



Nationaal
Psychotrauma
Centrum

Moral Injury: alertering

Updates 5 december 2024

'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](#).

ISTSS: [Projecten over Moral Injury](#)

Met o.a. een nieuwe podcast van [Trauma Talks: Moral injury](#), een podcast die de prevalentie van moreel letsel benadrukt, vooral onder mensen in stressvolle en servicegerichte beroepen.

Akwue, O. S., Smith, M. A. D., Marazzo, J., & Woolcock, R. A. (2024). Navigating Moral Injury and Trauma in US Army Soldiers: A Holistic Approach Incorporating Self-Care, CBT, Personal Strength, and Spiritual Resilience. *Global Advanced Research Journal of Medicine and Medical Sciences*, 11(1), 001–017. <https://tinyurl.com/mb7sp5nb>

This study explores a holistic approach to addressing trauma and moral injury in US Army soldiers, integrating four key elements: self-care, cognitive-behavioral therapy (CBT), personal strength, and spiritual resilience. Moral injury and trauma are essential experiences for military people at war that both challenge the individual's psychological and existential frameworks. The proposed multifaceted approach aims to provide comprehensive support by addressing physical, emotional, cognitive, and spiritual aspects of well-being. Self-care practices form the foundation for overall health, while CBT offers tools for restructuring maladaptive thought patterns. Personal health is the basis of general well-being, and CBT is a set of skills that can change negative, distorted thinking patterns. The personal strength approaches include Resilience and post-trauma growth, where soldiers are encouraged to acknowledge their strengths. Spiritual resilience activities also build the subject's meaning and purpose for life to deal with moral dilemmas. Thus, the outlined approach provides an opportunity to adjust the work with participants depending on their needs and consider patient-oriented goals, providing the possibilities for their recovery and personal development during a more extended period. Aspects of this paper include analyzing activities and directions of these components, potential combined impacts of the components, and combined approaches of all the elements to adequately respond to multiple facets of well-being. While further research is needed to confirm this approach fully, its comprehensive nature and alignment with evidencebased practices suggest significant potential for supporting US Army soldiers in overcoming the impacts of moral injury and trauma.

Alabduljabbar, Z. mohammed, Beshri, Z. S. A., Alhejji, E. A., Qismayn, A. I., Shuhaib, J. Y. A., Abushomi, H. Q., Musad, A. A. A., Alshammari, B. S. S., Alyahya, A. A., & Alghanem, A. mirza A. (2024). A Review of Psychological and Moral Challenges Faced by Medical Staff in High-Stress Environments. *Journal of Ecohumanism*, 3(8), 983–990. <https://doi.org/10.62754/joe.v3i8.4792>

Healthcare professionals often operate in high-stress environments that expose them to significant psychological and moral challenges. This review examines the prevalent stressors impacting medical staff, including burnout, anxiety, depression, and moral distress, as well as the coping mechanisms and institutional supports that mitigate these pressures. In exploring psychological factors, such as emotional exhaustion, and moral challenges, like ethical dilemmas and moral injury, this article highlights the compounded toll on staff well-being and patient care quality. Evidence suggests that these pressures negatively impact healthcare outcomes, leading to increased errors, higher turnover rates, and

diminished staff retention. The review further discusses strategies to support healthcare workers, including peer support, institutional programs, ethics training, and resilience-building initiatives, emphasizing the need for systemic changes to foster a sustainable, compassionate healthcare environment. Addressing these challenges is essential to ensuring high-quality patient care and a resilient healthcare workforce.

Birch, M. J., Inhaber, J., & Ashbaugh, A. R. (2024). Morally uncertain: the influence of intolerance of uncertainty and perceived responsibility on moral pain. *Anxiety, Stress, & Coping*, 1–13.

<https://doi.org/https://doi.org/10.1080/10615806.2024.2423436>

Background and Objectives Morally horrific events can evoke moral pain and may result in a type of psychological distress known as moral injury (MI). Previous research has hypothesized intolerance of uncertainty (IU; the aversive cognitive and behavioural reaction to uncertainty) may predict MI symptomatology due to its influence on perceived responsibility (PR). As such, we examined the influence of IU and PR on moral emotions associated with vignettes depicting morally stressful events. **Method** Participants (n = 245) completed the IU-Scale Short-Form, and were randomly assigned to listen and imagine themselves in a series of vignettes depicting grave moral transgressions committed either by the self (self-transgression condition; STC) or others (OTC). Participants provided ratings of moral emotions and PR in response to each vignette. **Results** Significant positive associations were observed between PR and moral emotions in the STC and OTC. IU's behavioral subdimension, inhibitory IU, was positively associated with moral emotions in the STC. Inhibitory IU did not moderate the association between PR and moral emotions. **Conclusion** Future research should further explore the interplay of inhibitory IU, PR and MI. Understanding the behavioral inaction associated with elevated inhibitory IU may be important in mitigating painful moral emotions following self-transgressed moral violations.

Dehghan, R. (2024). Ethical and epistemological considerations in applying moral injury (MI) concepts to refugee populations. *Medicine, Health Care and Philosophy*. <https://doi.org/10.1007/s11019-024-10237-4>

Empirical research on moral injury (MI) has rapidly evolved since 2009. Originally developed to address the moral dimensions of traumatic experiences among US veterans, MI has also found application in the context of traumatized refugees. This paper delves into the ethical and epistemological questions that arise when applying a concept originally rooted in a qualitatively distinct experience and a demographically different population to refugees. It is argued that the prevailing clinical and psychological conceptualization of MI may not adequately accommodate the unique needs and experiences of refugee populations. This examination underscores the imperative of conceptualizing to better serve the ethical and epistemic demands of refugee communities.

Fleming, W. H., & Smigelsky, M. A. (2024). Enhancing the Utility of the Moral Injury Experience Wheel: Manualized Applications for Diverse Contexts. *Journal of Religion and Health*, 63(6), 4696–4711.

<https://doi.org/10.1007/s10943-024-02082-9>

Moral injury has emerged as an important construct for understanding the distress experienced in the aftermath of a moral violation, initially among combat veterans and increasingly among other populations, such as healthcare workers and first responders. While numerous measures have been validated to assess for exposure to potentially morally injurious events and/or sequelae, additional tools are needed to facilitate nuanced discussion of the experience of moral injury in therapeutic encounters. The Moral Injury Experience Wheel (MIEW; Fleming, 2023) is an infographic instrument that is designed to elicit precise language and help differentiate feelings in an effort to process morally perplexing circumstances. This paper describes the contents and potential clinical applications of a newly developed manual to guide the use of the MIEW. The MIEW and manual are designed to be used independently or alongside existing moral injury interventions. A case study featuring the use of the MIEW and manual demonstrates how the tools can be used in a professional healthcare setting. Recommendations for moral injury care practitioners are provided.

Gangemi, S., & Dysart, C. (2024). Moral Injury in Correctional Health Care. *Journal of Correctional Health Care*. <https://doi.org/10.1089/jchc.24.04.0036>

Due to the complex nature of correctional facilities, correctional health care professionals (CHPs) are at high risk of experiencing the harms of helping such as burnout, vicarious trauma, and post-traumatic stress disorder (PTSD). Although traditionally applied to military populations, the construct of moral injury has gained increasing application to health care and bears relevance to correctional health care. This qualitative study examines the prevalence of moral injury among CHPs while considering the moral dilemmas and ethical challenges of delivering care in a carceral environment. Employing an interpretative phenomenological analysis (IPA), 25 semi-structured interviews were conducted with a diverse sample of CHPs, selected through nonprobability, purposive sampling. Rigorous thematic analysis, guided by IPA principles, was used. The data revealed five key themes: moral injury is an occupational hazard for correctional health care workers; incidental versus cumulative moral injury; role of institutional betrayal; the intersectional relationship among moral injury, PTSD, and burnout; and the road to moral repair. These themes offer insights into the prevalence and effects of moral injury in correctional health care while offering solutions to navigating moral injury. These findings contribute to a deeper understanding of the complex ethical and psychological dynamics within correctional health care settings and explore implications for practice, policy, and future research.

Gilbert-Ouimet, M., Zahiriharsini, A., Lam, L. Y., & Truchon, M. (2024). Associations between self-compassion and moral injury among healthcare workers: A cross-sectional study. *Nursing Ethics*, 09697330241299536. <https://doi.org/10.1177/09697330241299536>

Background Healthcare workers (HCWs) can face situations that conflict with their moral beliefs, leading to moral injury, an adverse psychological consequence that was more frequent during the COVID-19 pandemic. Self-compassion is a potential coping mechanism for moral injury by encouraging acceptance of human limitations and suffering. **Objectives** This study aimed to examine the associations between self-compassion components and moral injury prevalence among HCWs in Quebec, Canada, during the COVID-19 pandemic. **Research design** A cross-sectional study design was employed. **Participants:** and **research context:** The sample of this study consisted of HCWs and leaders from the Quebec province. Participants completed validated self-administered questionnaires assessing both positive and negative self-compassion components (self-kindness vs self-judgment; common humanity vs isolation; and mindfulness vs overidentification) and moral injury dimensions (self-oriented and other-oriented). Prevalence ratios (PRs) and 95% confidence intervals (CIs) for the associations between self-compassion components and moral injury dimensions were modeled using Poisson robust regressions. The models were adjusted for various covariates, including sex, age, gender, and socio-demographic and lifestyle factors. **Ethical considerations** Ethical approval for this study was obtained from the ethics committee of the Centre intégré universitaire de santé et de services sociaux de la Capitale-Nationale in Quebec, Canada. All participants provided written informed consent prior to participating in the study. Additionally, permission was sought and obtained from the original authors of the tools used in this study, including the self-compassion and moral injury scales. **Results** The study involved 572 HCWs (60.5% nurses) and leaders. Around half of the participants (50.70%) exhibited moderate levels of self-compassion, while the prevalence of low levels of self-compassion ranged from 21.68% to 48.08% for the positive subscales and from 23.78% to 44.41% for the negative subscales. Regarding moral injury, 10.14% of participants reported moderate to high self-oriented moral injury, 29.19% reported moderate to high other-oriented moral injury, and 13.81% demonstrated moderate to high total moral injury. Higher self-compassion levels were associated with lower moral injury prevalence. HCWs with high self-compassion had a 93% lower likelihood of experiencing moral injury (PR: 0.07, 95% CI: 0.03–0.19). Self-kindness demonstrated the strongest association with reduced moral injury (PR: 0.24, 95% CI: 0.11–0.52), followed by mindfulness (PR: 0.37, 95% CI: 0.18–0.75). However, common humanity did not show a statistically significant association with moral injury prevalence. **Conclusion** These findings suggest a potential association between self-compassion and reduced prevalence of moral injury among HCWs, highlighting promising interventions to manage moral injury during crises. Such initiatives could promote

the mental wellbeing of HCWs and preventing the negative consequences of moral injury, including anxiety, depression, and burnout.

Hallett, M. (2024). *Jus in Militaribus and Moral Injury*.

<https://ore.exeter.ac.uk/repository/handle/10871/138893>

This study analyses the following problem: due to limitations in familiar (classic and modern) formulations of the just war tradition- (JWT) based moral-ethical decision-making guidance in US military doctrine, current military moral injury management capabilities are not entirely fit for purpose. Military doctrinal discussion of the JWT generally focuses on the legal, compliance-centered considerations of jus ad bellum and jus in bello principles. This focus results in two important limitations from the moral injury management perspective. Firstly, the resulting guidance does not cover the full range of military tasks and responsibilities. Military tasks and responsibilities exceed the limits of jus ad bellum- and jus in bello-based guidance and yet can still generate betrayals resulting in moral injury. Secondly, this guidance does not provide a model of military institutional trust. This entails that the US military doctrinal moral-ethical decision-making guidance typically fails to adequately address the trust violation related sources of moral injury. The addition of what Jonathan Shay referred to as jus in militaribus, that is, attention to the justness and unjustness of the policies and practices of the military institution itself, to the military doctrinal articulation of the JWT is necessary to enable the development of a more effective military moral injury management capability. Using jus in militaribus as a framework for JWT-based moral-ethical guidance formulation, including a model of military institutional trust, within official military doctrine will enable more effective moral injury management capability development. This jus in militaribus framework-based moral injury management capability will better prevent moral injury occurrences, ameliorate the effects of moral injury, and enable recovery from moral injury across the full range of military activities than the current approaches.

Mandrell, B., Boggs, J., Gattuso, J., Caples, M., Sawyer, K. E., Madni, A., & Johnson, L.-M. (2024). Moral Distress and Moral Stress Among Nurses Facing Challenges in a Health Care System Under Pressure. *The American Journal of Bioethics*, 24(12), 48–51.

<https://doi.org/https://doi.org/10.1080/15265161.2024.2417992>

To understand the long-term impact of the COVID-19 pandemic on healthcare workers, it is crucial to examine the complex interplay between moral distress, moral injury, and moral stress. Buchbinder et al. (Citation2024) emphasize that moral stress not only affects individual clinicians but also reverberates throughout clinical and operational staff in overwhelmed healthcare systems. This highlights the necessity of clearly distinguishing the differences between these concepts to most effectively promote staff well-being and enhance the overall healthcare environment [...]

McCue, M. L., Allard, C. B., Dalenberg, C. J., & Hauson, A. O. (2024). Interpersonal and Trauma-Related Guilt moderate the relationship between intensity of combat experiences and suicidality. *Military Psychology*, 0(0), 1–14. <https://doi.org/10.1080/08995605.2024.2413819>

Suicide rates in military-affiliated communities remain elevated since the dawn of the Global War on Terror, despite substantial efforts by clinicians and researchers. While some risk factors have been identified, mixed results need to be clarified. The current study builds on previous research by testing a structural equation model of suicide risk associated with combat experiences that by incorporates risk factors with the most empirical support (combat experiences, guilt, PTSD, depression, and the Interpersonal Psychological Theory of Suicide [IPTs] factors of Perceived Burdensomeness, Thwarted Belongingness, Acquired Capability), using improved measures, in a more representative sample of Post-9/11 deployers. The models were evaluated separately for each of two different conceptualizations of guilt (trauma-related and interpersonal) as moderating factors. The results show that higher levels of guilt, whether trauma-related or interpersonal, strengthened the relationship between combat experiences and pathology. In contrast to previous studies, intensity of combat experiences was indirectly linked to suicidality through pathology and the IPTs constructs of Perceived Burdensomeness

and Acquired Capability. The most prominent pathway to suicidal thoughts and behaviors in both guilt models traveled from combat experiences through PTSD and Perceived Burdensomeness, providing a clear target for clinical and organizational interventions.

McDaniel, J. T., Redner, R., Haun, J. N., McCowen, P., & Higgins, S. T. (2024). Moral injury among women military veterans and demand for cigarettes: A behavioral economic investigation using a hypothetical purchase task. *Preventive Medicine*, 188, 108036.

<https://doi.org/10.1016/j.ypmed.2024.108036>

Objectives Unlike the United States general population, veteran women – as opposed to veteran men – have greater smoking prevalence; yet, little is known regarding factors that influence smoking in veteran women. The purpose of this study was to begin examining the relationship between a psychological concept known as moral injury and demand for cigarettes among veteran women. **Methods** Veteran women who smoke ($n = 44$) were recruited for this cross-sectional study from Amazon MTurk, Reddit, and a veteran-serving non-profit organization in June–July 2023. Consenting participants received \$2 for completing the cigarette purchase task (CPT), Fagerstrom Test for Nicotine Dependence (FTND), and the military version of the Moral Injury Symptom Scale (MISS-M-SF). We examined five CPT demand indices and calculated a modified exponential demand model stratified by moral injury severity status (i.e., probable vs. unlikely). **Results** Probable morally injured women exhibited significantly higher relative reinforcing value (RRV) for smoking than unlikely morally injured women ($F_{1, 920} = 9.16, p = 0.003$). Average cigarette consumption at \$0 (i.e., Q_0) was 48.56% higher ($M = 22.24$ vs. $M = 13.55$) in probable compared to unlikely morally injured women ($p = 0.04$, Hedge's $g = 0.74$). FTND scores were significantly correlated with P_{max} (i.e., demand elasticity point) and O_{max} (i.e., maximum expenditure) values in both populations ($r_s = 0.42$ – $0.68, p_s < 0.05$). **Conclusions** We provide preliminary evidence of the relatively high RRV of smoking in morally injured veteran women. Continued research is needed to refine the characterization of this relationship.

Molendijk, T. (2024). Morale and Moral Injury among Russian and Ukrainian Combatants. In: *Reflections on the Russia-Ukraine War* (pp. 97–121). Leiden University Press. 9789400604742.pdf

This chapter explores morale and moral injury in the Russia-Ukraine War, emphasizing the role of narratives. Ukrainians have been engaged in a fierce struggle for their very existence, while the morale-boosting narratives among Russian forces have faced serious challenges. Yet, the involvement of NATO countries possibly reinforced an 'us against the rest' mentality in Russian troops. Also, on the battlefield, unique dynamics shape morale, with the willingness to sacrifice for comrades being paramount for combat readiness. Previous conflicts' insights suggest that both sides face a substantial risk of moral injury. Russian soldiers, in particular, may be susceptible to moral injury, not as deep remorse but as feelings of betrayal by their leadership and society post-deployment. This chapter contemplates how 'us/them' narratives in Western societies shape our understanding of the crisis. A tragic narrative, rather than a superheroes versus villains tale, might better capture the human aspect of war.

Myers, M. N., Kurz, A. S., Paul, J., Wild, M. G., & O'Brien, S. F. (2024). Gender differences in reported potentially morally injurious events among post-9/11 U.S. combat veterans, using two measures.

Psychological Trauma: Theory, Research, Practice, and Policy, No Pagination Specified-No Pagination Specified. <https://doi.org/10.1037/tra0001782>

Objective: Military experiences that violate one's sense of right and wrong (i.e., potentially morally injurious events [PMIEs]) may result in moral injury, characterized by shame, guilt, demoralization, self-condemnation, and social withdrawal. The objective of this study was to examine gender-related differences in the rate of reporting PMIEs. **Method:** Secondary analyses were conducted on a previously collected longitudinal cohort study of postdeployment functioning among U.S. post-9/11 combat veterans in Central Texas ($N = 406$). As part of the parent study, participants completed two measures of PMIEs—the Moral Injury Events Scale (MIES; Nash et al., 2013) and the Moral Injury Questionnaire–Military Version (MIQ-M; Currier et al., 2015). Gender differences at the item response level were analyzed in a

series of Bayesian multilevel item response theory models. Results: The most frequently endorsed responses on both the MIES and MIQ-M for both men and women were never or strongly disagree. On the MIQ-M, more veteran men endorsed experiencing PMIEs to some degree. On the MIES, more veteran women endorsed strongly agree to betrayal items. Conclusions: Veteran men and women reported any PMIE occurring at relatively high rates. Gender differences at the item response level were found for most items on both the MIES and MIQ-M, albeit of small magnitude. Awareness of gender differences in the likelihood of experiencing a given PMIE may help inform clinical assessments and case conceptualizations. (PsycInfo Database Record (c) 2024 APA, all rights reserved)

Nieuwsma, J. A., Smigelsky, M. A., Wortmann, J. H., & Meador, K. G. (2024). Piecing it Together: Collaborative Group Care for Moral Injury. *Current Treatment Options in Psychiatry*, 12(1), 2. <https://doi.org/10.1007/s40501-024-00341-w>

Integrative Mental Health (IMH), a program office in the Department of Veterans Affairs (VA) devoted to advancing integrated mental health and spiritual care, was coincidentally launched the same year that moral injury was introduced into the scientific literature. Given the psychological, social, and spiritual dynamics operative within moral injury, IMH has devoted substantial attention to how mental health professionals and chaplains can collaborate in the care of moral injury, especially as part of co-led groups. This review provides a rationale, history, and overview of ways that IMH has approached moral injury work in VA.

Rolle, Y. (2024). A Phenomenological Study of Pastors' Experiences Counseling Combat Veterans. *Doctoral Dissertations and Projects*. <https://digitalcommons.liberty.edu/doctoral/6171>

When combat veterans make the transition to civilian life, whether permanently or between deployments, they face mental, physical, and spiritual adjustment (Grimell, 2019; Zogas, 2017). Although the Veterans Administration and local health providers offer services, some combat veterans prefer to seek their pastor's advice instead or in addition (Bonner et al., 2013). Pastors, even those with little or no formal training in counseling or therapy, are uniquely equipped to guide combat veterans in the spiritual aspect of healing, or at least to accompany them with empathy and the consolation of faith. Yet a gap exists in the literature regarding clergy's experiences, their perception of their successes, deficits, and needs in this role. The proposed dissertation will collect data from a purposeful sampling of twelve pastors who have worked with combat veterans. The purpose of this phenomenological study was to understand and describe the lived experiences of pastors who work with combat veterans (Creswell & Poth, 2017). The social ecology theory of Bronfenbrenner (1975), and the concept that healing is best understood in a holistic biopsychosocial-spiritual context (Gage, 2022) informed the study. Each pastor was interviewed in person or on the Microsoft Teams online platform, and each interview was recorded and transcribed. A follow-up focus group was conducted to enhance validity. Research questions addressed pastors' perception of their own preparedness and needs. The purpose of the study is to gather information that can be used to improve pastoral training programs.

Spilg, E. G. (2024). Moral Stress: A Systems Problem Requiring a Systems Solution. *The American Journal of Bioethics*, 24(12), 46–48. <https://doi.org/https://doi.org/10.1080/15265161.2024.2418269>

The COVID-19 pandemic significantly changed healthcare delivery. While global health care systems became so overstretched by the volume of patients with an emergent disease, front-line clinicians faced serious moral and ethical challenges, sometimes never previously experienced. In their article, Buchbinder et al. (Citation2024) raise important issues about the effects of psychological and moral suffering that such situations have on clinicians and discuss three key concepts: moral stress, moral distress, and moral injury. While related, they argue all three are distinct moral and ethical constructs that directly impact professional integrity and well-being among clinicians [...]

Wei, L., Li, D., Hu, L., Wang, K., Wang, Q., Zhao, H., Wang, M., Chai, X., Wei, H., Yu, F., Qian, M., Liu, X., Hou, L., Fan, H., Xiaoxu, Z., & Zhang, Y. (2024). Post-traumatic growth, moral sensitivity and service

behaviour among healthcare workers in the post-pandemic era of COVID-19 in mainland China: a cross-sectional study. *BMJ Open*, 14(11), e086264. <https://doi.org/10.1136/bmjopen-2024-086264>

Objectives To investigate how post-traumatic growth (PTG) and moral sensitivity influence service behaviour among healthcare workers (HCWs) in mainland China post-COVID-19, with a focus on the mediating role of moral sensitivity. **Design** Cross-sectional survey design. **Setting** This study was conducted in 27 provinces across mainland China, from 16 March to 2 April 2023. **Participants** 1,193 HCWs, including 378 physicians and 815 nurses, were selected using convenience and snowball sampling methods. **Methods** The survey included the Post-traumatic Growth Inventory-Chinese version (PTGI-C), the Moral Sensitivity Questionnaire-Revised Chinese Version (MSQ-R-CV) and a service behaviour scale. Structural equation modelling was employed to analyse the data, focusing on the associations between PTG, moral sensitivity, and service behaviours. **Results** The study found significant associations between PTG and moral sensitivity ($r=0.49$, $p<0.01$), with both factors positively influencing HCWs' service behaviours. Specifically, PTG had a direct effect on service behaviours ($\beta=0.172$, $p<0.01$) and an indirect effect through moral sensitivity ($\beta=0.333$, $p<0.01$), with moral sensitivity mediating 65.8% of PTG's impact on service behaviours. The model explained 56.0% of the variance in service behaviours, indicating a substantial influence of these psychological factors on professional conduct. **Conclusions** The findings highlight the significant role of PTG and moral sensitivity in shaping the service behaviours of HCWs in the aftermath of the COVID-19 pandemic. The study suggests that enhancing PTG and moral sensitivity through targeted interventions could improve HCWs' service delivery and resilience, emphasising the importance of incorporating psychological and ethical training into healthcare practices to prepare for future public health crises.

Williamson, V., Murphy, D., Katona, C., Curry, C., Weldon, E., & Greenberg, N. (2024). Experiences and impact of moral injury in human trafficking survivors: a qualitative study. *BMC Psychology*, 12(1), 654. <https://doi.org/10.1186/s40359-024-02157-y>

Research in recent years has increasingly highlighted the relationship between exposure to potentially morally injurious events (PMIEs) and poor mental health outcomes. Human trafficking survivors often report exposure to many traumatic and PMIEs and given the complexities of trafficking exploitation, survivors may be especially vulnerable to moral injury. Despite this, no research has investigated experiences of PMIEs and moral injury in human trafficking survivors. The objective was to explore survivors' experiences of PMIEs, the impact of PMIEs on wellbeing and functioning and the factors that may influence outcomes following PMIEs.

Zarzar, T. R. (2024). Moral Distress, Hope, and the Carceral Experience. *Academic Psychiatry*. <https://doi.org/10.1007/s40596-024-02096-1>

In a prison, the list of grievances is long: solitary confinement for some, too few rehabilitative opportunities, difficulty communicating with loved ones, insufficient attention to medical needs, victimization, poor nutrition, and worst of all, abasement and dehumanization. People with chronic health conditions exist in a system designed for punishment, control, and security, not health care [...]