



Nationaal
Psychotrauma
Centrum

Moral Injury: alertering

Updates 6 februari 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.

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

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

Abadal, L. M., & Potts, G. W. (2024). Chronic Moral Injury in the Medical Professions. In D. M. Redín, G. W. Potts, & O. Ogunyemi (Eds.), *MacIntyre and the Practice of Governing Institutions* (pp. 107–122). Springer Nature Switzerland. https://doi.org/10.1007/978-3-031-78888-8_7

This chapter explores the impact of “bureaucratic individualism” and profit-centered models on the medical profession, specifically examining Chronic Moral Injury (CH-MI). Drawing on Alasdair MacIntyre’s philosophy and Farr Curlin and Christopher Tollefsen’s critique of the Provider of Services Model (PSM) in healthcare, we argue that the erosion of practical reason—a key element for pursuing excellence in the profession—has dire consequences. Within the PSM, the focus on consumerism and radical patient autonomy hampers medical professionals’ ability to make value-informed judgments, contributing to CH-MI and a crisis of purpose. The chapter calls for redefining healthcare models to prioritize human flourishing over corporate interests.

Beech, E. H., Mackey, K. M., Parr, N. J., Nelson, B. B., Young, S., & Belsher, B. E. (2024). *Moral Injury and Mental Health Among US Military Service Members and Veterans*. Department of Veterans Affairs (US). <http://www.ncbi.nlm.nih.gov/books/NBK610672/>

This report was requested by the Integrative Mental Health (IMH) initiative, supported by the VHA Office of Mental Health and Suicide Prevention (OMHSP), to characterize published literature on moral injury broadly across populations and to synthesize available evidence on the relationship between PMIE and MI and mental health outcomes among US Veterans and military service members. IMH’s Understanding Moral Injury project is working to address Section 506a of the STRONG Veterans Act (H.R. 6411), which directs VA to conduct research on how MI relates to the mental health needs of Veterans who served in the Armed Forces after September 11, 2001, and to identify best practices for mental health treatment among these Veterans. Findings from this review will inform these efforts and help guide future VA research on PMIE and MI.

Blom, B. C. E. M., ter Heide, F. J. J., Rutten, E., & Olf, M. (2025). Moral injury in treatment-seeking police officers: A qualitative study. *Psychological Trauma: Theory, Research, Practice, and Policy*, No Pagination Specified-No Pagination Specified. <https://doi.org/10.1037/tra0001850>

Objective: In their work, police officers are routinely exposed to potentially traumatic events, some of which may also be morally distressing. Moral injury refers to the multidimensional impact of exposure to such potentially morally injurious events (PMIEs). Mainly originating from a military context, there is little empirical research on moral injury in policing. The aim of this study was to gain insight into what PMIEs and moral injury in police officers entail. Method: We used a generic qualitative research approach inspired by grounded theory. Semistructured interviews were conducted with 13 treatment-seeking, trauma-exposed police officers at a Dutch national center for psychotrauma. Participants were 11 men and two women with a diagnosis of profession-related posttraumatic stress disorder, who reported being troubled by exposure to a morally transgressive event. Results: Findings were categorized into three categories in terms of PMIEs and moral injury: (1) no high stakes PMIEs, (2) high stakes PMIEs but no moral injury, and (3) high stakes PMIEs and moral injury. Within the third category, three main themes

and associated subthemes emerged: (1) a sense of responsibility in death, (2) the illusion of control, and (3) a duty to remember. Conclusions: This study is the first to explore high stakes PMIEs and moral injury in trauma-exposed, help-seeking police officers. Findings show that moral injury seems a relevant clinical concept in policing. PMIEs may change their fundamental self-perception and lead to deep feelings of guilt and shame. Directions for future research include examining police officers' treatment needs and perspectives on "moral recovery." (PsycInfo Database Record (c) 2025 APA, all rights reserved)

Carey, L. B. (2024). Military Chaplaincy, Moral Injury, Pastoral Narrative Disclosure, Bereavement and Spiritual Research Contamination. *Health and Social Care Chaplaincy*, 12(2), 99–105.

<https://doi.org/10.1558/hsc.32959>

This issue of *Health and Social Care Chaplaincy* presents research regarding the work of Ukrainian military chaplains at war. It also presents findings from the Australian Chaplaincy Moral Injury Skills Training (MIST) and Pastoral Narrative Disclosure (PND) programme for health and social care chaplains caring for veterans and/or first responder personnel on how to address issues relating to their occupational moral injury. In line with these topics, this issue also considers chaplaincy within the healthcare context providing support for families experiencing bereavement following a major trauma. Last, and by no means least, a warning is presented regarding the increasing use of contaminated scales in spirituality-related research.

Carey, L. B., Bambling, M., Hodgson, T. J., Jamieson, N., Bakhurst, M. G., & Koenig, H. G. (2024). Pastoral Narrative Disclosure: A Community Chaplaincy Evaluation of an Intervention Strategy for Addressing Moral Injury. *Health and Social Care Chaplaincy*, 12(2), 165–190.

<https://doi.org/10.1558/hsc.32620>

This study presents a community chaplaincy evaluation of pastoral narrative disclosure (PND) as a structured intervention for addressing moral injury (MI) among individuals who have experienced morally injurious events. Pastoral narrative disclosure is an evidence-based, eight-stage pastoral counselling, guidance and education framework that integrates the principles of both adaptive disclosure and confessional narrative. Previously, PND training was evaluated exclusively among Australian military chaplains (n = 201; Carey et al., 2024). In contrast, this evaluation focuses on community chaplains (n = 76), representing diverse organizations in Australia, including police, healthcare, welfare, prison, school, ambulance and veteran sectors. All participating community chaplains completed the Australian Defence Force Chaplaincy Moral Injury Skills Training (MIST) programme, culminating in the final praxis stage of PND. The evaluation revealed high overall satisfaction with the MIST-PND strategy, with participants reporting a mean satisfaction score of 4.88 out of 5 (n = 76), aligning closely with the satisfaction ratings obtained from military chaplains (? = 4.73/5; n = 201). Qualitative feedback was thematically collated, indicating widespread satisfaction with the (i) MIST programme, (ii) PND strategy, (iii) presenters and (iv) practical application role-plays. A diverse range of suggestions are also noted for potential improvement. Overall, the findings are consistent with those from the military chaplaincy evaluation, highlighting the utility of PND within community contexts. Despite several limitations, the results support the broader application of PND in addressing MI, particularly in community health, veteran and welfare settings, as well as among first responders. These findings justify further implementation of PND and additional research to assess its effectiveness across non-military sectors.

Conway, P., Redmond, T., Lundrigan, S., Davy, D., Bailey, S., & Lee, P. (2024). Protecting the Protectors: Moral Injury, Coping Styles, and Mental Health of UK Police Officers and Staff Investigating Child Sexual Abuse Material. *Depression and Anxiety*, 2024(1), 1854312.

<https://doi.org/10.1155/da/1854312>

Police officers and staff who investigate child sexual abuse material (CSAM) may be at elevated risk for mental health problems, which may be mitigated or exacerbated by institutional and interpersonal factors. The current work examined mental health in a large sample of UK CSAM investigators (N = 661).

Results suggest substantially elevated rates of depression and anxiety but not posttraumatic stress disorder (PTSD). Feeling successful and supported powerfully buffered against negative outcomes, whereas moral injury—particularly feelings of institutional betrayal—predicted worse outcomes. Although exposure to CSAM and contact with victims predicted worse outcomes, these effects were much smaller. Regarding coping styles, self-blame, rumination, catastrophizing, withdrawal, ignoring, and negative religious coping predicted worse outcomes, whereas positive refocusing, seeking distraction, and social support were effective. These results held controlling for demographics. These results suggest that UK CSAM police officers and staff experience elevated depression and anxiety, but institutional and interpersonal support can buffer outcomes.

Galloway, S. M. (2024). INVISIBLE WOUNDS: The Crucial Role of Moral Injuries in Enhancing Safety Culture - ProQuest. *Professional Safety*, 69(11), 18.

<https://www.proquest.com/openview/a87d9e1dea5164bceb334403812fef56/1?pq-origsite=gscholar&cbl=47267>

Safety culture within organizations has long been a focal point for ensuring the well-being of employees and maintaining operational integrity. However, an often-overlooked aspect of safety culture improvement is the consideration of moral injuries.

Gilhuis, N., & Molendijk, T. (2025a). Navigating Moral Injury and the Search for Recognition: Dutch Peacekeeper Veterans Return to Lebanon. *Armed Forces & Society*, 0095327X241311466.

<https://doi.org/10.1177/0095327X241311466>

Moral injury (MI) not only impacts individuals but also damages relations between individuals and their communities. While conventional interventions focus on individual healing, veterans organize return trips to former deployment areas to mend these damaged relations. Drawing on fieldwork with Dutch UNIFIL veterans in Lebanon and life story interviews, the study examines how these trips address the relational dimensions of MI and trauma more generally. It employs a theoretical framework synthesizing MI and recognition theories, including an interplay between MI and transformative versus affirmative recognition. The analysis reveals relational breaches at political, societal, and interpersonal levels, both in the Netherlands and Lebanon, which profoundly impact veterans' lives, and motivate them to undertake return trips to Lebanon to mend these breaches. The return trips exhibit a complex dynamic of affirmative and transformative recognition, as well as reification, with both potential for healing and counterproductive effects.

Griffin, B. J., Price, L. R., Jenkins, Z., Childs, A., Tong, L., Raciborski, R. A., Weber, M. C., Pyne, J. M., Maguen, S., Norman, S. B., & Vogt, D. (2025). A Systematic Review and Meta-Analysis of Moral Injury Outcome Measures. *Current Treatment Options in Psychiatry*, 12(1), 7. <https://doi.org/10.1007/s40501-024-00342-9>

As evidence accumulates for the pernicious effects of exposure to potentially morally injurious events (PMIEs) on mental health, the need for improved measurement of moral injury has grown. This article summarizes the psychometric properties of scales that assess cognitive, emotional, social, and spiritual concerns linked to PMIE exposure and uses meta-analysis to describe associations between these scales and measures of posttraumatic stress and depression.

Hetzel, A., Jones, W., Shean, M. L., & Meuret, C. (2025). COVID Lessons Learned: From Response to Recovery. *NASN School Nurse*, 1942602X241310906. <https://doi.org/10.1177/1942602X241310906>

The COVID-19 pandemic had a profound impact on all school staff. As a consequence of their role as frontline responders, school nurses experienced significant trauma and moral injury. The Washington State School Nurse Corps debriefed the pandemic response to plan for future disasters. In the process, they discovered that much of the literature reflects the school nurse's role in the early phase of disaster response. There is little attention given to recovery processes and few current sources could be found on

the role of nursing in debriefing. School nurses could benefit from and play an important role in supporting recovery, particularly debriefing, for their school communities.

Kassam, A.-F., Axelrod, D. A., & Geevarghese, S. K. (2025). Moral injury: An unspoken burden of transplant surgery. *American Journal of Transplantation*, 25(1), 32–37.

<https://doi.org/10.1016/j.ajt.2024.08.012>

Moral injury in health care is characterized as the lasting psychological, biological, and social impact on providers that occurs following an adverse patient outcome. Moral injury can contribute to second victim syndrome and lasting psychological harm. Although many surgeons face moral injury due to patient acuity and the potential for intraoperative or postoperative complications, the transplant ecosystem compounds the impact of moral injury. Institutional blame placed on the transplant surgeon following a posttransplant death or graft loss is magnified by public reporting. Centers whose outcomes fall below threshold levels are subject to regulatory citation and financial loss. Moral injury can also result in risk aversion, limiting access to transplants for higher-risk candidates and reducing acceptance of marginal organs hurting donor families. Strategies to increase resilience, reduce accusation and blame, and focus on system quality improvement are vital to mitigate the impact of moral injury on transplant professionals. The transplant community must proactively work to reduce moral injury to protect surgeons, ensure access to life-saving transplant procedures, and avoid unnecessary organ offer declines.

Kim, D. T., Shelton, W., & Ranganathan, B. (2025). Agent-Regret and Moral Distress: Is There Really a Distinction? *The American Journal of Bioethics*, 25(2), 34–36.

<https://doi.org/10.1080/15265161.2024.2441700>

Lenart, H. (2025). Occupational Hazard of Policing: A Phenomenological Study of Moral Injury Among Law Enforcement Officers. *Doctoral Dissertations and Projects*.

<https://digitalcommons.liberty.edu/doctoral/6439>

The concept of moral injury is relatively new, and most of the attention has been aimed at military veterans. Moral injury is perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs and expectations. While awareness has increased in recent years, research on moral injury among law enforcement officers is limited. On average, during a 20-year career, police officers are exposed to 700 critical incidents, while average citizens may witness two. Law enforcement officers struggle with job burnout, depression, and suicide. Most law enforcement mental health studies focus on Posttraumatic Stress Disorder (PTSD), vicarious trauma, depression, anxiety, and related physical injuries. This study explored how potentially morally injurious events (PMIEs) might contribute to officers' perception of moral injury. PMIEs related to law enforcement duties include suicide-by-cop, officer-involved shootings, and other critical incidents. The participants selected for this study were police officers in the United States with at least five years of patrol experience and who have experienced PMIEs. Data was gathered using semi-structured interviews to explore officer perceptions during and after PMIEs. A hermeneutic phenomenological analysis of participants' stories identified seven themes: (a) potentially morally injurious events, (b) occupational hazard of policing, (c) effects of experiencing PMIEs, (d) experience of disillusionment, (e) risk and protective factors, (f) attempted resolution of moral dissonance, and (g) advice they would give other law enforcement officers. Understanding participants' experiences related to PMIEs provided valuable insight into recognizing occurrences of moral injury and may aid in the development of practical responses to support those who experience moral injury.

Li, F., Sun, L., & Jia, F. (2025). The impact of moral injury on healthcare workers' career calling: exploring authentic self-expression, ethical leadership, and self-compassion. *BMC Medical Ethics*, 26(1), 18. <https://doi.org/10.1186/s12910-025-01175-8>

Moral injury is a significant issue for healthcare workers, often stemming from exposure to ethical dilemmas and distressing events. This study aims to explore the relationship between moral injury and

healthcare workers' career calling, using the job demands-resources model as a theoretical framework. The goal is to understand how moral injury affects healthcare workers' sense of purpose and vocation and identify factors that may mitigate this impact.

Litz, B. T., & Walker, H. E. (2025). *Moral Injury: An Overview of Conceptual, Definitional, Assessment, and Treatment Issues*. 21. <https://doi.org/10.1146/annurev-clinpsy-081423-022604>

Moral injury (MI) is a potential clinical problem characterized by functionally impairing moral emotions, beliefs, and behaviors as well as adverse beliefs about personal or collective humanity and life's meaning and purpose. MI can arise from personal transgressive acts or from being a victim of or bearing witness to others' inhumanity. Despite widespread interest in MI, until recently, there was no reliable measure of MI as an outcome, and prior research has revealed little about its causes, consequences, and intervention approaches. This review provides background information on the history of MI, defines key terms, and critically reviews assessment tools. Additionally, we describe a social-functional theory of the etiology of MI and a social-functional rehabilitation approach to treatment. This treatment approach, which can be used by any clinician regardless of clinical context, employs cross-cutting change agents to promote lasting corrective and humanizing prosocial experiences, enhancing belonging through valued actions and relationships.

Maguen, S., Griffin, B. J., Pietrzak, R. H., McLean, C. P., Hamblen, J. L., & Norman, S. B. (2025). Prevalence of Moral Injury in Nationally Representative Samples of Combat Veterans, Healthcare Workers, and First Responders. *Journal of General Internal Medicine*. <https://doi.org/10.1007/s11606-024-09337-x>

Moral injury affects a variety of populations who make ethically complex decisions involving their own and others' well-being, including combat veterans, healthcare workers, and first responders. Yet little is known about occupational differences in the prevalence of morally injurious exposures and outcomes in nationally representative samples of such populations.

McDaniel, J. T. (2025). Moral injury and quality of life among military veterans. *BMJ Mil Health*, 171(1), 40–44. <https://doi.org/10.1136/military-2023-002457>

Introduction Moral injury concerns transgressive harms and the outcomes that such experiences may cause. A gap in the literature surrounding moral injury, and an outcome that may be important to include in the mounting evidence toward the need for the formal clinical acknowledgement of moral injury, has to do with the relationship between moral injury and quality of life. No studies have examined this relationship in US military veterans—a population that is disproportionately exposed to potentially morally injurious events. Methods A nationwide cross-sectional survey was conducted yielding 1495 military veterans. Participants were asked questions about moral injury and quality of life, among other things. Multivariable linear regression was used to characterise the adjusted relationship between moral injury and quality of life. Results Moral injury (mean=40.1 out of 98) and quality-of-life (mean=69.5 out of 100) scores were calculated for the sample. Moral injury was inversely associated with quality of life in an adjusted model, indicating that worsening moral injury was associated with decreased quality of life (adjusted unstandardised beta coefficient (b)=-0.3, p<0.001). Results showed that age moderated said relationship, such that ageing veterans experienced an increasingly worse quality of life with increasingly severe moral injury (b=-0.1, p=0.003). Conclusions Results of the study showed that moral injury was inversely associated with quality of life and that this relationship rapidly worsens with age. More work is needed to more precisely understand this relationship and to determine the best strategies for intervention.

Molendijk, T. (2024). Just War Theory for Morale and Moral Injury: Beyond Individual Resilience. *Journal of Military Ethics*, 23(3–4), 201–218. <https://doi.org/10.1080/15027570.2024.2442802>

Issues of moral well-being among soldiers, such as morale and moral injury, are predominantly approached as individual and psychological concerns. Current interventions tend to emphasize

bolstering soldiers' individual resilience by instilling a sense of justification and purpose. Yet, paradoxically, such an approach can foster behavior in soldiers that later results in deep regrets and a sense of betrayal toward military and political leaders. This article starts from the contention that issues of morale and moral injury should also be addressed at the political decision-making level. It explores the significance of macro-level political-philosophical traditions such as Just War Theory for morale and moral injury at the micro-level, and, consequently, its implications for our understanding of resilience. Just War Theory, understood as a balance between Weber's ethics of conviction and ethics of responsibility, is shown to hold the potential for informing morally responsible political decision-making and protecting soldiers' well-being. However, this depends on using Just War criteria as genuine guiding principles, viewing them as interconnected criteria rather than checkboxes, and involving all relevant stakeholders. Also, low morale should not be readily approached in negative terms. Rather, resilience should be recognized as having complex ethical and contextual dimensions.

Ne'eman-Haviv, V., Freaman, S., & Zerach, G. (2025). Associations between posttraumatic stress symptoms, moral injury, and parenting among Israeli male veterans: The mediating role of parental beliefs about children's anxiety. *Psychological Trauma: Theory, Research, Practice, and Policy*, No Pagination Specified-No Pagination Specified. <https://doi.org/10.1037/tra0001848>
Objective: Posttraumatic stress symptoms (PTSS) and moral injury (MI) are possible negative outcomes of combat military service. While PTSS is known to be associated with impaired paternal parenting, no study has examined the association between MI and parenting. This study examined associations between military-related PTSS, MI, and multiple measures of parenting among veteran fathers. Furthermore, we examined the mediating role of parental beliefs about children's anxiety in the association between PTSS, MI, and parenting. Method: Participants included 310 combat veteran fathers (Mage = 34.96, SD = 6.31) who were discharged from the Israeli Defense Forces. Participants completed a set of validated self-report online questionnaires in a cross-sectional design study. Results: Exposure to potentially morally injurious experiences (PMIEs) during military service was associated with higher levels of PTSS and MI outcomes, but not with parenting domains. Both PTSS and MI outcomes were associated with poorer parenting practices and lower levels of parental satisfaction. Importantly, PTSS and shame-based MI outcomes mediated the association between combat exposure, exposure to PMIE, and parenting. Moreover, two-step sequential mediation showed combat exposure and exposure to PMIE indirectly contributed to parenting via PTSS, shame-based MI outcomes, and parental beliefs about children's anxiety. Conclusion: Our findings imply that beyond the possible negative effects of PTSS on parenting, military-related MI is another risk for problematic paternal parenting among veterans. Clinical implications discussed include the ripple effect of PTSS and MI on veteran fathers' cognitions regarding their children's ability to handle anxiety, and their parenting behaviors to control their painful emotions. (PsyInfo Database Record (c) 2025 APA, all rights reserved)

Powers, B. S. (2025). No Treaty with Inhumanity: Encountering Lament and Hope as Humanising Language in Situations of Moral Injury. *Journal of Disability & Religion*, 1–13. <https://doi.org/10.1080/23312521.2024.2441438>

A theological exploration of the phenomenon of moral injury, which argues that the Christian language of lament and hope can become a useful response to (inter alia) the danger of the pathologising of moral pain.

Reis, D. S., & Lesandrini, J. D. (2025). Addressing Moral Distress and Moral Injury in Healthcare: Implications for Workforce Well-Being and Systemic Change. *Journal of Radiology Nursing*. <https://doi.org/10.1016/j.jradnu.2024.12.005>

Moral distress (MD) and moral injury represent significant challenges within healthcare, affecting both individual well-being and organizational performance. MD arises when healthcare providers are constrained from acting in alignment with their ethical beliefs, whereas moral injury reflects deeper, long-lasting harm resulting from violations of core moral values. These phenomena have profound

implications for workforce mental health, patient care quality, and institutional stability, particularly in high-stakes settings like intensive care units. Addressing these challenges requires systemic interventions, including robust ethics resources, leadership engagement, and targeted training programs to mitigate distress and foster resilience. Measuring MD and injury through validated tools is critical for identifying systemic contributors and tailoring interventions effectively. This article highlights evidence-based strategies, such as MD consultations, ethics education, and resilience training, to support healthcare professionals, enhance ethical climates, and improve patient care outcomes. By prioritizing the mitigation of MD and injury, healthcare organizations can cultivate a more resilient, compassionate workforce and a higher standard of ethical care.

Roberts, D. L. (2025). Moral Injury Risk and Protective Factors in Women Veterans. *Current Treatment Options in Psychiatry*, 12(1), 6. <https://doi.org/10.1007/s40501-025-00343-2>

The purpose of this paper is to describe risk and protective factors for moral injury (MI) in women veterans. The factors identified in this article are based on the findings of previous scholarly work, including a moral injury in women veterans project, a chaplain support study, and Dr. Lisa Miller's work on spirituality.

Stenger, R. (2025). Caring for Ukrainian Healthcare Professionals in Wartime: Moral Injury and Psycho-Spiritual Intervention. *Doctoral Dissertations and Projects*.

<https://digitalcommons.liberty.edu/doctoral/6466>

This mixed-methods study examined the prevalence of Moral Injury (MI) among Ukrainian healthcare professionals (UHCPs) and their willingness to engage in evidence-based, psycho-spiritual interventions targeting MI that has resulted from the Russian invasion and the COVID-19 pandemic. MI is a psychological construct resulting from actions that violate an individual's moral code and can overlap with Post Traumatic Stress Disorder (PTSD) symptoms. While MI has been extensively researched in the military, it has gained attention in healthcare settings. Utilizing the Moral Injury Symptom Scale-Healthcare Professional (MISS-HP), this study quantitatively identified a moderate prevalence of MI among doctors and nurses in Ukraine. The Centrality of Religiosity scale highlighted strong spiritual and religious predictors among the sample population. Qualitative semi-structured focus group interviews further explored their lived experiences with MI and their perceptions of chaplaincy and behavioral health-led psycho-spiritual interventions, which have shown meaningful results in PTSD reduction among United States Veterans. This study offers timely insights that may improve the well-being of healthcare workers in Ukraine, and it contributes to the growing body of literature addressing MI in the global healthcare workforce.

Strickland, J. R. (2024, December). *Breaking the Veil: Exploring the Relationship Between Moral Injury and Spiritual Intelligence in Individuals With High-Risk Occupations* - ProQuest

<https://www.proquest.com/openview/fbf604752d3e10a5ea71022165ed985c/1?pq-origsite=gscholar&cbl=18750&diss=y>

Moral injury (MI) is pervasive among individuals with high-risk occupations. Various studies have noted the impact of MI is debilitating across multiple functional domains. This study explored the relationship between moral injury and spiritual intelligence (SI), examined the moderating effects of age and gender, and explored the impact of MI on individuals in high-risk professions. While previous research has investigated the MI-SI relationship within military populations, non-military groups have been unexamined. This study used a quantitative, nonexperimental research method with no manipulation of variables. The findings revealed a moderate positive relationship between MI and SI. As well as male Caucasian construction workers were the most affected by MI, with many using Christian religious tools to mitigate the symptoms of MI. This study highlighted the importance of considering demographic factors and the role of religious practices in addressing moral injury outside of military contexts. This study found that age, but not gender, plays a significant role in the MI-SI relationship at all levels. This study suggested that construction workers are a population that has experienced unusually significant

amounts of moral injury, and specific spiritual-based skills and modalities assist in mitigating MI symptoms.

Tabeshadze, N., Larsson, G., Ohlsson, A., & Nilsson, S. (2025). Assessment of moral injury and PTSD in active-duty personnel and veterans in Ukraine: a scoping review. *Journal of Criminological Research, Policy and Practice*, 11(1), 81–98. <https://doi.org/10.1108/JCRPP-01-2024-0005>

This study is a scoping literature review of research into post-traumatic stress disorder (PTSD) and moral injury (MI) in active-duty military personnel and veterans in Ukraine. This study aims to explore the existing research regarding the relationship between PTSD and MI in Ukrainian military personnel to identify the need for future research in a vulnerable social group that is exposed to a high level of conflict. This scoping review includes the results of peer-reviewed articles from online databases (PubMed, Science Direct, PsycArticles, Military Database, Sociological Abstract, Psychology Database, PTSD Pubs, Web of Science), which were searched for publications in English, Ukrainian and Russian. The data obtained was organized using Preferred Reporting Items for Systematic Reviews extension for scoping reviews and Meta-Analyses, the Critical Appraisal Skills Programme Qualitative Studies Checklist and Joanna Briggs Institute Critical Appraisal Checklist. Data was analyzed and categorized using an inductive thematic analysis. According to the thematic analysis, the following themes were identified in a Ukrainian military context: sources of PTSD, sources of moral injury, symptoms of PTSD, symptoms of moral injury and treating and prevention mechanisms. All studies included in the scoping review (32) report on PTSD and/or MI in military groups in Ukraine. They find the gap in research and in numerous comprehensive studies problematic and underline the need for more effective rehabilitation programs. A scoping review was conducted to thematically map the research in the area, identify any knowledge gaps deficit about PTSD and MI in Military personnel in Ukraine and contribute to further development of effective rehabilitation programs. The sparsity of the existing literature highlights the need for further research into enhancing the mental health services provided to military personnel. In addition, there is a growing need to further explore trauma exposure and potentially morally injurious events related to PTSD and MI, in particular. Such a review has not yet been carried out, which adds value to the current paper.

Umlauf, L., Remley, M., Colombo, C., & Pamplin, J. (2025). Artificial Intelligence Decision Support Systems in Resource-Limited Environments to Save Lives and Reduce Moral Injury. *Military Medicine*, usaf010. <https://doi.org/10.1093/milmed/usaf010>

Future military conflicts are likely to involve peer or near-peer adversaries in large-scale combat operations, leading to casualty rates not seen since World War II. Casualty volume, combined with anticipated disruptions in medical evacuation, will create resource-limited environments that challenge medical responders to make complex, repetitive triage decisions. Similarly, pandemics, mass casualty incidents, and natural disasters strain civilian health care providers, increasing their risk for exhaustion, burnout, and moral injury. As opposed to exhaustion and burnout, which can be mitigated with appropriate rest cycles and changes in workload, moral injury is a long-lasting and impairing condition with cognitive, emotional, behavioral, social, and spiritual repercussions. Exhaustion and burnout experienced by providers during COVID-19 correlated with increased disengagement and the desire to leave the health care field. Telemedicine and tementoring expands access to medical expertise, thereby reducing an inexperienced provider's stress levels and uncertainty and improving their confidence in care delivery. Artificial Intelligence Decision Support Systems (AIDeSSAIDeSS) may represent the next phase in clinical decision support systems across the continuum of care. These systems may help address both the anticipated scale of casualties in large-scale combat operations and the critical expertise gaps during future pandemics, mass casualty events, and natural disasters. This study advocates for urgent research at the intersection of high-stress, resource-limited care contexts that may cause moral injury in health care providers and the potential for AIDeSS to reduce that risk. Understanding these dynamics may yield strategies to mitigate psychological distress in medical responders, increase patient survival, and improve the health of our medical systems.

Wakelin, K. E., & El-Leithy, S. (2025). Cognitive therapy for moral injury in post-traumatic stress disorder: integrating religious beliefs and practices. *The Cognitive Behaviour Therapist*, 18, e2.

<https://doi.org/10.1017/S1754470X24000436>

Moral injury is the profound psychological distress that can arise from exposure to extreme events that violate an individual's moral or ethical code; for example, participating in, witnessing, or being subjected to behaviours that harm, betray or fail to help others. Given that the experience of moral transgression is inherent to moral injury-related post-traumatic stress disorder (PTSD), it is important to consider patients' religious beliefs and formulate how these may interact with their distress. In this article we describe how to adapt cognitive therapy for PTSD (CT-PTSD) to treat patients presenting with moral injury-related PTSD, who identify as religious. Anonymised case examples are presented to illustrate how to adapt CT-PTSD to integrate patient's religious beliefs and address moral conflicts and transgressions. Practical and reflective considerations are also discussed, including how a therapist's personal beliefs may interact with how they position themselves in the work. Key learning aims (1) To understand the importance of patients' religious beliefs in the context of moral injury-related distress. (2) To understand how patients' religious beliefs can be integrated into Ehlers and Clark's (2000) model when working with moral injury-related PTSD. (3) To offer practical adaptations for CT-PTSD to integrate patients' religious beliefs and practices, including how to set up a consultation with a religious expert in therapy. (4) To aid therapist reflection on how their personal beliefs interact with how they position themselves in therapeutic work with religious patients.

Wiederhold, B. K. (2025). Shadows of Conflict: Addressing Moral Injury in Peacekeeping Missions.

Cyberpsychology, Behavior, and Social Networking, 28(1), 4–6. <https://doi.org/10.1089/cyber.2024.0500>

Williamson, V., Murphy, D., Lamb, D., Kothari, R., Tracy, D., & Greenberg, N. (2025). Experiences and impact of moral injury in prisons. *European Journal of Psychotraumatology*, 16(1), 2445899.

<https://doi.org/10.1080/20008066.2024.2445899>

Moral injury is the persistent mental or emotional distress resulting from events that challenge one's moral beliefs. It is characterised by intense shame, guilt, worthlessness, disgust or anger and can contribute towards the development of serious mental disorders. The nature of working in prisons means that staff often face physically and psychologically challenging scenarios, and prison staff report high rates of mental ill-health and suicidal thoughts. Equally, detainees may be especially vulnerable to moral injury-related mental health difficulties having engaged in illicit actions and been found guilty by a jury of their peers as well as, in high profile cases, the court of public opinion. Despite this, there is an evidence gap about the extent of moral injury in both prison staff and detainee populations, and about how prison staff/detainees can be better supported. How struggling with moral injury may be linked to reoffending amongst detainees and burnout or resignations in prisons staff is currently unknown. In resource strapped prison settings, emerging treatments for moral injury-related mental health difficulties are unlikely to be appropriate or feasible. In this article, we highlight the contexts in which moral injury may arise; the unique challenges to treatment and support for moral injury in prison settings; and offer targeted recommendations for future research and clinical practice. This article highlights the potential for potentially morally injurious events and moral injury in prison settings, both in prison staff and detainees. This article illustrates the lack of existing research on moral injury in prison settings despite the psychologically challenging, resource strapped nature of prison contexts. We indicate that several existing support approaches for moral injury may not be appropriate in prison contexts and suggest targeted recommendations that may ensure prison staff and detainees receive appropriate support in cases of moral injury. This article highlights the potential for potentially morally injurious events and moral injury in prison settings, both in prison staff and detainees. This article illustrates the lack of existing research on moral injury in prison settings despite the psychologically challenging, resource strapped nature of prison contexts. We indicate that several existing support approaches for moral injury



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