



# Moral Injury: alertering

Updates 9 september 2025

**'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](#).**

1.

Anderson, L. N. and J. Freeman (2025). "Structurational Divergence: A Contributing Factor to Moral Injury Among Health Care Workers." *Fam Med*. 10.22454/FamMed.2025.602498

To provide quality patient care, health professionals must be able to effectively communicate interpersonally and in team environments. While a lack of communication and conflict negotiation skills certainly can create obstacles to patient care, the organizational structures in which health professionals do their work also can obstruct communication or make it more difficult. Structurational divergence theory helps identify and explain the negative communication cycles that result when individuals must fulfill obligations from multiple competing systems, each with its own social rules. The structure of health care delivery systems also can result in structurational divergence, as health care workers must often navigate the space between their clinician priorities of improved patient health and the corporate priorities of greater efficiency and profit. This divergence creates tension for the clinician that can lead to burnout and moral injury, especially when the clinician feels forced to act outside the patient's best interests. Individual efforts to address moral injury are less likely to be successful than collective group action. However, medical education can take steps to prepare students with the knowledge and tools necessary to navigate competing role demands, systemic obstacles, and ethical dilemmas to ensure quality patient care.

2.

Bergman, A. J., et al. (2025). "Moral injury, moral resilience, and organizational effectiveness among nurse leaders: a descriptive analysis during the COVID-19 pandemic." *BMC Nurs* **24**(1): 1100. 10.1186/s12912-025-03744-z

BACKGROUND: While nurse leaders have a voice in some organizational decisions, their moral resilience and moral injury can be affected by organizational structures and processes during a public health emergency such as the COVID-19 pandemic. PURPOSE: The purpose of this exploratory descriptive analysis was to characterize the differences and commonalities between types of nurse leaders and their experiences of perceived organizational effectiveness, moral injury, and moral resilience during the COVID-19 pandemic. METHODS: This was a quantitative study conducted via an online, national, cross-sectional survey. The survey included sociodemographic and professional practice questions, validated instruments measuring organizational effectiveness, moral injury, and moral resilience. Open-ended questions allowed participants to expand on topics of particular interest. Quantitative data were analyzed using ANCOVA models, qualitative data accompanies the quantitative results for descriptive elaboration. RESULTS: In total, 763 nurse leaders were included in the analysis. Executives scored higher on overall organizational effectiveness than other leaders but not nurse managers. Examining the differences in specific facets of organizational effectiveness revealed that nurse managers rated several aspects of staffing lower than executives. One-third of respondents met the threshold for clinically significant levels of moral injury (score  $\geq 36$ ). No significant differences were found between nurse leader roles on moral injury. ANCOVAs indicated that nurse executives had higher total moral resilience than either nurse

managers ( $p = 0.030$ ) or other leaders ( $p < 0.001$ ). In the open-ended questions, nurse leaders discussed two additional facets of organizational effectiveness that affected moral injury and moral resilience: (1) inequity between healthcare workers in different roles, and (2) an imbalance between organizational finances and patient safety. **CONCLUSION:** Organizations can promote retention and moral resilience among nurse leaders by cultivating trustworthy behaviors. This may be achieved through authentic communication and transparency, and by promoting the values reflected in the nursing code of ethics. **CLINICAL TRIAL NUMBER:** Not applicable.

3.

Birze, A., et al. (2025). "Moral Injury and the Myth of Resilience: A Qualitative Exploration of Cancer Care Provision in Ontario throughout the COVID-19 Pandemic." SSM-Qualitative Research.

[https://scholar.google.nl/scholar\\_url?url=https://www.sciencedirect.com/science/article/pii/S2667321525001040&hl=nl&sa=X&d=7558751188038535269&ei=tkmraMKkGlrO6rQPrPTx2QM&scisig=AAZF9b9SUskIYOZYv2sqJdx124rZ&oi=scholar&html=&pos=1&folt=kw](https://scholar.google.nl/scholar_url?url=https://www.sciencedirect.com/science/article/pii/S2667321525001040&hl=nl&sa=X&d=7558751188038535269&ei=tkmraMKkGlrO6rQPrPTx2QM&scisig=AAZF9b9SUskIYOZYv2sqJdx124rZ&oi=scholar&html=&pos=1&folt=kw)

It also serves to provoke a discussion of moral injury and the myth of resilience in light of both the organizational contributions (eg resilience narratives) to the experience of moral injury and the promise of systems approaches for prevention

4.

Bonython, W. (2025). "Moral Injury: An Emerging Aspect of the Employer's Duty of Care to Employees?" Laws. 10.3390/laws14040058

Moral injury is a discrete form of harm affecting individuals as a potentially avoidable. Despite increasingly diverse evidence identifying moral injury as a substantive harm with law is unlikely to be able to accommodate moral injury claims, a closer

5.

Brisco, G., et al. (2025). "Integrating moral injury into forensic psychiatry." The Lancet. Psychiatry. 10.1016/S2215-0366(25)00242-1

No abstract available

6.

Cappuccio, M. (2025). "The invisible (yet real) wounds of character: towards an enactivist approach to moral injury." Mind & Society. 10.1007/s11299-025-00330-3

This paper interrogates philosophically the notion of moral injury, a syndrome that has ethics built into its definition: moral injury is not only construed moral injury in terms of moral character deterioration and disruption of practical wisdom. Standard

7.

Carbajal, C., et al. (2025). "Ethical burdens: Prevalence and impact of moral injury among healthcare professionals." APHA 2025 Annual Meeting.

[https://scholar.google.nl/scholar\\_url?url=https://apha.confex.com/apha/2025/meetingapi.cgi/Paper/574739%3Ffilename%3D2025\\_Abtract574739.html%26template%3DWord&hl=nl&sa=X&d=3442076062319425789&ei=2ZqFaP6pM6WMioP-avC4Q4&scisig=AAZF9b-584IO5WCourxgGWfHlp9A&oi=scholar&html=&pos=0&folt=kw](https://scholar.google.nl/scholar_url?url=https://apha.confex.com/apha/2025/meetingapi.cgi/Paper/574739%3Ffilename%3D2025_Abtract574739.html%26template%3DWord&hl=nl&sa=X&d=3442076062319425789&ei=2ZqFaP6pM6WMioP-avC4Q4&scisig=AAZF9b-584IO5WCourxgGWfHlp9A&oi=scholar&html=&pos=0&folt=kw)

Objective: This study aimed to quantify the prevalence of moral injury (psychological distress arising from perceived violations of moral) among healthcare professionals, and to explore its relationships with key mental health indicators. Methods: A cross-sectional

8.

Chadwick, R. (2025). "Tense Concepts: Obstetric Violence, Structural Injustice and Moral Injury." Gender and Justice. [https://scholar.google.nl/scholar\\_url?url=https://research-information.bris.ac.uk/en/publications/tense-concepts-obstetric-violence-structural-injustice-and-moral-&hl=nl&sa=X&d=7553619657293478751&ei=PmuWaK6bFcCl6rQP0IyqiQM&scsig=AAZF9b8TijVUQcGJ1qys6UugvbPz&oi=scholar&rt&html=&pos=0&folt=kw](https://scholar.google.nl/scholar_url?url=https://research-information.bris.ac.uk/en/publications/tense-concepts-obstetric-violence-structural-injustice-and-moral-&hl=nl&sa=X&d=7553619657293478751&ei=PmuWaK6bFcCl6rQP0IyqiQM&scsig=AAZF9b8TijVUQcGJ1qys6UugvbPz&oi=scholar&rt&html=&pos=0&folt=kw)

Second, the relationship between structural and interpersonal violations in the sphere of birth is further clarified by recognizing that both forms of harm comprise a moral injury. Drawing on work by Gilligan (2014) and Bernstein (2005, 2020), moral

9.

Cher, M. (2025). Making Sense of the War in Gaza: An Interpretative Phenomenological Analysis of the Lived Experience of Third-Generation Holocaust Survivors, Nova Southeastern University [https://scholar.google.nl/scholar\\_url?url=https://search.proquest.com/openview/ccd7c3cc230165ae5c97974f0b5ed072/1%3Fpq-origsite%3Dgscholar%26cbl%3D18750%26diss%3Dy&hl=nl&sa=X&d=596539733378722429&ei=J2-2aLv9OufYieoPkKvSuAw&scsig=AAZF9b\\_d\\_xKLVEz7f54keRa2rUkH&oi=scholar&rt&html=&pos=18&folt=kw](https://scholar.google.nl/scholar_url?url=https://search.proquest.com/openview/ccd7c3cc230165ae5c97974f0b5ed072/1%3Fpq-origsite%3Dgscholar%26cbl%3D18750%26diss%3Dy&hl=nl&sa=X&d=596539733378722429&ei=J2-2aLv9OufYieoPkKvSuAw&scsig=AAZF9b_d_xKLVEz7f54keRa2rUkH&oi=scholar&rt&html=&pos=18&folt=kw)

The historical intergenerational trauma dimensions identified were historical moral injury, family vulnerability, family resiliency, offspring vulnerability, offspring resiliency, current insidious trauma, and offspring mental health and functioning. The

10.

Cornwell, J. F., et al. (2025). "Moral context, coping strategies, and mental health outcomes among combat veterans." International Journal of Social Psychiatry: 207640251360298. 10.1177/00207640251360298

OBJECTIVE: Although research has been conducted on the influence of coping strategies on mental health, research has not investigated the relationships among moral context, the adoption of those strategies, and mental health outcomes. DESIGN: Studies were designed to measure the effects of moral context (specifically, moral injury and ethical leadership) on the adoption of adaptive or maladaptive coping strategies and their subsequent mental health consequences. METHOD: Data was collected on 551 total military personnel, spanning two distinct survey administrations, who reported at least one combat deployment. RESULTS: Findings suggest that ethical leadership is associated with greater adaptive coping strategy adoption, while potentially morally injurious events (particularly self-transgression) are associated with greater maladaptive coping strategy adoption. Mediation analysis demonstrated that a significant portion of the effect of self-transgression on depression (95% CI [0.003, 0.038]) and anxiety (95% CI [0.004, 0.066]) is attributable to its attendant increase in maladaptive coping strategy adoption. CONCLUSIONS: This research suggests that moral context can lead to differential adoption of adaptive and maladaptive coping strategies. It also suggests that maladaptive coping strategies can account for a portion of the effect of self-transgression moral injury on depression and anxiety.

11.

Djukic, N. A., et al. (2025). "Physician Moral Injury During the COVID-19 Pandemic." J Gen Intern Med. 10.1007/s11606-025-09690-5

BACKGROUND: Moral injury is defined as lasting distress due to perpetrating, failing to prevent, or witnessing acts that transgress or deeply violate one's moral or ethical code. Previous research has demonstrated that during the COVID-19 pandemic, healthcare workers were at increased risk of moral injury. However, there is a lack of studies that explore how physician social identity may affect experiences of moral injury. OBJECTIVES: To identify the main sources of moral injury during the COVID-19 pandemic in a physician cohort, and how moral injury may be experienced differently based on physician social identity. METHODS: Participants were 13 physicians who reported caring for COVID-19 patients at a major metropolitan university hospital system during the COVID-19 pandemic (March 2020-May 2023). Physicians were asked about experiences of moral injury and

how their social identities affected their experience of caring for COVID-19 patients. Rapid thematic qualitative analysis was used to evaluate interview data. RESULTS: Four main sources of moral injury were identified in interview analysis, including (1) insufficient resources, (2) conflict between patient autonomy and institutional constraints, (3) balancing patient care and personal/family safety, and (4) witnessing inequality. One prominent theme emerged regarding social identity, with physicians with marginalized identities expressing that self-identification with marginalized patients contributed to their experience of moral injury. CONCLUSIONS: In our sample, physicians who cared for COVID-19 patients during the pandemic experienced various sources of moral injury. Identification of these sources, and the role of social identity, can assist with greater targeted individual and systemic support of physicians.

12.

Fallah, S. (2025). "The Relationship Between Moral Injury and Moral Courage in Nurses Working in Intensive Care Units." *Karimi, Z Khalilzadeh-Farsangi - Iranian Journal of Medical*. 10.18502/ijme.v18i9.19331

Nurses working in intensive care units are frequently exposed to complex ethical issues and difficult decision-making, placing them at high risk for moral injury. Such injury can negatively affect their professional performance and mental health

13.

Feinstein, A., et al. (2025). "An examination of psychological distress and moral injury in journalists exposed to online harassment." *Eur J Psychotraumatol* 16(1): 2522501. 10.1080/20008066.2025.2522501

Background: Studies show that journalists face repeated, intense online harassment. While data reveal this is distressing to the profession, no detailed psychological study has been undertaken defining what this distress entails. Objective: To undertake a descriptive study examining the emotional wellbeing of journalists subject to online harassment. Method: Data from 246 journalists working for a Canadian news organization were collected via a secure study website. Information collected included demographics, harassment metrics (frequency and reasons for harassment); level of organizational support rated on a simple analog scale (0-10, with low scores indicating poor support); psychometric symptoms (anxiety: GAD-7; depression: PHQ-9; posttraumatic stress disorder: PCL-5; moral injury: Toronto Moral Injury Scale for Journalists). Results: The mean age of the sample was 43.07 (SD = 11.83) years. Fifty per cent were female. Harassment occurred at least weekly in 65 (26%) of the sample. Anxiety scores in the moderate to severe range were reported by 74 (30.1%) journalists while 34 (13.8%) had PTSD symptoms above the PCL-5 threshold for potential PTSD. Frequency of harassment correlated significantly with anxiety ( $r = 0.16$ ,  $p = .014$ ), depression ( $r = 0.15$ ,  $p = .022$ ), PTSD ( $r = 0.2$ ,  $p = .002$ ) and moral injury ( $r = 0.3$ ,  $p < .002$ ). Moral injury correlated significantly with anxiety ( $r = .40$ ), depression ( $r = .41$ ) and PTSD ( $r = .44$ ; Spearman's rho,  $p = .001$  for all) scores. Organization support was rated as modest ( $M = 5.80$ ,  $SD = 3.01$ ). Conclusions: Frequency of online harassment is associated with a range of emotional responses. While anxiety is the predominant emotion, clinically significant symptoms of PTSD affect a substantial minority of journalists. Moral injury is linked to other indices of emotional distress. News organizations should do more to address the challenges posed by harassment and better support their journalists.

Online harassment of journalists. Psychological distress including anxiety, depression and PTSD. Moral injury. eng

14.

Fernandez, P., et al. (2025). "Exploring associations between deployment-related events and moral injury outcomes in post-9/11 veterans." *Traumatology*.

[https://scholar.google.nl/scholar\\_url?url=https://psycnet.apa.org/record/2026-40331-](https://scholar.google.nl/scholar_url?url=https://psycnet.apa.org/record/2026-40331-001&hl=nl&sa=X&d=10031297418141807993&ei=VCZ5aNm7NbXCieoPo5TikAk&scisig=AAZF9b8pBQRqEP7C0Y9pafU5d4lp&oi=scholaralrt&html=&pos=0&folt=kw)

[001&hl=nl&sa=X&d=10031297418141807993&ei=VCZ5aNm7NbXCieoPo5TikAk&scisig=AAZF9b8pBQRqEP7C0Y9pafU5d4lp&oi=scholaralrt&html=&pos=0&folt=kw](https://scholar.google.nl/scholar_url?url=https://psycnet.apa.org/record/2026-40331-001&hl=nl&sa=X&d=10031297418141807993&ei=VCZ5aNm7NbXCieoPo5TikAk&scisig=AAZF9b8pBQRqEP7C0Y9pafU5d4lp&oi=scholaralrt&html=&pos=0&folt=kw)

and betrayal events) were uniquely linked with greater moral injury outcomes in the presence of other stressful events and moral injury outcomes in this analysis. In combination, these results affirm the probable link between varying types of PMIE

15.

Fiester, A. (2025). "Appeals to Suffering and Moral Injury to Families." *American Journal of Bioethics* **25**(8): 32-34. 10.1080/15265161.2025.2525771

No abstract available

16.

Flores, C., et al. (2025). "'Death by a thousand cuts': The Role of Moral Distress and Moral Injury in Farmer Mental Ill-Health." *Journal of Agricultural and Environmental Ethics* **38**(3). 10.1007/s10806-025-09955-3

Relating this back to our anchoring concepts, PITS is often discussed in relation to moral injury, particularly in professions involving violence or killing. While PITS emphasizes trauma from the act of harming, moral injury incorporates broader moral

17.

Fulton, T. M., et al. (2025). "Resting-state Neural Signatures of Moral Injury: Associations with Rumination." *Biol Psychiatry Cogn Neurosci Neuroimaging*. 10.1016/j.bpsc.2025.08.001

BACKGROUND: Moral injury (MI) is a condition that may emerge following a violation of an individual's moral code. MI leads to significant functional impairment in many trauma-exposed civilians with rumination proposed as a mechanism of action. Little is known about the neuropathophysiology of different MI dimensions, including MI related to transgressions caused by the self or others. We examined links between facets of MI, resting-state amplitude of low frequency fluctuations (ALFF) and rumination in trauma-exposed civilians. METHODS: Sixty adults (18-65 years, 51 female) completed measures of moral injury (Moral Injury Exposure and Symptom Scale for Civilians, MIESS-C), rumination (Response Styles Questionnaire, RSQ), and resting-state fMRI. Voxel-wise linear regression on ALFF was performed with rumination and MIESS-C-derived self, other, and betrayal-related MI as regressors. RESULTS: Betrayal-related MI associated with higher ALFF in the bilateral precuneus and left medial prefrontal cortex. Other-related MI associated with lower ALFF in the left dorsolateral prefrontal cortex and insula (voxel-wise  $p < .001$ , cluster false discovery rate-corrected  $p < .05$ ). Rumination severity was positively associated with betrayal-related ALFF clusters in the bilateral precuneus  $r = 0.32$ ,  $p = 0.012$ , and left medial prefrontal cortex,  $r = 0.31$ ,  $p = 0.017$ . CONCLUSIONS: Results reveal distinct neural signatures of MI, with betrayal-related MI associated with greater ALFF in default mode network regions, and this activation related to rumination severity. Other-related MI linked with diminished activation in cognitive control and interoceptive network regions, which may reflect physiological withdrawal. These signatures are attractive candidate neuromodulatory targets.

18.

Geuenich, P., et al. (2025). "Supervision, Moral Distress and Moral Injury Within Palliative CareA Qualitative Study." *International Journal of Environmental Research & Public Health [Electronic Resource]* **22**(7). 10.3390/ijerph22071156

The number of people requiring palliative care is increasing. This can result in moral and ethical conflicts that may lead to psychological distress and moral injury. (MI). Solutions are needed to counteract career abandonment-supervision (SV) could be one solution. This study examines the extent to which palliative care nurses link MI to their everyday experiences and whether SV can contribute to the identification and prevention of moral distress and MI. In addition, factors that influence the implementation of, participation in, and perception of SV are analyzed. A qualitative study design was chosen for the investigation, consisting of guided interviews, narrative-generating questions with seven participants working in palliative care, and participant

observation with audio recording during two supervisions of two palliative care teams with 16 participants in total. The data was analyzed using qualitative content analysis according to Mayring. The results show differences in workload between acute and palliative care wards. Time pressure and hierarchical structures promote distress and MI and are particularly evident on acute wards. The interviewees described specific experiences of MI. In addition, factors were identified that influence participation in SV. The analysis of SV showed that workload is a key cause of moral distress and can have an impact on health. SV can be used for sensitization and exchange. Implementation and acceptance of SV depend on individual and structural factors. In palliative care, signs of moral distress are present and are specifically addressed in SV, which means that SV can be a tool for dealing with stressful situations.

19.

Griffin, B. J., et al. (2025). "Moral injury is independently associated with suicidal ideation and suicide attempt in high-stress, service-oriented occupations." *Npj Ment Health Res* **4**(1): 32. 10.1038/s44184-025-00151-9

This study explores the link between moral injury and suicidal thoughts and behaviors among US military veterans, healthcare workers, and first responders (N = 1232). Specifically, it investigates the risk associated with moral injury that is not attributable to common mental health issues. Among the participants, 12.1% reported experiencing suicidal ideation in the past two weeks, and 7.4% had attempted suicide in their lifetime. Individuals who screened positive for probable moral injury (6.0% of the sample) had significantly higher odds of current suicidal ideation (AOR = 3.38, 95% CI = 1.65, 6.96) and lifetime attempt (AOR = 6.20, 95% CI = 2.87, 13.40), even after accounting for demographic, occupational, and mental health factors. The findings highlight the need to address moral injury alongside other mental health issues in comprehensive suicide prevention programs for high-stress, service-oriented professions.

20.

Heitzmann, C., et al. (2025). "Moral Injury in Mental Health Nursing-A Qualitative Descriptive Study in Switzerland." *International Journal of Mental Health Nursing* **34**(4): e70099. 10.1111/inm.70099

Moral injury (MI) is the damage done to one's conscience or moral compass when one perpetrates, witnesses, or fails to prevent acts that transgress one's own moral beliefs. There are numerous associations between MI and various mental health outcomes, including burnout, depression, anxiety, sleep disorders, and increased job turnover. However, there has been no research or official study investigating MI in mental health nurses (MHNs) in Switzerland. This study aimed to examine and describe the spectrum and impact of MI in Swiss MHN. Demographic data and descriptions of MI in mental health nursing were collected from 19 problem-focused interviews between September and November 2023. The data were analysed descriptively and using qualitative content analysis strategies, respectively. Participants highlighted specific potentially morally injurious events (PMIEs) such as coercive measures, power plays, and sanctioning behaviour prevalent in mental health nursing. As they caused violations of moral values, with intense emotional responses ranging from anger to guilt, shame, helplessness, and powerlessness, MIs could be identified. They resulted in long-term consequences such as job changes, sleep disturbances, anxiety, panic attacks, sensory crises, and substance abuse. The results emphasise the impact of MI on the well-being and practice of MHN in Switzerland. Participants perceived MI as expressing intense emotions and dissatisfaction, challenging their moral principles in the context of their daily work. Participants confronted with MI reported increased risks for negative health outcomes. The identification of causes of MI emphasises the need for targeted interventions in the psychiatric setting.

21.

James, K. E., et al. (2025). "Moral injury front and center: The relationship between event centrality and moral injury." *Psychological Trauma:Theory, Research, Practice and Policy*. 10.1037/tra0002014

OBJECTIVE: Moral injury is a potentially deleterious mental health outcome arising from unresolved distress associated with exposure to events that transgress an individual's moral code. Primarily characterized by



guilt and shame, moral injury also shares some features with posttraumatic stress disorder (PTSD). However, treatments that are effective for PTSD may be limited in their effectiveness for moral injury, indicating the importance of understanding factors that distinguish the two. Research indicates that the extent to which a potentially traumatic event comes to dominate an individual's self-identity (event centrality) is associated with PTSD severity. We sought to identify whether, and to what extent, a similar association exists between event centrality and moral injury. **METHOD:** In this cross-sectional study, we examined the extent to which event centrality was associated with outcomes following exposure to potentially morally injurious events. Adults (N = 232) exposed to a potentially morally injurious event completed validated measures of event centrality and event-related distress, traumatic stress, depression, anxiety, guilt, and shame. **RESULTS:** Greater event centrality was associated with more severe event-related distress and traumatic stress, though the association was significantly larger for traumatic stress. Further, the relationship between event centrality and event-related distress was fully mediated by guilt and shame, whereas the relationship with traumatic stress was only partially mediated by guilt and shame. **CONCLUSION:** These findings indicate that the extent to which a potentially morally injurious event dominates an individual's self-identity is important to moral injury outcomes, and shed light on features that distinguish moral injury from PTSD. (PsycInfo Database Record (c) 2025 APA, all rights reserved).

22.

Janbozorgi, M., et al. (2025). "Moral Injury as a Treatment-Resistant Disorder and the Prospects of God-Centered Spiritual Therapies for Its Healing." *Morality and Psychology* 1(1): 46 - 90.  
[https://jmp.isca.ac.ir/article\\_77955.html](https://jmp.isca.ac.ir/article_77955.html)

Moral injury is a serious challenge in the field of mental health. This psychological harm arises when an individual encounters an act that contradicts their core values. The present article aims to deeply examine this phenomenon by exploring its psychological consequences through systematic review methods and analysis of Islamic sources. Findings indicate that moral injury originates from a profound conflict with an individual's fundamental values. It is aligned with feelings of guilt and corresponds with the concept of major sin in Islamic sources. This conflict, along with efforts to conceal or protect it, leads to severe guilt and, eventually, to treatment-resistant psychological disorders. Research shows that spiritual therapeutic approaches have so far proven more effective in helping individuals recover from this type of trauma. It is anticipated that moral injury will soon be formally recognized as a fundamental psychological disorder. Damage to one's values—often caused by the individual themselves—is not easily reparable, and only spiritual models can offer true relief from the torment of guilt. Although spiritual models based on mental constructs that are not measurable by real criteria may offer temporary relief, only genuine spirituality grounded in reliable revelatory and rational sources can provide true healing. In this regard, the God-centered spiritual therapy model and the adapted cognitive-behavioral therapy model with Islamic interventions (Koenig, 2025) are proposed as effective methods for managing and addressing this condition.

23.

Jenkins, W. and J. McDaniel (2025). "Moral injury and substance use among Veterans: Opportunities and challenges in rural areas." *Journal of Military, Veteran and Family Health*. 10.3138/jmvfh-2024-0057  
moral injury, defined as deep emotional pain resulting from events that occurred during military service. This type of distress is closely linked to substance use and suicidality. Recent studies have found ways to measure moral injury need and

24.

Jones, E. (2025). Enhancing Collaborative Care: A Training Manual for Improving Veterans Affairs Mental Health Chaplaincy. *Faculty of the John W. Rawlings School of Divinity, LIBERTY UNIVERSITY. Doctor of Ministry*,  
[https://scholar.google.nl/scholar\\_url?url=https://digitalcommons.liberty.edu/cgi/viewcontent.cgi?article%3D8](https://scholar.google.nl/scholar_url?url=https://digitalcommons.liberty.edu/cgi/viewcontent.cgi?article%3D8)



514%26context%3Ddoctoral&hl=nl&sa=X&d=14483687863330116571&ei=J2-2aLv9OufYieoPkKvSuAw&scisig=AAZF9b9B6IHeiyytEAIDWP8b0DBt&oi=scholaralrt&html=&pos=5&folt=kw as mental health, suicide prevention, substance use disorder, or moral injury. When a chaplain elects to pursue the certification in mental BSS was formulated based on theories of moral injury and spiritual development, aiming to alleviate

25.

Kanter, R. L. and C. M. Hassija (2025). "Moral injury, PTSD, and intimate partner aggression: The roles of guilt-proneness and shame-proneness." *Psychology of Violence*. 10.1037/vio0000641  
, (2025), we hypothesize that shame-related moral injury and trustviolation-related moral injury will mediate the relationship between IPA moral injury and (b) trust-violation-related moral injury and both forms of moral injury will, in turn, predict increased PTSD

26.

Khan, S., et al. (2025). "Pulmonary Hemorrhage as a Result of Underwater Blast Injury in a Pediatric Patient." *Annals of Emergency Medicine*. 10.1016/j.annemergmed.2025.05.014  
The physiology and management of blast injuries and underwater blast injuries are described in the literature; however, cases of underwater blast injuries in pediatric patients are not discussed. We describe a case of a 10-year-old girl presenting to the pediatric emergency department who sustained injury from a firework discharged while underwater and then developed respiratory failure as a result of pulmonary hemorrhage and required endotracheal intubation.

27.

Kilungu, N. (2025). "AI, Militarized Automation, and the Collapse of Ethical Distinctions in War." *IAHRW International Journal of Social Sciences*.  
[https://scholar.google.nl/scholar\\_url?url=https://search.ebscohost.com/login.aspx%3Fdirect%3Dtrue%26profile%3Dehost%26scope%3Dsite%26auth%3Dcrawler%26jrnl%3D23473797%26AN%3D186694621%26h%3DSInHm4k96AS%252BRlclJtKsrs3zoBJXZq8rk3PY%252FlqkPusn5w16iWRtsL%252BM85evS7I8ohHc7IzeV97d7ryuGsuiXw%253D%253D%26crl%3Dc&hl=nl&sa=X&d=7753415216139088028&ei=1QmLalLWM6bN6rQPmNLa4Ao&scisig=AAZF9b-P10RXGcf\\_Q7EK4n\\_ouee&oi=scholaralrt&html=&pos=17&folt=kw](https://scholar.google.nl/scholar_url?url=https://search.ebscohost.com/login.aspx%3Fdirect%3Dtrue%26profile%3Dehost%26scope%3Dsite%26auth%3Dcrawler%26jrnl%3D23473797%26AN%3D186694621%26h%3DSInHm4k96AS%252BRlclJtKsrs3zoBJXZq8rk3PY%252FlqkPusn5w16iWRtsL%252BM85evS7I8ohHc7IzeV97d7ryuGsuiXw%253D%253D%26crl%3Dc&hl=nl&sa=X&d=7753415216139088028&ei=1QmLalLWM6bN6rQPmNLa4Ao&scisig=AAZF9b-P10RXGcf_Q7EK4n_ouee&oi=scholaralrt&html=&pos=17&folt=kw)  
This dialectic-between detachment and immersion, operational sterility and ethical entanglementcomplicates existing narratives surrounding dehumanization, potentially reconstituting the terrain of moral injury. In this regard, while the

28.

Kraus, E. and S. Dahlke (2025). "Psychological Trauma or Moral Distress? A Response to Foli's Middle-Range Theory of Nurses' Psychological Trauma." *International Journal of Nursing Student Scholarship*.  
[https://scholar.google.nl/scholar\\_url?url=https://journalhosting.ucalgary.ca/index.php/ijnss/article/download/81956/58373&hl=nl&sa=X&d=66229215539102006&ei=1QmLalLWM6bN6rQPmNLa4Ao&scisig=AAZF9b-28svCZS-z8FpXw7S0PJiZ&oi=scholaralrt&html=&pos=8&folt=kw](https://scholar.google.nl/scholar_url?url=https://journalhosting.ucalgary.ca/index.php/ijnss/article/download/81956/58373&hl=nl&sa=X&d=66229215539102006&ei=1QmLalLWM6bN6rQPmNLa4Ao&scisig=AAZF9b-28svCZS-z8FpXw7S0PJiZ&oi=scholaralrt&html=&pos=8&folt=kw)  
is clearly a relationship between Folis (2022) proposed vicarious/secondary trauma, moral injury and moral distress that is unexplored. In a study of physicians primarily, the strongest predictor of moral injury was burnout, followed by

29.

Lee Raboy, A., et al. (2025). "Augmented Reality 3MDR Therapy for the Treatment of PTSD and Comorbid Moral Injury: A Case Study." *Psychiatry Clin Psychopharmacol* **35**(Suppl 1): S176-S183. 10.5152/pcp.2025.24989

Rates of veteran suicide, post-traumatic stress, and moral injury remain alarmingly high and continue to rise. While virtual reality and augmented reality technologies have shown promise in improving post-traumatic stress disorder (PTSD) severity, research on these innovative methods is still limited. Multi-modal memory desensitization and reconsolidation (3MDR), a cutting-edge therapy that combines Virtual Reality Exposure Therapy or Augmented Reality Exposure Therapy with a "walk and talk" therapy, has demonstrated significant potential in enhancing participant engagement and substantially reducing symptoms of PTSD and moral injury among combat veterans. This case study highlights the novel use of 3MDR with an augmented reality head-mounted display for treating combat-related PTSD and moral injury, offering a new perspective on addressing these critical issues.

30.

Limdi, A. M., et al. (2025). "Associations between higher exposure to potentially morally injurious events and negative posttraumatic cognition trajectories throughout cognitive processing therapy." *J Trauma Stress*. 10.1002/jts.23179

Individuals with higher potentially morally injurious event (PMIE) exposure often exhibit elevated levels of negative posttraumatic cognitions (NPCs). Researchers have argued that individuals with moral injury (MI) following PMIE exposure experience more prescriptive NPCs than those without MI. As these prescriptive NPCs may be harder to address using cognitive processing therapy (CPT), first-line posttraumatic stress disorder (PTSD) treatments may not fully address MI. This study evaluated the impact of PMIE exposure on NPC trajectories during intensive CPT for PTSD. We examined NPC trajectories in a group of 738 service members and veterans (SMVs) who participated in a 2-week CPT-based intensive PTSD treatment program. Time was a significant predictor of the Posttraumatic Cognitions Inventory (PTCI) score trajectory over treatment,  $p < .001$ . The interaction between time and PMIE exposure also significantly predicted PTCI trajectories,  $p = .008$ , such that higher PMIE exposure was related to higher PTCI scores during the first half of treatment; however, by the end of treatment, PTCI scores were visually similar regardless of PMIE exposure. The PTCI subscales (Negative Cognitions About the Self, Negative Cognitions About the World, and Self-Blame) were also analyzed and resulted in similar associations with time and PMIE exposure as well as with PTCI total score. These findings suggest that intensive CPT appears to be effective in reducing NPCs in SMVs regardless of PMIE exposure. Therefore, even when patients report PMIE exposure, CPT clinicians should continue identifying and targeting NPCs.

31.

Loefflad, E. (2025). "The United States, Israel, and the Affective Lives of Moral Injury: A Genealogy of Lawfare's Emotional Presuppositions." *AthenaCritical Inquiries in Law, Philosophy and*. 10.6092/issn.1825-9618/21443

While lawfare is subject to numerous understandings, I argue that a neglected line of inquiry surrounding lawfare is the emotional presuppositions invoked by the usage of this term. Viewing said emotions as deeply linked to the formative

32.

Mahat, M. (2025). "Resistance battle fatigue in the face of ongoing protests in Israel." *Shamir, A Oreg, E Zychlinski - The Lancet Regional Health-Europe*.

[https://scholar.google.nl/scholar\\_url?url=https://www.researchgate.net/profile/Ayelet-Oreg/publication/394095371\\_Resistance\\_battle\\_fatigue\\_in\\_the\\_face\\_of\\_ongoing\\_protests\\_in\\_Israel/links/6889476b0786937984557e4f/Resistance-battle-fatigue-in-the-face-of-ongoing-protests-in-Israel.pdf&hl=nl&sa=X&d=16243693504148887337&ei=ekuNaPvCEZLTieoP4YS\\_wQs&scisig=AAZF9b9ULoVVuvrgvK6T4r8TidGG&oi=scholar&html=&pos=1&folt=kw](https://scholar.google.nl/scholar_url?url=https://www.researchgate.net/profile/Ayelet-Oreg/publication/394095371_Resistance_battle_fatigue_in_the_face_of_ongoing_protests_in_Israel/links/6889476b0786937984557e4f/Resistance-battle-fatigue-in-the-face-of-ongoing-protests-in-Israel.pdf&hl=nl&sa=X&d=16243693504148887337&ei=ekuNaPvCEZLTieoP4YS_wQs&scisig=AAZF9b9ULoVVuvrgvK6T4r8TidGG&oi=scholar&html=&pos=1&folt=kw)

2 Another recent empirical research underscores the psychological vulnerability of protest participants to moral injury, a profound distress resulting from perceived violations of ethical norms by the state or institutions. 3 Studies also show that long-term

33.

Mapukata, N. and N. Mapukata (2025). "Generative AI tools in reflective essays: Moderating moral injuries and epistemic injustices." *Fam Pract* **67**(1): e1-e6. 10.4102/safp.v67i1.6123

A moral injury and an epistemic injustice The incidents cited in this article reflect a moral injury that extends beyond the individual,1,2,3,4 highlighting the potential harms of LLMs.With the policy in the developmental phase, managing AI-supported

34.

Mazhar, I. and S. Ghayas (2025). "CORRELATIONS OF MORAL INJURY AMONG PAKISTANI LAWYERS." *Journal of Media Horizons*.

[https://scholar.google.nl/scholar\\_url?url=https://jmhorizons.com/index.php/journal/article/download/575/523&hl=nl&sa=X&d=313253903017075790&ei=J2-](https://scholar.google.nl/scholar_url?url=https://jmhorizons.com/index.php/journal/article/download/575/523&hl=nl&sa=X&d=313253903017075790&ei=J2-2aLv9OufYieoPkKvSuAw&scisig=AAZF9b9rnvpeRMekBrz7626f_OQe&oi=scholar&rt&html=&pos=0&folt=kw)

[2aLv9OufYieoPkKvSuAw&scisig=AAZF9b9rnvpeRMekBrz7626f\\_OQe&oi=scholar&rt&html=&pos=0&folt=kw](https://scholar.google.nl/scholar_url?url=https://jmhorizons.com/index.php/journal/article/download/575/523&hl=nl&sa=X&d=313253903017075790&ei=J2-2aLv9OufYieoPkKvSuAw&scisig=AAZF9b9rnvpeRMekBrz7626f_OQe&oi=scholar&rt&html=&pos=0&folt=kw)

Results: Analysis showed a strong positive relationship between moral injury and pathological lying, indicating that continuous dishonesty likewise significantly correlated with moral injury. There was a slight positive connection between

35.

Molendijk, T. (2025). "Addressing moral injury in practice: suggestions for organisational, political and societal interventions." *Eur J Psychotraumatol* **16**(1): 2541485. 10.1080/20008066.2025.2541485

Background: Moral injury has garnered increasing attention in recent decades, extending from the military to professions like healthcare and policing. Defined as psychological, social and spiritual suffering resulting from moral transgressions, moral injury is now recognised as a multidimensional phenomenon. A growing body of empirical and theoretical research is establishing a foundational understanding of its psychological, moral and contextual dimensions. Their findings underscore the need to broaden the understanding of moral injuries sustained in the workplace, as well as work-related mental health more generally, by incorporating ethics- and context-informed approaches. This applies to both research and practice. However, the actual practical implications of their findings remain unexplored.Objective: This contribution makes a start in addressing the gap between emerging moral injury research and its practical implementation. It seeks to identify potential interventions and caution against approaches that may inadvertently exacerbate harm.Approach: Drawing on recent interdisciplinary literature, this contribution synthesises key findings and translates them into practical recommendations. It proposes individual, organisational and wider societal levels of intervention, as such with particular attention to ethics-informed and context-sensitive strategies.Results: Research findings point to several promising interventions, including resilience training, ethics education, and moral case deliberation, targeted at both frontline practitioners and leadership. Organisational approaches such as Just Culture initiatives and practices of transformative recognition are also suggested. Conversely, the paper identifies potential pitfalls in popular responses such as the uncritical use of positive psychology or 'integritism', which may inadvertently reinforce moral distress.Conclusions: Adequately addressing moral injury in high-impact professions requires a comprehensive, multi-level approach. Cross-disciplinary collaboration is likely to be beneficial, involving mental health professionals, ethicists, chaplains and organisational specialists, to address the various dimensions of moral injury. This contribution has offered several research-informed suggestions for interventions, which nevertheless require further theoretical development and empirical examination.

Explores practical implications of current interdisciplinary research on moral injury, including findings on organisational, institutional, political and societal dimensions of moral injury.Discusses ethics- and context-informed interventions, including nuanced resilience training, ethics education and moral case deliberation for both practitioners and leadership, Just Culture initiatives, and transformative recognition.Warns against well-

meaning but potentially harmful interventions, such as overreliance on positive thinking or rigid moral standards, advocating instead for balanced, collaborative solutions.

eng

36.

Mooren, N., et al. (2025). "Trauma memories with and without moral conflict: characteristics, centrality, and associations with posttraumatic stress." *Memory*: 1-12. 10.1080/09658211.2025.2529284

The significance of moral conflicts that emerge during traumatic events and their influence on posttraumatic stress (PTS) and related symptoms are increasingly recognised. However, characteristics of the memories of these conflicts and how central these memories are within autobiographical memory remain largely unclear. In this study, students recalling trauma memories with a moral conflict were compared to students whose trauma memories did not include a moral conflict, in terms of the event-centrality of the trauma memory, memory characteristics, current emotional distress, and PTS. Additionally, we examined to what extent event-centrality was associated with PTS and memory characteristics. Participants recalling trauma memories with a moral conflict referred to these memories as more central, self-defining, and were more often recalled from observer perspective with greater self-distance compared to participants recalling trauma memories without moral conflict. The former group experienced more shame, guilt, disgust, and horror during the traumatic event and reported more PTS and current emotional distress. Event-centrality was positively correlated with PTS. This study highlights that event-centrality and memory characteristics play an important role in trauma memories with moral conflict.

37.

Nilsson, S., et al. (2025). Traumaexponering, indikation p PTSD och moralisk skada hos svenska militra utlandsveteraner: En enkstudie. *Swedish Defence University Report Series*. Stockholm, Försvarshögskolan 5.10.62061/ouhq9925

In the context of international military operations, officers and soldiers are exposed to a variety of service-related stressors, including traumatic event exposure. Although post-traumatic stress disorder (PTSD) is generally well-studied within an American military context, less is known about its prevalence among Swedish military veterans who have served abroad as a group. Similarly, little is known about the health-related effects of morally challenging situations, as well as which variables may be associated with moral injury among Swedish military veterans.

The purpose of the present study was to contribute to a deeper understanding of health-related outcomes following trauma exposure in connection with participation in Swedish international military operations. This included a specific focus on PTSD and moral injury.

A survey study was conducted on Swedish military veterans who have served in international missions. Data was analyzed through statistical analyses including correlation analyses to map potential statistical relationships between variables of interest and subgroup comparisons to see if significant differences between different groups could help explain the relationships identified. The relationship between PTSD and moral injury was also examined.

The results obtained show, as with previous research in the field, that Swedish military veterans abroad are doing relatively well as a group, however, there are individual differences. A smaller group show elevated levels of PTSD indications, and an even smaller group show elevated indications of so-called moral injury. Some more individuals than those who met the cutoff thresholds for indication exhibited active symptoms that may be related to PTSD and moral injury. The risk of ill health appears to be greatest after trauma exposure that results in elevated symptoms related to both PTSD criterion A (fear-based) and moral injury symptoms (guilt, shame, loss of trust) in

the same event. Specifically, when the individual has been the active party in the event and feels that they are guilty of something that is in contrast to their own deeply held values.

The study also shows several individual- and work-related factors that appear to be related to long-term health problems. For example, individuals who have sought and received various forms of support after returning from deployment (such as having sought support, taken medication for anxiety, depression or sleep difficulties, been on sick leave, etc.) are overrepresented in the group who rated their health as poorest in recent months. The higher prevalence of indications of PTSD and MI during the past month, despite having received various forms of support after returning from the deployment, may indicate a need for treatments specifically targeted at moral injury.

Practical implications of the results are discussed.

38.

Taverna, E., et al. (2025). "Service members' exposure to potentially morally injurious events: Intimate partner knowledge and response." *Mil Psychol*: 1-11. 10.1080/08995605.2025.2525662

Moral injury entails functionally impairing moral emotions, beliefs, and behaviors resulting from enacting, experiencing, or witnessing events that transgress deeply held moral beliefs. Moral injury is associated with concerns about disclosure regarding military experiences, such as feeling judged. Yet, little research has documented the extent to which intimate partners know about service members' exposure to potentially morally injurious experiences (PMIEs) and their reactions to this knowledge. The current study is a secondary analysis of data from a sample of 579 couples (1,158 individuals) that included male service members' reports of experiencing specific events during deployment (i.e., PMIEs by self, PMIEs by others, loss, or life threat) and their female civilian partners' reports of the service member telling them about such events. Results suggest that partners are significantly less likely to report being told about service members' exposure to PMIEs compared to exposure to experiences of threat and loss. In general, service members' reports of the seriousness of deployment experiences and their distress regarding these experiences were associated with a greater likelihood of partners' reports of being told about such experiences. In the current sample, partners had low ratings of negative changes in opinions of the service member after learning of their exposure to PMIEs by self or by others. Although preliminary, findings may inform understanding of the conditions under which disclosure of military experiences to intimate partners is more or less likely and the type of partner reactions that might be observed among military couples in intact relationships.

39.

Topçu, F. and M. Dinç (2025). "Psikoloji Perspektifinden Ahlaki Yaralanma'nın Grnr Yz: Sistematik Bir Derleme = Symptoms of Moral Injury from a Psychological Perspective: A Systematic Review." *Psikiyatri Gncel Yaklaşımlar-Current Approaches in Psychiatry* **17**(4): 760-772. [https://scholar.google.nl/scholar\\_url?url=http://www.psikguncel.org/archives/vol17/no4/cap\\_17\\_04\\_10.pdf&hl=nl&sa=X&d=9927551243958611092&ei=aLuOalycMorUieoP86ubkAI&scisig=AAZF9b-96cZuEqN6LawfmZDRanyi&oi=scholar&html=&pos=0&folt=kw](https://scholar.google.nl/scholar_url?url=http://www.psikguncel.org/archives/vol17/no4/cap_17_04_10.pdf&hl=nl&sa=X&d=9927551243958611092&ei=aLuOalycMorUieoP86ubkAI&scisig=AAZF9b-96cZuEqN6LawfmZDRanyi&oi=scholar&html=&pos=0&folt=kw)

Moral injury is a condition associated with severe negative outcomes such as self-harm, suicide attempts, post-traumatic stress disorder (PTSD), substance abuse, and depression. Although research on moral injury has increased in recent years, studies in the Turkish literature remain limited, and no systematic review on this topic has been identified. This gap leads to insufficient recognition of moral injury in clinical settings, often resulting in its confusion with PTSD, which can complicate treatment processes for affected individuals. This systematic review aims to clarify the manifestations and symptoms of moral injury. A comprehensive search was conducted

in Web of Science, Science Direct, and Taylor & Francis databases using relevant keywords, focusing on English\_language studies. Peer-reviewed articles addressing moral injury symptoms, available as open or early access, were included, while books, theses, reviews, case reports, conference papers, and non-English publications were excluded. The 59 included studies revealed that moral injury impacts not only psychological but also emotional, cognitive, behavioral, social, spiritual, and physical domains. These effects were categorized and analyzed. The studies primarily focused on various occupational groups, particularly veterans, and offer significant recommendations for mental health professionals to develop holistic treatment plans. It is emphasized that researchers should conduct culturally sensitive studies, develop culturally appropriate scales to measure moral injury, and explore how it is understood and manifested. The predominance of studies on specific groups highlights the need for public health research on diverse populations

40.

Towns, Z. and R. Ricciardelli (2025). "Nobody remembers them: Exploring the Moral Weight of the Thin Blue Line Patch and the Potential for Moral Injury Among Canadian Police." Applied Police Briefings.  
[https://scholar.google.nl/scholar\\_url?url=https://appliedpolicebriefings.com/index.php/APB/article/download/5511/3902&hl=nl&sa=X&d=2582941991686393425&ei=eBZ-alDoC5il6rQPptf4iAg&scisig=AAZF9b\\_EwQ0EE9pX1Yj1McGEVsh&oi=scholaralrt&html=&pos=4&folt=kw](https://scholar.google.nl/scholar_url?url=https://appliedpolicebriefings.com/index.php/APB/article/download/5511/3902&hl=nl&sa=X&d=2582941991686393425&ei=eBZ-alDoC5il6rQPptf4iAg&scisig=AAZF9b_EwQ0EE9pX1Yj1McGEVsh&oi=scholaralrt&html=&pos=4&folt=kw)

The Thin Blue Patch (TBL) in Canada is laced in controversy. However, what is unclear, given the patch is a symbol to commemorate fallen officers, including those completing suicide, is if the moratorium on the patch further stigmatizes mental health

41.

Ujihara, M., et al. (2025). "Development and Validation of a Psychological Support Program to Prevent Moral Injury among Suicide Prevention Workers." Editorial Committee.  
[https://scholar.google.nl/scholar\\_url?url=https://researchmap.jp/Ryu-Medic/published\\_papers/49969404/attachment\\_file.pdf%23page%3D26&hl=nl&sa=X&d=8384489464938507729&ei=SKKSaNaUOYvQ6rQP\\_dqUiAE&scisig=AAZF9b-820tdhXP7AT3arpcOa9\\_b&oi=scholaralrt&html=&pos=0&folt=kw](https://scholar.google.nl/scholar_url?url=https://researchmap.jp/Ryu-Medic/published_papers/49969404/attachment_file.pdf%23page%3D26&hl=nl&sa=X&d=8384489464938507729&ei=SKKSaNaUOYvQ6rQP_dqUiAE&scisig=AAZF9b-820tdhXP7AT3arpcOa9_b&oi=scholaralrt&html=&pos=0&folt=kw)

Background/Purpose: This study aimed to develop and evaluate a psychological support program for suicide prevention workers to help them learn cognitive modification and coping behaviors to maintain their personal moral standards. The

42.

Zerach, G., et al. (2025). "Deployment-Related Moral Injury Contributes to Post-Discharge Depression and Anxiety Symptoms: A Six-Year Longitudinal Study Among Israeli Combat Veterans." Psychiatry: 1-13.  
 10.1080/00332747.2025.2541532

BACKGROUND: Military personnel and active combatants are known to be at risk for perpetrating or witnessing acts that violate their moral code. These events, termed potentially morally injurious events (PMIEs), were found to be associated in cross-sectional studies with an increased risk of mental and behavioral health problems, such as depression and anxiety symptoms. However, the longitudinal contribution of deployment-related PMIEs and moral injury (MI) outcomes to depression and anxiety symptoms among veterans remain unclear, particularly during their initial years following discharge. METHOD: Participants were 169 Israeli combat veterans who participated in a six-year longitudinal study with four measurement points (T1: 12 months before enlistment, T2: Six months following enlistment - pre-deployment, T3: 18 months following enlistment - post-deployment, and T4: 28 months following discharge). Participants' characteristics were assessed between 2019-2024 via semi-structured interviews (T1) and validated self-report measures (T2-T4). RESULTS: Exposure to PMIE-Self (i.e. self-perpetrated potentially morally injurious events) at T3 predicted severity of depressive symptoms

(T4), and MI-outcomes of shame and trust-violation (T4) predicted both severity of depressive and anxiety symptoms (T4), above and beyond the pre-enlistment personal characteristics (T1), depressive and anxiety symptoms (T2 and T3), personality risk factors (T2) and combat exposure (T3). CONCLUSIONS: Deployment-related PMIE experiences, especially PMIE-Self experiences, and MI outcomes, were found to be valid predictors of higher severity of depression and anxiety symptoms following discharge. Routine screening and targeted interventions should be available to combatants upon their discharge from the military, a transition identified as vulnerable to the consequences of moral injury.