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.


Stresses on healthcare systems and moral distress among clinicians are urgent, intertwined bioethical problems in contemporary healthcare. Yet conceptualizations of moral distress in bioethical inquiry often overlook a range of routine threats to professional integrity in healthcare work. Using examples from our research on frontline physicians working during the COVID-19 pandemic, this article clarifies conceptual distinctions between moral distress, moral injury, and moral stress and illustrates how these concepts operate together in healthcare work. Drawing from the philosophy of healthcare, we explain how moral stress results from the normal operations of overstressed systems; unlike moral distress and moral injury, it may not involve a sense of powerlessness concerning patient care. The analysis of moral stress directs attention beyond the individual, to stress-generating systemic factors. We conclude by reflecting on how and why this conceptual clarity matters for improving clinicians’ professional wellbeing, and offer preliminary pathways for intervention.


Moral injury results from the violation of deeply held moral commitments leading to emotional and existential distress. The phenomenon was initially described by psychologists and psychiatrists associated with the US Departments of Defense and Veterans Affairs but has since been applied more broadly. Although its application to healthcare preceded COVID-19, healthcare professionals have taken greater interest in moral injury since the pandemic’s advent. They have much to learn from combat veterans, who have substantial experience in identifying and addressing moral injury—particularly its social dimensions. Veterans recognise that complex social factors lead to moral injury, and therefore a community approach is necessary for healing. We argue that similar attention must be given in healthcare, where a team-oriented and multidimensional approach is essential both for ameliorating the suffering faced by health professionals and for addressing the underlying causes that give rise to moral injury.

This book brings together leading interdisciplinary scholars to broaden and deepen the conversation about moral injury. In the original chapters, the contributors present new research to show how the humanities are crucial for understanding the expressions, meaning, and significance of moral injury. Moral injury is the disorientation we suffer when we are complicit in some moral transgression. Most existing works address moral injury from a clinical or neuroscientific perspective. The chapters in this volume show how the humanities are crucial for understanding the meaning and significance of moral injury as well as suggesting how to grapple with its lived challenges. The chapters address the conceptual, sociological, historical, and ritualistic dimensions of moral injury across three thematic sections. Section 1 explores how tools of the humanities provide new lenses for understanding conceptual and genealogical themes about moral injury. Section 2 highlights the experiences of moral injury in combat soldiers, law enforcement, and noncombatants such as photojournalists. These chapters examine the power and limits to theorizing moral phenomena by appeals to lived experience. Section 3 considers how humanistic inquiry illuminates important dimensions of the aftermath of moral injury beyond the scope of clinical research. These chapters consider how ritual, relationship repair, and atonement might shape the ways people navigate moral injury and consider how such responses shape our understanding of what we owe to one another. Moral Injury and the Humanities: Interdisciplinary Perspectives is an essential resource for researchers and advanced students in philosophy, religious studies, literature, journalism, and the arts who are interested in moral injury.


Objective: Military veterans often encounter events with chronic or repeated traumas of an interpersonal nature that might lead to emotional, relational, and spiritual suffering. Research is needed to assess whether and/or how emerging conceptions of moral injury (MI) align with existing trauma-related conditions. Method: Focusing on 173 veterans from the United Kingdom who had recently pursued mental health treatment, we examined associations between self- and other-directed outcomes related to MI and the World Health Organization’s International Classification System for Diseases, 11th version (ICD-11), criteria for posttraumatic stress disorder (PTSD) and complex PTSD (CPTSD) in two ways. Results: First, drawing on validated tools for assessing MI and PTSD/CPTSD, analyses of variance revealed 57.2% of veterans in the sample who possibly met criteria for CPTSD reported greater MI related to perpetration- and betrayal-based events compared to those with and without possible PTSD. Second, latent profile analysis revealed two distinct classes based on symptom severity of MI and CPTSD. Specifically, when we examined the six symptom clusters for CPTSD dimensionally, four in five veterans endorsed high levels of distress related to all indicators of MI and CPTSD symptoms compared to a group with lower scores. Conclusions: Overall, the two sets of findings suggest the special relevance of MI among veterans who are struggling with CPTSD. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Moral injury is a condition that can occur after incidents in which individuals perform an action that violates their own deeply held moral beliefs, or fail to prevent such actions from occurring. In the wake of these incidents, negative self-evaluations can lead to intense feelings of shame and self-loathing; hallmarks of the condition of moral injury. Unfortunately, potentially morally injurious circumstances are plentiful for the modern-day service member and veterans of recent conflicts. Existing treatment options for moral injury are currently insufficient, and there is a lack of attention paid to the condition in psychology research due in part to moral injury’s absence in the DSM 5. Moral injury has been erroneously conceptualized as an element of PTSD, and is commonly treated by trauma-processing modalities that, while effective in trauma-focused treatment, are ineffective in reducing symptoms of moral injury. The present article details how Positive Psychology interventions may be effective in the treatment of moral injury (heretofore untested and unexplored), and is a call for such research to be conducted.


Objective: Health and social care workers (HSCWs) have been shown to be at risk of exposure to potentially morally injurious events (PMIEs) and mental health problems during the COVID-19 pandemic. This study aimed to examine associations between exposure to PMIEs and meeting threshold criteria for probable PTSD and probable CPTSD in U.K. HSCWs immediately after the peak of the first COVID-19 wave. Method: Frontline HSCWs from across the United Kingdom working in diverse roles in hospitals, nursing or care homes, and other community settings were recruited to the Frontline-COVID study via social media. Participants (n = 1,056) completed a cross-sectional online survey (May 27, 2020–July 23, 2020) which assessed exposure to PMIEs (nine-item Moral Injury Events Scale), and meeting symptom thresholds for probable PTSD and probable CPTSD (International Trauma Questionnaire). Results: PMIEs related to witnessing others’ wrongful actions and betrayal events were more commonly endorsed than perceived self-transgressions. The rate of probable ICD-11 PTSD was 8.3%, and of probable ICD-11 CPTSD was 14.2%. Betrayal-related PMIEs were a significant predictor of probable PTSD or probable CPTSD, together with having been redeployed during the pandemic. The only variable that differentially predicted probable CPTSD as compared with probable PTSD was not having had reliable access to personal protective equipment; none of the PMIE types were differential predictors for screening positive for probable PTSD versus probable CPTSD. Conclusions: Exposure to PMIEs could be important for PTSD and CPTSD development. Interventions for moral injury in HSCWs should be investigated.


Objective: Complex posttraumatic stress disorder (CPTSD) and moral injury are receiving increasing empirical attention. The network approach offers a novel method to understand the association between such mental health constructs. Method: The present study investigated: (a) the network
structure of CPTSD symptom clusters according to the International Trauma Questionnaire to
determine centrality (i.e., the most influential symptom cluster) and (b) the network structure of CPTSD
symptom clusters and moral injury symptoms according to the Moral Injury Outcome Scale to
determine bridge symptoms (i.e., the symptoms linking comorbid presentation of CPTSD and moral
injury) within a clinical sample of veterans. Results: Emotional dysregulation, avoidance, and
interpersonal difficulties were found to be most central in the CPTSD network, and interpersonal
difficulties, negative self-concept, and emotional dysregulation were found to be the strongest bridge
symptoms in the CPTSD and moral injury network. Conclusions: The two networks suggest a key role of
disturbance in self-organization symptoms in the presentation of CPTSD and its association with moral
injury among treatment-seeking veterans. Despite the limitations of the present study, it offers an
insightful starting point as the first network analysis study of CPTSD in treatment-seeking veterans as
well as its association with moral injury. Implications in terms of points of intervention and further
research are discussed. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

Moving Forward from Moral Injury: A Mixed Methods Study Investigating the Use of 3MDR for
Treatment-Resistant PTSD. (n.d.). Retrieved July 4, 2023, from https://www.mdpi.com/1660-
4601/20/7/5415

Background: Exposure to trauma and potentially morally injurious events may lead to moral injury (MI).
The link between MI and posttraumatic stress disorder (PTSD) may have particularly relevant
implications for treatment-resistant PTSD (TR-PTSD). Multi-modal Motion-Assisted Memory
Desensitization and Reconsolidation (3MDR), a technology-assisted exposure-based trauma therapy
that has been used in the treatment of PTSD, may also be an acceptable modality for patients in the
treatment of TR-PTSD and MI. This proof-of-concept study aimed to investigate (1) whether MI co-
occurs in military members (MMs) and veterans with TR-PTSD, and (2) the perspectives of MMs and
veterans with TR-PTSD utilizing 3MDR for MI. Methods: This study employed a mixed-methods clinical
trial. Military Members and veterans participated in this study (N = 11) through self-reported
questionnaires, video recordings of treatment sessions, and semi-structured interviews post-session
and post-intervention, with longitudinal follow-up to 6 months. Results: MI scores correlated with self-
reported measures of mental health symptoms related to PTSD. The thematic analysis revealed three
emergent themes: (1) Realities of War, (2) Wrestling Scruples, and (3) Moral Sensemaking. Conclusion:
MI was highly correlated with TR-PTSD and themes regarding MI. This result, while preliminary, allows
for the postulation that MI may be contributing to the continuation of PTSD symptoms in TR-PTSD, and
that 3MDR may be an acceptable modality for addressing these symptoms in MMs and veterans.

Kearney, B. E., Terpou, B. A., Densmore, M., Shaw, S. B., Théberge, J., Jetly, R., McKinnon, M. C., &
Lanius, R. A. (2023). How the body remembers: Examining the default mode and sensorimotor
networks during moral injury autobiographical memory retrieval in PTSD. *NeuroImage: Clinical, 38*,

Neural representations of sensory percepts and motor responses constitute key elements of
autobiographical memory. However, these representations may remain as unintegrated sensory and
motor fragments in traumatic memory, thus contributing toward re-experiencing and reliving
symptoms in trauma-related conditions such as post-traumatic stress disorder (PTSD). Here, we
investigated the sensorimotor network (SMN) and posterior default mode network (pDMN) using a
group independent component analysis (ICA) by examining their functional connectivity during a script-
driven memory retrieval paradigm of (potentially) morally injurious events in individuals with PTSD and healthy controls. Moral injury (MI), where an individual acts or fails to act in a morally aligned manner, is examined given its inherent ties to disrupted motor planning and thus sensorimotor mechanisms. Our findings revealed significant differences in functional network connectivity across the SMN and pDMN during MI retrieval in participants with PTSD (n = 65) as compared to healthy controls (n = 25). No such significant group-wise differences emerged during retrieval of a neutral memory. PTSD-related alterations included hyperconnectivity between the SMN and pDMN, enhanced within-network connectivity of the SMN with premotor areas, and increased recruitment of the supramarginal gyrus into both the SMN and the pDMN during MI retrieval. In parallel with these neuroimaging findings, a positive correlation was found between PTSD severity and subjective re-experiencing intensity ratings after MI retrieval. These results suggest a neural basis for traumatic re-experiencing, where reliving and/or re-enacting a past morally injurious event in the form of sensory and motor fragments occurs in place of retrieving a complete, past-contextualized narrative as put forth by Brewin and colleagues (1996) and Conway and Pleydell-Pearce (2000). These findings have implications for bottom-up treatments targeting directly the sensory and motoric elements of traumatic experiences.


Appraisal of trauma is a critical factor in the development of impairing post-traumatic stress symptoms, such as dissociation. Individuals may appraise trauma as morally injurious (i.e., moral injury exposure [MIE]) and experience subsequent moral distress related to this exposure (i.e., moral injury distress [MID]). To date, however, investigation into the relations between moral injury appraisals and dissociation has been limited, particularly within community populations. This study investigated MIE and MID in relation to six facets of dissociation (disengagement, depersonalization, derealization, memory disturbances, emotional constriction, identity dissociation) in a sample of trauma-exposed community members (n = 177, 58.2% Black, 89.3% female) recruited from a public hospital and/or community advertisements. Participants completed measures assessing trauma exposure, MIE, MID, dissociation, and posttraumatic stress disorder (PTSD) symptoms. Partial correlation analyses revealed that after controlling for PTSD symptoms, MIE was correlated with disengagement, r = .23, p ≤ .025, and depersonalization, r = .25, p ≤ .001, and MID was correlated with depersonalization, r = .19, p ≤ .025. Sex moderated each association, with stronger associations observed for female participants. Findings suggest that moral injury appraisals are linked to more severe dissociative symptoms among female civilians, and as such, may need to be specifically targeted in empirically supported treatments.


Background: Modern warfare in a civilian setting may expose combatants to severe moral challenges. Whereas most of these challenges are handled effectively, some potentially morally injurious events (PMIEs) may have deleterious psychological effects on the combatants, such as suicide ideation (SI). Self-disclosure, which includes sharing distressing thoughts and emotions, has been recognized as a protective factor against SI in the aftermath of stressful events. The current study is the first to examine the moderating role of self-disclosure in the relationship between PMIE exposure and SI among combat veterans.

Method: A sample of 190 recently discharged Israeli combat veterans completed validated self-report questionnaires measuring combat exposure, PMIEs, depressive symptoms, SI, and self-disclosure in a cross-sectional design study. Results: PMIE dimensions and self-disclosure significantly contributed to current SI. Notably, the moderating model indicated that self-disclosure moderated the link between PMIE-Self and current SI, as PMIE-Self and current SI demonstrated a stronger association among veterans with low self-disclosure than among those with high self-disclosure. Limitations: Cross-sectional design of volunteers, the findings may not be directly generalizable to veterans’ population.

Conclusion: Self-disclosure, as a factor promoting a sense of belongingness, interpersonal bonding, and support, might diminish SI risk following PMIE exposure. Various mechanisms accounting for these associations are suggested, and the clinical implications of these interactions are discussed. (PsycInfo Database Record (c) 2023 APA, all rights reserved)


This article highlights how the current literature conceptualizes and describes the link between military sexual trauma and moral injury. It describes some potential effects of sexual-assault-related moral injury on survivors and contributes to the broader, growing understanding of how sexual assault affects survivors, researchers, clinicians, and policy makers involved in the health and well-being of military members. Furthermore, this work can inform the development of future clinical interventions for individuals with more unique circumstances, such as those who may have experienced moral injury related to sexual trauma in the military.


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.


Background: Veterans with posttraumatic stress disorder (PTSD) and moral injury can encounter several barriers to treatment, including limited access to care and low engagement with therapy. Furthermore, most treatment approaches focus on alleviating distress rather than cultivating positive experiences that could facilitate trauma recovery. A potential way to address these issues is through moral elevation: feeling uplifted and inspired by others’ virtuous actions. Objective: This study aimed to examine the feasibility and acceptability of a novel, web-based moral elevation intervention for veterans with PTSD symptoms and moral injury distress (Moral Elevation Online Intervention for Veterans Experiencing Distress Related to PTSD and Moral Injury [MOVED]). This mixed methods study also examined potential changes in PTSD symptoms, moral injury distress, quality of life, and prosocial behavior. Methods: In this pilot trial, 48 participants were randomized to a MOVED or control condition (24 participants per condition). Both conditions included 8 sessions and lasted 1 month. The MOVED intervention and all survey components across both conditions were administered online. Participants completed self-report measures that assessed PTSD symptoms, moral injury distress, quality of life, and prosocial behavior at baseline and follow-up. Veterans in the MOVED condition also completed individual qualitative interviews at follow-up. We coded qualitative responses to interviews and identified emergent themes. Results: Findings suggest the MOVED intervention was largely feasible, with evidence for moderate-to-high levels of participation, engagement, and retention in MOVED sessions. Both quantitative and qualitative results suggest veterans found MOVED to be acceptable and satisfactory at the overall treatment level. Furthermore, participants reported high scores for helpfulness and engagement at the session level. Veterans who completed MOVED reported large within-person decreases in PTSD symptoms (Cohen d=1.44), approximately twice that of veterans in the control condition (Cohen d=0.78). Those in MOVED also reported medium-sized increases in physical (Cohen d=0.71) and psychological domains of quality of life (Cohen d=0.74), compared with no meaningful changes in the control condition. Unexpectedly, MOVED veterans reported no decrease in moral injury distress, whereas veterans in the control condition endorsed a medium-sized decrease in the total score. There were no changes in prosociality for either condition. Qualitative feedback further supported high levels of perceived acceptability and satisfaction and positive treatment outcomes across a range of domains, including behaviors, cognitions, emotions, and social functioning. Veterans also recommended adaptations to enhance engagement and maximize the impact of intervention content. Conclusions: Overall, findings indicate that veterans with PTSD and moral injury distress were interested in an intervention based on exposure to and engagement with experiences of moral elevation. After further research and refinement guided by future trials, veterans may benefit from this novel approach, which may enhance treatment outcomes and increase treatment accessibility for those in need of additional trauma-focused care.

After two decades of sustained combat operations in Afghanistan and Iraq, do our religious communities better understand the lived realities and experiences of U.S. servicemembers and veterans? Utilizing the burgeoning trauma framework of moral injury, I argue that religious communities can take practical steps to understand the betrayal implicit in moral injury as an equalizing critique to understand our corporate betrayals emerging from COVID-19. It is that equalizing potential that opens opportunities for deep solidarity beyond the military and civilian—or healthcare worker and non-healthcare worker—distinction.


Objective: The concept of moral injury resonates with impacted populations, but research has been limited by existing measures, which have primarily focused on war veterans and asked about exposure to potentially morally injurious events (PMIEs) rather than PMIE exposure outcomes. Our goal was to develop and examine the psychometric properties of the Moral Injury and Distress Scale (MIDS), a new measure of the possible emotional, cognitive, behavioral, social, and/or spiritual sequelae of PMIE exposure. Method: The MIDS was validated by surveying three groups: military veterans, healthcare workers, and first responders (N = 1,232). Results: Most respondents (75.0%; n = 924) reported PMIE exposure. Analyses yielded 18 items that contributed to a single latent factor representing moral distress with fully or partially invariant configurations, loadings, and intercepts across occupational groups. The MIDS full-scale score demonstrated excellent internal consistency (α = .95) and moderate 2-week stability (r = .68, pn = 155). For convergent validity, associations between the MIDS and PMIE exposure measures, as well as putative indicators of moral injury (e.g., guilt, shame), were positive and large (r = .59-.69, p r = .51-.67, p < .001). The MIDS was a stronger predictor of functioning than PMIE exposure measures, explaining seven times greater unique variance (9% vs. 1%–1.3%). Conclusions: The MIDS is the first scale to assess moral injury symptoms indexed to a specific PMIE that is validated across several high-risk populations. (PsycInfo Database Record (c) 2023 APA, all rights reserved)


This column discusses burnout and moral injury among Black psychiatrists and other Black mental health professionals and highlights the contribution of racism to these outcomes. In the United States, the COVID-19 pandemic and racial turmoil have revealed stark inequities in health care and social justice, and demand for mental health services has increased. To meet the mental health needs of communities, racism must be recognized as a factor in burnout and moral injury. The authors offer preventive strategies to support the mental health, well-being, and longevity of Black mental health professionals.


The factorial structure, measurement invariance, and relevance to posttraumatic stress of the Moral Injury Event Scale (MIES) was evaluated in military personnel as a function of combat role. A total of 245 combat-deployed and 140 non-combat military personnel 19 to 83 years of age (M = 43.97, SD= 12.08) answered questions about their service role(s), deployment history, and military-related PTSD diagnosis history. They also completed the PTSD Checklist-Military Version 5, the Exposure to Danger and Combat scale, the Witnessing Consequences of War scale, and the MIES. Confirmatory factor analysis supported a three-factor model of the MIES consisting of transgressions-self, transgressions-others, and betrayal. This structure demonstrated configural but not metric or scalar invariance between combat and non-combat personnel. Clinical relevance of the measure was supported by regressions showing that the MIES subscales were associated with PTSD symptomatology and PTSD diagnosis independently of measures of combat-related physical dangers or witnessing the consequences of war. We conclude that the MIES can be used to measure three components of moral injury that are relevant to mental health outcomes in military personnel. However, failure of measurement invariance cautions against comparing MIES subscale scores between combat and non-combat personnel.


Objectives: Despite the increasing consensus that moral injury (MI) is a unique type of psychological stressor, there is an ongoing debate about best practices for psychological care. This qualitative study explored the perceptions of UK and US professionals in the field of MI investigating advances and challenges in treatment or support delivery and issues relating to treatment/support feasibility and acceptability. Methods: 15 professionals were recruited. Semi-structured, telephone/online interviews were carried out, and transcripts were analyzed using thematic analysis. Results: Two interconnected themes emerged: perceived barriers to appropriate care for MI cases and recommendations for providing effective care to MI patients. Professionals highlighted the challenges that occur due to the lack of empirical experience with MI, the negligence of patients’ unique individual needs and the inflexibility in existing manualised treatments. Conclusions: These findings illustrate the need to evaluate the effectiveness of current approaches and explore alternative pathways, which will effectively support MI patients in the long-term. Key recommendations include the use of therapeutic techniques which lead to a personalised and flexible support plan to meet patients’ needs, increase self-compassion and encourage patients to reconnect with their social networks. Interdisciplinary collaborations (e.g., religious/spiritual figures), could be a valuable addition following patients’ agreement.

This paper is the second in a series of papers from a mixed methods study examining moral injury in childhood and adolescence as described by emerging adults with histories of child welfare involvement. This paper focuses on the ways emerging adults may alleviate their moral injury, grow and develop. Twenty-eight emerging adults (18–26 years) who reported exposure to morally injurious events during childhood or adolescence on a modified version of the Moral Injury Events Scale (MIES; Nash et al., 2013) participated in life story interviews. Life story analyses of psychosocial contexts considered resiliency, especially any re-orientation of participants’ narratives of moral injury away from the anomie, guilt, shame, and rage characteristic of moral injury, and towards themes such as hope, forgiveness, and gratitude. In addition, psychosocial-spiritual contexts that may support these shifts in meaning were explored through thematic analyses. Findings indicate that supportive relationships, especially with caring adults, engagement with spirituality, and access to prosocial activities provide foster youth with opportunities to re-orient their moral injury narratives, and provide a foundation on which to build towards recovery. Implications for policy, practice and research are discussed.


Background Interventions aimed at easing negative moral (social) emotions and restoring social bonds—such as amend-making and forgiving—have a prominent role in the treatment of moral injury. As real-life contact between persons involved in prior morally injurious situations is not always possible or desirable, virtual reality may offer opportunities for such interventions in a safe and focused way. Objective To explore the effects of the use of deepfake technology in the treatment of patients suffering from PTSD and moral injury as a result of being forced by persons in authority to undergo and commit sexual violence (so-called betrayal trauma). Methods Two women who had experienced sexual violence underwent one session of confrontation with the perpetrator using deepfake technology. The women could talk via ZOOM with the perpetrator, whose picture was converted in moving images using deepfake technology. A therapist answered the questions of the women in the role of the perpetrator. Outcome measures were positive and negative emotions, dominance in relation to perpetrator, self-blame, self-forgiveness, and PTSD-symptom severity. Results Both participants were positive about the intervention. Although they knew it was fake, the deepfaked perpetrator seemed very real to them. They both reported more positive and less negative emotions, dominance in relation to the perpetrator and self-forgiveness, and less self-blame and PTSD-symptoms after the intervention. Conclusion Victim-perpetrator confrontation using deepfake technology is a promising intervention to influence moral injury-related symptoms in victims of sexual violence. Deepfake technology may also show promise in simulating other interactions between persons involved in morally injurious events.

Zeuthen, C. (n.d.) (Spring 2023). *Qualitative Examination of Veteran Perspectives on Moral Injury*. Permanent URL: https://etd.library.emory.edu/concern/etds/p8418p64v?locale=en
Moral injury (MI) is a term coined by Johnathan Shay in his book Achilles of Vietnam. Brett Litz first defined it as the result of “perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs and expectations.” Current literature has focused on definitional clarity, diagnosis, and treatment of a moral injury. This study aims to uncover veteran perspectives on a range of topics on moral injury, including thoughts on the construct, risk factors for a MI, MI’s connection to PTSD, and awareness and treatment of MI. Semi-structured interviews were conducted with veterans (n=14) across all military branches. Transcripts were uploaded to MAXQDA. Statements made by each participant were highlighted and organized into common themes. Sample themes included “gender,” “combat,” and “PTSD.”

Veterans largely supported the idea of MI but differed in its application to the military context. Most asserted that the risk for a MI did not differ for sex, age, race, or branch. Participants who differentiated between these factors believed women were at a heightened risk. There was variation in responses on how the level of combat exposure influenced the risk of MI. A spiritual and religious background was viewed as beneficial in buffering against the effects of MI. Veterans perceived there to be an overlap between PTSD and MI.

Regarding the application of MI, veterans’ responses emphasized using senior military officials and the post-deployment period as opportune ways to increase awareness of MI. Utilizing religious professionals, fellow veterans, and the VA were key elements veterans presented for treatment of a MI. Results from this study may provide insight that can optimize the presentation of MI and direct resources to veterans at perceived heightened risk of MI.