



Nationaal
Psychotrauma
Centrum

Moral Injury: alertering

Updates 13 juni 2024

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

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

Voor eerdere updates kunt u mailen naar de [ARQ-bibliotheek](#).

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

Al-Attar, Z., & Worthington, R. (2024). Moral distress and moral injury in the context of autism. *Advances in Autism, ahead-of-print*(ahead-of-print). <https://doi.org/10.1108/AIA-05-2023-0025>

Purpose Clinically, it is often observed that autistic people may have a heightened need for rules and may find rule violations very distressing. It is clinically plausible that autistic individuals may be prone to hyper-morality and greater reactivity and adverse experiences arising from moral threats and violations. Such adverse experiences may, in some instances, lead to moral distress (MD) or in more extreme cases moral injury. Thus, this study aims to examine how MD can operate in the context of autism. Design/methodology/approach The authors explore clinical hypotheses on how MD can intersect with different features of autism by drawing on clinical and research knowledge of autism spectrum disorder and how it contextualises experiences of morality. Findings Based on a review of the literature and theory, the authors hypothesise that autistic individuals may be more prone to MD where they have a lower threshold for MD. As a result of this lower threshold, they may have more frequent exposure to MD, experience more immediate and intense subjective reactions to moral transgressions, for more protracted periods. Also, they may find it more difficult to over-ride and neutralise moral outrage. As a result, they may be more susceptible to mental health sequelae and impaired social and occupational functioning. Practical recommendations are made for clinicians supporting people with autism with a propensity for MD or moral injury, to improve their quality of life. Practical implications Practical recommendations are made for clinicians supporting people with autism with a propensity for MD or moral injury, to improve their quality of life. Originality/value Understanding MD in an autistic context is important for detecting and treating the adverse impacts of MD on autistic individuals. Importantly, erroneous preconceptions about moral reasoning in autism need to be mitigated to fully understand the moral experiences and harness the many strengths of people with autism.

Antal, C. J., Byrnes, J., Denton-Borhaug, K., & Saul, J. (2024). Military Moral Injury: Current Controversies and Future Care. *Current Treatment Options in Psychiatry*.

<https://doi.org/10.1007/s40501-024-00317-w>

We report critically on current debates in the field, identify significant theoretical trends, highlight our own experiences, and describe our own approaches. We provide substantive recommendations for clinicians and others addressing military moral injury. Recent Findings The trauma theories of Judith Herman and Jennifer Gómez, as well as the theory of moral exploitation of Michael Robillard and Bradley Strawser, and the theory of complicity and moral accountability of Gregory Mellema, provide context for understanding, and guidance for addressing military, moral injury. Three examples of communal interventions illustrate how these theories can contribute to morally engaged and contextually informed care. Summary Military moral injury cannot be adequately addressed in the clinical context alone using individualized treatment approaches. Effective clinicians must be morally engaged, collaborate across disciplines, and be structurally and culturally competent.

Broome, M. R., Rodrigues, J., Ritunnano, R., & Humpston, C. (2024). Psychiatry as a vocation: Moral injury, COVID-19, and the phenomenology of clinical practice. *Clinical Ethics*, 19(2), 157–170.

<https://doi.org/10.1177/14777509231208361>

In this article, we focus on a particular kind of emotional impact of the pandemic, namely the phenomenology of the experience of moral injury in healthcare professionals. Drawing on Weber's reflections in his lecture *Politics as a Vocation* and data from the *Experiences of Social Distancing during the COVID-19 Pandemic Survey*, we analyse responses from healthcare professionals which show the experiences of burnout, sense of frustration and impotence, and how these affect clinicians' emotional state. We argue that this may relate to the ethical conflicts they experience when they are forced to make clinical decisions where there are no optimal outcomes, and how in turn that impacts on their own emotional state. We then further examine the notion of 'burnout' and the phenomenology of 'moral injury'. Our argument is that these experiences of moral injury across a range of clinicians during the pandemic may be more prevalent and long-standing in psychiatry and mental health than in other areas of healthcare, where ethically difficult decisions and resource constraints are common outside times of crisis. Hence, in these clinical arenas, moral injury and the phenomenology of emotional changes may be independent of the pandemic. The insights gained during the pandemic may provide wider insights into the challenges of developing services and training the workforce to provide appropriate mental health care.

Currier, J. M., McDermott, R. C., Fernandez, P., Salcone, S., Hinkel, H. M., Schuler, K., Fadoir, N., & Smith, P. N. (2024). Examining the outcomes and acceptability of a peer-led spiritual intervention for moral injury in a veteran service organization. *Psychological Services, 21*(2), 276–286.

<https://doi.org/10.1037/ser0000762>

The purpose of this proof-of-concept study was to examine the outcomes and acceptability of a spiritual intervention for moral injury led by veteran peers in a Veteran Service Organization (VSO), called "Heroes to Heroes." From baseline to 1-year follow-up, 101 veterans who participated in the intervention completed the evaluation surveys at four time points assessing psychological outcomes (moral injury, posttraumatic stress disorder [PTSD] symptoms, and life satisfaction), spiritual outcomes (spiritual struggles and spiritual transcendence), and their perceived helpfulness of the program. In addition, we conducted four focus groups with six to eight alumni to more fully understand veterans' views and experiences of the program. Focusing on the longitudinal surveys, latent growth modeling analyses revealed veterans generally improved across the psychological and spiritual outcomes in the study. Specifically, veterans reported steady decreases in moral injury outcomes, PTSD symptoms, and spiritual struggles along with increased life satisfaction and spiritual transcendence over the 1-year period. An inductive content analysis of veterans' responses to open-ended items in the surveys and focus group interviews revealed four possible mechanisms or facilitators of these outcomes: (a) social connectivity and belonging (e.g., shared vulnerability and camaraderie); (b) behavioral engagement in core aspects of their spirituality (e.g., sacred practices and visiting sacred places); (c) spiritual transformation and growth (e.g., closeness with God and divine forgiveness); and (d) appreciation for diversity (e.g., religious and military). Overall, these findings affirm the potential effectiveness and acceptability of the VSO's peer-led spiritual intervention for promoting the holistic healing among veterans who are contending with emotional and spiritual wounds of war. (PsycInfo Database Record (c) 2024 APA, all rights reserved)

de Goede, M. L., van der Aa, N., Mooren, T. M., Olf, M., & ter Heide, F. J. J. (2024). Potentially morally injurious experiences and associated factors among Dutch UN peacekeepers: a latent class analysis. *European Journal of Psychotraumatology, 15*(1), 2332105.

<https://doi.org/10.1080/20008066.2024.2332105>

Background: During peacekeeping missions, military personnel may be involved in or exposed to potentially morally injurious experiences (PMIEs), such as an inability to intervene due to a limited mandate. While exposure to such morally transgressive events has been shown to lead to moral injury in combat veterans, research on moral injury in peacekeepers is limited. Objective: We aimed to determine patterns of exposure to PMIEs and associated outcome- and exposure-related factors among Dutch peacekeepers stationed in the former Yugoslavia during the Srebrenica genocide. Method: Self-report

data were collected among Dutchbat III veterans (N = 431). We used Latent Class Analysis to identify subgroups of PMIE exposure as assessed by the Moral Injury Scale–Military version. We investigated whether deployment location, posttraumatic stress disorder (PTSD), posttraumatic growth, resilience, and quality of life differentiated between latent classes. Results: The analysis identified a three-class solution: a high exposure class (n = 79), a moderate exposure class (n = 261), and a betrayal and powerlessness-only class (n = 135). More PMIE exposure was associated with deployment location and higher odds of having probable PTSD. PMIE exposure was not associated with posttraumatic growth. Resilience and quality of life were excluded from analyses due to high correlations with PTSD. Conclusions: Peacekeepers may experience varying levels of PMIE exposure, with more exposure being associated with worse outcomes 25 years later. Although no causal relationship may be assumed, the results emphasize the importance of better understanding PMIEs within peacekeeping. Peacekeeping veterans reported different patterns of exposure to potentially morally injurious experiences: high exposure, moderate exposure, or experiences of betrayal and powerlessness only. Deployment location predicted the pattern of exposure. More exposure was associated with worse psychological outcomes 25 years later. Peacekeeping veterans reported different patterns of exposure to potentially morally injurious experiences: high exposure, moderate exposure, or experiences of betrayal and powerlessness only. Deployment location predicted the pattern of exposure. More exposure was associated with worse psychological outcomes 25 years later.

Elbasheir, A., Fulton, T. M., Choucair, K. C., Lathan, E. C., Spivey, B. N., Guelfo, A., Carter, S. E., Powers, A., & Fani, N. (2024). Moral injury, race-related stress and post-traumatic stress disorder in a trauma-exposed Black population. *Journal of Psychiatric Research*, 173, 326–332.

<https://doi.org/10.1016/j.jpsychires.2024.03.016>

Background Race-related stress (RRS) is an unrecognized source of moral injury (MI)—or the emotional and/or spiritual suffering that may emerge after exposure to events that violate deeply held beliefs. Additionally, MI has not been explored as a mechanism of risk for post-traumatic stress disorder (PTSD) in trauma-exposed civilians. We examined relations among exposure to potentially morally injurious events (moral injury exposure, MIE), related distress (moral injury distress, MID), and RRS in Black Americans. Potential indirect associations between RRS and PTSD symptoms via MID were also examined. Methods Black Americans (n = 228; 90.4% female; Mage = 31.6 years. SDage = 12.8 years) recruited from an ongoing study of trauma completed measures assessing civilian MIE and MID, RRS, and PTSD. Bivariate correlations were conducted with MIE and MID, and mediation analysis with MID, to examine the role of MI in the relationship between RRS and PTSD symptom severity. Results MIE was significantly correlated with cultural (r = 0.27), individual (r = 0.29), and institutional (r = 0.25) RRS; MID also correlated with cultural (r = 0.31), individual (r = 0.31), and institutional (r = 0.26) RRS (ps < 0.001). We found an indirect effect of RRS on PTSD symptoms via MID ($\beta = 0.10$, p < 0.005). Conclusions All types of RRS were associated with facets of MI, which mediated the relationship between RRS and current PTSD symptoms. MI may be a potential mechanism through which RRS increases the risk for PTSD in Black individuals.

Hadson, K., de Jacq, K., Travers, J. L., Gao, Y., & Norful, A. A. (2024). A Multimethod Exploration of Moral Distress and Moral Injury Among Health Care Assistants Working in Psychiatric Settings. *Nurse Leader*. <https://doi.org/10.1016/j.mnl.2024.05.002>

Moral distress and moral injury among health workers yield adverse physical, psychological, and labor force outcomes. Research is limited on how psychiatric health care assistants (PHAs) experience these issues. In this multimethod study, we conducted a quantitative survey and qualitative interviews to examine moral distress and injury among PHAs. Almost half screened positive for moral injury. Three qualitative themes emerged: 1) hierarchies prevent contributions to care; 2) trust as a factor in de-escalating patient violence; and 3) navigating psychosocial challenges. Further research is recommended to investigate how to best support and inform practice and policy changes for PHAs.

Harris, D. (2024). *Cultivating Hope and Moral Resilience in Critical Care Nursing: A Practical Theological Tool for Moral Distress and Evidence-Based Practices for Spiritual Health Clinicians* [Thesis].

<https://ir.vanderbilt.edu/handle/1803/19076>

This work begins with a review of suffering, death, and dying through a poetic and reflective lens. I then deliberate what it means to be moral agent in light of each, specifically as an ICU nurse tasked with the caring for those who suffer or are dying. However, sometimes nurses are constrained from acting as a moral agent on behalf of their patients, which leads to moral distress (MD). If left unattended to, nurses' experience of moral distress may develop into moral injury (MI). With a foundation laid, I then pose my primary research question: What evidence-based intervention can spiritual health clinicians (i.e. chaplains) use to effectively care for nurses experiencing MD? The following sections review the history of MD/MI literature in healthcare and nursing, interprets MD/MI with a theology of hope, and evaluates the use of various evidence-based practices, like Acceptance and Commitment Therapy, in spiritual care with ICU nurses.

Hawkins, L. (2024). Moral Injury in the Military. In *Encyclopedia of Social Work*.

<https://doi.org/10.1093/acrefore/9780199975839.013.1628>

Moral injury has become a common term used to describe the complex symptoms experienced when there is a violation of one's moral code. While the term is new, the concept of moral injury has been prevalent in human society since ancient times and conceivably since the beginning of humankind. It can be traced back to the Greco-Roman era when warriors shared intimate stories of their moral challenges on the battlefield. Moral injury has been extensively researched within the military population to describe the soul wound some service members carry because of war. It should not be confused with posttraumatic stress disorder (PTSD), the well-known mental health condition associated with veterans, however they can comorbidly exist with overlapping symptoms which therefore often makes it difficult to distinguish. What makes moral injury different from PTSD is that in many occurrences, it is the individual who commits a moral offense (versus mortal danger to self or others), and consequently must deal with aftermath of failing to be the moral (good) person they believed they were. Moral injury is important to understand conceptually and recognize clinically as it has been found to be closely associated with increased risk of suicide in service members and veterans.

Hubbell, S. L., Young, S. E., Duea, S. R., & Prentice, C. R. (n.d.). Identifying protective factors related to burnout, moral injury, and resilience of registered nurses: An exploratory analysis. *Mental Health Science*, n/a(n/a), e71. <https://doi.org/10.1002/mhs2.71>

Nursing leadership continue to grapple with the pre-existing social, physical, spiritual, and emotional toll experienced by the nursing workforce, further exacerbated by the pandemic. The three-fold purpose of this current quantitative study was to measure the impact of the pandemic on nurses' levels of burnout, moral injury, and resilience; measure levels of compassion satisfaction, and secondary traumatic stress; and identify protective factors against burnout and moral injury that could bolster resilience. An electronic survey was created using three validated instruments and sent to nurses in one US state. Bivariate and multivariate analyses were performed. Survey response rate was 5.5%. Respondents reported high levels of burnout and moral injury, and reduced levels of resilience. Protective factors included age, experience, education, and religion, with the older, more experienced, and educated nurse who identified as Christian being found to represent the most protected group. Multipronged strategies are needed to support, sustain, and recover nurses' mental health across demographics to meet current and future workforce needs.

Javaid, Z. K., Fatima, S., Sehar, & Sohail, M. F. (2024). Correlates and Dimensionality of Moral Injury in Combat Veterans around Globe: A Systematic Review. *PAKISTAN JOURNAL OF LAW, ANALYSIS AND WISDOM*, 3(5), 93–115. <https://pjlw.com.pk/index.php/Journal/article/view/v3i5-93-115>

The review elucidates the view of Moral Injury (MI), a profound psychological and emotional response to transgressions of deeply held moral beliefs, experienced by military personnel and veterans. A PRISMA-

guided literature search was conducted across four databases, 27 studies yielding a comprehensive overview of moral injury's historical evolution, neurobiological correlates, psychological, spiritual, and ethical dimensions. Standardized assessment tools, such as the Moral Injury Symptom Scale - Military Version Short Form (MISS-M-SF) and the Moral Judgment Interview (MJl), were utilized to evaluate MI and its related symptoms. Findings show that MI is a distinctive construct from PTSD, illustrated by guilt, shame, anger, and spiritual distress. Military personnel across various countries and conflicts experience Moral Injury, leading to long-term psychological and social consequences. The review highlights the need for a consensus definition, targeted interventions, and interdisciplinary collaboration to address moral injury's multifaceted impacts.

Joshi, I., & Zemel, R. (2024). "COVID-19 and the New Hidden Curriculum of Moral Injury and Compassion Fatigue." *American Journal of Hospice and Palliative Medicine*®, 10499091241253284. <https://doi.org/10.1177/10499091241253283>

Medical students are educated through two dichotomous curriculums, the formal, planned curriculum and the hidden curriculum unintentionally taught through socialization within the culture of medicine. As a consequence of shared trauma amongst the physician workforce during the COVID-19 pandemic, moral injury (Mol) and compassion fatigue (CoF) have become prevalent within the health care system, including palliative care medicine, with echoing ramifications on the observing trainee population. Thus, it is imperative to determine risk factors, protective factors and targeted interventions to offset Mol and CoF within the health care workforce and trainee population. Methods of strengthening personal and institutional resilience are vital to developing long-term structural change replacing the hidden curriculum of Mol and CoF with one of resilience and support. As palliative care providers are especially vulnerable to Mol and CoF, this article will examine the impact of the COVID-19 pandemic on Mol, CoF, and resilience within the hidden curriculum through the lens of palliative care.

Kalmbach, K. C., Basinger, E. D., Bayles, B., Schmitt, R., Nunez, V., Moore, B. A., & Tedeschi, R. G. (2024). Moral injury in post-9/11 combat-experienced military veterans: A qualitative thematic analysis. *Psychological Services*, 21(2), 264–275. <https://doi.org/10.1037/ser0000792>

War zone exposure is associated with enduring negative mental health effects and poorer responses to treatment, in part because this type of trauma can entail crises of conscience or moral injury. Although a great deal of attention has been paid to posttraumatic stress disorder and fear-based physiological aspects of trauma and suffering, comparatively less attention has been given to the morally injurious dimension of trauma. Robust themes of moral injury were identified in interviews with 26 post-9/11 military veterans. Thematic analysis identified 12 themes that were subsumed under four categories reflecting changes, shifts, or ruptures in worldview, meaning making, identity, and relationships. Moral injury is a unique and challenging clinical construct with impacts on the individual as well as at every level of the social ecological system. Recommendations are offered for addressing moral injury in a military population; implications for community public health are noted. (PsycInfo Database Record (c) 2024 APA, all rights reserved)

Litz, B. T. (2024). A functional approach to defining and repairing moral injury: Evidence, change agents, clinical strategies, and lessons learned. *Journal of Traumatic Stress*, n/a(23063). <https://doi.org/10.1002/jts.23063>

This is a conceptual overview of a premeeting institute (PMI) I presented at the 39th International Society for Traumatic Stress Studies (ISTSS) annual meeting in November 2023 entitled, "A Functional Approach to Repairing Moral Injury and Traumatic Loss in Context: Evidence, Change Agents, Clinical Strategies, and Lessons Learned." This paper was invited by the co-chairs of the Scientific Program Committee, Isaac Galatzer-Levy and Katharina Schultebraucks. I first describe the aims of the PMI and then summarize the foundational assumptions that led me to expand adaptive disclosure and create adaptive disclosure-enhanced (AD-E). The foundational assumptions are that (a) moral injury is a unique measurable potential clinical problem, (b) moral injury damages the sustaining building blocks to

personal and collective humanity, and (c) repairing moral injury requires corrective humanizing and virtuous experiences and connections. I then provide an overview of AD-E and describe two new change agents—loving-kindness meditation and letter writing—that augment the original AD in service of promoting corrective experiences in the social world that are valued, valuing, and promote the experience of belonging.

McDaniel, J. T., Redner, R., Haun, J. N., McCowen, P., & Higgins, S. T. (2024). Moral injury among women military veterans and demand for cigarettes: A behavioral economic investigation using a hypothetical purchase task. *Preventive Medicine*, 108036. <https://doi.org/10.1016/j.ypmed.2024.108036>

Objectives Unlike the United States general population, veteran women – as opposed to veteran men – have greater smoking prevalence; yet, little is known regarding factors that influence smoking in veteran women. The purpose of this study was to begin examining the relationship between a psychological concept known as moral injury and demand for cigarettes among veteran women. Methods Veteran women who smoke (n = 44) were recruited for this cross-sectional study from Amazon MTurk, Reddit, and a veteran-serving non-profit organization in June–July 2023. Consenting participants received \$2 for completing the cigarette purchase task (CPT), Fagerstrom Test for Nicotine Dependence (FTND), and the military version of the Moral Injury Symptom Scale (MISS-M-SF). We examined five CPT demand indices and calculated a modified exponential demand model stratified by moral injury severity status (i.e., probable vs. unlikely). Results Probable morally injured women exhibited significantly higher relative reinforcing value (RRV) for smoking than unlikely morally injured women (F1, 920 = 9.16, p = 0.003). Average cigarette consumption at \$0 (i.e., Q0) was 48.56% higher (M = 22.24 vs. M = 13.55) in probable compared to unlikely morally injured women (p = 0.04, Hedge's g = 0.74). FTND scores were significantly correlated with Pmax (i.e., demand elasticity point) and Omax (i.e., maximum expenditure) values in both populations (rs = 0.42–0.68, ps < 0.05). Conclusions We provide preliminary evidence of the relatively high RRV of smoking in morally injured veteran women. Continued research is needed to refine the characterization of this relationship.

Neal, W. (2024). Moral Injury in Active Service and Veteran Female Military Combatants. *Doctoral Dissertations and Projects*. <https://digitalcommons.liberty.edu/doctoral/5704>

A topic of concern and discussion in the mental health community, and maybe a special concern from both governmental and civilian practitioners, is the subject of moral injury. Moral Injury has been widely researched over the last 10 years and is a known and discussed condition that is linked to military personnel and veterans who have experienced events while deployed or operating in adverse conditions such as combat. The following descriptive study focuses on one group from which they have been excluded or overlooked in past studies. This creates a gap in the published literature: female servicewomen and veterans. Both governmental and civilian mental health communities must further the research to close this gap. This descriptive statistical study provides a sample of 45 participants of which 21 have some level of MI and were deployed or operated in a combat environment. The results of the study: compare MI between men and women. The results reveal a possible difference between genders concerning different MIEs and the effect MI has on each gender.

Nemiroff, S., Blanco, I., Burton, W., Fishman, A., Joo, P., Meholl, M., & Karasz, A. (2024). Moral injury and the hidden curriculum in medical school: comparing the experiences of students underrepresented in medicine (URMs) and non-URMs. *Advances in Health Sciences Education*, 29(2), 371–387. <https://doi.org/10.1007/s10459-023-10259-2>

Underrepresented students in medicine (URM) have more negative perceptions of the medical school learning environment (LE), a phenomenon that can contribute to higher rates of burnout and attrition in these populations. The hidden curriculum (HC)—defined as a set of values informally conveyed to learners through clinical role-modeling—is a LE socialization construct that has been critically examined for its role in shaping students' professional identities. Yet differences in how URMs and non-URMs experience the HC remain underexplored. The study used a pragmatic approach that drew on elements

of grounded theory and employed both deductive and inductive reasoning. Investigators conducted qualitative, semi-structured interviews with a purposive sample of 13 URM and 21 non-URM participants at a Bronx, NY medical school. Interviews examined student experiences and reactions to the HC. Both cohorts witnessed patient disparagement and mistreatment. However, from these encounters, URM participants expressed more moral injury—the adverse emotional consequence of feeling pressured to accept ideologically incongruent values. URMs were also more likely to describe resisting the HC. Differences in group reactions appeared to arise from URMs' identity resonance with patients' lived experiences. Participants across cohorts emphasized increasing URM recruitment as one step toward mitigating these circumstances. URM participants experienced more distress and offered more resistance to the HC relative to non-URMs. The etiology of these differential reactions may stem from relative barriers in negotiating personal and professional identities. As such, URMs' perceptions of the LE may be adversely impacted given their more negative interactions with the HC.

Ricciardelli, R., Johnston, M. S., & Mario, B. (2024). The Moral Impacts of Organizational Stress on Correctional Officers. *Criminal Justice Review*, 07340168241256348.

<https://doi.org/10.1177/07340168241256348>

Organizational stress (i.e., structural aspects of the organization such as excessive workload, shiftwork, gossip) has long been found by public safety personnel to be more impactful on their health and wellness than operational stress (i.e., inherent stresses of the job such as altercations, intervention in suicide behaviors). In the current study, which engages semi-structured interviews conducted with 28 correctional officers employed at one provincial prison in Atlantic Canada, we unpack through a lens of moral distress four prevalent sources of organizational stress among correctional officers that emerged in the data without categories precogitated, with a focus on participant experiences and expressed similarities across accounts: (1) management, (2) staff retention, (3) training needs, (4) lack of mental health support. Findings indicate organizational stress has a significant impact on correctional officers and these sources of organizational stress are exacerbated by officers' moral and ethical vulnerabilities emergent from their conditions of employment. We recommend several practical changes to ease the strains and moral harms felt by correctional officers and better support their mental health and well-being, such as increasing staffing levels, providing more education and training opportunities for frontline officers and senior leaders, and providing more adequate mental health support for correctional officers.

Rosser, A. V. (2024). *SOUL CRY: EXPLORING THE LIVED-EXPERIENCE OF MORAL INJURY AMONG BLACK MALE POLICE OFFICERS IN THE CONTEXT OF UNDUE POLICE VIOLENCE AGAINST BLACK CITIZENS*. - University of Georgia.

<https://esploro.libs.uga.edu/esploro/outputs/doctoral/SOUL-CRY-EXPLORING-THE-LIVED-EXPERIENCE-OF/9949645025002959>

An Interpretative Phenomenological Analysis (IPA) was utilized in this study to explore moral injury within the context of undue police violence (UPV) against Black citizens. The study employed IPA to understand the lived experiences of participants concerning UPV towards Black citizens. Intersectionality served as a theoretical framework, aiding in the comprehension of the complexities and multidimensional aspects of social identities and power dynamics. Seven participants underwent semi-structured interviews. The analysis identified four primary themes and twelve subthemes, illustrating how Black male police officers interpret and make sense of their moral injuries resulting from UPV against Black citizens. The findings of this study can pave the way for counselors and counseling education programs to offer culturally responsive mental health support to Black male officers navigating moral injury. Moreover, these implications could lead law enforcement towards adopting more effective practices and policies that support the mental health of Black male police officers struggling with moral injury.

Shere, R. (2024). *The Role of the Veterans Affairs Chaplain in Exploring Forgiveness and Compassion with Veterans Suffering from Military Moral Injury* [Thesis]. <https://ir.vanderbilt.edu/handle/1803/19083>

The unique form of suffering known as military moral injury is viewed historically through a theological lens and mental health research. Chaplains offering moral injury care to veterans are encouraged to explore their personal and denominational theology of war and conflict to avoid theological reflexivity when offering care. The concepts of self-compassion and forgiveness are introduced as critical components of spiritual healing the VA chaplain can offer. In particular, the merits of compassion training to assist veterans in moving through emotional avoidance and authentically engaging in shadow work is explored. Strategic suggestions for an aftercare group focused on committed values, continuing a journey of forgiveness for self and others, and bolstered with ongoing training in compassion meditation are offered. As moral injury care is still a relatively new ministry for VA chaplains, attention is given to training for Clinical Pastoral Education.

Van Voorhees, E. E., Dillon, K. H., Crombach, A., Beaver, T., Kelton, K., Wortmann, J. H., VISN-6 Mid-Atlantic MIRECC Workgroup, & Nieuwsma, J. (2024). Enjoying the violence of war: Association with posttraumatic symptomatology in U.S. combat veterans. *Psychological Trauma: Theory, Research, Practice, and Policy*, 16(4), 618–625. <https://doi.org/10.1037/tra0001530>

Objective: Engaging in war-related violence can have a devastating impact on military personnel, with research suggesting that injuring or killing others can contribute to posttraumatic stress disorder (PTSD), depression, and moral injury. However, there is also evidence that perpetrating violence in war can become pleasurable to a substantial number of combatants and that developing this “appetitive” form of aggression can diminish PTSD severity. Secondary analyses were conducted on data from a study of moral injury in U.S., Iraq, and Afghanistan combat veterans, to examine the impact of recognizing that one enjoyed war-related violence on outcomes of PTSD, depression, and trauma-related guilt. Method: Three multiple regression models evaluated the impact of endorsing the item, “I came to realize during the war that I enjoyed violence” on PTSD, depression, and trauma-related guilt, after controlling for age, gender, and combat exposure. Results: Results indicated that enjoying violence was positively associated with PTSD, β (SE) = 15.86 (3.02), p SE) = 0.20 (0.08), p SE) = -0.28 (0.15), $p < .05$, such that there was a decrease in the strength of the relationship between combat exposure and PTSD in the presence of endorsing having enjoyed violence. Conclusions: Implications for understanding the impact of combat experiences on postdeployment adjustment, and for applying this understanding to effectively treating posttraumatic symptomatology, are discussed. (PsycInfo Database Record (c) 2024 APA, all rights reserved)

Williamson, V., Murphy, D., Bonson, A., Biscoe, N., Leightley, D., Aldridge, V., & Greenberg, N. (2024). Restore and Rebuild (R&R): a protocol for a phase 2, randomised control trial to compare R&R as a treatment for moral injury-related mental health difficulties in UK military veterans to treatment as usual. *BMJ Open*, 14(5), e082562. <https://doi.org/10.1136/bmjopen-2023-082562>

Background Exposure to potentially morally injurious events is increasingly recognised as a concern across a range of occupational groups, including UK military veterans. Moral injury-related mental health difficulties can be challenging for clinicians to treat and there is currently no validated treatment available for UK veterans. We developed Restore and Rebuild (R&R) as a treatment for UK veterans struggling with moral injury-related mental health difficulties. This trial aims to examine whether it is feasible to conduct a pilot randomised controlled trial (RCT) of R&R treatment compared with a treatment-as-usual (TAU) control group. Methods We will use a feasibility single-blind, single-site RCT design. The target population will be UK military veterans with moral injury-related mental health difficulties. We will recruit N=46 veteran patients who will be randomly allocated to R&R (n=23) or TAU (n=23). Patients randomised to R&R will receive the 20-session one-to-one treatment, delivered online. Veterans allocated to TAU, as there are currently no manualised treatments for moral injury-related mental health problems available, will receive the one-to-one treatment (online) typically provided to veterans who enter the mental health service for moral injury-related mental health difficulties. We will collect outcome measures of moral injury, post-traumatic stress disorder (PTSD), alcohol misuse, common mental disorders and trauma memory at pretreatment baseline (before randomisation), end of treatment, 12

weeks and 24 weeks post-treatment. The primary outcome will be the proportion of patients who screen positive for PTSD and moral injury-related distress post-treatment. Ethics and dissemination This trial will establish whether R&R is feasible, well-tolerated and beneficial treatment for veterans with moral injury-related mental health difficulties. If so, the results of the trial will be widely disseminated and R&R may improve access to effective care for those who struggle following moral injury and reduce the associated negative consequences for veterans, their families and wider society.

Wissusik-Getka, K. A. (2024). *The Role of Chaplain Spirituality Groups to Prevent Relapse in Veterans Post-trauma Focused Care for Moral Injury* [Thesis]. <https://ir.vanderbilt.edu/handle/1803/19075>
Veterans entering the moral injury program at the South Texas VA HCS begin with an introductory, psychoeducational group facilitated by a chaplain, followed by a process group co-facilitated by a chaplain and mental health provider. The group curriculum is grounded in the theoretical process of change, with the first group focusing on contemplation leading to preparation phases while the second on the action phase. The results have been promising, evidenced by a reduction in symptoms based on pre and post-group assessments along with veteran testimonies of resolution of unhealthy guilt and shame. Research on mental health treatment supports the need for maintaining change to prevent relapse, something commonly understood in substance abuse treatment. VA mental health chaplains routinely offer supportive spirituality groups, yet there is no research connecting these groups to preventing relapse. This paper sets out to fill the research gap by proving spirituality groups focused on maintaining growth to prevent relapse post-trauma-focused care in moral injury should be offered by mental health chaplains.