CSTS
Uniformed Services University

Center for the Study of Traumatic Stress

CSTS | Department of Psychiatry | Uniformed Services University | 4301 Jones Bridge Road, Bethesda, MD 20814-4799 | www.CSTSonline.org

Understanding Moral Injury

What is Moral Injury (MI)?

- MI is characterized by intense and persistent negative thoughts and feelings, such as guilt, shame, and remorse about behaviors that are in violation of what one believes to be just, honorable, or decent.

- MI can result from self-perceived failures to live up to one's own moral expectations, or witnessing perceived moral violations or failures of one's leadership, organization, or community to prevent harm.

- Although MI can result from non-threatening situations, it often occurs when sudden actions are required during dire or life-threatening situations.

- MI is a topic of increasing interest as its definition is further clarified.

Who is at risk for MI?

- Military service members, first responders, law enforcement, health care providers, and child protective service professionals are among professional groups more likely to face situations that lead to MI.

- Examples of situations that can lead to MI include:
  - » A military service member kills a noncombatant in response to a sense of danger to self or others, but later learns that the person was unarmed.
  - » A health care provider needs to make triage decisions after a major disaster regarding who receives care, resulting in the death of those that can't be quickly treated.
  - » Firefighters are unable to rapidly extinguish a fire in a neighborhood, resulting in perceived failure to prevent severe injuries and deaths.
  - » A police officer observes a superior falsely incriminating an innocent defendant.

MI can result in a range of behaviors that can negatively affect functioning including:

Withdrawal from social situations and loneliness; difficulties completing daily activities (i.e., self care, eating); occupational burnout; substance misuse; sleep disturbance; poor job satisfaction; suicidal ideation; irritability toward others; interpersonal conflict; and development of mental disorders (e.g., depression, anxiety).

MI often co-occurs with posttraumatic stress disorder (PTSD), but is distinct

- Although both MI and PTSD can result from high stress situations and traumatic experiences, they are different.
  - » PTSD involves intrusive and distressing symptoms resulting from a life-threatening event.
  - » MI involves guilt, shame, or betrayal from the perceived violation of one's deeply held beliefs.

- MI can arise in the absence of post-traumatic symptoms.

- Individuals with PTSD can also experience MI if the traumatic experience involved perceived moral violations.

- The treatment of PTSD symptoms and MI are different.

What can help a person struggling with MI?

- Early intervention after experiencing a potentially morally violating event can be beneficial.

- Possible actions for relieving MI include:
  - » Holding open and non-defensive discussions about the perceived morally injurious event
  - » Reminding people that sometimes things don't turn out well and it's not their fault
  - » Huddling after stressful events and allowing leaders to address issues of self-blame and misperceptions
  - » Leadership being accountable for wrongful actions
  - » Recognizing those involved in problematic events may fear consequences for their actions.
  - » Accepting responsibility for one's actions while maintaining a fair and balanced perspective of events
  - » Appreciating challenges to making decisions and acting in high stakes circumstances
  - » Recognizing limitations of personal agency (i.e., little time to think before acting, lack of adequate knowledge, limited visibility)
  - » Forgiving oneself or others for actions outside of one's control
  - » Seeking help from friends, colleagues, and family
  - » Seeking professional help (e.g., behavioral health, spiritual guidance)

- Some treatments (i.e., cognitive behavioral therapy, acceptance and commitment therapy, cognitive processing therapy) have shown to be helpful.

Continued

Further Reading

Litz, B. T., Stein, N., Delaney, E., Lebowitz, L., Nash, W. P., Silva, C., & Maguen, S. (2009). Moral injury and moral repair in war veterans: A preliminary model and intervention strategy. *Clinical psychology review, 29*(8), 695-706.

Phelps, A. J., Adler, A. B., Belanger, S. A. H., Bennett, C., Cramm, H., Dell, L., ... & Jetly, R. (2024). Addressing moral injury in the military. *BMJ Mil Health, 170*(1), 51-55.

Usset, T. J., Baker, L. D., Griffin, B. J., Harris, J. I., Shearer, R. D., Munson, J., ... & Smith, A. J. (2024). Burnout and turnover risks for healthcare workers in the United States: downstream effects from moral injury exposure. *Scientific reports, 14*(1), 24915.