



Nationaal  
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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.**

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

Bergman, A., Nelson, K., Boyce, D., Hanson, G., Reina, M., & Rushton, C. (2024). Moral resilience and moral injury of nurse leaders during crisis situations: A qualitative descriptive analysis. *Nursing Management*, 55(12), 16. <https://doi.org/10.1097/nmg.000000000000196>

Nurse leaders are a heterogeneous group encompassing a variety of roles, settings, and specialties. What ties these diverse professionals together is a common code of ethics. Nurse leaders apply the provisions of their code of ethics not only to patient scenarios, but also to their interactions with nursing colleagues who rely on their leaders as advocates for ethical nursing practice.

This research substudy aimed to explore the experiences and scenarios that exposed nurse leaders to MI during the COVID-19 pandemic and the strategies and solutions that nurse leaders employ to bolster their MR and integrity. This research strives to amplify their stories in the hopes of developing practical solutions to organizational, professional, and individual concerns rooted in their ethical values as nurse leaders.

Bonson, A., Murphy, D., Aldridge, V., Greenberg, N., & Williamson, V. (2024). Veterans' experiences of moral injury, treatment and recommendations for future support. *BMJ Mil Health*, 170(e2), e104–e109. <https://doi.org/10.1136/military-2022-002332>

Introduction Moral injury (MI) significantly impacts the lives of many UK military veterans however, there is a lack of manualised treatment to address the needs of this population. To develop future treatments that are acceptable and well tolerated, veterans should be consulted on their experiences of existing psychological treatments and suggestions for future treatments. Methods 10 UK military veterans were interviewed about their experiences of receiving treatment for psychological difficulties after MI, and beliefs about core components of future treatments. Thematic analysis of these interviews were conducted. Results 2 superordinate themes were identified: experiences of previous mental health treatment and perceptions of the proposed treatments. Reflections on cognitive behavioural therapy were mixed, with some describing that it did not ameliorate their guilt or shame. In future treatments, focusing on values, using written letters and including therapy sessions with close companions were considered beneficial. Veterans reported that a strong rapport with therapist was key for MI treatment. Conclusion Findings provide a useful account of how current post-trauma treatments may be experienced by patients with MI. Although limited by sample size, the results highlight therapeutic approaches that may be helpful in future and provide important considerations for therapists treating MI.

Chaban, N., & Elgström, O. (2024). The threat of abandonment: Images of the EU's crises in post-Maidan Ukraine. *European Journal of International Security*, 1–19. <https://doi.org/10.1017/eis.2024.49>

This article further theorises and develops the notion of a threat of abandonment while trying to elucidate the applicability and usefulness of this concept in the case of Ukraine in its fight against Russia since 2014. If Ukraine perceives the European Union (EU) as weakened by multiple crises, it may translate this image into a scenario of less attention to Ukraine and its problems, and – ultimately – to a threat of abandonment, of being left alone with a powerful aggressor. Theoretically, we employ a perceptual

approach. We contribute to the literature on threats of abandonment, linking it to the existence of critical expectation gaps and introducing amplifying conditions that tend to result in such gaps: a broken frame of involvement and a perceived moral injury. We also introduce a set of key factors behind a perceived risk or threat of abandonment. Empirically, we investigate how Ukrainian elites think, feel, and speak about the threat of abandonment and to what extent the two amplifying conditions were perceived to be present. Our data come from 50 in-depth interviews with Ukrainian decision makers (2016–17, C3EU Jean Monnet Network) and 53 experts' comments published in 2022 by a Ukrainian leading social research group, Razumkov's Centre.

D'Alessandro-Lowe, A. M., Scott, A. M., Patel, H., Easterbrook, B., Ritchie, K., Brown, A., Pichtikova, M., Karram, M., Sullo, E., Mirabelli, J., Schielke, H., Malain, A., O'Connor, C., Remers, S., Lanius, R., McCabe, R. E., & McKinnon, M. C. (2024). Exploring the association between moral injury and posttraumatic stress symptoms among Canadian public safety personnel. *Journal of Traumatic Stress*. <https://doi.org/10.1002/jts.23122>

Public safety personnel (PSP), such as police officers, firefighters, correctional workers, and paramedics, routinely face work stressors that increase their risk of developing posttraumatic stress disorder (PTSD). PSP may additionally face moral transgressions in the workplace (e.g., witnessing human suffering, working within broken systems), heightening the risk of moral injury (MI) in this population. Research among military personnel and health care workers shows an association between MI and PTSD; however, less is known about the association between these constructs among PSP. Canadian PSP completed an online survey between June 2022 and June 2023, including a demographic questionnaire and measures of PTSD, MI, dissociation, depression, anxiety, stress, and childhood adversity. Latent variable structural equation modeling (SEM) was performed to ascertain the impact of a latent MI construct (i.e., shame, trust violation, functional impairment) on a latent PTSD construct (i.e., intrusions, avoidance, negative alterations in cognition and mood, hyperreactivity, depersonalization, derealization). Sex, age, depression, anxiety, stress, and childhood adversity were included as covariates. A total of 314 PSP were included in the data analysis. A latent variable SEM regressing PTSD onto MI and including covariates accounted for 83.7% of the variance in PTSD. MI was the strongest predictor compared to all covariates and was significantly associated with PTSD symptoms,  $\beta = .506$ ,  $p < .001$ , above and beyond the impacts of sex, age, depression, anxiety, stress, and childhood adversity. These findings are consistent with research among military members and health care providers and highlight the importance of further exploring MI among PSP.

Davis-Bosch, L. M., Aharoni, G. E., Johnson, J. P. S., Barnes, S. M., & Borges, L. M. (2024). A Review of Interventional and Preventative Studies for Moral Distress and Moral Injury Among Healthcare Workers. *Current Treatment Options in Psychiatry*, 12(1), 3. <https://doi.org/10.1007/s40501-024-00338-5> Moral Distress (MD) is highly prevalent among healthcare workers (HCWs), particularly in high-stress settings such as intensive care units (ICUs). Through this review, we aim to synthesize the proposed efficacy of current treatment and preventative measures, with a particular focus on identifying gaps in the literature to guide future research directions.

Dean, W. (2024). Avowing and mitigating moral injury calls for courage and community. *Journal of Epidemiology and Population Health*, 72(6), 202793. <https://doi.org/10.1016/j.jep.2024.202793>  
Refers to: [The hidden crisis: Moral injury among French healthcare workers](#)  
*Journal of Epidemiology and Population Health*, Volume 72, Issue 6, December 2024, Pages 202780  
Laurent Boyer, Guillaume Fond, Bach Tran, Pierre-Michel Llorca, Antoine Duclos

DeMarco, M. J. (2024). 6-Fold path to self-forgiveness: an interdisciplinary model for the treatment of moral injury with intervention strategies for clinicians. *Frontiers in Psychology*, 15. <https://doi.org/10.3389/fpsyg.2024.1437070>

Conscience is the indestructible core of one's personal identity and their sense of agency in the world. When it passes judgment against them, it generates inner conflict (i.e., moral injury). At its core, moral injury is about trust and sacred relationships, particularly the loss of safe connection with self, society, God/Divine/a Higher Power, and the world. The clash between a person's conscience and overwhelming existential or psychospiritual experiences, which uniquely defines moral injury, alienates them from life-sustaining relationships. Healing requires more than reordering fractured belief systems. Reestablishing bonds of self-worth, trust, and life-sustaining relationships are essential. This paper presents the 6-Fold Path to Self-Forgiveness (6-FPSF), an interdisciplinary, narrative-based healing writing process for the treatment of moral injury, particularly self-induced moral injury. Self-forgiveness has been associated with psychospiritual and relational well-being. The protocol draws upon theoretical literature, evidence-based psychological interventions, spiritual-oriented practices, creative arts, and somatic exercises for mental health counseling and spiritual/religious ministrations. In addition to describing the 6-component therapeutic model, the author offers intervention strategies for clinicians.

Gangemi, S., & Dysart, C. (2024). Moral Injury in Correctional Health Care. *Journal of Correctional Health Care*, 30(6), 426–435. <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: 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.

Guzman, P. N. (2024, December). *Factors of Police Decision-Making of Veterans in Crisis* - ProQuest. Since 9/11, the need for veteran crisis intervention has increased. Police agencies often respond to veterans in crisis by deploying officers who have completed Crisis Intervention Team (CIT) training, and many of the officers are prior military. However, little research has focused specifically on the factors influencing police officers' decisionmaking when responding to veterans in crisis. The purpose of this quantitative study was to examine the association and predictability between event type, veteran behavior, police officer military experience, police officer CIT, and the disposition of veterans as measured by arrest, referral for mental health services, and the use of force. This study was correlational, and the target population was police officers with contact with veterans in crisis; data on a sample of 944 were derived from a Pacific Northwest police agency. Attribution theory provided the lens through which officers respond to veterans and is based on the beliefs or lack thereof that veterans are responsible for their actions. Role theory offered a framework in how officers view their role in responding to veterans. Multinomial logistic regression was used, and results showed that veterans displaying disruptive or mental illness behaviors were more likely to be referred for mental health services rather than arrested, compared to those exhibiting threatening behaviors. While CIT-trained officers were more likely to direct veterans to mental health services, police officers' prior military experience did not significantly impact the disposition of veterans during crises. Implications from this research support CIT policy development by providing evidence of the effects of veterans in crisis have on police decision-making, contributing to social change for police agencies and the veteran community.

Hinkel, H. H. (2024, December). [\*Understanding the Nature and Consequences of Moral Injury Among Healthcare Workers: Implications for Clinical Practice and Organizational Effectiveness\*](#) - ProQuest. Background: Moral distress and moral injury (MI) symptoms are well-documented outcomes that can occur following exposure to potentially morally injurious events (PMIEs) among healthcare workers (HCWs). As such, it is vital to clarify for which HCWs and when they might experience moral distress and MI symptoms. As such, the present study implemented a mixed-methods approach to elucidate potential risk (i.e., intolerance of uncertainty, perfectionism) and protective factors (i.e., meaning in life) in the relationship between exposure to PMIEs and moral distress and between exposure to PMIEs and MI symptoms among HCWs. Method: A sample of 377 HCWs, recruited from the USA Healthcare system and the University Hospital, participated in this online survey. Participants completed qualitative measures of exposure to PMIEs (Moral Injury Events Scale), intolerance of uncertainty (Intolerance of Uncertainty Scale-12), perfectionism (Short-revised Almost Perfect Scale), meaning (Multidimensional Existential Meaning Scale), moral distress (Moral Distress Thermometer) and MI symptoms (Expressions of Moral Injury Scale Short Form). Next, the HCWs had the option of completing six qualitative items related to the potential risk and protective roles of intolerance of uncertainty, the potential risk and protective roles of perfectionism, and the potential risk and protective roles of meaning in life. Results: Moderation results demonstrated that exposure to PMIEs consistently predicted greater moral distress among HCWs; however, greater meaning in life attenuated this relationship. Mann-Whitney U tests were examined to determine whether the presence or absence of the respective emergent themes was associated with MI symptoms and revealed that: (1) HCWs who described having a maladaptive impact of IU had significantly greater MI symptoms than HCWs who did not endorse a maladaptive impact; (2) HCWs who described having a maladaptive impact of perfectionism on emotions, cognitions, and behaviors had significantly greater MI symptoms than HCWs who did not endorse a maladaptive impact; and (3) HCWs who described having a maladaptive impact of meaning on emotions, cognitions, and behaviors had significantly greater MI symptoms than HCWs who did not endorse having a maladaptive impact. Conclusions: Taken together, the results underscore the need to support HCWs sense of meaning in life at work. Similarly, the present study's findings highlight the need to bolster HCWs ability to tolerate uncertainty, especially within their healthcare careers. Lastly, findings demonstrate the importance of healthcare systems adopting a trauma-informed care approach to identify the signs and symptoms of moral distress and MI and provide support to ameliorate suffering and promote well-being and flourishing.

James, K. E., McKimmie, B. M., & Maccallum, F. (2024). A challenge to identity: Identity processing style and moral injury. *British Journal of Psychology* (London, England: 1953). <https://doi.org/10.1111/bjop.12756>

Moral injury is a potentially deleterious mental health outcome that can result from exposure to morally challenging events. Treatment of moral injury is currently hindered by incomplete understanding of its underlying mechanisms. Theories of adaptation posit that maintaining a coherent sense of self while realigning one's sense of self with reality aids in adaptation following a disruptive life event. Differences in identity processing style are thought to impact the extent to which an individual engages with the challenges of maintaining a coherent sense of self following identity-related challenges. However, little is known about how identity processing style relates to moral injury event-related distress. This study sought to investigate a hypothesized relationship between identity processing style and event-related distress as well as alternative outcomes including traumatic stress, depression and anxiety. Adults (N = 167) who had been exposed to a potentially morally injurious event were recruited online and completed validated measures of event-related distress, traumatic stress, depression, anxiety and identity processing style. There were significant positive associations between diffuse-avoidant processing and all mental health outcomes, no significant associations between informational processing and any mental health outcomes, and significant negative associations between normative processing and event-related distress and depression.



Katsikas, M. J., Kennedy, M. C., Tappenden, P. C., Cole, T. A., & Orcutt, H. K. (2025). Potentially morally injurious events and posttraumatic symptomatology: The role of experiential avoidance. *Traumatology*, No Pagination Specified-No Pagination Specified. <https://doi.org/10.1037/trm0000533>

Events that violate one's moral code, but do not fit within established definitions of a traumatic event, can contribute to symptoms and impairment (i.e., guilt, shame, disgust, depression, anxiety, and posttraumatic stress symptoms [PTSS]); this constellation of symptoms has been described as moral injury. These potentially morally injurious events (PMIEs) are hypothesized to interact with experiential avoidance, a maladaptive tendency to avoid aversive emotional experiences that is associated with greater PTSS after a traumatic event. Given the limited research on the impact of PMIE in civilian populations and the absence of studies evaluating experiential avoidance in this relationship, the present study evaluates a model in which experiential avoidance moderates the relationship between PMIEs and PTSS. A diverse sample of college students (N = 487) completed online questionnaires as part of larger data collection efforts. Analyses conducted using PROCESS demonstrated that PMIEs and experiential avoidance were significant predictors of PTSS, and a significant interaction was supported. Experiential avoidance was a significant moderator of the relationship, with greater experiential avoidance strengthening the relationship between PMIEs and PTSS. This model was evaluated with individual posttraumatic stress disorder symptom clusters to evaluate whether this pattern was consistent across symptom clusters; experiential avoidance was a significant moderator of the relationship between PMIEs and avoidance and PMIEs and negative cognitions. This study supports the notion that experiential avoidance may play an important role in the relationship between PMIEs and PTSS and outlines future directions for research on moral injury in civilian populations. (PsycInfo Database Record (c) 2025 APA, all rights reserved)

Kolesnikova, O., Vysotska, O., Zaprovalna, O., & Emelyanova, N. (2024). Prevalence of behavioral risk factors among Ukrainians during war amid existing stress factors. *Academia Medicine*. <https://doi.org/https://doi.org/10.20935/AcadMed7469>

Background: Military conflicts and associated stress often lead to lifestyle changes. Unhealthy behaviors play a pivotal role in the development of cardiovascular risk factors and are potentially reversible. However, data on this topic remain scarce and outdated. Therefore, the objective of our study was to assess the prevalence of behavioral risk factors (BRFs) among Ukrainians, taking into account the presence of potential stress factors. Methods: From January to August 2023, we conducted a survey involving 196 Ukrainians. We used a proprietary questionnaire to determine their health status and evaluate behavioral, socio-economic, and cultural factors. Results: Sleep disturbances were reported by 72.4% of respondents, while 55.6% noted a reduction in physical activity. Dietary issues were reported by 34.7%, with 22.4% experiencing weight gain and 36.2% reporting weight loss. In addition, 13.3% and 16.8% indicated increased smoking and alcohol consumption, respectively. We provided an overview of the stress factors affecting these BRFs. Furthermore, we identified differences in the prevalence of BRFs based on indicators such as reduced quality of life, social maladjustment, work-related factors, and traumatic experiences. Finally, we offered recommendations for a screening strategy for BRFs. Conclusions: In wartime conditions, civilians often exhibit BRFs such as sleep disorders, dietary disturbances, decreased physical activity, increased smoking, and alcohol abuse. Specific stress factors contribute to the emergence and exacerbation of these behaviors. Screening programs should be developed with consideration of the identified stressors.

Labarthe, I. Z., & Marks, E. (2024). 'When they're saying what is completely opposite to what you morally believe': (in)action on climate change by State authorities and powerful bodies drives moral injury and eco-distress in UK young people. *The Cognitive Behaviour Therapist*, 17, e32. <https://doi.org/10.1017/S1754470X23000284>

Abstract Young people are increasingly distressed by the climate and ecological crises (eco-distress). This has been associated with the failure of people in power to act appropriately, which may cause moral distress and moral injury. We examined this hypothesis by interviewing 13 young adults (19–25 years) in the UK about their climate concerns and perceptions of how State actors and authorities are responding to climate change. Using reflexive thematic analysis, four themes were developed: (1) Climate change is a wicked problem, (2) Moral distress is associated with witnessing acts of omission and commission, (3) Moral distress drives eco-distress, and (4) Opportunities for moral repair. Climate concerns extended to broader concerns about ecological degradation (eco-distress), linked to feelings of moral distress arising from repeatedly witnessing powerful people failing to act on climate change. Eco-distress was also exacerbated by (a) witnessing others in society failing to take appropriate responsibility, (b) realising the limitations of individual action, and (c) being embedded within a culture where personal contribution to climate change is inescapable. In contrast, eco-distress was lessened by seeing authorities engage with the issues morally, and further mitigated by collective, ethical, pro-environmental action. This adds empirical evidence to support the hypothesis that eco-distress involves moral distress and injury arising when State authorities and other powerful bodies engage in wrongful acts and omissions on climate change. We argue that this is affecting the wellbeing of young people and supports the argument that such wrongful (in)action infringes human rights. Clinical implications are discussed. Key learning aims (1) To understand how and why moral distress and moral injury relate to the distress that young people feel about climate change (eco-distress). (2) To consider the clinical implications of formulating eco-distress in a way that includes reference to the violation of core moral codes. (3) To explore what opportunities exist that could reduce moral distress and support young people. (4) To understand how research into moral distress and moral injury in relation to climate change can offer important insight into the relevance of eco-distress to human rights infringements and justice-oriented care. (5) To discuss practical solutions that might support moral repair, both in psychotherapy settings and in broader social policy.

Litz, B. T. (2025). Moral injury: State of the Science. *Journal of Traumatic Stress*.  
<https://doi.org/10.1002/jts.23125>

In this paper, I provide a concise overview of the state of the scientific study of moral injury (MI). I argue that the state of science is immature, characterized by the lack of a paradigmatic theory and a lack of rigor in terms of construct definition and measurement. Because researchers, clinicians, and the media reify the results of empirical and clinical outcome studies that are chiefly exploratory and fraught with internal validity problems, enthusiasm about MI continues to far outweigh scientific and actionable, practice-based knowledge. I posit that the field needs to have epistemic humility about MI, focus on building a paradigmatic model to generate and test hypotheses that will ultimately create knowledge about the causes and consequences of MI, and employ evidence-based assessment and intervention approaches to mitigate and treat the problem. To facilitate research in this area, I summarize the social-functional theory of moral behavior and a new theory of MI based on it. I also make recommendations for future research to advance the field into a normal science, which requires hypothesis-driven research and valid measurement.

Mahlako, G. M., Jordaan, J., & Cronjé, M. (2025). In Healing from Perpetrator Trauma: The Experiences of Juvenile Offenders Incarcerated for Violent Offenses in South Africa. *Journal of Forensic Psychology Research and Practice*, 0(0), 1–25. <https://doi.org/10.1080/24732850.2024.2431675>

Since the late 1980s, research has highlighted the unique psychological, spiritual, moral, and interpersonal injuries experienced by perpetrators of violence. However, limited attention has been given to managing such trauma, particularly among offenders. This qualitative study explored protective experiences, activities, and behaviours used by juvenile offenders in two South African correctional centres to manage perpetrator trauma. Using semi-structured interviews with 10 participants, data were analysed through reflexive thematic analysis. Four themes emerged: forgiveness and acceptance,

rehabilitative programmes and support services, coping mechanisms, and social support. These findings offer insights to inform clinical management and holistic rehabilitation in correctional settings.

Mooren, N., Boelen, P. A., van Berlo, A., & de la Rie, S. M. (2024). Moral injury appraisals and PTSD symptoms in treatment-seeking refugees: a latent profile analysis. *European Journal of Psychotraumatology*, 15(1), 2437957. <https://doi.org/10.1080/20008066.2024.2437957>

Objective: Refugees flee from countries due to war, violence, or persecution and are often exposed to potentially traumatic events (PTEs). Furthermore, they might encounter situations where they are compelled to act contrary to their moral codes or witness others acting morally wrong. Consequently, they are at risk to not only develop symptoms of posttraumatic stress disorder (PTSD), but also moral injury (MI). To date, MI in traumatized refugees has received limited research attention. The present study sought to identify classes of MI appraisals and PTSD symptoms among refugees exposed to PTEs and to investigate differences between these classes in terms of demographics, general psychopathology, and depression. Method: For this study, 136 treatment-seeking refugees completed questionnaires on demographics, self-directed and other-directed MI appraisals, PTSD symptoms, general psychopathology, and depression. Latent profile analysis was conducted to identify classes and regression analyses to explore differences between classes in terms of age, gender, general psychopathology, and depression. Results: The following three classes were identified: a 'below average MI and below average PTSD class' (39%), an 'average MI-self, below average MI-other and low PTSD class' (10%) and an 'above average MI and above average PTSD class' (50%). Classes differed in terms of general psychopathology and depression but not age and gender. Conclusions: We identified three classes, each displaying distinct manifestations of MI appraisals and PTSD symptoms. This highlights the importance of assessing and recognizing MI appraisals within treatment-seeking refugees, enabling customized treatment interventions for both MI and PTSD. In this study we identified different groups of refugees and found that these groups show different manifestations of moral injury (MI) appraisals and posttraumatic stress disorder (PTSD) symptoms. These findings are important because they can inform treatment interventions for refugees. Trauma-focused therapy may suffice for a group of individuals presenting a high severity of PTSD symptoms without concurrent experiences of MI. Some groups of individuals reporting PTSD symptoms combined with distress related to moral dilemmas may need additional interventions targeting MI and associated emotions of shame and guilt. In this study we identified different groups of refugees and found that these groups show different manifestations of moral injury (MI) appraisals and posttraumatic stress disorder (PTSD) symptoms. These findings are important because they can inform treatment interventions for refugees. Trauma-focused therapy may suffice for a group of individuals presenting a high severity of PTSD symptoms without concurrent experiences of MI. Some groups of individuals reporting PTSD symptoms combined with distress related to moral dilemmas may need additional interventions targeting MI and associated emotions of shame and guilt.

Mudde, L. M., Schuhmann, C., & Jacobs, G. (2025). Engaging in moral learning: veterans' perspectives on how the moral dimensions of moral injury are addressed in one-on-one meetings with Dutch military chaplains. *Frontiers in Sociology*, 10. <https://doi.org/10.3389/fsoc.2025.1488372>

As research into moral injury of veterans is expanding rapidly, there is also increasing attention for the role of military chaplains (MCs) in supporting veterans with moral injury. However, research into how veterans experience the support of military chaplains remains scarce. This article presents a study from the Netherlands, involving 12 veterans. Using a longitudinal qualitative approach, we explored how the one-on-one conversations with MCs unfold over time. Our study shows that three types of moral questions underly experiences of moral injury: questions concerning mission-related actions, questions about the good life, and doubts about the ethical conduct of the military apparatus. Veterans experience conversations with MCs as an opportunity to exchange thoughts and perspectives concerning their ongoing moral struggles. They highly value that MCs do not follow a fixed agenda but



instead attune to their current struggles. The study thus raises questions about the centrality of the morally injurious events in the chaplaincy interventions that are described in the literature. It suggests that supporting veterans in dealing with questions about the good life and about the conduct of the military may be just as or even more important as reflecting on morally injurious events. Moreover, our study highlights the importance of engaging with seemingly mundane, everyday issues when addressing the moral dimensions of veterans' struggles. This counters the focus on grand concepts like "forgiveness," "acceptance," "reconciliation," "restitution" and "vindication" which are usually emphasized in the literature about chaplaincy in the context of moral injury. The study shows that it is through reflection on the everyday that these larger concepts gain relevance and meaning within veterans' lives. We also found that sometimes MCs may help veterans by pointing out that they have done their penance. We propose to view the engagement between veterans and MCs as a process of experiential moral learning as this avoids rigid treatment protocols and emphasizes the importance of attuning to the individual's moral framework. Moreover, this perspective also resonates with the view of moral injury as providing insight into and challenging societal values and practices.

Nguyen, L. (2024). An Action Research Study of the Spiritual Growth Among Veterans Within the Civilian Context. *Doctoral Dissertations and Projects*. <https://digitalcommons.liberty.edu/doctoral/6225>

Military-civilian transition (MCT) for Veterans has been commonly associated with negative mental health experiences as they had to go through the intercultural changes between the military and civilian life. The purpose for this DMIN action research project was to design, coordinate, and assess a chaplain model of care called Spiritual Growth Lectio (SGL) for recently discharged Veterans. Thirteen Veterans participated in this research project through purposive sampling. The SGL model comprised a pre-test survey, six-week intervention, posttest survey, and focus group interview guided by four research questions. Quantitative data was collected from participants' pre-test and post-test surveys. Subsequently, qualitative data was developed and collected from the focus group interview of nine participants. The data was guided by six steps of thematic analysis. Four themes emerged from the data analysis: Faith as an underlying factor for growth, Christian community and socio-spiritual support, ministerial outreach as a socio-spiritual need, and spiritual leadership and expectations. Participants reported that they relied on their faith for coping and building relationships with God and family members. This factor was linked with Christian community, which served as the context for growth through education, formation, worship, and social support. In the meantime, participants also reported that outreach ministry was needed within their communities. To meet the need of this ministerial outreach, participants suggested that support and guidance from the spiritual leadership was needed. Results of this study contributed to the body of research on the spiritual growth among Veterans and development of a socio-spiritual care model.

Pernicano, P., & Haynes, K. (2025). [\*Healing Veteran Moral Injury: Using Metaphor and Story to Foster Hope and Connection\*](#). Routledge.

*Healing Veteran Moral Injury* highlights the importance of story and metaphor in the change process and in trauma-related work. Grounded in evidence-based practice and replete with clear, down-to-earth examples that foster empathy and understanding, *Healing Veteran Moral Injury* illustrates the ways in which building a sense of community can help restore trust and meaning-making. Chapters illustrate the power of stories and metaphors and help Veterans identify strategies for healing moral injury and posttraumatic growth. Clinicians and Veterans will come away from this book with tools for building connections, accepting what they cannot change, and developing a more accurate perception of responsibility. *Healing Veteran Moral Injury* is intended both for mental health professionals and Veterans themselves as a tool for breaking the silence, pointing other Veterans toward hope and healing, and telling stories of moral pain with fortitude and courage.

Shao, R., & Wang, Y. (2024). Reflections on the moral injury and coping of medical staff from the perspective of caring ethics. *Chinese Medical Ethics*, 37(11), 1378–1386.

<http://wprim.whocc.org.cn/admin/article/articleDetail?WPRIMID=1052180&articleId=1082340>

Moral distress in clinical practice is an important factor contributing to the moral injury of medical staff. The core idea of caring ethics emphasizes that caring and being cared for are fundamental human needs, which holds important guiding significance for preventing and treating moral injury of medical staff. By sorting out the basic ideas of caring ethics theory, this paper explained and analyzed the moral injury of medical staff, identifying the main causes of moral injury including individual medical staff exhibiting vulnerability and a low level of self-care; disharmonious doctor-patient relationship and asymmetry in the caring relationship between doctors and patients; and low level of organizational support and the lack of a caring ethical atmosphere. Therefore, with caring as the goal, the moral distress can be alleviated by improving the care literacy and moral resilience of medical staff, building a harmonious caring relationship between doctors and patients, creating a caring environment, forming a caring organizational ethical atmosphere, and other pathways. These are also beneficial attempts to prevent and treat the moral injury of medical staff and to build a doctor-patient destiny community.

Syed, A., Thibodeau, P. S., Dieujuste, N., Jones, C. D., Dunbar, K. S., Mann, A., & Fainstad, T. (2024). Examining the Impact of Moral Injury on Burnout, Impostor Syndrome, and Low Self-Compassion Among Female Medical Trainees: A Secondary Analysis. *Mayo Clinic Proceedings*, 99(12), 1905–1912.

<https://doi.org/10.1016/j.mayocp.2024.07.015>

**Objective** To examine the prevalence of moral injury and its association with burnout, impostor syndrome, and low self-compassion in physician trainees. **Methods** This is a secondary analysis of baseline data from 1017 female physician trainees across 26 institutions who volunteered for a randomized controlled trial of a well-being program in 2022. Participants completed the Moral Injury Symptom Scale–Healthcare Professionals (MISS-HP), Maslach Burnout Inventory, Young Impostor Syndrome Scale, and Neff Self-Compassion Scale–Short Form. Univariate and multivariate logistic regressions were used to assess outcomes. **Results** Of 1017 participants, 787 (77.4%) completed the MISS-HP, of whom 600 (76.2%) experienced moral injury ( $\geq 36$  score). All models adjusted for postgraduate year and race. After additionally controlling for impostor syndrome and self-compassion, moral injury was associated with positive burnout (odds ratio [OR], 3.79; 95% CI, 2.55 to 5.66), high emotional exhaustion (OR, 2.96; 95% CI, 2.04 to 4.32), high depersonalization (OR, 4.28; 95% CI, 2.94 to 6.29), and low personal accomplishment (OR, 1.96; 95% CI, 1.34 to 2.88). Moral injury was also associated with positive impostor syndrome (OR, 1.71; 95% CI, 1.12 to 2.58) after controlling for burnout and self-compassion as well as with low self-compassion (OR, 3.35; 95% CI, 2.15 to 5.34) after controlling for burnout and impostor syndrome. **Conclusion** Female medical trainees have a high prevalence of moral injury, which has significant associations with burnout, impostor syndrome, and low self-compassion. Effective interventions require further implementation and analysis to reduce moral injury among medical trainees.

Vasconcelos Neves Troper, K. (2024). The effect of occupational moral injury on the mental health of healthcare workers – ISSN 1678-0817 Qualis B2. *Revista ft*.

<https://doi.org/10.69849/revistaft/cl10202411250647>

The concept of moral injury is believed to have first appeared in the literature in the 1990s in the context of combat and wartime circumstances, but has recently been brought more broadly into the health context. The term is often associated with strong moral emotions related to the event, including guilt, anger and disgust and can lead to distress and psychological difficulties could be significantly associated with Post-traumatic stress disorder, depression and others mental health disturbs. In occupational health, the concept has gained more recognition for discussion and consequent prevention. It can arise in different professions, not just health professionals, although they have a higher prevalence than other classes of worker. Due to the serious consequences for the mental health of health professionals, it is very important to recognize and give them some support.

Yanko, C. (2025). Investigating Moral Injury: Thinking Beyond the Law-Conscience Binary. *Journal of Moral Theology*, 14(1), 59–73. <https://jmt.scholasticahq.com/>

In *Dust in the Blood*, Jessica Coblenz notes the insufficiency of theodical approaches to theology to account for depressive suffering. Instead, she proposes a theology of depression that makes use of narrative-phenomenological portraits and draws new insights on what Christian discipleship means in the context of depressive suffering. In this article, I employ Coblenz's framework to interrogate another area of contemporary theology. Debates about the moral authority of conscience are largely unresolved. In order to confront some points of intractable disagreement in these debates and consider a way beyond them, I study firsthand experiences of moral injury. Jonathon Shay, the clinical psychiatrist who coined the term, defined moral injury as "a betrayal of what's right by someone who holds legitimate authority in a high stakes situation." From patterns in firsthand experiences of moral injury, I propose a respective understanding of conscience. I argue that this understanding of conscience can direct theologians beyond impasses in Catholic moral theology.

Zhang, J., Xiong, Z., Zheng, H., & Ma, X. (2025). The Moral Psychological Justification of Anger: An Exploration of Self-Respect and Recognition. *Behavioral Sciences*, 15(1), 3.

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In the field of moral psychology, traditional perspectives often evaluate anger based on its consequences, either validating or condemning it for its perceived benefits or harms. This paper argues for a shift in focus from the outcomes of anger to its moral and psychological foundations. By integrating insights from psychological research, this study posits that the fundamental nature of anger is intrinsically linked to the quest for recognition. Justified anger is defined as an emotional response to the unmet need for fair acknowledgment, while unjustified anger stems from feelings of superiority and the pursuit of higher status. This paper distinguishes between these two forms of anger, providing a more nuanced and intuitive understanding of the emotion. This interpretive framework not only aligns with our experiential understanding of anger but also offers a theoretical bridge to reconcile divergent philosophical and psychological perspectives. This study emphasizes the importance of addressing the underlying issues of recognition and self-esteem, suggesting that anger, when properly understood and managed, can serve as a constructive force for social justice and mutual respect.