



Nationaal
Psychotrauma
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Moral Injury: alertering

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

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

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

Atkey, S. K., Martin, K., Fergus, K. D., & Goldberg, J. O. (2025). I'm Not That Person: A Qualitative Study of Moral Injury in Forensic Psychiatric Patients. *International Journal of Environmental Research and Public Health*, 22(3), 372. <https://doi.org/10.3390/ijerph22030372>

Few studies have examined how committing criminal acts of violence impacts the lives of perpetrators who were mentally ill at the time of offence and in which the act itself reflects behaviour that is uncharacteristic of the individual. Theoretical accounts and clinical reports describe a phenomenon termed moral injury, which profiles the deleterious emotional effects that can arise from actions that transgress moral beliefs and expectations. Shame, guilt, spiritual/existential conflict, and loss of trust are considered to be core symptoms of moral injury with growing empirical studies which examine moral injury in military and public safety worker samples. The extent to which these kinds of moral injury phenomena might be evident among mentally ill perpetrators was explored using a qualitative-methods approach in a sample of 19 adult participants hospitalized in a Canadian forensic programme inpatient service. The sample consisted of 13 male and 6 female patients, with a mean age of 36.2 years (SD = 10.8), and the majority diagnosed with schizophrenia or schizoaffective disorder. A qualitative interview was conducted where participants were asked to describe feelings about the index offence, the effect it has had on their well-being, and how they have coped with having committed the offence. Using a reflexive thematic analysis process, 5 themes and 23 subthemes were generated that relate to the various resultant impacts. The five themes which emerged were (1) Living with the Emotional Aftermath; (2) Trying to Make Sense and Coming to Terms; (3) My Eyes Have Opened; (4) Facing the Music; and (5) Moving On. The findings are discussed in terms of their implications for understanding forensic inpatients who may be attempting to come to terms with violence they committed while mentally ill and for informing moral injury intervention strategies which might be adapted for forensic mental health services and public health recidivism prevention programmes.

Boska, R. L., Bishop, Todd M., Capron, Daniel W., Paxton Willing, Maegan M., & Ashrafioun, L. (2025). Difficulties with emotion regulation within PTSD clusters and moral injury subtypes. *Military Psychology*, 37(2), 159–167. <https://doi.org/10.1080/08995605.2024.2322904>

Treatment and research centered on trauma-related mental health issues have largely focused on posttraumatic stress disorder (PTSD); however, moral injury is another important mental health concern requiring attention. There is a paucity of research examining how PTSD and moral injury affect emotion regulation. The current investigation examined how PTSD clusters and moral injury subtypes were uniquely associated with difficulties with emotion regulation. Participants consisted of 253 previously deployed military personnel who were recruited online. To be included in the study, participants had to verify that they had served in the U.S. Military, had been deployed as part of their military service, and endorsed elevated levels of symptoms associated with PTSD and/or moral injury. A hierarchical linear regression was conducted to examine the association between PTSD symptom clusters, moral injury subtypes, and difficulties with emotion regulation. Results indicated that alterations in arousal and reactivity was the only PTSD symptom cluster associated with difficulties with emotion regulation. Self-transgressions was the only facet of moral injury significantly associated with difficulties with emotion

regulation. This is the first study to examine the association between emotion dysregulation, PTSD symptom clusters, and moral injury in previously deployed U.S. Military.

Daphna-Tekoah, S., & Harel, A. (2025). Evidence from Bereaved Families of Women Soldiers- Loss and Moral Trauma. *Journal of Loss and Trauma*, 0(0), 1–22.

<https://doi.org/10.1080/15325024.2025.2481413>

The literature on the trauma and loss of bereaved families of women soldiers killed during military service in combat or combat-related activities is particularly sparse. The current study thus aims to extend the knowledge base on trauma, loss, and war experiences to include the voices of bereaved family members of women soldiers and to explore the chain of events informing the relationship between the bereaved families and the military. We present a qualitative analysis of personal interviews with 23 bereaved parents or siblings of women combat-support soldiers who were killed while serving in the Israel Defense Forces (IDF) on the day of the brutal Hamas attack on Israel on October 7, 2023. Three main themes emerged from the analysis: the absence of information from the military to the families during the first days of war; flaws in the identification of bodies; and chaos and misinformation regarding the status of casualties. Emotional responses common to all the bereaved families included devastation, confusion, anger, a sense of insult, and a feeling of betrayal by the military and the state. The painful evidence that we present can provide empirical, theoretical and practical lessons to be learnt from the severe mistakes that were made during military warfare that involved multiple casualties. By examining the case study of the Hamas attack of October 7 and analyzing how such lessons can be applied— theoretically and practically— to the experiences of state militaries around the globe, we will contribute to securing the well-being of bereaved families.

Haim-Nachum, S., Lazarov, Amit, Markowitz, John C., Bergman, Maja, Levi-Belz, Yossi, Lurie, Ido, Wainberg, Milton L., Mendlovich, Shlomo, Neria, Yuval, & Amsalem, D. (2025). Treatment stigma mediates relationships between morally injurious events and depression, PTSD and anxiety symptoms. *European Journal of Psychotraumatology*, 16(1), 2471659.

<https://doi.org/10.1080/20008066.2025.2471659>

Background: Morally injurious events (MIEs), encompassing personal transgressions, witnessing others commit transgressions, or experiencing betrayal by leaders, can conflict with one's moral/ethical principles, evoking outrage and profound mistrust. Although MIEs are associated with depression, PTSD, and anxiety, the mechanisms linking MIEs to psychiatric symptomatology remain unclear, especially among civilians in times of collective trauma. Objective: This study explored one potential mechanism: stigma toward mental-health treatment, which can deter help-seeking and exacerbate guilt, shame, and mistrust. Method: We focused on civilians (N = 1,052) exposed to MIEs in conflict zones in southern and northern Israel following the 7 October 2023 attack. Participants were recruited using an online platform and assessed for depression, PTSD, and anxiety symptoms. We hypothesised that stigma toward treatment would mediate relationships between MIE exposure levels and depression, PTSD, and anxiety symptoms. Results: Results showed high MIE exposure levels and symptomatology among civilians in conflict zones. Moreover, we found significant indirect effects of stigma toward treatment on all three symptom types. Conclusions: Our findings suggest that while MIEs directly link to symptoms, stigma toward treatment plays a significant role in understanding this link. These findings emphasise the importance of addressing stigma toward treatment for individuals experiencing MIEs and underscore the need for targeted interventions in conflict zones. Civilians exposed to morally injurious events (MIEs) in conflict zones showed high levels of depression, PTSD, and anxiety symptoms. Stigma toward mental health treatment plays a key role in the relationship between MIEs and psychiatric symptoms. Addressing stigma in conflict zones is crucial for improving mental health outcomes for those affected by MIEs. Civilians exposed to morally injurious events (MIEs) in conflict zones showed high levels of depression, PTSD, and anxiety symptoms. Stigma toward mental health treatment plays a key role in the relationship between MIEs and psychiatric symptoms. Addressing stigma in conflict zones is crucial for improving mental health outcomes for those affected by MIEs.

Hansen, D., Aleksandrova-Yankulovska, S., & Steger, F. (2025). Ethical analysis of the change of values in healthcare. *Nursing Ethics*, 09697330251319374. <https://doi.org/10.1177/09697330251319374>
What people value today can differ from what they have valued. But what does this value variability mean in the context of healthcare? We ethically analyze the current state of research on the change of embedded values in healthcare systems and the driving processes behind it. Starting with a systematic literature review and a content analysis, we subject the selected articles to an ethical analysis through three ethical theories: principlism, value ethics, and utilitarianism. The included papers demonstrated how moral dissonance between individual values and behavior leads to moral distress. The occurrence of moral distress was related to current healthcare practices. Beneficence and non-maleficence played a central role where principlism was considered, virtue ethics was criticized for not addressing the structural problems in the healthcare system, and consequences of value change for healthcare professionals and the society were analyzed. Further, principlism cannot fully cover the value change in medical care with its top-down and bottom-up processes leading to consequences for the patients, healthcare professionals, and society as a whole. We found correlations between top-down value change processes in the healthcare system and the quality of care. Health professionals are forced to develop an attitude that does not adhere to traditional medical values any longer and eventually leads to low-value care. Accompanying phenomena like moral distress cause dropout of healthcare workers. These can be hardly slowed down from the bottom-up by the development of resilience and moral courage. More effectively, structural changes through value interventions have the potential to improve working conditions and the quality of care.

Kurkova, V., Winkler, O., Greenshaw, A., Jetly, R., Swainson, J., Lodewyk, K., Saghafi, P., Dennett, E., & Burbach, L. (2025). Exploring the potential of psychedelic-assisted psychotherapy for moral injury: A scoping review. *Progress in Neuro-Psychopharmacology and Biological Psychiatry*, 111333. <https://doi.org/10.1016/j.pnpbp.2025.111333>

This scoping review addresses the need to comprehensively explore the potential of psychedelic-assisted psychotherapy (PAP) to facilitate recovery from moral injury. Moral injury (MI), characterized by profound psychological distress arising from morally challenging experiences, has garnered increased attention as a complex mental health concern with significant functional sequelae, especially in the context of post-traumatic stress disorder (PTSD). There is growing interest in exploring alternative therapeutic approaches, with psychedelics emerging as an exciting potential intervention, as moral injury impacts treatment resistance, suicidality, social isolation, and overall functioning. Ten studies were included from 11,734 publications. Studies utilized psilocybin, MDMA, or LSD. None focused specifically on moral injury. Diagnoses included PTSD, alcohol use disorder, insomnia, human Immunodeficiency virus-related demoralized men, barbiturate dependence, anxiety associated with life-threatening illness, major depression, and PTSD comorbid with generalized anxiety disorder, panic disorder, and borderline personality disorder. Studies reported rapid, increasing, and sustained self-compassion over time, alongside increases in self-forgiveness and self-acceptance, reduction in demoralization, and decreased drinking scores. Though in other diagnostic contexts, PAP has shown efficacy in addressing symptoms commonly associated with moral injury, particularly within the context of PTSD. It holds promise as an intervention for MI and requires further exploration.

Levi-Belz, Y., Groweiss, Yoav, Shachar Lavie, Iris, Shoval Zuckerman, Yael, & Blank, C. (2025). 'We're all in this together': the protective role of belongingness in the contribution of moral injury to mental health among participants in Israel's civil protest movement. *European Journal of Psychotraumatology*, 16(1), 2474374. <https://doi.org/10.1080/20008066.2025.2474374>

Background: Participating in long-term protests against government actions can affect protesters' mental health and expose protesters to potentially morally injurious events (PMIEs), such as the betrayal by leaders they once trusted. This study aimed to shed light on the potential psychological buffers against the deleterious effects of exposure to PMIEs of betrayal among protesters and to examine the

moderating role of belongingness in the relationships between protesters' exposure to PMIEs and stress, PTSD and depression levels. Method: The study sample comprised 4036 Israeli protesters (Mage = 54.27, SD = 12.45; 75.6% females) who took part in the unfolding civil protest movement against the government-led judicial and constitutional overhaul between January 2023 and August 2023. Protesters completed validated self-report questionnaires that included measures of PMIEs, stress, depressive and PTSD symptoms (PTSS). Results: Beyond demographic and protest-related characteristics, exposure to PMIEs of betrayal was found to contribute to both PTSD and depression levels. The indirect effects of PMIE-betrayal on PTSS/depressive symptoms through stress levels were significant, particularly when belongingness levels were low. Thus, a greater sense of PMIE-betrayal contributes to stress symptoms, which, in turn, is linked to higher levels of PTSS and depressive symptoms for protesters having low levels of belongingness. Conclusions: The study's findings highlight the critical contribution of PMIE-betrayal to both PTSS and depression levels, which were mediated by levels of stress. Moreover, experiencing belongingness moderated these relationships. Clinicians treating protesters coping with PTSS and depressive symptoms should also adopt therapeutic aims of establishing belongingness and social support among the protesters. Belongingness moderates the mental health impact of betrayal-related moral injury in long-term protesters. High belongingness reduces stress, PTSD, and depressive symptoms, serving as a protective factor. The study highlights the importance of social support in safeguarding mental health in activism contexts. Belongingness moderates the mental health impact of betrayal-related moral injury in long-term protesters. High belongingness reduces stress, PTSD, and depressive symptoms, serving as a protective factor. The study highlights the importance of social support in safeguarding mental health in activism contexts.

Loewenstein, A., Asper, Ariel, & Feingold, D. (2025). Combat Veterans' Experiences of Moral Injury, Cannabis Use Disorder and the Process of Meaning-Making: A Mixed Methods Study. *Journal of Psychoactive Drugs*, 0(0), 1–10. <https://doi.org/10.1080/02791072.2025.2479100>

Combat veterans are highly inclined to develop substance use disorders, including Cannabis Use Disorder (CUD), with emerging evidence suggesting that combat related Potentially Morally Injurious Events (PMIEs) may increase proneness to CUD. To explore the moderating role of time since release from military duty, mixed methodology was applied. In a quantitative study, 322 Israeli cannabis-using male combat veterans filled out validated self-report questionnaires assessing PMIEs, CUD and time since release from military duty. Results indicate that self-inflicted transgressions and sense of betrayal were significantly associated with CUD symptoms ($p < .01$). In addition, years since release from duty moderated the association between Betrayal and CUD ($b = -.039$, $SE = .018$, $t = -2.20$, $p = .028$), so that this association was significant only among veterans released approximately two and six years prior to their participation in the study ($b = .33$, $SE = .09$, $t = 3.71$, $p < .001$; $b = .25$, $t = 3.45$, $p < .001$, respectively), but not among those who were released approximately 10 years ago. A subsequent qualitative study investigated narratives of 14 older veterans, indicating that the process of meaning-making to combat-related experiences is a key in the process of adaptive coping. We conclude that time since release from duty may serve as a protective factor, presumably disentangling the PMIEs-CUD association via the process of meaning making.

MacTavish, E., & Dupuis, K. (2025). Interventions for Addressing Moral Distress and Moral Injury in Long-Term Care Staff: A Scoping Review. *Journal of Long-Term Care*, 0. <https://doi.org/10.31389/jltc.278>

Context: The mental health of staff working in long-term care (LTC) homes is a major concern. Moral distress (and the more severe 'moral injury') may occur when staff perpetrate, bear witness to, or fail to prevent an activity that is incompatible with their own moral beliefs. The frequency of moral distress and moral injury has increased during the COVID-19 pandemic and may lead to burnout. Objectives: The purpose of this scoping review was to examine interventions to alleviate moral distress and moral injury in LTC staff. Method: Five databases were accessed through the University of Waterloo Library and searched for English research articles published between 2000 and 2023. Search terms included: moral

distress, moral injury, PTSD, long-term care, intervention, and treatment. Findings: The initial search revealed 349 articles; 145 duplicates were removed. Thirty-four articles underwent full-text review, three were included. The reference sections of these papers were hand-searched, revealing 61 potential papers; 23 duplicates were removed. Fourteen of these articles underwent full-text review, three were included. Review of the final six papers revealed interventions focussed on resources for LTC staff to address moral distress and reflect on ethical decision-making. Interventions were shown to reduce the impact of moral distress and assist in ethical decision-making. Implications: The scoping review revealed very few existing interventions for moral distress and moral injury in LTC staff. We must act quickly and proactively to address the potential ‘second pandemic’ of mental health concerns in health human resources, including interventions specific to those working in LTC.

Molenaar, T., Eikenaar, T., Gilhuis, N., Maarel, S. van der, & (Redactie). (2025, March). *Handboek Moral Injury in Context. De impact van morele dilemma's bij stressvolle beroepen.*

https://www.boom.nl/criminologie/100-19551_Handboek-Moral-Injury-in-Context

Militairen, politiemensen, brandweerpersoneel en zorgverleners werken onder stressvolle omstandigheden waarin ze soms beslissingen moeten maken die het verschil tussen leven en dood betekenen. Wat doet het met hen als ze voor tragische morele dilemma's komen te staan, fouten begaan of zich realiseren dat ze tijdelijk hun normen en waarden uit het oog zijn verloren? Wat kunnen we hieraan doen, nader hand maar ook preventief? Wat is morele verwonding en waarom is het relevant? Trauma en posttraumatische stressstoornis (PTSS) zijn bekende termen, maar een minder begrepen en even indringend verschijnsel is morele verwonding, of moral injury. Dit is de psychische en sociale impact van het begaan, ondergaan of niet kunnen voorkomen van situaties die in strijd zijn met morele overtuigingen en verwachtingen. Een uitgebreide en multidisciplinaire benadering van morele verwonding. Dit boek gaat in op morele verwonding vanuit de psychologie, ethiek, filosofie, organisatiekunde en sociale wetenschappen. Doorvlochten met portretten van moreel verwonde mensen bespreekt het boek verschillende oorzaken, verschijningsvormen en benaderingen van morele verwonding op het niveau van de professional, de organisatie en de samenleving. Het vormt een onmisbare wetenschappelijke gids voor onderzoekers, zorgprofessionals, leidinggevenden, beleidsmakers en andere praktijkbeoefenaars.

Morris, D., Dean, W., Webb, E. L., Wainwright, J., Hampden, R., & Talbot, S. (2025). Guidance for Creating Morally Healthy Organizations That Remediate the Experience of Moral Injury in Health Care: Findings From an International e-Delphi Study. *Journal of Occupational and Environmental Medicine*, 67(3), 181. <https://doi.org/10.1097/JOM.0000000000003285>

Objective To date, research and policy directives have focused on identifying individual risk factors for moral injury, with less attention to solutions for establishing nonmorally injurious cultures and practices. **Methods** Experts with academic or clinical knowledge of moral injury were recruited to a three-round e-Delphi survey exploring descriptors and characteristics of nonmorally injurious organizations.

Results Forty-nine, 41, and 39 experts responded at each round. Morally “healthy,” “congruent,” and “centered” were endorsed as descriptors for nonmorally injurious organizations. Consensus was also obtained on 111 characteristics and behaviors relating to organizational identity (eg, just culture), behaviors and practices (eg, transparency in decision-making), and self-awareness (eg, monitoring of moral injury in workforce). **Conclusions** The findings implicate the need for a strengths-oriented, solution-focused approach to addressing moral injury. The recommendations proposed warrant evaluation and operationalization within formal guidance.

Mudde, L., 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>

Introduction: There is an increasing attention for the role of military chaplains (MCs) in supporting veterans with moral injury. However, research into how veterans experience the support of MCs remains

scarce. Moreover, no studies to date have explored this question in a Dutch context, while this is relevant as it can offer insight into what forms of care are helpful in predominantly secular societies. **Methods:** 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. **Results:** Our study shows that three types of moral questions underlie experiences of moral injury. Veterans see the conversations with MCs as an opportunity to exchange thoughts and perspectives concerning these ongoing moral struggles, a process that we conceptualize as 'moral learning'. Over time, we found 5 types of change in veterans' experience of moral injury. The conversations with MCs helped veterans to: share their stories, thoughts and worries; grow personally; better understand and accept certain events; feel a stronger connection with others; critically engage with the Dutch Ministry of Defence. **Discussion:** This study raises questions about the centrality of the morally injurious events in 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, the 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.

Nordstrand, A. E., Noll, L. K., Huffman, A. H., Gjerstad, C. L., Tveitstul, T., Reichelt, J. G., Bakker, L.-P., Kennair, L. E. O., Kristoffersen, R. H., Bøe, H. J., & Wickham, R. E. (2025). Killing in Combat as a Potentially Morally Injurious Event: The Diverging Psychological Impact of Killing on Peacekeepers and Combat-Oriented Troops. *Armed Forces & Society*, 0095327X251321389. <https://doi.org/10.1177/0095327X251321389>

The impact of killing in combat (KIC) on veterans' long-term psychological health is multifaceted and influenced by deployment contexts. This study compared two samples of Norwegian veterans from combat-oriented (Afghanistan 2001–2011, N = 4,053) and peacekeeping (Lebanon 1978–1998, N = 10,605) missions to examine how personal threats, witnessing death/injury, and KIC uniquely predicted long-term mental health, alcohol use, and quality of life (QoL). In the combat-oriented sample, personal threats and witnessing death/injury predicted negative outcomes, while KIC did not. Among peacekeepers, personal threats, witnessing death/injury, and KIC independently predicted posttraumatic stress disorder (PTSD), depression, anxiety, alcohol use, insomnia, and lower QoL. These findings reveal diverging effects of KIC on veterans from combat-oriented and peacekeeping missions, respectively, suggesting that the impact of potentially morally injurious events like KIC is shaped by mission-specific contextual factors.

Paleari, F. G., Cavagnis, L., Ertan, I., & Fincham, F. D. (2025). Moral transgressions, psychological well-being, and family conflict in the context of the COVID-19 pandemic: The role of self-forgiveness. *BMC Psychology*, 13(1), 200. <https://doi.org/10.1186/s40359-025-02513-6>

The COVID-19 pandemic led many individuals to experience moral transgressions, exacerbating feelings of guilt and remorse. This study explored the role of the self-forgiveness of such transgressions in explaining their associations with psychological well-being and family conflict. We hypothesized that (a) higher levels of self-forgiveness would be associated with greater psychological well-being and reduced family conflict, (b) the perceived relevance of moral transgressions would be positively associated with self-forgiveness and indirectly associated with psychological well-being and family conflict through the mediation of self-forgiveness, and (c) the relationships between the variables of interest could vary across age.

Peteet, J. R. (2025). Moral Aspects of Depression and Its Treatment. *Journal of Disability & Religion*, 0(0), 1–4. <https://doi.org/10.1080/23312521.2025.2475403>

The new Z code for Moral Problems to DSM-5 reflects growing recognition of the clinical relevance of disruptions in an individual's understanding of right and wrong, or sense of goodness. Depressed individuals frequently struggle with negative emotions and related moral concerns, but limited guidance is available for approaching these in treatment. Distinguishing how moral problems can be related to depression suggests differing approaches to guilt as a manifestation of depression, "true" or realistic guilt, guilt internalized through coercion, loss of faith in goodness following trauma, and depression interfering with moral tasks. Taking seriously the moral dimension of patients' experience of depression has both diagnostic and therapeutic value.

Pourteimour, S., Ebrahimian, A., Askari-Majdabadi, H., Parizad, N., & Fakhr-Movahedi, A. (2025). Consequences of Moral Outrage among Nurses: A Scoping Review. *Iranian Journal of Nursing and Midwifery Research*, 30(2), 150. <https://doi.org/10.4103/ijnmr.ijnmr.330.23>
Background: Clinical nurses often encounter situations that challenge their professional integrity and values. In the face of these issues, many nurses have been subjected to moral outrage (MO) in response to moral violations by others, which can have different outcomes. This scoping review aimed to synthesize and summarize findings from existing articles regarding the consequences of moral outrage among nurses. Materials and Methods: This paper presents a scoping review based on the Joanna Briggs Institute (JBI) methodology. PubMed, Springer, Scopus, and ScienceDirect databases were systematically searched using the keywords "moral outrage", "nurses or nursing" and "consequences or outcomes or impacts or effects or influences of moral outrage" (viz., moral OR ethical AND outrage AND nurse*). The PRISMA checklist was used for the scoping review to evaluate articles thoroughly. The results were summarized using the inductive content analysis suggested by Elo and Kyngäs. Results: In total, 1014 articles were identified as potentially relevant to this study with 34 articles synthesized, including 24 qualitative studies, 5 quantitative studies, and 5 reviews focused on the consequences of moral offenses in nursing. Negative consequences such as mental exhaustion, job burnout, and interpersonal failures were observed, alongside positive consequences like nurses' altruism, callousness, and professional solidarity. Conclusions: These findings underscore the importance of addressing MO among nurses to prevent negative consequences such as burnout and moral degradation. Moreover, recognizing and fostering the altruistic and resilient aspects of nurses in response to moral outrage can lead to a more positive work environment and improved patient care.

Urbina, J. (2025). Spirituality and PTSD Outcomes Among Service Members and Military Veterans. *Lynchburg Journal of Medical Science*, 1(1). <https://digitalshowcase.lynchburg.edu/jms/vol1/iss1/1>
Post-traumatic stress disorder (PTSD) is a prevalent and debilitating condition among military service members and veterans, often co-occurring with moral injury (MI) and spiritual distress (SD). While conventional PTSD treatments include cognitive behavioral therapy (CBT), exposure-based therapies, and pharmacological interventions, growing evidence suggests that spirituality may play a vital role in improving PTSD outcomes. This paper explores the integration of spirituality in PTSD treatment, examining its potential to mitigate symptoms, enhance resilience, and facilitate post-traumatic growth. Military chaplaincy, spiritually integrated therapies, and Department of Defense (DoD) holistic health models provide frameworks for addressing the spiritual dimensions of PTSD. Studies indicate that spiritually focused interventions, such as Building Spiritual Strength (BSS) and Spiritually Integrated Cognitive Processing Therapy (SI-CPT), can effectively reduce PTSD symptoms and spiritual distress. Additionally, neurobiological findings suggest that spirituality may modulate stress responses, highlighting its relevance in trauma recovery. While spiritual interventions are not universally applicable, patient-centered care that acknowledges spiritual needs can enhance treatment efficacy. This paper underscores the necessity of further research to refine spiritually integrated care and optimize PTSD treatment for military populations.

Van der Maarel, S. (2025). 'Drones for good': innovation, meaning and remoteness in the Dutch police drone team. *Critical Studies on Security*, 0(0), 1–18. <https://doi.org/10.1080/21624887.2025.2451458>

This paper presents an ethnographic study of drone policing, demonstrating how the implementation of drones transforms not only everyday practices and tasks but also officers' experiences and moral values in their work. While drones are often examined within military contexts, their application in domestic law enforcement is growing. Military studies focus on the concept of remoteness, discussing how operators manage distance-intimacy relations, with reduced physical risk but increased moral-psychological harm for operators due to detailed real-time imagery. Following this focus on remoteness and the lived experience of operators, this qualitative study examines the Dutch national police drone team. It shows that officers perceive remoteness in their work in two ways: physical distance from 'real' operations, and emotional distance from the core values of their profession. Police drones thereby promote 'moral tele-policing', creating a moral distance from core police objectives: to serve and protect. However, despite this distance, officers maintain a strong commitment to the moral values of their profession and feel connected to overarching objectives of public safety through a 'good drone' discourse. By adopting a sociotechnical approach and elaborating on the military-police nexus, this paper enhances understanding of the experiences of innovation in security professions.

VanderWeele, T. J., Wortham, J. S., Carey, L. B., Case, B. W., Cowden, R. G., Duffee, C., Jackson-Meyer, K., Lu, F., Mattson, S. A., Padgett, R. N., Peteet, J. R., Rutledge, J., Symons, X., & Koenig, H. G. (2025). Moral trauma, moral distress, moral injury, and moral injury disorder: definitions and assessments. *Frontiers in Psychology*, 16. <https://doi.org/10.3389/fpsyg.2025.1422441>

We propose new definitions for moral injury and moral distress, encompassing many prior definitions, but broadening moral injury to more general classes of victims, in addition to perpetrators and witnesses, and broadening moral distress to include settings not involving institutional constraints. We relate these notions of moral distress and moral injury to each other, and locate them on a "moral trauma spectrum" that includes considerations of both persistence and severity. Instances in which moral distress is particularly severe and persistent, and extends beyond cultural and religious norms, might be considered to constitute "moral injury disorder." We propose a general assessment to evaluate various aspects of this proposed moral trauma spectrum, and one that can be used both within and outside of military contexts, and for perpetrators, witnesses, victims, or more generally.

Vermetten, E., Weiman, Kyle, Innes, Laura-Lee, Jin, Jonathan, & Brémault-Phillips, S. (2025). Moral courage, injury, and leadership in military contexts: lessons from a thematic analysis of conversations among international experts and students. *Medicine, Conflict and Survival*, 0(0), 1–38. <https://doi.org/10.1080/13623699.2025.2463041>

Recent global events have underscored the importance of moral leadership and courage. A series of moderated conversations about moral leadership and dilemmas during times of conflict and crisis were facilitated in 2021 with Lieutenant-General (ret'd) The Honourable Romeo Dallaire, military and global affairs experts and international scholars from North America, Europe, Australia and the global south, together with students from the Netherlands and Canada. To explore topics of moral leadership, courage and dilemmas during adversity. A total of 94 participants engaged in a series of online conversations (n = 8) and focus groups (n = 3). Sessions were recorded, transcribed and thematically analysed. Thematic analysis revealed three critical themes: (1) enhancing awareness of moral leadership, (2) moving towards a new vision of moral leadership, and (3) developing training in moral leadership. These results highlight key insights that may guide current and future leaders. In response to societal diversity and global complexities, traditional leadership and organizational practices may need to be reconsidered. In addition to essential leadership skills, emerging leaders need to be supported to be competent, engaged moral leaders. They may also benefit from positive role-modelling and moral leadership training during basic through advanced leadership and pre-deployment training.

Webb, E. L., Ireland, Jane L., & Lewis, M. (2025). Proposing the Integrated Pathway Model of Moral Injury (IPM-MI): A Moderated Mediation Analysis of Moral Injury Among Secure Mental Healthcare Staff. *Issues in Mental Health Nursing*, 0(0), 1–16. <https://doi.org/10.1080/01612840.2025.2473375>

Moral injury is a prevalent issue for secure mental healthcare staff, though understanding of the underlying mechanisms is limited. This multi-study paper explores several developmental, cognitive and emotional pathways to moral injury and associated wellbeing outcomes. Frontline and support staff from secure mental healthcare services were recruited to two cross-sectional studies (n = 527 and n = 325, respectively), and completed several questionnaires. In the first study, findings indicated a serial mediating effect of childhood trauma symptoms, early maladaptive schemas, and maladaptive metacognitions in the pathway between exposure to potentially morally injurious events and moral injury symptoms. Moderating effects of social and organisational support were also apparent. Findings from study two supported pathways between moral injury and psychological, somatic and functional outcomes, which were mediated by negative emotional schema, with limited mediating effects for expressive suppression. Moderating effects of alexithymia on several mediating pathways were also noted. The results support a developmental-cognitive model to account for the development of moral injury and associated adverse well-being outcomes in secure mental healthcare staff. Drawing on the findings and wider literature, the Integrated Pathway Model of Moral Injury (IPM-MI) is proposed and discussed, offering a novel theoretical account that may inform several potential prevention and intervention strategies.

Wiederhold, B. K. (2025). The Silent Struggle: Moral Injury Among Health Care Workers. *Cyberpsychology, Behavior, and Social Networking*, 28(3), 141–143.
<https://doi.org/10.1089/cyber.2025.0033>