



Nationaal
Psychotrauma
Centrum

Moral Injury: alertering

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

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

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

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

Abolghasem Shirazi, A. (2024). *Healthcare Workers' Perspectives on Working during the Covid-19 Pandemic: Moral Injury, Mental Health Difficulties, and Organisational Influence* [Doctoral, University of Essex]. <https://repository.essex.ac.uk/38051/>

Background: Healthcare workers' (HCWs) exposure to potentially morally injurious events (PMIEs) cannot be overlooked in the Covid-19 pandemic. Research suggests witnessing or enacting PMIEs can lead to psychological growth or development of moral injury (MI); the swing of the pendulum being dependant on the quality of support an individual receives before, during, and after the PMIE (Greenberg et al., 2020). MI has been linked to several detrimental mental health outcomes (Gupta & Sahoo, 2020). Aims: This study aimed to explore how HCWs who experienced PMIEs made sense of their experiences, and whether this led to the experience of MI or psychological growth over the long term. A secondary aim was to explore whether experience of MI impacted on HCWs family and social life, as well as their emotional and psychological wellbeing over the long term. A final aim was to explore what organisational factors impacted on experiences of MI during the Covid-19 pandemic. Method: A total of 15 HCWs from a range of clinical occupational backgrounds were recruited using purposive and snowballing sampling techniques. Participants worked in UK hospital settings during the Covid-19 pandemic. Individual semi-structured interviews were conducted via video-call. Data were transcribed and analysed using a qualitative reflexive thematic analysis (TA) method (Braun & Clarke, 2019). Findings: The analysis produced six themes and 13 sub-themes. The overall themes were "perspectives on morally injurious events", "surviving pandemic pressures and morally injurious events", "the betrayal of the NHS", "betrayal by government", "managing moral injury", and "navigating post-pandemic life". Conclusions: Several factors contributed to the experience of MI and psychological growth. A key factor was whether moral repair had been attempted by the employee's institution. This influenced employees' meaning making and decision to leave their role.

Anderson, M. E. (2024). *Relationships Among Self-Stigma, Help-Seeking, and Moral Injury Amongst Student Veterans* [D.Phil., Alliant International University].

<https://www.proquest.com/pilots/docview/2985893520/abstract/EFB77E55CCE74435PQ/1>

This study set out to identify characteristics in student veterans that contribute to improved outcomes in postsecondary educational pursuits. This is the first study of its kind to explore moral injury in two components (i.e., self-directed and other directed), predicting perceived helpfulness of academic services and professional psychological support for student veterans. Exploring moral injury can support stakeholders in understanding which student veterans are more likely to seek academic and mental health services and support student veterans with successfully integrating into civilian academic communities. A total of 140 student veterans, 108 men, 30 women, one transgender man, and one who did not identify their gender participated. Participants, a majority of whom were non-Hispanic white individuals (71.4%), completed surveys exploring self- and other-directed moral injury, PTSD, depression, alcohol use disorder (AUD), ease of adjustment to college, persistence or dropout, expectation of degree completion, and attitudes toward help-seeking. Student veterans who endorsed

higher levels of self-directed and lower levels of other-directed moral injury perceived greater levels of helpfulness of psychological services, and students with higher levels of self-directed moral injury endorsed greater levels of perceived helpfulness of academic assistance. Additionally, ethnic minority individuals perceived both professional and academic services to be more helpful and reported more favorable attitudes towards help-seeking, greater ease of adjustment to college and higher expectations of degree completion than non-Hispanic White student veterans. In addition, younger students accessed professional and academic services at higher rates, considered those services to be more helpful, and reported greater persistence in college than older student veterans. The sample had a high number of AUD ($n = 118$) student veterans compared to those without AUD ($n = 22$), and student veterans with AUD had higher levels of other-directed moral injury, lower expectations of degree completion, and more difficulty with adjustment than their counterparts without AUD. PTSD and depression were not significant covariates on any of the dependent variables in the results of the hypotheses of this study. These findings support previous literature that shows student veterans can benefit from both professional mental health and academic support. The student veterans received psychological and academic support at high rates (82.9% and 78.6%, respectively), and they overall reported these services to be helpful. More research is needed on both types of moral injury so that interventions can be designed to reduce the debilitating effects of these types of injury. Such interventions can be integrated seamlessly into policy, interventions, and prevention programs specifically designed to support student veterans with being successful in school.

Appel, G., Han, B. H., Re'Em, Y., Louka, C., Sundararajan, R., Tom, A., An, A., Difede, J., Avery, J. D., & Zaidi, S. R. (2024). Omission and Commission in Morally Injurious Experiences Among COVID-19 Health Care Professionals. *The Primary Care Companion for CNS Disorders*, 26(1), 52349. <https://doi.org/10.4088/PCC.23m03651>

ABSTRACT Objective: To produce a qualitative description of the impact of moral injury on medical providers during the COVID-19 pandemic. **Methods:** A convergent mixed-methods study design was used to explore experiences of health care workers during the first 12 months of the COVID-19 pandemic. Participants completed the Moral Injury Symptom Scale-HP (MISS-HP) and a 60-minute interview, in which they described their work experiences from March 2020 through January 2021. The study was conducted between May 2021 and August 2021. **Results:** Eight physicians and 6 nurses were interviewed. Most participants (71%) worked in the emergency department, while 29% worked in the medical intensive care unit (MICU). MISS-HP scores were 49 on average and ranged from 29 to 73. Among the demographic groups, MICU participants scored the highest (56) and men scored the lowest (40). There were no significant differences in scores between any demographic group. The analysis of interview data showed how omissions and commissions in one's professional duties created internal conflicts, which were inextricably linked to a deeper sense of feelings of guilt and blame around experiences of betraying or being betrayed and an inability to uphold one's moral values. **Conclusions:** The pandemic upended a previously reliable and imperceptible experience of a background of safety, in which the provision of both material resources and human presence was expected without question. Future directions generated from this study might examine the role of dependency on leadership structures and relationships with self and others that create the conditions for moral injury. *Prim Care Companion CNS Disord* 2024;26(1):23m03651 Author affiliations are listed at the end of this article.

Bayani, B. (2024). Moral Injury, Leadership and Suicide: a Study of Texas Paramedics. *Crisis, Stress, and Human Resilience: An International Journal*, 5(3), 58–77 .

The present study employed a quantitative non-experimental design to examine the relationships between moral injury (MI), perceived supervisor leadership style, and risk of suicidal thoughts and behaviors (STB) in a purposive sample of full-time paramedics who provided patient care as a primary responsibility of their employment with emergency response organizations in Texas. Participants rated their perceptions of MI, the leadership behaviors of their current supervisor, and statements related to past and present STB. The findings revealed small-to-medium positive relationships between STB risk

and MI dimensions, passive avoidant leadership dimensions, and active management by exception. There were small negative relationships between transformational leadership dimensions, provision of contingent rewards, age, and length of service. There was no significant difference in STB risk between males and females or perceptions of leadership style between paramedics with a history of STB and those without. Paramedics with a history of STB reported higher MI scores than those without. A stepwise multiple regression with cross-validation provided a predictive model with MI and Idealized Behaviors emerging as significant predictors of STB risk. The present study validated the construct of paramedic MI, provided empirical support for a relationship between leadership and paramedic follower well-being, and established a model for predicting paramedic STB risk based on MI and perceived supervisor leadership.

Bonnefon, J.-F., Rahwan, I., & Shariff, A. (2024). The Moral Psychology of Artificial Intelligence. *Annual Review of Psychology*, 75(1), 653–675. <https://doi.org/10.1146/annurev-psych-030123-113559>
Moral psychology was shaped around three categories of agents and patients: humans, other animals, and supernatural beings. Rapid progress in artificial intelligence has introduced a fourth category for our moral psychology to deal with: intelligent machines. Machines can perform as moral agents, making decisions that affect the outcomes of human patients or solving moral dilemmas without human supervision. Machines can be perceived as moral patients, whose outcomes can be affected by human decisions, with important consequences for human–machine cooperation. Machines can be moral proxies that human agents and patients send as their delegates to moral interactions or use as a disguise in these interactions. Here we review the experimental literature on machines as moral agents, moral patients, and moral proxies, with a focus on recent findings and the open questions that they suggest.

De Souza Ferreira, M. (2024). Self-Forgiveness as a Moderator Between Moral Injury and Posttraumatic Growth Among Veterans. *Walden Dissertations and Doctoral Studies*. <https://scholarworks.waldenu.edu/dissertations/15490>

The process of reintegration after military combat service is a difficult path for many veterans. Countless studies have been conducted examining the effects of trauma secondary to military service that result in posttraumatic stress disorder and other related consequences. However, moral injury (MI) related to the shame and guilt experienced by veterans has been of particular interest among mental health providers. Researchers have investigated the effects of forgiveness as a moderator between MI and posttraumatic growth (PTG). Gaps remain in the current mental health literature regarding the effect of self-forgiveness as a moderator between MI and PTG among combat veterans. The present study examined the effects of self-forgiveness as a moderator between MI and PTG. Combat veterans were recruited via a veteran podcast website and an internet survey collection platform was used to collect data to examine whether high self-forgiveness correlates with reduced MI and increased PTG. Multiple regression was used to explain the relationship between MI, self-forgiveness, and PTG followed by a moderation analysis to examine the causal effect of self-forgiveness between MI and PTG. Findings from the research showed the interaction between self-forgiveness and MI significantly improved PTG. The findings of the study may help service agencies implement screening instruments to identify MI traits among service members deploying to combat theaters. The results of this study have potential implications for positive social change through outcomes such as creating clinical interventions associated with life meaning and purpose and the successful reintegration of combat veterans into society.

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.

Harris, J. I., Dunlap, S., Xanthos, D., Pyne, J. M., Hermes, E., Griffin, B. J., Kondrath, S. R., Kim, S. Y., Golden, K. B., Cooney, N. J., & Usset, T. J. (2024). Implementing a Multi-Disciplinary, Evidence-Based Resilience Intervention for Moral Injury Syndrome: Systemic Barriers and Facilitators. *Behavioral Sciences*, 14(4), 281. <https://doi.org/10.3390/bs14040281>

Moral injury syndrome (MIS) is a mental health (MH) problem that substantially affects resilience; the presence of MIS reduces responsiveness to psychotherapy and increases suicide risk. Evidence-based treatment for MIS is available; however, it often goes untreated. This project uses principles of the Consolidated Framework for Implementation Research (CFIR) to assess barriers and facilitators to the implementation of Building Spiritual Strength (BSS), a multi-disciplinary treatment for MIS. Interviews were conducted with chaplains and mental health providers who had completed BSS facilitator training at six sites in the VA. Data were analyzed using the Hamilton Rapid Turnaround method. Findings included multiple facilitators to the implementation of BSS, including its accessibility and appeal to VA chaplains; leadership by VA chaplains trained in the intervention; and effective collaboration between the chaplains and mental health providers. Barriers to the implementation of BSS included challenges in engaging mental health providers and incorporating them as group leaders, veterans' lack of familiarity with the group format of BSS, and the impact of the COVID-19 pandemic. Results highlight the need for increased trust and collaboration between VA chaplains and mental health providers in the implementation of BSS and treatment of MIS.

Houle, S. A., Ein, N., Gervasio, J., Plouffe, R. A., Litz, B. T., Carleton, R. N., Hansen, K. T., Liu, J. J. W., Ashbaugh, A. R., Callaghan, W., Thompson, M. M., Easterbrook, B., Smith-MacDonald, L., Rodrigues, S., Bélanger, S. A. H., Bright, K., Lanius, R. A., Baker, C., Younger, W., ... Nazarov, A. (2024).

Measuring moral distress and moral injury: A systematic review and content analysis of existing scales. *Clinical Psychology Review*, 108, 102377. <https://doi.org/10.1016/j.cpr.2023.102377>

Background Moral distress (MD) and moral injury (MI) are related constructs describing the negative consequences of morally challenging stressors. Despite growing support for the clinical relevance of these constructs, ongoing challenges regarding measurement quality risk limiting research and clinical advances. This study summarizes the nature, quality, and utility of existing MD and MI scales, and provides recommendations for future use. Method We identified psychometric studies describing the development or validation of MD or MI scales and extracted information on methodological and psychometric qualities. Content analyses identified specific outcomes measured by each scale. Results We reviewed 77 studies representing 42 unique scales. The quality of psychometric approaches varied greatly across studies, and most failed to examine convergent and divergent validity. Content analyses indicated most scales measure exposures to potential moral stressors and outcomes together, with relatively few measuring only exposures ($n = 3$) or outcomes ($n = 7$). Scales using the term MD typically assess general distress. Scales using the term MI typically assess several specific outcomes.

Conclusions Results show how the terms MD and MI are applied in research. Several scales were identified as appropriate for research and clinical use. Recommendations for the application, development, and validation of MD and MI scales are provided.

Kelley, M., Bravo, A. J., Burgin, E. E., Gaylord, S., Vinci, C., Strowger, M., Gabelmann, J. M., & Currier, J. (2024). Using Mindfulness to Manage Moral Injury in Veterans: Feasibility, Satisfaction, and Initial Evidence of a Live Web-based Randomized Controlled Trial. *Authorea, March*, 1–14.

<https://advance.sagepub.com/doi/full/10.22541/au.171112120.08003227/v1>

Objective: The present study assessed initial evidence of program feasibility, satisfaction, and pre-to post-intervention changes in moral injury symptoms among recent-era veterans who participated in Mindfulness to Manage Moral Injury (MMMI), a live facilitated web-based 7-week mindfulness-based program targeting moral injury among veterans. Method: Of 56 recent-era veterans who met study criteria and were randomized, 40 (71.4%) completed the pre- and post-intervention survey and attended at least one treatment session. Of these 40, 21 completed MMMI and 19 completed an equally intensive educational support (ES) control intervention. Among the analytic sample (n = 40), most participants identified as White (77.5%), were men (62.5%), and reported a service-connected disability (82.5%). Results: Participants attended on average 6.11 sessions. Program satisfaction was moderately high across both conditions. Several significant condition x time interactions were found, with those in the MMMI condition reporting greater pre- to post-intervention decreases in moral injury ($\eta^2=.121$), impaired functioning due to moral injury ($\eta^2=.129$), shame-related experiences due to moral injury ($\eta^2=.105$), and other-directed moral injury (e.g., betrayal, difficulty forgiving others; $\eta^2=.129$) as compared to the ES condition. Conclusions: These preliminary findings suggest MMMI appears feasible and acceptable and may be able to reach veterans who may not seek traditional Veterans Affairs Medical Center care or who prefer a web-based program. Given its promise for the treatment of moral injury among veterans, MMMI warrants additional large-scale clinical-trial testing.

Levi-Belz, Y., Levinstein, Y., & Zerach, G. (2024). The impact of moral injury on trajectories of depression: a five-year longitudinal study among recently discharged Israeli veterans. *Anxiety, Stress, & Coping, 0(0)*, 1–12. <https://doi.org/10.1080/10615806.2024.2333374>

Perpetrating or witnessing acts that violate one's moral code are frequent among military personnel and active combatants. These events, termed potentially morally injurious events (PMIEs), were found to be associated with an increased risk of depression, in cross-sectional studies. However, the longitudinal contribution of PMIEs to depression among combatants remains unclear. Participants were 374 active-duty combatants who participated in a longitudinal study with four measurement points: T1-one year before enlistment, T2-at discharge from army service, and then again 6- and 12-months following discharge (T3 and T4, respectively). At T1, personal characteristics assessed through semi-structured interviews. At T2-T4, PMIEs and depressive symptoms were assessed. At discharge (T2), a total of 48.7% of combatants reported experiencing PMIEs incident, compared with 42.4% at T3 and 30.7% at T4. We found a significant interaction effect in which combatants endorsing PMIEs at discharge reported higher severity of depression symptoms at discharge (T2) than combatants who reported no PMIEs. This effect decreased over time as depression levels were lower at T3 and T4. PMIE experiences, and especially PMIE-Betrayal experiences, were found to be valid predictors of higher severity of depression symptoms after the first year following discharge.

Litz, B. T., Yeterian, J., Berke, D., Lang, A. J., Gray, M. J., Nienow, T., Frankfurt, S., Harris, J. I., Maguen, S., & Rusowicz-Orazem, L. (2024). A controlled trial of adaptive disclosure—enhanced to improve functioning and treat posttraumatic stress disorder. *Journal of Consulting and Clinical Psychology, 92(3)*, 150–164. <https://doi.org/10.1037/ccp0000873>

Objective: This is a randomized controlled trial (NCT03056157) of an enhanced adaptive disclosure (AD) psychotherapy compared to present-centered therapy (PCT; each 12 sessions) in 174 veterans with posttraumatic stress disorder (PTSD) related to traumatic loss (TL) and moral injury (MI). AD employs

different strategies for different trauma types. AD-Enhanced (AD-E) uses letter writing (e.g., to the deceased), loving-kindness meditation, and bolstered homework to facilitate improved functioning to repair TL and MI-related trauma. Method: The primary outcomes were the Sheehan Disability Scale (SDS), evaluated at baseline, throughout treatment, and at 3- and 6-month follow-ups (Brief Inventory of Psychosocial Functioning was also administered), the Clinician-Administered PTSD Scale (CAPS-5), the Dimensions of Anger Reactions, the Revised Conflict Tactics Scale, and the Quick Drinking Screen. Results: There were statistically significant between-group differences on two outcomes: The intent-to-treat (ITT) mixed-model analysis of SDS scores indicated greater improvement from baseline to posttreatment in the AD-E group ($d = 2.97$) compared to the PCT group, $d = 1.86$; -2.36 , 95% CI $[-3.92, -0.77]$, $t(1,510) = -2.92$, $p < .001$, $d = 0.15$. Twenty-one percent more AD-E cases made clinically significant changes on the SDS than PCT cases. From baseline to posttreatment, AD-E was also more efficacious on the CAPS-5 ($d = 0.39$). These differential effects did not persist at follow-up intervals. Conclusion: This was the first psychotherapy of veterans with TL/MI-related PTSD to show superiority relative to PCT with respect to functioning and PTSD, although the differential effect sizes were small to medium and not maintained at follow-up. (PsycInfo Database Record (c) 2024 APA, all rights reserved)

Nichter, B., Hill, M. L., Maguen, S., Norman, S. B., Fischer, I. C., & Pietrzak, R. H. (2024). Health and psychiatric impairment associated with moral injury, military sexual trauma, and their co-occurrence in U.S. combat veterans. *Journal of Psychosomatic Research*, 179, 111617.

<https://doi.org/10.1016/j.jpsychores.2024.111617>

Background Military sexual trauma (MST) and moral injury (MI) are associated with adverse psychiatric and health outcomes among military veterans. However, no known population-based studies have examined the incremental burden associated with the co-occurrence of these experiences relative to either alone. Method Cross-sectional data were analyzed from the National Health and Resilience in Veterans Study, a nationally representative sample of 1330 U.S. combat veterans. Veterans reported on history of exposure to MST and potentially morally injurious events (PMIEs). Analyses estimated the lifetime prevalence of MST only, PMIEs only, and co-occurring MST and PMIEs; and examined associations between MST/PMIEs status and psychiatric and physical health comorbidities, functioning, and suicidality. Results The lifetime weighted prevalence of exposure to MST only, PMIEs only, and co-occurring MST and PMIEs were 2.7%, 32.3%, and 4.5%, respectively. Compared with all other groups, the co-occurring MST + PMIEs group reported greater severity of posttraumatic stress, depression, generalized anxiety, and insomnia symptoms. They also scored lower on measures of physical, mental, and psychosocial functioning, and reported a greater number of chronic medical conditions and somatic complaints. Veterans with co-occurring MST + PMIEs were more than twice as likely as those with MST only to report past-year suicidal ideation. Conclusions The co-occurrence of MST and MI is associated with a greater psychiatric and health burden among combat veterans than either experience alone. Results underscore the importance of assessing and treating MST and MI in this population. Findings underscore the importance for future work to parse overlap between morally salient aspects of MST and the concept of moral injury.

Onnink, B., Correll, M. C., Correll, A., & Correll, T. (2024). Psychotherapy's Role in Evaluating the Invisible Wounds of Moral Injury. *Innovations in Clinical Neuroscience*, 21(1–3), 36–42.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10941865/>

Moral injury is a relatively new concept with varying definitions that attempts to define a profound and lasting insult to one's conscience caused by perpetration of or directly witnessing harm to another person in a high-pressure situation. This entity is separate from posttraumatic stress disorder (PTSD), but it can coexist with PTSD. This article provides psychotherapeutic examples of the diagnosis of moral injury from a psychodynamic perspective, focusing on morally challenging situations related to warfare and the healthcare system.

Orfanos, S. D. (2024). Escape from Kabul: Survival and Moral Injury. *Psychoanalytic Dialogues*, 34(1), 106–113. <https://doi.org/10.1080/10481885.2023.2290274>

The terror encountered by women in Afghanistan because of the military withdrawal of United States and its allies in the summer of 2021 is ongoing. The first part of this paper describes emergency clinical interventions provided to two young university Kabul women wishing to escape the Taliban. The second part of this paper explores ideas about moral injury and this psychologist-psychoanalyst's motives for focusing on the survival of the two women.

Ray, K. S. (2024). We Are Not Okay: Moral Injury and a World on Fire. *The American Journal of Bioethics*, 24(4), 11–12. <https://doi.org/10.1080/15265161.2024.2313947>

After giving the name “burnout” to the experience of being overworked and undervalued and the physician and patient suffering that comes from it, many clinicians have sought to elucidate further what exactly is wrong with the practice of medicine. While “burnout” may adequately capture the emotions of many clinicians practicing medicine within systems designed to value profit over wellbeing, one that creates as many inequities as it purports to cure, within the past few years, the term “burnout” has seemed to not fully capture the experience of practicing medicine in the 21st century.

Ricciardelli, R., Easterbrook, B., & Turner, J. (2024). The Continuum of Moral Harms: Correctional Officers' Perspectives of Prison and the Influence on their Wellness. *Journal of Police and Criminal Psychology*. <https://doi.org/10.1007/s11896-024-09659-w>

We apply the continuum of moral harms as described by Litz and King (J Trauma Stress 32:341–349, 2019), ranging from moral distress to moral injury, to understand the impacts of correctional officer (CO) interpretations of prison, recognizing how experiencing prison work informs their personal views. In the current study, we analyze data from 93 COs with a maximum of 2 years of work experience, to understand how, reflecting on their occupational experience, they perceive the purpose of place of their work—the federal penitentiary. Findings reveal prison as a space that they believe should be rehabilitative but which is often adamantly perceived as not rehabilitative. Accordingly, these contradictory circumstances reveal most officers encounter workplace experiences that may be consistent with current conceptualizations of moral frustration, distress, or injury. Thus, we demonstrate how prison work can produce moral challenges for COs. We recommend further study into the conceptualizations of moral harm in prison work more broadly and how to inform proactive strategies to address sources of these deleterious experiences.

Rosenbaum Lisa. (2024). Beyond Moral Injury — Can We Reclaim Agency, Belief, and Joy in Medicine? *New England Journal of Medicine*, 390(10), 951–955. <https://doi.org/10.1056/NEJMms2311042>

The current conceptualization of “well-being” may be antithetical to trainees' professionalization. Can we, for the sake of both doctors and patients, reclaim agency, belief, and joy in medicine?

Sugrue, E. (2024). Moral Injury in K-12 Education: A Phenomenological Inquiry at the Intersection of Race and Class. *Journal of Trauma Studies in Education*, 3(1), 56–77.

<https://doi.org/10.32674/jtse.v3i1.5536>

This study is a phenomenological exploration of moral injury among K-12 professionals who work in schools in which the large majority of students are students of color and are eligible for free or reduced lunch. All participants worked in one urban school district in the Midwest of the United States. Professionals identified harsh discipline practices, insincere restorative justice programs, deceptive use of outcome data, and a pitying approach to the education of low-income students of color as morally injurious practices. The paper ends with recommendations for how the construct of moral injury can be useful in identifying and confronting sources of educational injustice.

Syse, H., & Cook, J. (2023). Introduction to Special Issue: Moral Virtue and Moral Injury. *Journal of Military Ethics*, 22(3–4), 155–155. <https://doi.org/10.1080/15027570.2024.2324562>

The articles within this special issue of our journal are revised editions of important and truly topical papers from the 2019 McCain conference at the United States Naval Academy. The McCain conferences have become a prized gathering place for reflection on military ethics. With “Moral Virtue and Moral Injury” as its heading, the 2019 conference presented to its audience the cutting edge of research and reflection on how soldiers cope with war and its myriad moral challenges.

Walser, R. D., Evans, W. R., Farnsworth, J. K., & Drescher, K. D. (2024). Initial steps in developing acceptance and commitment therapy for moral injury among combat veterans: Two pilot studies. *Journal of Contextual Behavioral Science*, 32, 100733. <https://doi.org/10.1016/j.jcbs.2024.100733>
Moral injury is an emerging construct often related to the aftermath of warzone transgressions that violate deeply held moral values. The post-moral injury fallout includes various longstanding, distressing, and impactful experiences ranging from depression to substance abuse to posttraumatic stress disorder and other problems in life functioning. Developing effective treatments is crucial in assisting those affected by moral injury. This article describes the early development of acceptance and commitment therapy (ACT) for moral injury with two samples of veterans using theoretical and “bottom-up” processes. Revisions were based on an iterative discussion process that included pre- and post-group briefings and recordings of sessions. Descriptive and qualitative data linked to the delivery of the intervention and ACT processes data are also presented.

Wetzler, E. L., Erbe, R. G., Cornwell, J. F. M., & Wood, M. D. (n.d.). Dispositional mindfulness moderates the links between potentially morally injurious event exposure and symptoms of anxiety and depression but not suicidal ideation. *Journal of Traumatic Stress*, n/a(n/a). <https://doi.org/10.1002/jts.23032>
Exposure to potentially morally injurious events (PMIEs) is a pervasive threat for military service members and may be associated with symptoms of anxiety, depression, and suicidal ideation. However, coping mechanisms, such as mindfulness, may ameliorate symptoms and improve recovery. Two studies were conducted to test dispositional mindfulness as a moderator of the links between PMIEs, as assessed using the Moral Injury Events Scale (i.e., total score and Self-Transgression, Other-Transgression, and Betrayal subscale scores), and symptoms of anxiety, depression, and suicidal ideation among different samples of active-duty soldiers in garrison. In Sample 1 (N = 310), mindfulness buffered the links between PMIE exposure and symptoms of both anxiety, $\Delta R^2 = .02$, and depression, $\Delta R^2 = .03$. In Sample 2 (N = 669), mindfulness moderated the link between the MIES Betrayal subscale and anxiety symptoms, $\Delta R^2 = .01$. The results suggest that dispositional mindfulness may be a protective factor against some of the negative impacts of PMIE exposure. Further implications are discussed.

Woerner, A. J., Greenberg, C. H., Chick, J. F. B., Monroe, E. J., Abad-Santos, M., Kim, H., Lee, E., Makary, M. S., Hage, A. N., Covello, B., & Shin, D. S. (2024). Moral Injury Among Interventional Radiologists. *Academic Radiology*, 31(3), 1122–1129. <https://doi.org/10.1016/j.acra.2023.09.015>
To evaluate moral injury (MI) among interventional radiologists using validated assessment tools.