or events that violate deeply held moral values. The legal and ethical complexities of these events may

cause individuals with moral injury to hesitate in seeking mental health treatment due to fears of confidentiality breaches and the potential legal and career repercussions for disclosing their traumatic experiences. In a hypothetical vignette-based experiment, we investigated the impact of potentially morally injurious events (PMIEs) on the likelihood of mental health treatment-seeking and trauma detail disclosure, compared to conventional posttraumatic stress disorder (PTSD) trauma. Canadian Armed Forces Veterans (n = 335) were presented with vignettes that varied in the type of trauma (PMIE vs. PTSD), military release status of the depicted persona (active vs. released), and the degree of confidentiality assurance during treatment-seeking (fully assured vs. ambiguous). We measured the likelihood of help-seeking, willingness to disclose trauma details, and perceptions of legal and career harm. Participants were less likely to seek help and disclose trauma in PMIE scenarios, especially when still in service and confidentiality was uncertain. PMIEs were also associated with higher perceived legal and career harm. Greater perceptions of legal and career harm severity predicted hesitation to disclose trauma details to mental health professionals. Results demonstrate that perceptions and policies surrounding confidentiality should be re-evaluated to facilitate help-seeking among Veterans and still-serving military personnel, particularly those experiencing moral injury.

Nix, D. E. (2024). Moral Injury and Healing After the Great War: What G.A. Studdert Kennedy's Experience of Moral Injury Can Teach Us. *Journal of Pastoral Care & Counseling*, 15423050241292732. <https://doi.org/10.1177/15423050241292732>

In this article, I chart the development of Moral injury in the life of Rev. G.A. Studdert Kennedy, a well-known British Chaplain who served in the First World War. Studdert Kennedy did not benefit from contemporary insights on Moral Injury but intuitively followed a path toward healing that involved reflection, confession, penance and post-traumatic growth. Chaplain Studdert Kennedy's experience of Moral Injury can inform our contemporary understanding and treatment of this debilitating malady.

Norris, D. M., & Primm, A. (2024). Burnout and Moral Injury Among Black Psychiatrists and Other Black Mental Health Professionals. *Psychiatric Services*, 75(1), 83–86. <https://doi.org/10.1176/appi.ps.20220522>

This column discusses burnout and moral injury among Black psychiatrists and other Black mental health professionals and highlights the contribution of racism to these outcomes. In the United States, the COVID-19 pandemic and racial turmoil have revealed stark inequities in health care and social justice, and demand for mental health services has increased. To meet the mental health needs of communities, racism must be recognized as a factor in burnout and moral injury. The authors offer preventive strategies to support the mental health, well-being, and longevity of Black mental health professionals.

Paulin, H. J. B. (2024, May). *Beyond Combat: Moral Injury Exposure in Officer and Enlisted Marine Veterans With Diverse Deployment Histories and the Relationship With Posttraumatic Growth -*

ProQuest. <https://www.proquest.com/openview/b7a334f4313b8a9a81625e39825e4ce6/1?pq-origsite=gscholar&cbl=18750&diss=y>

Moral injury has been widely studied in male combat-deployed active-duty personnel and veterans, with little inclusion of non-combat or never-deployed experiences. Moral injury research has primarily focused on adverse outcomes. Within military moral injury research, there is limited information on individual branches of service or rank-specific experiences. The purpose of this study was to explore moral injury event exposure and posttraumatic growth within a single branch of service, the Marine Corps, with a focus on rank status and the inclusion of non-combat and never-deployed veterans. A community-based approach was used to recruit participants over a 2-month period. Participants completed a 15-minute online survey, and for every completed survey, a \$5.00 donation was made to the Semper Fi and America's Fund. A total of 215 responses were collected; 80% were included. The 172 participants were racially diverse. 50% were between the ages of 21-25, and 5% of participants were female. There were 163 enlisted and 9 officer participants, the average length of service was 8 years, and the average number of deployments was 2. There was no statistically significant difference in moral injury event exposure ($p = .152$) or posttraumatic growth ($p = .105$) between deployment history groups; all participants regardless of deployment history (combat, non-combat, and never-deployed) experienced moral injury event exposure and posttraumatic growth. There was a statistically significant difference ($p = .030$) in moral injury event exposure between officer and enlisted participants. Enlisted participants experienced greater moral injury event exposure. In addition, females experienced more moral injury event exposure but less posttraumatic growth than their male peers. This study lends itself to be replicated in other military samples. Findings support previous research for the inclusion of posttraumatic growth as an outcome to moral injury. Furthermore, findings suggest there may be rank-specific differences to moral injury and posit a need to assess moral injury event exposure beyond the combat experience. (PsycInfo Database Record (c) 2024 APA, all rights reserved)

Pearson, A., Owens, J., Clarkson, P., Huxley, P., & Robinson, C. (2024). *Moral injury in care settings: A concept analysis protocol*. <https://doi.org/10.37766/inplasy2024.10.0127>
<https://research.manchester.ac.uk/en/publications/moral-injury-in-care-settings-a-concept-analysis-protocol>

The aim of this concept analysis is to clarify and define the concept of moral injury in health and social care workers and professionals. The two research questions are: (i) what does moral injury look like for workers and professionals in social care, healthcare and third sector settings? (ii) what components characterise moral injury for these workers and professionals?

Rice, M. (2024). Dr. Arnold Mostowicz: 'Not alone in space.' Moral Injury and the Quest for extraterrestrial Redemption. *Jewish Culture and History*, 0(0), 1–30.
<https://doi.org/10.1080/1462169X.2024.2414603>

This article discusses Dr. Arnold Mostowicz, a Polish-Jewish public intellectual, writer, and physician who, under German occupation, was coerced to assist in selections to Nazi killing centers. Later in life,

Mostowicz developed a fascination with Ancient Alien Theory, which alleges that space aliens introduced civilizational breakthroughs on Earth. Employing ufological theories, Mostowicz worked through his enforced complicity in genocide to recreate his postwar identity within an extraterrestrial paradigm. Drawing on Mostowicz's oeuvre of popular science, science fiction, and autobiography, the article interprets themes and tropes in Mostowicz's writings as texts of disguised reflection on ethical quandaries evoked by the Holocaust.

Rogers, M. (2024). *Here's why women police officers and other servicewomen are vulnerable to moral injury*. <https://rune.une.edu.au/web/handle/1959.11/63258>

An ABC investigation into the NSW Police Force has found a toxic culture where women are subjected to sexism and intimidation. If they complain, they get tangled in a boys' club that uses fear and retaliation to silence victims. On top of the stresses of the job where they are dealing every day with violence, crime, and things they can't "unsee", these women are particularly vulnerable to sustaining a moral injury due to this vindictive system. Moral injury is a deep wounding of the soul. It is the social, psychological, and spiritual response when something or someone goes beyond the limits of an individual's deeply held values and beliefs. First responders and Defence members are frequently exposed to trauma. As such, they are more likely to have a moral injury than the general population.

Schew, L., Fleischut, A., Black, P., & Hendy, H. M. (2024). General Moral Injury Scale (GMIS): Scale development and association with drug misuse behavior in two samples. *Traumatology*, 30(3), 346–355. <https://doi.org/10.1037/trm0000432>

"Moral injury" occurs when adults have concerns about experiences that challenge their sense of right and wrong. Past research with veterans, refugees, and youth has provided measures of moral injury concerns, which are often associated with negative outcomes such as depression, anxiety, anger, and suicide ideation. The present study adds to the literature by developing a brief General Moral Injury Scale (GMIS) for more widespread application and by adding drug misuse behavior as a possible negative outcome associated with moral injury. Study participants included Sample 1 of 436 U.S. adults and Sample 2 of 291 adults in drug treatment. Participants completed surveys to report demographics, responses to eight items of moral injury concerns, and measures of drug misuse behavior for depressants, stimulants, and hallucinogens. Exploratory factor analysis with Sample 1 and confirmatory factor analysis with Sample 2 supported three GMIS subscales: Personal Betrayal, Transgressions by Others, and Transgressions by Self. Comparisons of the three moral injury concerns as predictors of drug misuse revealed that Personal Betrayal was associated with misuse by all three drug types for Sample 1 (depressants, stimulants, and hallucinogens) and two drug types for Sample 2 (depressants and stimulants), whereas Transgression by Self was associated with hallucinogens for Sample 1 and depressants for Sample 2. Clinicians could use the GMIS to identify whether clients experience moral injury concerns most linked with drug misuse and select interventions to reduce these concerns by increasing a sense of safety, forgiveness, and/or self-compassion. (PsycInfo Database Record (c) 2024 APA, all rights reserved)

Smith, D. G. S. (2024). *A Qualitative Study Exploring How Moral Injury Might Affect the Functioning of the Moral Conscience in UK Military Veterans Formed by a Virtue Approach to Military Ethics Education* [Doctoral, Birmingham City University]. <https://www.open-access.bcu.ac.uk/15888/>

This qualitative study investigates how UK army veterans of recent Iraq and Afghanistan Campaigns (2001 – 2014) experienced the effect of Moral Injury on their ability to form moral judgments. Sparked by a critical incident in Afghanistan in 2010 where UK soldier Marine A violated the Geneva Conventions, the study considers how UK military ethical education develops a soldier's moral conscience by using a virtue approach to form character. It inquires whether the current educational approach offers the 'best fit' for preparing the conscience to function soundly when confronted with moral attrition. MI is the deleterious effect on a person, including possible suicide ideation, in reaction to a Potential Morally Injurious Experience that challenges deeply held beliefs of right and wrong, as judged by the moral conscience. Moral Injury's root cause is an affront to the moral conscience, not fear-based trauma. It is not considered a mental illness. Hallmark characteristics of Moral Injury are shame, guilt and self-loathing that appear to resist current psychiatric interventions. Religious and community-based rituals have been reported as helpful in offering peace of mind and healing to those affected by Moral Injury. An interpretivist approach interrogated the data using multiple theoretical lenses to encourage the data to 'glow'. Bourdieu's Social Field theory situated the data within a strategic framework exploring the intersection of an education/ training / praxis dynamic that forms a UK Soldier's approach to military ethics. 10 UK army veterans of Iraq and Afghanistan Campaigns were recruited, all of whom reported a Potential Morally Injurious Experience. An innovative synergistic combination of face-to-face and self-interviews generated uniquely rich data that was analysed using Reflexive Thematic Analysis - an interpretivist method that places the researcher at the centre of enquiry. The study found that a virtue approach to military character formation in developing the soldier's moral conscience helped it to withstand moral attrition. It was found that the moral conscience needed constant nourishment and education within a military ethos to function soundly in alignment with agreed ethical principles such as the Geneva Conventions. The findings have conceptual and practical implications for recognising and strengthening the role of the moral conscience in demarcating personal, professional and societal areas of responsibility in multiple social domains where a deficit between ethical theory and moral practice is reported.

Valentine, B. L. (2024). *The Roles of Psychological Hardiness and Moral Injury in the Relationships Between War-zone Stressors and Internalizing Distress among Post-9/11 Military Service Members*. <https://ttu-ir.tdl.org/items/032870e2-3918-40af-b568-1dc09242a5a3>

Post-9/11 service members have high prevalence rates of psychiatric conditions, which increases the risk for comorbidity and suicidality. Specifically, combat exposure (CE) and post-battle experiences (PBEs) are positively associated with moral injury (MI), PTSD, depression, and suicidality. In addition, war zone environments may lead to the development of fearlessness about death (FAD), through habituation to fear and pain. Thus, examining protective mechanisms is critical, such as resilience

factors. The current study aimed to examine (a) whether MI mediates the relationships between CE on PTSD symptoms and between PBEs on depressive symptoms, (b) whether these indirect effects are conditional on levels of psychological hardiness, and (c) whether CE and PBEs predict FAD. Findings from this study indicated MI was a non-significant mediator in the proposed models. Additionally, hardiness only moderated the relationship between PBEs and depressive symptoms, such that as hardiness increased the relationship between PBEs and depressive symptoms strengthened. To further clarify this moderation effect, hardiness sub-constructs were analyzed independently. Findings suggest that for individuals with low levels of control, the relationship between PBEs and depressive symptoms strengthens. However, as levels of control increase, the relationship between PBEs and depressive symptoms weakens and are non-significant. Additionally, for individuals with average to above average levels of commitment, the relationships between PBEs and depressive symptoms strengthens. Individuals low on commitment had a weaker and non-significant relationship between PBEs and depressive symptoms. Similarly, for those with higher levels of challenge, the relationship between CE and PTSD symptoms, as well as PBEs and depressive symptoms, strengthened. For individuals with lower challenge, these relationships were weaker and non-significant. Lastly, only PBEs predicted fearlessness about death. Theoretical and empirical explanations for these findings are proposed and discussed, along with limitations and future directions.

Wissö, T., Melke, A., & Josephson, I. (2024). Exploring moral injury among parents with children in out-of-home care. *Child & Family Social Work, 29*(3), 679–688. <https://doi.org/10.1111/cfs.13127>
This article brings together the experiences of parents whose children are placed in out-of-home care (OHC) with the theoretical concept of moral injury. The findings are based on empirical data from a research and development project conducted in seven Swedish municipalities with the aim of developing support for such parents. This article draws on a data set of qualitative interviews with 40 parents, 30 mothers and 10 fathers, with children in OHC. The interview transcripts were analysed thematically, with an abductive approach to theories and the empirical data. The findings illustrate how parents of children in OHC experience moral injury in relation to seven aspects: professionals' morally problematic and distressing behaviour, problematic services, an adversarial system, systemic bias, parent's actions, children's withdrawal and feeling excluded. The injuries are related to events in several periods—prior to the child's removal, during the execution of removal and during OHC—and tend to last for many years. These findings stress that the social services must be aware of the injuries parents experience and must minimize the possible harm and moral injury. We also suggest that parents of children in OHC should have an appointed social worker as a means of support.

Wycoff, K. L., Bohn, G., & Foleno, F. (2024). Moral Injury Among Youth: Historical Accounts, Current Research and Future Directions. *Current Treatment Options in Psychiatry*.
<https://doi.org/10.1007/s40501-024-00333-w>

This manuscript explores the definition and historical context of Moral Injury (MI), detailing its psychological and spiritual impact on individuals, including youth populations. Morals are our beliefs

and understanding of what is right and wrong. They are often informed by cultural and social norms and typically encompass values and responsibilities that individuals use to judge whether an action is right or wrong. MI is a psychological phenomenon that can unfold when there is a loss of trust in these beliefs or others' ability to keep our shared moral agreements. Traditionally associated with military personnel, MI has evolved to include other populations, including youth and family systems. This piece explores moral development among youth populations and how injuries to moral codes are particularly salient in youth populations and family systems. Special attention is given to MI's unique manifestations and implications in childhood and adolescence. The manuscript concludes with a call to action for further research that prioritizes and integrates youths' own voices in understanding and addressing MI.

Acampora, C. D., Munch-Juriscic, D., Culbreth, A., Denne, S., & Smith, J. (2024). Critique of the standard model of moral injury. *New Ideas in Psychology, 75*, 101107.

<https://doi.org/10.1016/j.newideapsych.2024.101107>

This article seeks to describe in general terms what has become the standard way of conceptualizing moral injury in the clinical psychological and psychiatric literature, which is the key source for applications of the concept in other domains. What we call "the standard model" draws on certain assumptions about beliefs, mental states, and emotions as well as an implicit theory of causation about how various forms of harm arise from certain experiences or "events" that violate persons' moral beliefs and systems. Our analysis makes these assumptions more explicit and subjects them to critical scrutiny. In so doing, we survey the current literature and identify basic features of how moral injuries are defined, how they are thought to occur, and the forms of treatment or repair that appear to be indicated. We caution that it matters how moral experience is characterized and argue that an alternative understanding of what is the moral in moral injury is important for overcoming critical challenges to the standard model. Moreover, recently evolving approaches to moral repair could be more consistent with an alternative model. Our concluding suggestion is that a more robust account of the nature of moral experience and its relations to self-identity and social experience more generally could advance understanding of the etiology of moral injury and promote rehabilitation.

Albaqawi, H. M., & Alshammari, M. H. (2024). Resilience, compassion fatigue, moral distress and moral injury of nurses. *Nursing Ethics, 09697330241287862*. <https://doi.org/10.1177/09697330241287862>

Background: Compassion fatigue, moral distress, and moral injury are interconnected phenomena that have a detrimental impact on the delivery of nursing care. Nurses possess the inherent resilience necessary to effectively handle these three adverse occurrences. Aim: To determine the mediating impact of resilience on compassion fatigue, moral distress, and moral injury among nurses in Saudi Arabia. Design: The final product was a structural equation model (SEM) generated using a quantitative correlation cross-sectional design, and we followed the STROBE guidelines for this study. Methods: The study involved a sample of 511 staff nurses, who were selected using consecutive sampling. The study was conducted in three government hospitals in Saudi Arabia. Ethical considerations: This study received approval from Ethics Committee under approval number H-2021-151 on March 5, 2021. The survey's description and consent statements were clearly presented on Google survey forms in both English and Arabic. Results: Results showed that resilience negatively influenced moral distress, while compassion fatigue and moral injury had a positive influence. Likewise, compassion fatigue had a direct, positive effect on moral distress and moral injury, and moral distress had a direct, positive effect on

moral injury. Analyses also showed that resilience had positive, indirect effects on moral injury through the mediation of both compassion fatigue and moral distress. Similarly, compassion fatigue had a positive, indirect effect on moral injury through the mediation of moral distress. Conclusion: Because resilience enables nurses to adapt, it helps them overcome obstacles in their career and professional lives. Resilience is frequently cited by nurses as a protective quality. Moral injury, compassion fatigue, and moral distress can negatively impact the health of nurses. Implications for the profession and/or patient care: Nurse leaders should develop programs and initiate efforts to improve nurses' resilience as an important protective trait against compassion fatigue, moral distress, and moral injury. Patient or Public Contribution: There was no public or patient participation in this study.

Anderson, J. R., Darke, N., Hinton, J. D. X., Pehlivanidis, S., & Jones, T. W. (2024). Moral Injury for LGBTQ+ Individuals and their Communities. *Current Treatment Options in Psychiatry*.
<https://doi.org/10.1007/s40501-024-00334-9>

Moral injury describes the severe distress and associated impairments that result from experiencing specific traumatic events. These are events that violate the values or core beliefs of the injured person, and are often directed from a person in a position of power. Research on moral injury is not new, but has typically had a limited focus (e.g., on moral injury sustained during war) and has only recently begun to focus on the context and severity of moral injuries for individuals from minoritized communities.

Aronson, K. R., Morgan, N. R., Doucette, C. E., McCarthy, K. J., Davenport, K. E., & Perkins, D. F. (2024). Associations among combat exposure, adverse childhood experiences, moral injury, and posttraumatic growth in a large cohort of post-9/11 veterans. *Psychological Trauma: Theory, Research, Practice, and Policy*, No Pagination Specified-No Pagination Specified. <https://doi.org/10.1037/tra0001793>

Objective: Post-9/11 veterans experienced more deployments, combat exposure, and disability than earlier military cohorts. Those in the military are also more likely to have experienced adverse childhood experiences. Despite these traumatic exposures, a substantial number of veterans report experiencing personal growth, development, and maturity from their military service. Method: This longitudinal survey study (n = 5,245) examined the degree to which posttraumatic growth (PTG) was present among post-9/11 veterans. Several components of PTG were examined, including relating to others, seeing new possibilities, personal strength, spiritual growth, and appreciation for life. Results: Respondents rated their degree of personal growth and new appreciation of life most highly, while spiritual growth and appreciation of others were the least highly rated. Female veterans reported greater PTG. Veterans who experienced traumatic events (i.e., combat exposure, adverse childhood experiences), screened positive for posttraumatic stress disorder, and moral injury reported greater PTG than those who had not experienced those events or screened positive for posttraumatic stress disorder. Veterans reporting higher levels of social support and personal resilience were less likely to experience PTG. Veterans with other protective factors were more likely to experience PTG. Conclusions: Post-9/11 veterans report PTG in the face of various traumatic exposures. (PsycInfo Database Record (c) 2024 APA, all rights reserved)

Barger, J. (2024, June). *Licensed Mental Health Professionals' Experiences of Moral Development Following Perceived Morally Injurious Events* - ProQuest.
<https://www.proquest.com/openview/4f0afefcf69ffe6024bde00e68f53bf3/1?pq-origsite=gscholar&cbl=18750&diss=y>

Moral injury is a phenomenon that has been studied among combat veterans and, in recent years since the onset of the COVID-19 pandemic, among healthcare professionals. Much of the research on moral injury and morally injurious events (MIEs) has emphasized the clinical implications, including symptoms, effects on functioning, and potential treatment approaches. The purpose of this study was to address two gaps in the literature: the lack of research on the developmental implications of experiencing MIEs and moral injury, and the lack of research on MIEs and moral injury among mental health professionals. The research question for this study was: How do licensed mental health professionals experience moral development following their perceived morally injurious events? To answer this research question, a generic qualitative inquiry was conducted using semi-structured interviews. A sample of eight licensed mental health professionals who met predetermined inclusion and exclusion criteria were interviewed. Data were analyzed using inductive analysis with constant comparison to identify five themes and 21 patterns to answer the research question. It was found that licensed mental health professionals' experiences of moral development following their perceived MIEs included the negative effects of MIEs, various contributors to moral injury, becoming aware of and/or shifting their values, processes of development, and post-development changes. This study indicates the need for more extensive training and education on MIEs and moral injury in the mental health field to help mental health professionals learn about, prepare for, cope with, and overcome moral injury and MIEs. It is recommended that organizations refine or add policies that promote protective factors in this regard, which future research may further explore. Further research is also needed on the types of MIEs unique to mental health professionals. Lastly, there are theoretical implications of the study that could contribute to the development of a comprehensive theory of moral injury.

Borges, L. M., Desai, A., Barnes, S. M., & Johnson, J. P. S. (2022). The Role of Social Determinants of Health in Moral Injury: Implications and Future Directions. *Current Treatment Options in Psychiatry*, 9(3), 202–214. <https://doi.org/10.1007/s40501-022-00272-4>

Exposure to potentially morally injurious events (PMIEs) and the development of moral injury have yet to be conceptualized as they relate to social determinants of health (SDoH). In this paper, the extant literature on moral injury and SDoH is reviewed. Specific individual-level SDoH, including gender, sex, sexual orientation, race, and ethnicity, are explored relative to PMIEs and moral injury. The relationship among environmental SDoH, including childhood environment, justice involvement, and homelessness, is described. Summary Assessment and treatment implications are discussed, and future research directions highlighting the need for additional work addressing health inequities in moral injury are presented.

Bryant, R. A. (2024). Challenges for the Moral Injury Construct. *Psychotherapy and Psychosomatics*, 1–4. <https://doi.org/10.1159/000541281>

The review by Frankfurt and colleagues (this volume) regarding the construct of moral injury (MI) provides a timely and thought-provoking summary of a topic which has attracted considerable attention and controversy, over the past decade. Stimulated by observations of the persistent psychological distress that war veterans reported following events in battle that challenged their sense of morality, this field has extended to a range of other trauma-exposed populations including refugees, first responders, and healthcare workers. The construct has garnered great interest from clinicians, chaplains, and trauma survivors who have expressed enthusiasm for a construct that is perceived as

filling a gap that previous conceptualizations did not adequately capture: namely, describing the emotional turmoil suffered when one undergoes experiences in which their moral code is violated.

Cameron, H. (2024). *Prevalence and contributing factors towards moral injury within a homeless population* [Phd, University of Southampton]. <https://eprints.soton.ac.uk/494216/>

The first chapter is a systematic review of the associations between moral injury (MI) and social support (SS) across any population. The databases PsycINFO, MEDLINE, Web of Science, CINAHL, and Cochrane Library, were used to conduct literature searches. 13 studies were found and thematically fell into two groups for analysis, the social support group, and the social disconnection group. The analysis utilised two synthesis methods, summary of effects and narrative synthesis. The summary of effects showed that SS was negatively associated with MI-related constructs and social disconnection was positively associated with MI-related constructs. The narrative synthesis revealed the most consistent result related to the negative association between other-directed MI and SS. However, the outcomes of other types of MI, such as self-directed and betrayal, showed more inconsistent results. Explorations were made into the sources of support, and the role of SS in the relationship between MI and other mental health symptoms. This systematic review tentatively suggests that SS has an under-researched role in the experience of MI which could be further explored in future research. Suggestions of research topics are presented and considerations of how measures are used within MI research are discussed.

The second chapter reports on an empirical study, which had two aims relating to the exploration of MI within the homeless population in Hampshire. The first was to understand MI prevalence by comparing the scores on an MI measure between a homeless group (n=113) and a non-homeless group (n=408). MI was present in 60% of the homeless group sample. A t-test found a significant difference ($t(151.41) = 2.56, p=0.006$), between the groups and the mean difference = 4.12 (95% CI = .944, 7.285) indicating the homeless group has a higher rate of MI compared to the control group. The second aim was to consider if factors associated with homelessness (discrimination, adverse childhood events (ACEs), illegal activity, gender, generational poverty and substance use) alongside the transition into identifying as homeless, predicted MI. Analysis used multiple linear regressions and mediation analyses. ACEs and discrimination significantly predicted the MI total scores and were then used in the mediation analysis. It was found that PTSD symptoms mediated both variable's relationship to MI, however only discrimination had a significant direct pathway to MI. Results are linked to theory and clinical practice, providing clinical suggestions for the inclusion of shame-informed practice into homeless services.

Foley, J. (2024). *A study of trauma and coping in police officers who investigate rape and child abuse in London* [Phd, Canterbury Christ Church University]. <https://repository.canterbury.ac.uk/item/99057/a-study-of-trauma-and-coping-in-police-officers-who-investigate-rape-and-child-abuse-in-london>

This thesis provides a portfolio of four pieces of original research which explores both trauma and coping in police officers who investigate rape and child abuse in London. This thesis first sought to understand what research existed in relation to secondary trauma and PTSD in UK policing, so a systematized literature review was conducted. This literature review consisted of two parts, with the initial literature review being completed in September 2019, and the second part, which was a continual review being completed in December 2023. The initial review identified twenty articles and the ongoing review identified a further twenty articles, giving forty articles in total that met the inclusion criteria. From the research, it was clear that trauma and coping in police officers was not understood, although this in part may have been due to the impact of culture which was prevalent in

several articles. The second piece of research related to analysis of quantitative survey data, which identified that a subgroup of officers had potentially clinical levels of PTSD, anxiety, or depression. This research also identified that social support may moderate the effects of these conditions but due to the quantitative nature of the survey, further qualitative research was needed to try to understand how some officers are coping, and others were not. The third piece of research was a grounded theory study which was used to try to understand and develop a model of coping. Twenty-three interviews were conducted which highlighted that although some officers were affected by the traumatic nature of their work, the main 'stressors' related to organisational factors such as workload and lack of support from supervisors. Several risk and protective factors in relation to coping were identified including control, support, and having a sense of purpose. There was also the potential identification of 'moral injury' within these officers which was an unexpected finding. The fourth piece of research is qualitative case study using thematic analysis to identify the key supportive qualities and behaviours of a supervisor working in rape investigation, and how these qualities and behaviours may support a supervisee to cope with their daily work. Using thematic analysis three key themes of 'being supportive, trust and being competent', were identified as well as ten subthemes which related to the importance of welfare; being present; being open and approachable; reputation; being humble; feeling valued; being passionate, awareness; being balanced and being trained. The 'golden' thread which weaves this thesis together is the importance of support, whether that be social, peer, familial or from a supervisor, and its ability to help an officer to cope with the work they do. That may not be a surprising finding as the importance of social support in hierarchical organisations like policing is well known. However, this research is unique in that it has explored both quantitatively and qualitatively the importance of support in this particular 'high risk' group of UK police officers, which adds to existing policing literature. In addition, there were some significant findings such as the importance of having a sense of 'purpose', and the potential impact of 'moral injury', which will need further research. Purpose and moral injury appear to be significant to this group of officers although could potentially be relevant to the whole of policing. If these two findings are correct, then more research on both purpose and moral injury is needed to help us understand the impact, which is crucial as it is only when these are properly understood that officers who are struggling to cope can be effectively treated.

Frankfurt O'Brien, S., Baptista, I., & Szeszko, P. R. (2024). Enhancing Conceptual Clarity regarding the Construct of Moral Injury. *Psychotherapy and Psychosomatics*, 1–10. <https://doi.org/10.1159/000540030>

Background: The construct of "moral injury" is used widely in the research literature and media to broadly describe the impact of events involving perceived violations of one's sense of right and wrong (herein referred to as "potentially morally injurious events" [PMIEs]). Summary: In this theoretical review, we provided a brief overview of the "moral injury" construct and its limitations including the lack of consensus-drawn boundaries and operational definitions to guide hypothesis-driven research. We discussed whether this construct can be reliably distinguished from established psychiatric diagnoses and psychological constructs and the inherent challenges in separating or classifying the impact of high-magnitude stressful life events that likely form the majority of PMIEs. Assessments that purportedly measure "moral injury" are reviewed and limitations are discussed such as shared measurement variance with established psychological instruments. Key Messages: We identified conceptual strategies for investigating behavioral and neurobiological features of PMIEs that could be used to inform the field of traumatic stress. We concluded that the construct of "moral injury" may provide an interpretive framework for positing why someone may be beset by guilt, shame, and/or rage

whereas existing psychiatric diagnoses such as post-traumatic stress disorder and depression provide comprehensive descriptions regarding what someone might experience following extremely stressful events. We proposed directions to better clarify the boundaries of “moral injury” versus established psychiatric categories that could be used to enhance the conceptualization and assessment of this construct.

Gabelmann, J. M. (2024, August). *Associations Between Combat Exposure, Moral Injury, and Suicidality Among U.S. Military Members: The Moderating Impact of Positive Rumination* - ProQuest.

<https://www.proquest.com/openview/9dbe33f9fe67202ab64a2f071b61aa2a/1?pq-origsite=gscholar&cbl=18750&diss=y>

Numerous studies have documented the risk for suicide among recent-era veterans with combat experience. Recently, moral injury has emerged as a possible contributor to suicidality in veterans. To that end, no study has approached the combat exposure-moral injury-suicidality link with a focus grounded in positive psychology. Specifically, the present study explored whether positive rumination, or the reflection on positive emotions and moods, may buffer the deleterious effects of potentially traumatic experiences in warzones on moral injury and suicidality. This study was a secondary analysis of 250 current or former U.S. military members (Mage = 33.3 years) who had deployed at least one time as part of their occupational duties. Participants completed an online survey that assessed combat exposure, moral injury, suicidality, and responses to positive affect. Combat exposure, moral injury, and suicidality were all positively associated. In the mediation model, moral injury did not mediate the relationship between combat exposure and suicidality. In the moderated mediation model, positive rumination moderated the indirect effect of combat exposure on suicide via moral injury, as well as all three direct relationships between combat, moral injury, and suicidality. These findings provide much needed insight into the effects of combat on military mental health. Additionally, results suggest positive rumination may serve as a buffer to reduce the associations between combat exposure, moral injury, and suicidality. Implications from the present study may be used to promote awareness of positive affective states and encourage research on positive rumination inducing strategies for combat veterans, at-risk military members, or as prevention strategies for general military populations.

Harvey, S., & Newcombe, S. (2024). *Sexual Abuse, Moral Transgression and Male Exit Narratives.*

Religion, (In press). <https://oro.open.ac.uk/100301/>

This article focuses on the experiences of men within two religious groups with evidence of sexual violence against women. Drawing on primary source material from enquires to Inform, the two movements are anonymised as those around leader X (a fitness instructor) and leader Z (an alternative healer). Both created patriarchal and misogynistic cultures in which women were inferior to men, including on the spiritual path. Whilst male followers did not directly experience sexual abuse in these groups, some of them experienced other forms of abuse including physical, psychological, spiritual, and financial abuse. We argue that the gendered nature of the religious teachings in the two movements led to gendered experiences of abuse. Men were harmed by the sexual abuse of their female co-religionists but also by control of their sexual relationships. Some also experienced physical abuse, financial indebtedness and spiritual harms/fears. We introduce the idea of moral injury as a transgression of deeply held moral beliefs to explain the different reactions of individuals to experiences of abuse. We argue that men and women had different patterns of religious exit in these groups, but we also focus on differences between the groups. Male leavers of X's group acknowledged

the mistreatment of women as a central reason for their leaving and some expressed shame and regret in their role in supporting X. Male leavers of Z's group on the other hand prioritised the harm done to themselves in their exit narratives. It is important to consider not only how abuse and religious exit is gendered but also how men's experiences differ between groups with ostensibly similar, heteronormative teachings.

Jeffs, L., Heeney, N., Johnstone, J., Hunter, J., Loftus, C. A., Ginty, L., Greenberg, R., Wiesenfeld, L., & Maunder, R. (2024). Long-term impact of COVID-19 pandemic: Moral tensions, distress, and injuries of healthcare workers. *PLOS ONE*, *19*(9), e0298615. <https://doi.org/10.1371/journal.pone.0298615>

Given the longevity of the COVID-19 pandemic, it is important to address the perceptions and experiences associated with the progression of the pandemic. This narrative can inform future strategies aimed at mitigating moral distress, injury, and chronic stress that restores resilience and well-being of HCWs. In this context, a longitudinal survey design was undertaken to explore how health care workers are experiencing the COVID-19 pandemic over time. A qualitative design was employed to analyze the open ended survey responses using a thematic analysis approach. All physicians and staff at an academic health science centre in Toronto, Ontario, Canada were invited to participate in the survey. The majority of survey respondents were nurses and physicians, followed by researchers/scientists, administrative assistants, laboratory technicians, managers, social workers, occupational therapists, administrators, clerks and medical imaging technologists. The inductive analysis revealed three themes that contributed to moral tensions and injury: 1) experiencing stress and distress with staffing shortages, increased patient care needs, and visitor restrictions; 2) feeling devalued and invisible due to lack of support and inequities; and 3) polarizing anti- and pro-public health measures and incivility. Study findings highlight the spectrum, magnitude, and severity of the emotional, psychological, and physical stress leading to moral injury experienced by the healthcare workforce. Our findings also point to continued, renewed, and new efforts in enhancing both individual and collective moral resilience to mitigate current and prevent future moral tensions and injury.

Kim, M., Jun, J., Lambert, J., Duah, H., Tucker, S. J., O'Mathúna, D. P., Pignatiello, G., & Fitzpatrick, J. J. (2024). Generational Differences in Moral Injury, Resilience, and Well-Being Among Nurses: Predictors of Intention to Leave Position and Profession. *Western Journal of Nursing Research*, *46*(11), 909–918. <https://doi.org/10.1177/01939459241287458>

Background: The COVID-19 pandemic highlighted the negative impact of moral injury on nurses' well-being. However, there is a lack of research about generational differences among nurses, particularly on newer nurses who have been identified as having a higher rate of intention to leave. Objective: This study examines generational differences among nurses on moral injury, well-being, resilience, and intention to leave their nursing position and profession. Methods: This is a secondary analysis of cross-sectional data from registered nurses in clinical practice in Ohio between July and August 2021. Data on demographics, moral injury, resilience, and well-being were collected using an online survey. Participants were categorized into 4 generational groups based on their age in 2021: Baby Boomers (57-75 years old), Generation X (42-56 years old), Generation Y (27-41 years old), and Generation Z (12-26 years old). Descriptive and inferential statistics, including logistic regression and analysis of variance, were employed for analysis. Results: Significant generational differences were found in years of clinical experience, moral injury, resilience, and well-being. Baby Boomers reported higher well-being and resilience and lower moral injury. Notably, the intention to leave the profession was more strongly

associated with well-being and moral injury levels than with the years of experience or generational group. Conclusions: The findings suggest that interventions to improve nurse retention should prioritize enhancing well-being and addressing the root causes of moral injury. Tailored strategies addressing the needs of different generations are necessary for mitigating the adverse effects of current healthcare challenges on nurse attrition.

Kondrath, S. R., Brandt, E. A. B., Campbell, K., Chamberlin, E. S., Dordal, P., East, R., Fantus, S., Frankfurt, S. B., Golden, K. B., Griffin, B. J., Harris, J. I., Hiltner, R. K., Holman, C. S., McGuire, A., & Usset, T. J. (2024). Moral Injury and Institutional Betrayal Among Cis Women and Sexual and Gender Minorities. *Current Treatment Options in Psychiatry*. <https://doi.org/10.1007/s40501-024-00332-x>

This review paper addresses the betrayal-based moral injury experiences of cis women and sexual and gender minorities (SGM). Since the experiences of these groups have not received as much attention in the literature as other groups, such as cis men in the military, this paper encourages continued scholarship and partnership with communities of cis women and SGM to better understand and treat their experiences of moral injury and institutional betrayal. This review is designed to capture a) the cultural contexts that place this population at greater risk for betrayal-based moral injury, b) the impact of betrayal-based moral injury (e.g., suicide risk and neurological and biological sequelae), and, finally, c) considerations for assessment and treatment.

Meyers, J. (2024). Moral Injury in Military Corrections. *Masters Theses*. <https://digitalcommons.liberty.edu/masters/1227>

Over the past thirty years moral injury has been a topic of concern regarding the behavioral and spiritual health of military members. Part of that work has given a voice to Vietnam veterans and the events they faced while in combat. Some of these events were acts of betrayal at the hands of another military member or their own. This act led to an injury to their moral code. Military chaplains may have morally injured soldiers in need of pastoral care as they serve. This includes soldiers working the military prisons like the United States Disciplinary Barracks in Fort Leavenworth. This paper seeks to inform future chaplains on the corrections profession, and the challenges soldiers face with inmate fraternization that can lead to moral injury. Understanding why such a crisis exists and how chaplains can help could be helpful for future chaplains finding themselves in an Army corrections battalion or even within the Directorate of Pastoral Care of an Army correctional facility. This is done through discussing moral injury in the context of Army Corrections including events that can lead to soldiers having a moral crisis and developing moral injury. Biblical characters Judas and Peter will be used as examples of betrayal and to reflect on the betrayal of soldiers within corrections This discourse includes possible response and prevention methods through counseling and protectors taught to correctional staff.

Minor, A. (2024). Relationship Between Attachment, Spirituality, and Moral Injury Among Military Veterans. *Doctoral Dissertations and Projects*. <https://digitalcommons.liberty.edu/doctoral/6123>

Extensive research indicates a convergence of emotional and neurobiological symptomatology between insecure attachment and moral injury among military veterans indicating a relationship may exist between attachment and moral injury. This quantitative correlational study aimed to investigate the relationship between attachment, moral injury, and intrinsic religiosity, addressing a gap in the research. This study included 42 United States residing participants all confirmed prior active military

deployment to a war zone. Data was collected utilizing a single online survey to assess adult attachment, intrinsic religiosity, moral injury, and a demographic questionnaire. Bivariate correlations revealed that insecure anxious attachments positively correlated with intrinsic religiosity with a correlation of .40 ($p < 0.01$). Insecure avoidant attachments were negatively correlated with intrinsic religiosity with a correlation of $-.45$ ($p < 0.01$). A significant negative correlation was found between moral injury and intrinsic religiosity, $r(40) = -.36$, $p = .018$. The findings from the current research indicate the importance of intrinsic religiosity in the treatment of insecure attachments and moral injury, both of which extend beyond military communities.

Munson, S. (2024, April). *Evaluating the Impact of Moral Injury on Relationship Satisfaction - ProQuest*. <https://www.proquest.com/openview/221363047efe3e868208f89dadd39ad1/1?pq-origsite=gscholar&cbl=18750&diss=y>

Moral injury is a concept that has received increased levels of attention over the past few years, yet very little research has been conducted on the impact of moral injury on relationship satisfaction. The problem addressed by this study was the impact of exposure to potentially morally injurious events and moral injury on overall relationship satisfaction. As combat veterans are frequently exposed to potentially morally injurious events, they have a high chance of developing moral injury. Based on shattered assumptions theory, the purpose of this study was to explore the impact of moral injury on romantic relationship satisfaction. The study was designed as a quantitative correlational study with 44 veteran participants ranging in combat participation from Desert Storm to present, all five military branches, and had been in relationships from 0-30+ years. The participants completed an online survey that used the Moral Injury Event Scale, Moral Injury Symptom Scale, Revised Adult Attachment Scale, and Norton's Quality of Marriage Index. The questions posited by this study were 1) What is the relationship between exposure to PMIE and relationship satisfaction?, 2) How does the presence of MI affect overall relationship satisfaction?, and 3) How does attachment style impact the effects of MI on relationship satisfaction? Data were analyzed using multiple linear regression. The results indicated that there is no relationship between PMIE and relationship satisfaction, there is a negative relationship between moral injury and relationship satisfaction, and that insecure attachment negatively impacts relationship satisfaction in the presence of moral injury.

Nazarov, A., Forchuk, C. A., Younger, W. A., Plouffe, R. A., Trahair, C., Roth, M. L., Tuka, A., Shirazi, Z. A., Davis, B. D., & Richardson, J. D. (2024). Beliefs about Confidentiality and Attitudes toward Disclosure of Moral Injuries among Military Personnel. *Psychological Injury and Law*. <https://doi.org/10.1007/s12207-024-09521-8>

Military personnel often face situations that challenge their moral beliefs, which, in some instances, leads to moral injury – profound psychological, social, and spiritual impairments caused by actions or events that violate deeply held moral values. The legal and ethical complexities of these events may cause individuals with moral injury to hesitate in seeking mental health treatment due to fears of confidentiality breaches and the potential legal and career repercussions for disclosing their traumatic experiences. In a hypothetical vignette-based experiment, we investigated the impact of potentially morally injurious events (PMIEs) on the likelihood of mental health treatment-seeking and trauma detail disclosure, compared to conventional posttraumatic stress disorder (PTSD) trauma. Canadian Armed Forces Veterans ($n = 335$) were presented with vignettes that varied in the type of trauma (PMIE vs. PTSD), military release status of the depicted persona (active vs. released), and the degree of confidentiality assurance during treatment-seeking (fully assured vs. ambiguous). We measured the

likelihood of help-seeking, willingness to disclose trauma details, and perceptions of legal and career harm. Participants were less likely to seek help and disclose trauma in PMIE scenarios, especially when still in service and confidentiality was uncertain. PMIEs were also associated with higher perceived legal and career harm. Greater perceptions of legal and career harm severity predicted hesitation to disclose trauma details to mental health professionals. Results demonstrate that perceptions and policies surrounding confidentiality should be re-evaluated to facilitate help-seeking among Veterans and still-serving military personnel, particularly those experiencing moral injury.

Nix, D. E. (2024). Moral Injury and Healing After the Great War: What G.A. Studdert Kennedy's Experience of Moral Injury Can Teach Us. *Journal of Pastoral Care & Counseling*, 15423050241292732. <https://doi.org/10.1177/15423050241292732>

In this article, I chart the development of Moral injury in the life of Rev. G.A. Studdert Kennedy, a well-known British Chaplain who served in the First World War. Studdert Kennedy did not benefit from contemporary insights on Moral Injury but intuitively followed a path toward healing that involved reflection, confession, penance and post-traumatic growth. Chaplain Studdert Kennedy's experience of Moral Injury can inform our contemporary understanding and treatment of this debilitating malady.

Norris, D. M., & Primm, A. (2024). Burnout and Moral Injury Among Black Psychiatrists and Other Black Mental Health Professionals. *Psychiatric Services*, 75(1), 83–86. <https://doi.org/10.1176/appi.ps.20220522>

This column discusses burnout and moral injury among Black psychiatrists and other Black mental health professionals and highlights the contribution of racism to these outcomes. In the United States, the COVID-19 pandemic and racial turmoil have revealed stark inequities in health care and social justice, and demand for mental health services has increased. To meet the mental health needs of communities, racism must be recognized as a factor in burnout and moral injury. The authors offer preventive strategies to support the mental health, well-being, and longevity of Black mental health professionals.

Paulin, H. J. B. (2024, May). *Beyond Combat: Moral Injury Exposure in Officer and Enlisted Marine Veterans With Diverse Deployment Histories and the Relationship With Posttraumatic Growth* - ProQuest. <https://www.proquest.com/openview/b7a334f4313b8a9a81625e39825e4ce6/1?pq-origsite=gscholar&cbl=18750&diss=y>

Moral injury has been widely studied in male combat-deployed active-duty personnel and veterans, with little inclusion of non-combat or never-deployed experiences. Moral injury research has primarily focused on adverse outcomes. Within military moral injury research, there is limited information on individual branches of service or rank-specific experiences. The purpose of this study was to explore moral injury event exposure and posttraumatic growth within a single branch of service, the Marine Corps, with a focus on rank status and the inclusion of non-combat and never-deployed veterans. A community-based approach was used to recruit participants over a 2-month period. Participants completed a 15-minute online survey, and for every completed survey, a \$5.00 donation was made to the Semper Fi and America's Fund. A total of 215 responses were collected; 80% were included. The 172 participants were racially diverse. 50% were between the ages of 21-25, and 5% of participants were female. There were 163 enlisted and 9 officer participants, the average length of service was 8 years, and the average number of deployments was 2. There was no statistically significant difference in moral injury event exposure ($p = .152$) or posttraumatic growth ($p = .105$) between deployment history

groups; all participants regardless of deployment history (combat, non-combat, and never-deployed) experienced moral injury event exposure and posttraumatic growth. There was a statistically significant difference ($p = .030$) in moral injury event exposure between officer and enlisted participants. Enlisted participants experienced greater moral injury event exposure. In addition, females experienced more moral injury event exposure but less posttraumatic growth than their male peers. This study lends itself to be replicated in other military samples. Findings support previous research for the inclusion of posttraumatic growth as an outcome to moral injury. Furthermore, findings suggest there may be rank-specific differences to moral injury and posit a need to assess moral injury event exposure beyond the combat experience. (PsycInfo Database Record (c) 2024 APA, all rights reserved)

Pearson, A., Owens, J., Clarkson, P., Huxley, P., & Robinson, C. (2024). *Moral injury in care settings: A concept analysis protocol*. <https://doi.org/10.37766/inplasy2024.10.0127>
<https://research.manchester.ac.uk/en/publications/moral-injury-in-care-settings-a-concept-analysis-protocol>

The aim of this concept analysis is to clarify and define the concept of moral injury in health and social care workers and professionals. The two research questions are: (i) what does moral injury look like for workers and professionals in social care, healthcare and third sector settings? (ii) what components characterise moral injury for these workers and professionals?

Rice, M. (2024). Dr. Arnold Mostowicz: 'Not alone in space.' Moral Injury and the Quest for extraterrestrial Redemption. *Jewish Culture and History*, 0(0), 1–30.
<https://doi.org/10.1080/1462169X.2024.2414603>

This article discusses Dr. Arnold Mostowicz, a Polish-Jewish public intellectual, writer, and physician who, under German occupation, was coerced to assist in selections to Nazi killing centers. Later in life, Mostowicz developed a fascination with Ancient Alien Theory, which alleges that space aliens introduced civilizational breakthroughs on Earth. Employing ufological theories, Mostowicz worked through his enforced complicity in genocide to recreate his postwar identity within an extraterrestrial paradigm. Drawing on Mostowicz's oeuvre of popular science, science fiction, and autobiography, the article interprets themes and tropes in Mostowicz's writings as texts of disguised reflection on ethical quandaries evoked by the Holocaust.

Rogers, M. (2024). *Here's why women police officers and other servicewomen are vulnerable to moral injury*. <https://rune.une.edu.au/web/handle/1959.11/63258>

An ABC investigation into the NSW Police Force has found a toxic culture where women are subjected to sexism and intimidation. If they complain, they get tangled in a boys' club that uses fear and retaliation to silence victims. On top of the stresses of the job where they are dealing every day with violence, crime, and things they can't "unsee", these women are particularly vulnerable to sustaining a moral injury due to this vindictive system. Moral injury is a deep wounding of the soul. It is the social, psychological, and spiritual response when something or someone goes beyond the limits of an individual's deeply held values and beliefs. First responders and Defence members are frequently exposed to trauma. As such, they are more likely to have a moral injury than the general population.

Schew, L., Fleischut, A., Black, P., & Hendy, H. M. (2024). General Moral Injury Scale (GMIS): Scale development and association with drug misuse behavior in two samples. *Traumatology*, 30(3), 346–355. <https://doi.org/10.1037/trm0000432>

“Moral injury” occurs when adults have concerns about experiences that challenge their sense of right and wrong. Past research with veterans, refugees, and youth has provided measures of moral injury concerns, which are often associated with negative outcomes such as depression, anxiety, anger, and suicide ideation. The present study adds to the literature by developing a brief General Moral Injury Scale (GMIS) for more widespread application and by adding drug misuse behavior as a possible negative outcome associated with moral injury. Study participants included Sample 1 of 436 U.S. adults and Sample 2 of 291 adults in drug treatment. Participants completed surveys to report demographics, responses to eight items of moral injury concerns, and measures of drug misuse behavior for depressants, stimulants, and hallucinogens. Exploratory factor analysis with Sample 1 and confirmatory factor analysis with Sample 2 supported three GMIS subscales: Personal Betrayal, Transgressions by Others, and Transgressions by Self. Comparisons of the three moral injury concerns as predictors of drug misuse revealed that Personal Betrayal was associated with misuse by all three drug types for Sample 1 (depressants, stimulants, and hallucinogens) and two drug types for Sample 2 (depressants and stimulants), whereas Transgression by Self was associated with hallucinogens for Sample 1 and depressants for Sample 2. Clinicians could use the GMIS to identify whether clients experience moral injury concerns most linked with drug misuse and select interventions to reduce these concerns by increasing a sense of safety, forgiveness, and/or self-compassion. (PsycInfo Database Record (c) 2024 APA, all rights reserved)

Smith, D. G. S. (2024). *A Qualitative Study Exploring How Moral Injury Might Affect the Functioning of the Moral Conscience in UK Military Veterans Formed by a Virtue Approach to Military Ethics Education* [Doctoral, Birmingham City University]. <https://www.open-access.bcu.ac.uk/15888/>

This qualitative study investigates how UK army veterans of recent Iraq and Afghanistan Campaigns (2001 – 2014) experienced the effect of Moral Injury on their ability to form moral judgments. Sparked by a critical incident in Afghanistan in 2010 where UK soldier Marine A violated the Geneva Conventions, the study considers how UK military ethical education develops a soldier’s moral conscience by using a virtue approach to form character. It inquires whether the current educational approach offers the ‘best fit’ for preparing the conscience to function soundly when confronted with moral attrition. MI is the deleterious effect on a person, including possible suicide ideation, in reaction to a Potential Morally Injurious Experience that challenges deeply held beliefs of right and wrong, as judged by the moral conscience. Moral Injury’s root cause is an affront to the moral conscience, not fear-based trauma. It is not considered a mental illness. Hallmark characteristics of Moral Injury are shame, guilt and self-loathing that appear to resist current psychiatric interventions. Religious and community-based rituals have been reported as helpful in offering peace of mind and healing to those affected by Moral Injury. An interpretivist approach interrogated the data using multiple theoretical lenses to encourage the data to ‘glow’. Bourdieu’s Social Field theory situated the data within a strategic framework exploring the intersection of an education/ training / praxis dynamic that forms a UK Soldier’s approach to military ethics. 10 UK army veterans of Iraq and Afghanistan Campaigns were recruited, all of whom reported a Potential Morally Injurious Experience. An innovative synergistic combination of face-to-face and self-interviews generated uniquely rich data that was analysed using Reflexive Thematic Analysis - an interpretivist method that places the researcher at the centre of enquiry. The study found that a virtue approach to military character formation in developing the soldier’s moral conscience helped it to withstand moral attrition. It was found that the moral conscience needed constant nourishment and education within a military ethos to function soundly in

alignment with agreed ethical principles such as the Geneva Conventions. The findings have conceptual and practical implications for recognising and strengthening the role of the moral conscience in demarcating personal, professional and societal areas of responsibility in multiple social domains where a deficit between ethical theory and moral practice is reported.

Valentine, B. L. (2024). *The Roles of Psychological Hardiness and Moral Injury in the Relationships Between War-zone Stressors and Internalizing Distress among Post-9/11 Military Service Members*.

<https://ttu-ir.tdl.org/items/032870e2-3918-40af-b568-1dc09242a5a3>

Post-9/11 service members have high prevalence rates of psychiatric conditions, which increases the risk for comorbidity and suicidality. Specifically, combat exposure (CE) and post-battle experiences (PBEs) are positively associated with moral injury (MI), PTSD, depression, and suicidality. In addition, war zone environments may lead to the development of fearlessness about death (FAD), through habituation to fear and pain. Thus, examining protective mechanisms is critical, such as resilience factors. The current study aimed to examine (a) whether MI mediates the relationships between CE on PTSD symptoms and between PBEs on depressive symptoms, (b) whether these indirect effects are conditional on levels of psychological hardiness, and (c) whether CE and PBEs predict FAD. Findings from this study indicated MI was a non-significant mediator in the proposed models. Additionally, hardiness only moderated the relationship between PBEs and depressive symptoms, such that as hardiness increased the relationship between PBEs and depressive symptoms strengthened. To further clarify this moderation effect, hardiness sub-constructs were analyzed independently. Findings suggest that for individuals with low levels of control, the relationship between PBEs and depressive symptoms strengthens. However, as levels of control increase, the relationship between PBEs and depressive symptoms weakens and are non-significant. Additionally, for individuals with average to above average levels of commitment, the relationships between PBEs and depressive symptoms strengthens. Individuals low on commitment had a weaker and non-significant relationship between PBEs and depressive symptoms. Similarly, for those with higher levels of challenge, the relationship between CE and PTSD symptoms, as well as PBEs and depressive symptoms, strengthened. For individuals with lower challenge, these relationships were weaker and non-significant. Lastly, only PBEs predicted fearlessness about death. Theoretical and empirical explanations for these findings are proposed and discussed, along with limitations and future directions.

Wissö, T., Melke, A., & Josephson, I. (2024). Exploring moral injury among parents with children in out-of-home care. *Child & Family Social Work, 29*(3), 679–688. <https://doi.org/10.1111/cfs.13127>

This article brings together the experiences of parents whose children are placed in out-of-home care (OHC) with the theoretical concept of moral injury. The findings are based on empirical data from a research and development project conducted in seven Swedish municipalities with the aim of developing support for such parents. This article draws on a data set of qualitative interviews with 40 parents, 30 mothers and 10 fathers, with children in OHC. The interview transcripts were analysed thematically, with an abductive approach to theories and the empirical data. The findings illustrate how parents of children in OHC experience moral injury in relation to seven aspects: professionals' morally problematic and distressing behaviour, problematic services, an adversarial system, systemic bias, parent's actions, children's withdrawal and feeling excluded. The injuries are related to events in several periods—prior to the child's removal, during the execution of removal and during OHC—and tend to last for many years. These findings stress that the social services must be aware of the injuries

parents experience and must minimize the possible harm and moral injury. We also suggest that parents of children in OHC should have an appointed social worker as a means of support.

Wycoff, K. L., Bohn, G., & Foleno, F. (2024). Moral Injury Among Youth: Historical Accounts, Current Research and Future Directions. *Current Treatment Options in Psychiatry*.

<https://doi.org/10.1007/s40501-024-00333-w>

This manuscript explores the definition and historical context of Moral Injury (MI), detailing its psychological and spiritual impact on individuals, including youth populations. Morals are our beliefs and understanding of what is right and wrong. They are often informed by cultural and social norms and typically encompass values and responsibilities that individuals use to judge whether an action is right or wrong. MI is a psychological phenomenon that can unfold when there is a loss of trust in these beliefs or others' ability to keep our shared moral agreements. Traditionally associated with military personnel, MI has evolved to include other populations, including youth and family systems. This piece explores moral development among youth populations and how injuries to moral codes are particularly salient in youth populations and family systems. Special attention is given to MI's unique manifestations and implications in childhood and adolescence. The manuscript concludes with a call to action for further research that prioritizes and integrates youths' own voices in understanding and addressing MI.