Moral Injury in US Military Veterans:

What We Know and Where We Go From Here

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Learning Objectives:

- Understand the nature of moral injury in veterans
- Identify the differences between PTSD and Moral Injury
- Learn the types of events that can potentially led to Moral Injury
- Gain familiarity with current treatment modalities that address moral injury
- Understand the challenges to treating moral injury & potential future directions

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Defining Moral Injury

- **Three criteria (Shay, 2009, p. 183)**
  - A betrayal of what is right
  - By someone who holds legitimate authority (e.g., a military leader)
  - In a high-stakes situation
- **Potentially Morally Injurious Events (PMIEs) –** "Perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs and expectations" (Litz et al., 2009, p. 700)
- **Moral Injury** – A distressful and lasting psycho-spiritual or emotional response to events of commission or omission that betrays an individual's moral values (Litz et al, 2009; Williams & Berenbaum, 2024).
- Also called Spiritual Wound or Injury of the Soul (Ames et al., 2021; Suitt, 2021)

Defining Moral Injury

Acts of commission

An act of comission is where an individual does something which they should not have done.

Acts of omission

An act of omission is where an individual fails to do something.

Betrayal

Betrayal occurs when an individual feels betrayed by a higher authority.

It's not just a Military Issue:

- **First Responders**
- **Health Care Workers**
- **Refugees & War Survivors**
- **Victims of Abuse & Trauma**
- **Journalists**

Prevalence of MI Among Veterans

- About ½ of US veterans report exposure to PMIEs
- 47% of 3,002 US Veteran sample endorsed PMIEs;
  - 45% - witnessed inhumane acts
  - 40% - directly affected by other's acts
  - 14% - engaged in acts

    (Litz et al., 2025)
- 6.5% exhibit symptoms of MI (Maguen et al., 2025)
- Identified in veterans of other countries

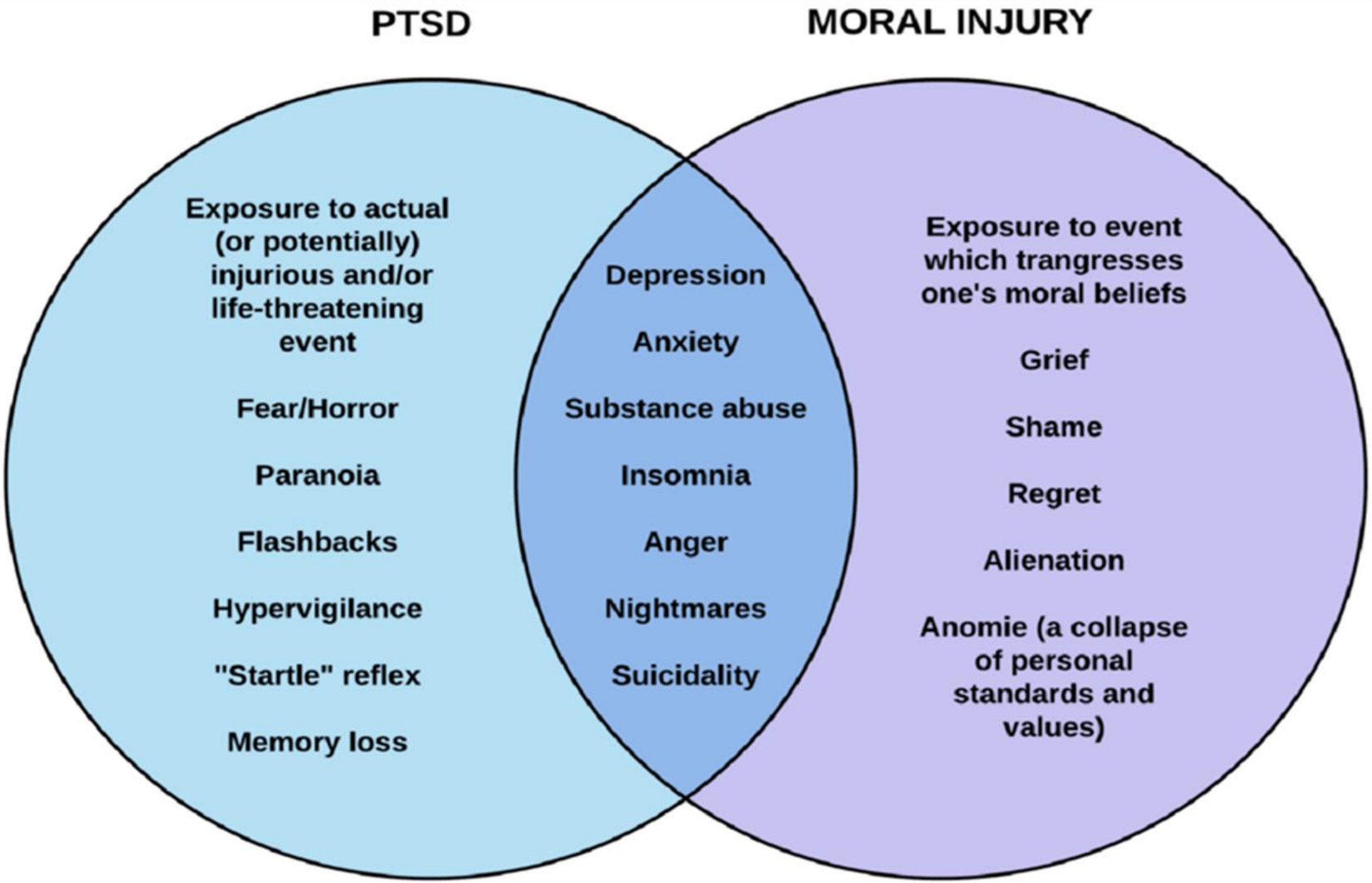
Why are Veterans Susceptible to MI

- High rates of exposure to PMIE
- Situations involving ethical dilemmas
- Failures of moral conduct
- Military Culture
- Betrayal or violations of trust
- Intensity/duration of combat exposure
- Lack of support for moral challenges
- Differences in civilian and military moral frameworks

Koenig et al. (2018)

Moral Injury vs. PTSD

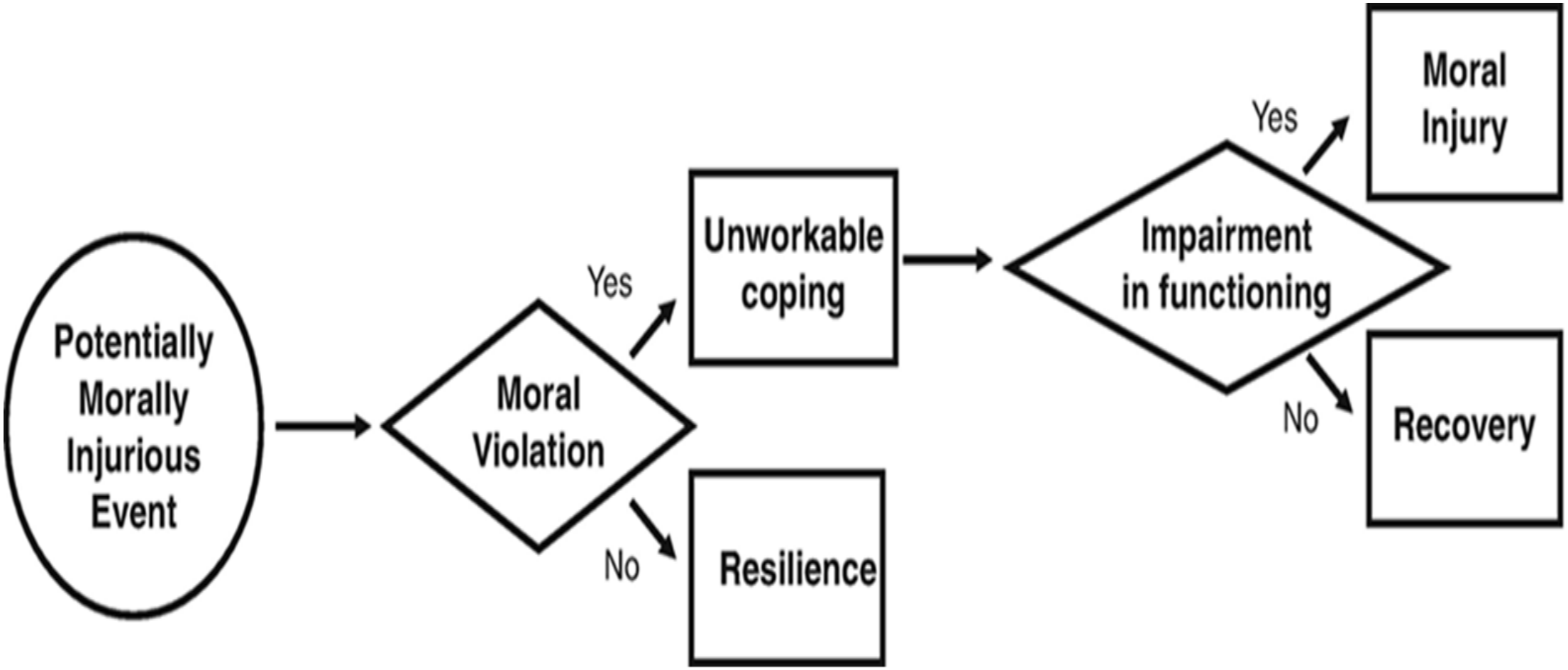
- PTSD is fear-based trauma response
- Moral injury focuses on guilt, shame, moral conflict
- PTSD is a formal mental health diagnosis
- Moral injury is a dimensional mental health problem
- Both are co-morbid
- Progressive and develop overtime (early and delayed onset)


PTSD
MORAL INJURY
Exposure to actual (or potentially) injurious and/or life-threatening event
Fear/Horror
Paranoia
Flashbacks
Hypervigilance
"Startle" reflex
Memory loss
Depression
Anxiety
Substance abuse
Insomnia
Anger
Nightmares
Suicidality
Exposure to event which trangresses one's moral beliefs
Grief
Shame
Regret
Alienation
Anomie (a collapse of personal standards and values)

Effects of Moral Injury

- Comorbid with other MH disorders – PTSD, anxiety, depression
- Substance use disorder
- Strong positive correlations between MI and suicidal behaviors
- Affects quality of life – family and social relationships, parenting
- Existential crisis

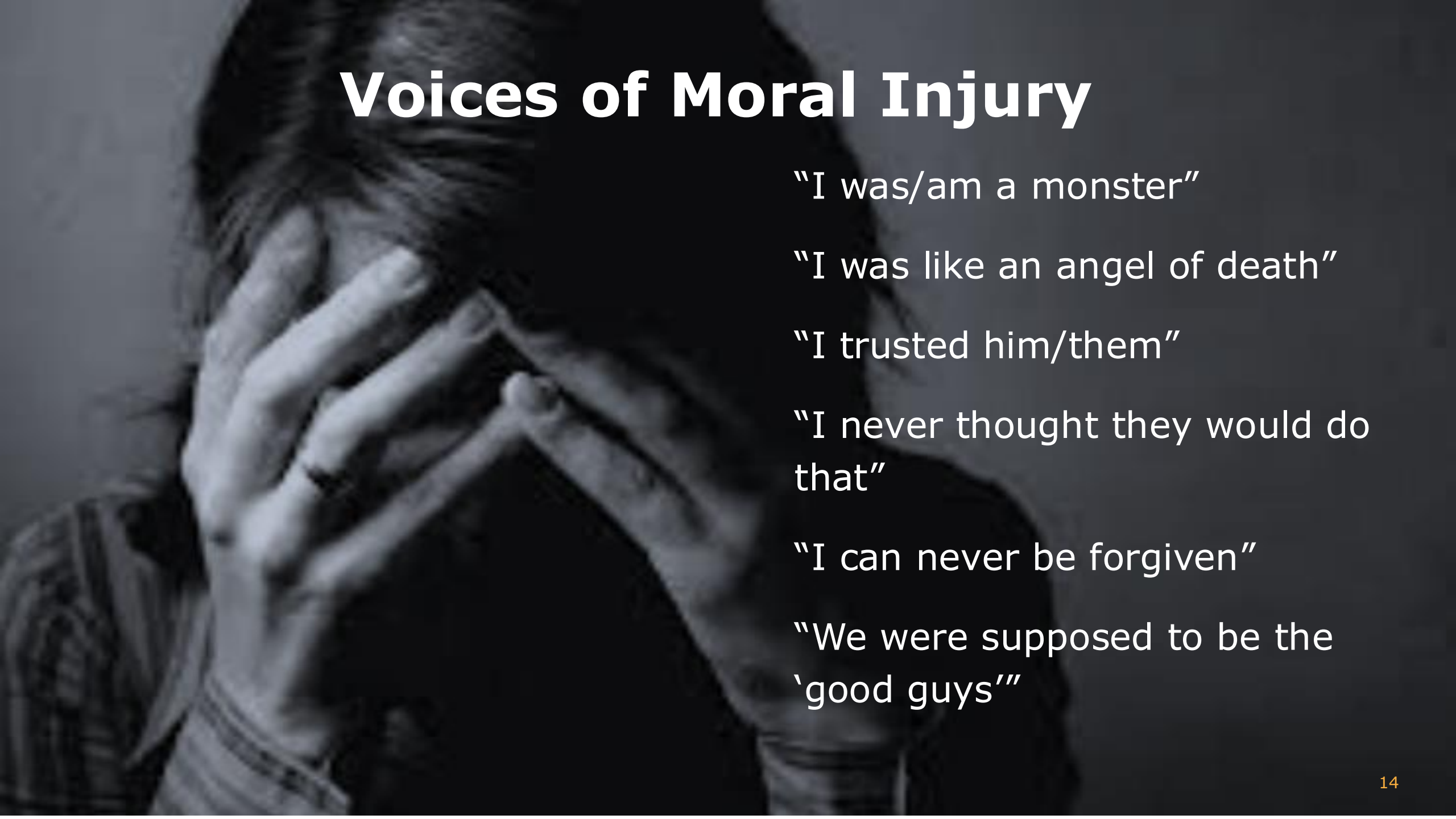
How MI Can Occur



Moral Injury Model adopted from Isaak et al., 2021

Assessing for Moral Injury

- Moral Injury Outcome Scale (Litz et al., 2022)
- Moral Injury and Distress Scale (Norman et al., 2023)
- Moral Injury Event Scale (Nash et al., 2013)
- Assess for suicide risk when client reports a moral injury
- Pay attention to moral emotions; shame, guilt, shame, embarrass
- Be mindful of your reaction when someone shares their morally injurious event – Fear of being judged



Voices of Moral Injury

"I was/am a monster"

"I was like an angel of death"

"I trusted him/them"

"I never thought they would do that"

"I can never be forgiven"

"We were supposed to be the 'good guys'"

Moral Resilience & Moral Repair

- Resilience – The capacity to recover or adapt effectively in the face of significant adversity (Rushton, 2016)
- Resilience theory looks at the **positive contextual, internal, and external variables** that mitigate the negative effects resulting from risk exposure.
- Moral resilience – An individual's ability to maintain, repair, or strengthen their integrity in the face of moral challenges.
- **Themes of Moral Resilience** – Personal Integrity, Relational Integrity, Buoyancy, Self-Regulation, Stewardship, and Moral Efficacy (Holtz et al., 2018)
- Resources for Repairs
  - Spirituality/Religious beliefs and practices – **Act of forgiveness,** prayers, Bible reading, attending religious services
  - Support systems – family, friends, religious organizations, veteran support groups
  - Therapy /Chaplain services

Treatment Modalities

- Still in early stages;
- Traditional modalities – CBT, CPT, PE (mixed results)
- Requires multi-disciplinary approach; mental health providers and chaplains (adopting a psychospiritual approach)

- Acceptance and Forgiveness Therapy (Pernicano et al., 2022)
- Forgiveness Interview Protocol (Buhagar, 2021)
- The Impact of Killing (Maguen et al., 2017)
- Adaptive Disclosure (Gray et al., 2012)

Case Examples & Best Practices

- **Background:** Samantha, a 35-year-old Army veteran, served two tours in Iraq as a combat medic. She was involved in multiple high-stress situations, including casualty evacuations and medical decisions that sometimes conflicted with her moral beliefs. One particularly traumatic event involved witnessing the death of a civilian family caught in crossfire, which Samantha perceived as avoidable.
- **Presentation:** After returning home, she began experiencing symptoms of depression, guilt, and feelings of moral failure. She withdrew from friends and family, struggled with nightly flashbacks, and reported intrusive images of the civilian family. Samantha expressed feelings of betrayal by military leadership, believing that policies prioritized mission success over civilian safety.
- **Assessment:** During therapy, Samantha disclosed intense guilt and shame, feeling she had failed to protect innocent lives. She reported anger towards military authorities, questioning the morality of her actions and the system. Her symptoms aligned with moral injury, characterized by feelings of moral betrayal, guilt, and spiritual distress.

Case Examples & Best Practices

Treatment Approach: The therapeutic plan might include:

- **Moral Injury Focused Therapy:** Focusing on helping Samantha process the event, reframe her moral beliefs, and develop self-forgiveness.
    - Acceptance and Forgiveness Group Therapy, if available
- **Narrative Exposure:** Encouraging her to recount her experiences to integrate the event into her life story constructively.
- **Spiritual Counseling:** Working with a chaplain to explore feelings of betrayal and seek spiritual reconciliation.
- **Cognitive Processing Therapy (CPT):** Challenging maladaptive beliefs about moral failure and guilt.
- **Peer Support Group:** Connecting with fellow veterans who experienced moral conflicts to share stories and reduce isolation.

Case Examples & Best Practices

- **Background:** James, a 29-year-old male Navy veteran, served in a combat support unit overseas. During his deployment, he was sexually assaulted by a fellow service member. The assault was not reported at the time due to fear of stigma and potential reprisal, and he felt betrayed by his unit's leadership for not protecting him.
- **Presenting Symptoms:** After returning to civilian life, James struggled with profound feelings of shame, guilt, and worthlessness. He reported intrusive memories of the assault, nightmares, and avoidance of all military-related activities or conversations. He also experienced feelings of betrayal and loss of trust in others, including his family and friends.
- **Assessment:** James expressed intense internal conflict, feeling he violated his own moral code and perceiving his assault as a betrayal of his dignity and trust in the military system. He described feelings of moral injury characterized by shame, guilt, spiritual despair, and a sense of moral betrayal by his superiors and the military institution.

Case Examples & Best Practices

Treatment Approach: The therapeutic plan might include:

- **Psychoeducation:** Educating him on Moral Injury, the prevalence of male military sexual trauma, and the effects of institutional betrayal.
- **Trauma-Informed Counseling:** Establishing safety and trust to address his feelings of betrayal and shame.
- **Moral Injury-Focused Therapy:** Exploring and reframing his moral beliefs, focusing on self-compassion and forgiveness.
- **Narrative Exposure:** Helping him process his experiences by telling his story in a controlled, supportive environment.
- **Spiritual Counseling:** Working with a chaplain to address existential and spiritual distress, fostering reconciliation and forgiveness.
- **Group Therapy:** Joining a veterans' support group for male survivors of sexual assault to decrease isolation and share coping strategies.
- **Legal and Advocacy Support:** Connecting him with resources to address justice and support options related to his assault.

Challenges & Future Directions

- Stigma & reluctance to seek help
- Complex & deeply rooted emotions
- Systemic & institutional barriers
- Potential long-term & regressive nature of MI
- No standardized definition of MI
- Overlap with other disorders
- Lack of standardized treatment protocols

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Questions? Comments?

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