



ORIGINAL ARTICLE

# Military moral injury: A concept analysis

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**ABSTRACT:** Moral injury is the current term describing the breaching or violation of one's moral code and has gained international research attention due to suicide linkages in military populations (Jamieson et al., *Invisible wounds and suicide: Moral injury and veteran mental health*. International Journal of Mental Health Nursing, 29, 105–109, 2020). Moral injury's core features are spiritual/existential conflict, shame, guilt and self-condemnation. To date, research focuses on the core features of moral injury and or the nature of events that exposed individuals to moral injury. Walker and Avant (*Strategies for Theory Construction in Nursing*, Prentice Hall New York, 2011) concept analysis model was used to examine the literature. The aim of this study is to enhance understanding of the defining attributes, antecedents, consequences and empirical referents of moral injury and systematically analyse the concept of moral injury in the context of military members. A literature search was undertaken using specific websites and journals, electronic databases, library catalogues and hand-searches. Concept analysis was used to explicate moral injury, focusing exclusively on use of the concept in the included literature, comparing the terms used over time and across disciplines, and measurement tools for the concept. This concept analysis provides a renewed definition of moral injury in relation to the experience of veterans – 'moral trauma' and defined as: 'the existential, psychological, emotional and or spiritual trauma arising from a conflict, violation or betrayal, either by omission or commission, of or within one's moral beliefs or code(s)'. The analysis will facilitate understanding and operationalization of the concept applied to teaching, learning, practice and research.

**KEY WORDS:** military, moral injury, morality, trauma, veterans.

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## INTRODUCTION

Morality is a multi-faceted and complex concept with ongoing debates surrounding its definition (Hitlin & Vaisey 2013). For the purpose of this paper, morality refers to the totality of multiple, potentially competing and or conflicting values concerning peoples' behaviour that are generally accepted by society and or a particular group of people (Collins English Dictionary 2020; Molendijk 2018). Fundamentally, moral beliefs, values and feelings shape morality and change iteratively throughout life, laying the foundations for personal development, relationships, trust and safety (Nash & Litz 2013). Military service fundamentally breaks down

a person's existing moral schema and replaces it with a military system of values, beliefs, behaviours and relationships that all function to support the completion of military objectives (Drescher *et al.* 2011). However, military service members can experience or witness events that transgress deeply held moral beliefs and expectations. Experiences such as betrayal from leadership or others in a position of power, killing and or sexual violence (Shay 2014) can affront or transgress moral codes. When a transgression occurs and core beliefs are violated, a moral injury can occur (Currier *et al.* 2015a; Drescher *et al.* 2011; Hodgson & Carey 2017; Jinkerson 2016; Litz *et al.* 2009; McCarthy 2016).

Moral injury is the existential, psychological, social, emotional and or spiritual/religious damage arising from a violation of the core moral framework and manifesting through feelings of shame, guilt, self-condemning and or self-sabotaging behaviours (Jinkerson 2016). These behaviours often result in isolation and distrust that are not only the hallmarks for moral injury, but are also precipitating factors for suicidality (suicidal behaviours such as ideation, planning and or attempt; Brock *et al.* 2012; Bryan *et al.* 2014; Gibbons *et al.* 2013; McCarthy 2016; McCarthy 2016; Nazarov *et al.* 2015; Sullivan 2013; Fig. 1).

Notable increases in suicidality in military populations in Australia and globally have led to an increased focus on moral injury research (Ames *et al.* 2019; Jamieson *et al.* 2020; Zerach & Levi-Belz 2019). Whilst historically, military trauma and suicide research has focused on post-traumatic stress disorder (PTSD; Kruger 2014), the two are not the same. PTSD shares similar symptoms to moral injury (such as anger, difficulty sleeping and emotional numbing). Key differences such as the moral impacts that manifest through feelings and emotions unique to moral injury such as self-blame, existential crisis, grief, sorrow, betrayal and distrust delineate the two (see Fig. 2).

Increased global research into moral injury further increases the evidence for moral injury to be considered as a distinct construct from PTSD (Barnes *et al.* 2019; Jinkerson 2016), with contemporary theorists now exploring moral injury as an alternative explanation for the current high rates of suicide in military populations (Bryan *et al.* 2014; Corona *et al.* 2019; Jinkerson 2016; Koenig *et al.* 2019; Litz *et al.* 2009; Wisco *et al.* 2017; Zerach & Levi-Belz 2019).

Largely theoretical to date, moral injury has attracted varying disciplinary research, for example philosophy, psychology, psychiatry, social work and theology. The primary discipline of exploration of moral injury has been psychology. With various disciplines exploring the

concept of moral injury, many definitions have evolved, some of which are outlined in Table 1. Currently, no universally agreed definition of moral injury exists.

Understanding what constitutes and contributes to moral injury is pivotal in working towards definitional consensus and underpins the development of this concept analysis. Walker and Avant (2011) approach was used to develop the concept analysis of moral injury. It will analyse the concepts in the existing literature to expand on current understandings. The concept analysis will also define moral injury and examine the antecedents, attributes, consequences and implications for practice. Model and contrary cases will also provide examples of moral injury pragmatically. Empirical referents will finally demonstrate current perspectives on measuring moral injury.

## AIMS

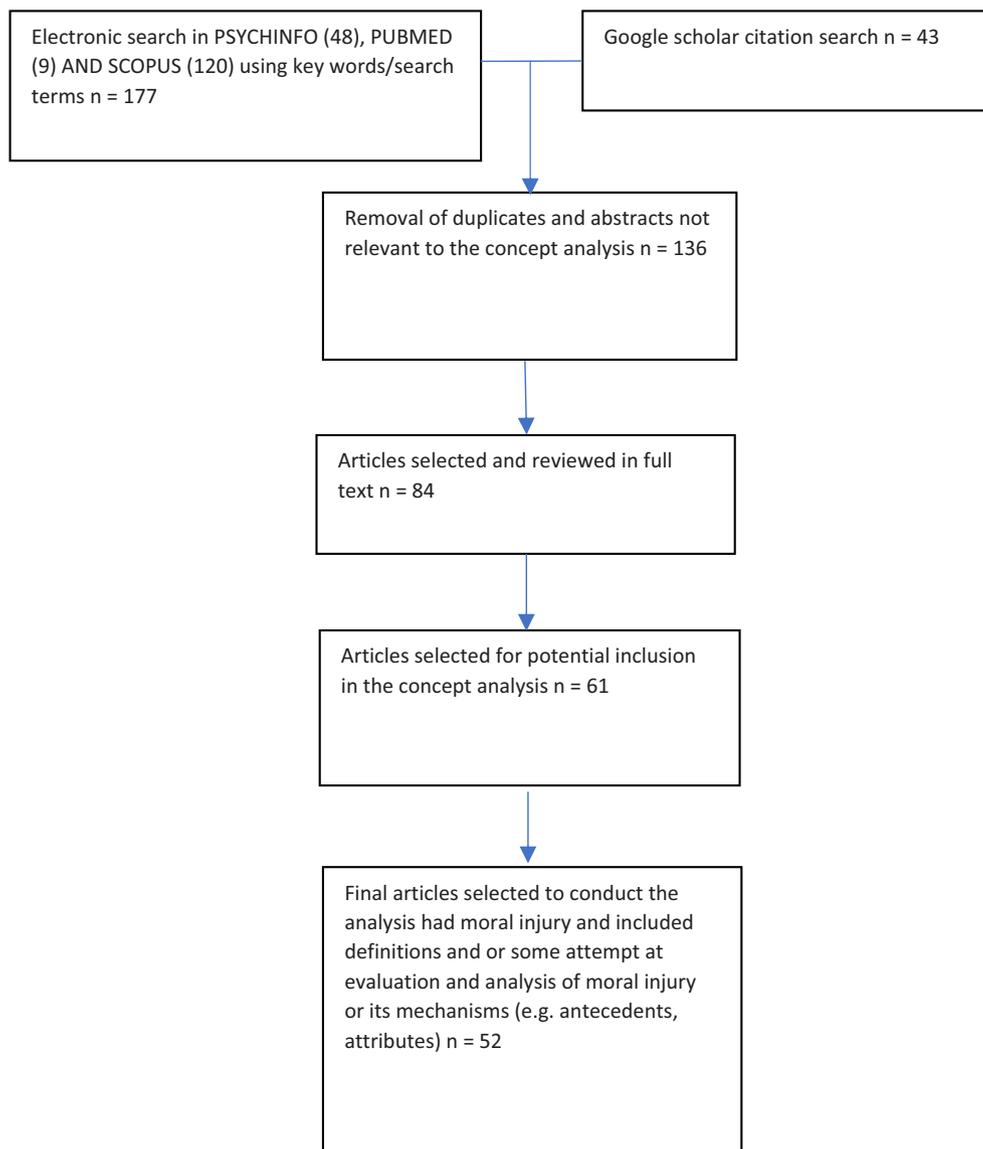
A description of moral injury and its defining attributes helps to establish a theoretical foundation for the development of moral injury assessment, diagnosis, support and treatment, thus contributes to veteran safety. This study sought to review current definitions and elucidate the antecedents, consequences and empirical referents of moral injury from the literature and provide a renewed definition for the purposes of assisting the development of definitional clarity, the theoretical model and foundations for future research.

## METHODS

The Walker and Avant concept analysis model was used as the framework for the concept analysis. Walker and Avant (2011) claim that concept analyses are useful to help reduce ambiguities about concepts and to support the development of clear understanding. Walker and Avant's (2011) framework guided this paper through the following seven steps (i) define the concept of moral injury; (ii) determine the aim of the analysis; (iii) build a theoretical basis for moral injury; (iv) identify uses of the concept; (v) identify and discuss critical attributes antecedents and consequences; (vi) develop model and contrary case examples; and (vii) identify empirical referents. A conceptual diagrammatic model of the framework is outlined at Figure 3.

## LITERATURE SEARCH AND SELECTION

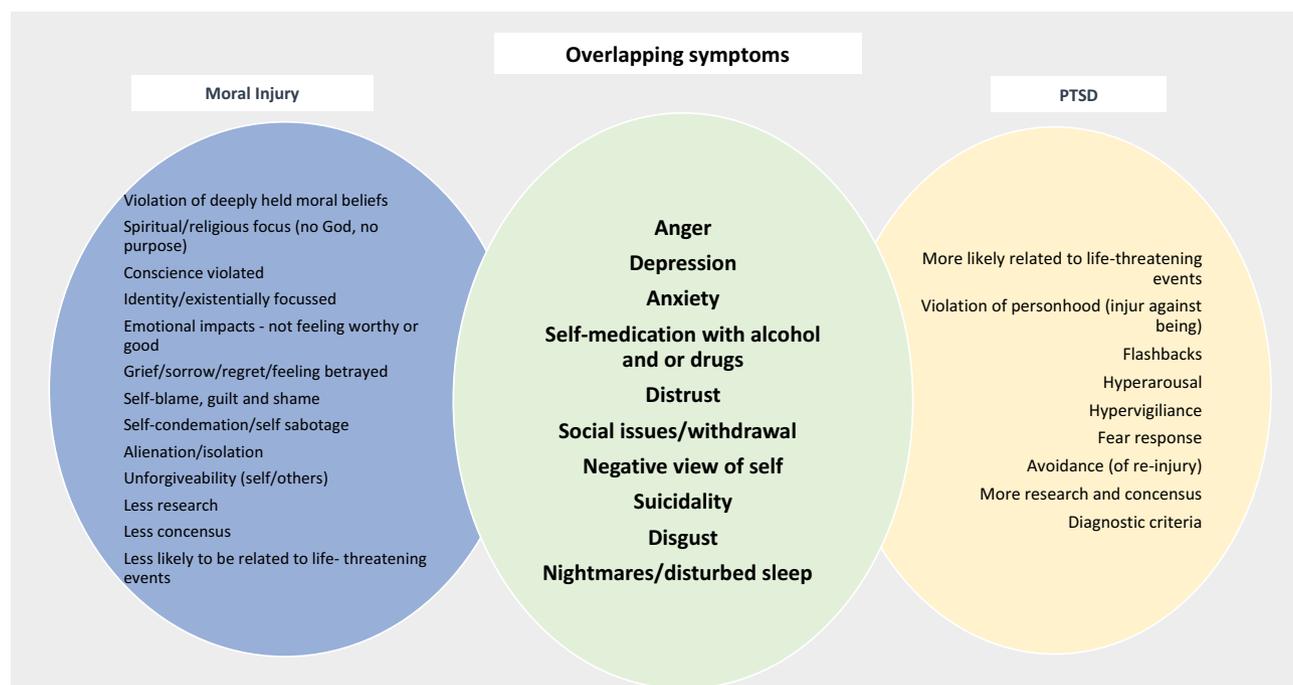
The Walker and Avant concept analysis model was used to examine the literature. A systematic literature



**FIG. 1** Flowchart of literature search and selection. Adapted from Moher et al. (2009). [Colour figure can be viewed at [wileyonlinelibrary.com](http://wileyonlinelibrary.com)]

search was conducted using PsycINFO, PubMed and Scopus databases. A librarian was used to review the terms and databases. The reference lists of included studies were also hand-searched. The literature search was conducted using the following search terms; "mora\* injur\*" (moral injury, morally injured or morally injurious) AND "concept" OR "definition". All relevant sources from the search that were full text, written in English and contained a key term (e.g. moral injury) were reviewed with inclusion being limited to moral injury in the title, abstract or main body. The search was further limited to English language and articles published between 2009 and 2019 to align with the

exponential growth of moral injury research during the last decade. Those that did not meet the inclusion criteria were excluded. The concept was cross-referenced with an expert team of academics and clinicians. Databases were searched individually, so that database-specific search strings could be used. The search yielded 177 articles from PsycINFO (48), PubMed (9) and Scopus (120). Examination of the citation and reference lists of relevant articles through Google Scholar resulted in 43 additional articles, and 61 articles were deemed relevant with 52 used to conduct the concept analysis after exclusion and deletion of duplicates (Fig. 1).



**FIG. 2** Differentiating moral injury from PTSD. [Colour figure can be viewed at [wileyonlinelibrary.com](http://wileyonlinelibrary.com)]

## RESULTS

### Identifying and defining moral injury

Historically, every major war has identified and defined the unique psychological and emotional experiences of service. Eloquent descriptions of military trauma sequelae can be found in references during the American Civil War where ‘soldiers heart’ was a common term to describe the emotional aftermath of soldiers affected by the atrocities. The terms ‘shell shock’ and ‘war neurosis’ dominated the literature during World War 1 and 2 (Sullivan 2013). Post-traumatic stress disorder (PTSD) later became the prevailing term (Moon 2016). Since then, conceptual issues regarding the assessment and definition of traumatic events continue to arise.

Moral injury was first mentioned by Camillo Mac Bica, a Vietnam vet and philosopher in the Vietnam War era. Psychiatrist Jonathan Shay was the first to officially coin the term in the early 1990s with a range of authors and disciplines subsequently following (see Table 1 for common definitions). A growing body of literature now exists highlighting tensions between academic and intellectual theories and disciplines (such as philosophy and psychology) best suited to addressing moral injury (Beard 2015). Although difficult to

completely delineate, competing disciplinary attitudes can be broadly categorized into two distinct orientations: philosophical (including theological and spiritual) and diagnostic (a portmanteau of diagnostic and therapeutic).

When working across the philosophical literature, moral injury is considered a ‘global feeling of a sense of shattered moral identity, moral despair and or profound moral disillusionment’ (Sherman 2017 p1). Philosophically, moral injury is less concerned with the ‘injury’ element and more focused on the ‘moral’ elements of moral injury focusing on addressing moral injury as opposed to treating it. With definitions such as ‘moral affront’, ‘moral distress’, ‘moral disruption’ (Drescher *et al.* 2011); ‘moral dislocation’ (Sherman 2015); ‘moral pain’, (Farnsworth *et al.* 2017) moral conflict, moral disorientation (Molendijk 2018) discussed, acknowledging the moral trauma to the conscience or soul.

In the United States of America (USA) where the term evolved, the US military have also offered definitional terms for moral injury such as ‘inner conflict’ or ‘stress injury’, straddling both philosophical and diagnostic orientations. However, these terms have not been universally accepted with veterans responding to them as inadequate, insulting and not realistic to the experience (Hodgson & Carey 2017).

**TABLE 1** *Examples of previous definitions (non-exhaustive)*

Shay (1994)	'...a betrayal of what's right, by someone who holds legitimate authority, in a high-stakes situation' (p. 240)
Litz <i>et al.</i> (2009)	'...the lasting psychological, biological, spiritual, behavioural and social impact of perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs and expectations' (p. 695)
US Department of Veteran Affairs (2009)	'...perpetuating failing to prevent bearing witness to or learning about acts that transgress deeply held moral beliefs and expectations. This may entail participating in or witnessing inhumane or cruel actions, failing to prevent the immoral acts of others as well as engaging in subtle acts or experiencing reactions that, upon reflection, transgress a moral code' (p. 1)
Boudreau (2010)	'Moral injury is...the damage done to our moral fibre when transgressions occur by our hands, through our orders, or with our connivance. When we accept these transgressions, however pragmatically (for survival, for instance), we sacrifice a piece of our moral integrity' (p. 749)
Brock and Lettini (2012)	'...moral injury is a wound in the soul, an inner conflict based on a moral evaluation of having inflicted or witnessed harm ...moral injury can result not only from active behaviour, such as torturing or killing, but also from passive behaviour, such as failing to prevent harm or witnessing a close friend be slain ...it can (also) involve feeling betrayed by persons in authority' (p. 1)
Drescher <i>et al.</i> (2011)	'the lasting psychological, biological, spiritual, behavioral, and social impact of perpetrating, failing to prevent, or bearing witness to acts that transgress deeply held moral beliefs and expectations' (p. 700). This injury is brought about by bearing witness to perceived immoral acts, failure to stop such actions, or perpetration of immoral acts, in particular actions that are inhumane, cruel, depraved, or violent, bringing about pain, suffering, or death of others' (p. 9)
Brock <i>et al.</i> (2012)	'Moral injury is a negative self-judgement [due to] having transgressed core moral beliefs and values or feeling betrayed by authorities. It is reflected in the destruction of moral identity and loss of meaning. Its symptoms include shame, survivor guilt, depression, despair, addiction, distrust, anger, a need to make amends and the loss of a desire to live' (p. 1)
Kinghorn (2012)	'...the experience of having acted (or consented to others acting) incommensurably with one's most deeply held moral conceptions' (p. 57)
Nash <i>et al.</i> (2013)	'...changes in biological, psychological, social, or spiritual functioning resulting from witnessing or perpetrating acts or failures to act that transgress deeply held, communally shared moral beliefs and expectations' (p. 1677)
Sullivan (2013)	moral injury is a shame-based reaction to an event in which a morally transgressive act was witnessed or perpetrated, and in which the individual had personal agency, or at least the perception of it
Gibbons, Shafer, Hickling, & Ramsey (2013). Beard (2015)	'militarily related acts of omission or commission that transgress deeply held beliefs, produce inner conflict, and often lead to anger and guilt or shame and or Internal dissonance that results from acting in a way that contradicts moral beliefs can result in anxiety and social withdrawal' 'Moral injury involves the difficulties an individual faces when forced to integrate the wrongdoing of a moral authority into their broader conception of the world as a morally reliable place' (p. 175)
Sherman (2015)	'...the experiences of serious inner conflict arising from what one takes to be grievous moral transgression that can overwhelm one's sense of goodness and humanity' (p. 8)
Zust (2015)	'... a complex "soul" wound that results from soldiers' conscientious inability to reconcile the moral dissonance between their idealized values and their perceived experiences. This wound produces a continuum of exiling behaviours that damage soldiers' ability to reconnect with their lives' (p. 2)d
Forbes <i>et al.</i> (2015)	'Moral injury is defined as a psychological state that arises from events and experiences associated with perpetuating, failing to prevent or bearing witness to inhumane or cruel actions, or learning about acts that transgress deeply held moral beliefs and expectations. Events associated with such transgressions and internal conflict leading to a moral injury can include acts of commission or omission, behaviours of others in the unit, bearing witness to human suffering or horrific acts of violence perpetrated by oneself or by others' (p. 6)
McCarthy (2016)	'the perpetration of, failure to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs and expectations'
Nielson <i>et al.</i> (2016)	'In sum: moral injury is the result of harm or damage (a wound) that reduces the functioning or impairs the performance of (injuries) the moral self, which is that part of a person where moral reasoning and moral decision-making takes place' (p. 35)
Carey <i>et al.</i> (2016)	'Moral injury originates (i) at an individual level when a person perpetuates, fails to prevent or bears witness to a serious act that transgresses deeply held moral beliefs and expectations which leads to inner conflict because the experience is at odds with their personal core ethical and moral beliefs, and/or, (ii) at an organizational level, when serious acts of transgression have been caused by or resulted in a betrayal of what is culturally held to be morally right in a 'high-stakes' situation by those who hold legitimate authority' (p. 3)
Litz (2016)	Two types of moral injury— 'perpetration'-based moral injury and 'betrayal'-based moral injury

*(Continued)*

Jinkerson (2016)	Phenomenologically, moral injury represents a particular trauma syndrome including psychological, existential, behavioural and interpersonal issues that emerge following perceived violations of deep moral beliefs by (i) oneself or (ii) trusted individuals (i.e. morally injurious experiences). These experiences cause significant moral dissonance, which if unresolved leads to the development of core and secondary symptoms (p. 126). Core symptomatic features are: guilt, shame, spiritual/existential conflict including subjective loss of meaning in life (or questioning of meaning in life) and loss of trust in self, others, and or transcendental/ultimate beings. Secondary symptoms include: depression, anxiety, anger, re-experiencing of the moral conflict, self-harm (ie. Suicidal ideation/behaviour, substance abuse, self-sabotage), and social problems (eg. social alienation, other interpersonal difficulty). It is likely that core symptomatic features influence the development of secondary symptomatic features. For moral injury to be identified, the following criteria must present a) history of morally injurious event exposure, b) guilt and at least two additional symptoms, which may be from either the core or secondary symptomatic feature lists
Hodgson and Carey (2017)	Moral injury is 'an existential-ontological wound that can have lasting psychological, biological, spiritual, behavioural and social consequences'
Farnsworth <i>et al.</i> (2017)	morally injurious event (MIE) as a situation occurring in a high-stakes environment where an individual perceives that an important moral value has been violated by the actions of self or others. In keeping with previous explanations of MIE's (Farnsworth <i>et al.</i> 2014)
US Department of Veterans Affairs (2019)	Moral injury refers to a psychological harm resulting from either (1) acting, failing to prevent, or witnessing actions that violate an individual's deepest values and principles or from (2) betrayal by a trusted authority figure in a high stakes situation
Koenig <i>et al.</i> (2020)	Moral injury has been defined as the negative emotions that emerge from transgressing moral boundaries by military personnel during combat such as killing enemy combatants or innocent civilians, failing to protect innocents or fellow combatants, or observing others transgress moral boundaries

Table sourced and adapted from Hodgson and Carey (2017).

When considering moral injury diageutically, a common inference by contemporary authors is that moral injury is a collective symptomatic injury that requires treatment (Jinkerson 2016). Individuals are therefore wounded, maladapted or psychologically broken and require fixing (Beard 2015; Brock *et al.* 2012; Forbes *et al.* 2015; Sherman 2015). As such, current efforts to shape and define moral injury for diagnostic purposes are ongoing (Jinkerson 2016; Litz *et al.* 2009).

As the term evolves, theorists are moving towards conceptual understanding of moral injury through multi-factorial lenses. For instance, Litz (2016) identifies perpetration-based betrayal and commission betrayal as two different concepts in moral injury worthy of separate consideration. Beard (2015) theorizes understanding and evaluating the act through an individual's moral beliefs about themselves and the world, and secondly understanding and evaluating moral beliefs about one's self (Beard 2015).

In the United States, from where most of the research into moral injury originates, the United States Department of Veterans Affairs (USDVA) also defines moral injury in two distinct areas 'Moral injury refers to a psychological harm resulting from either (i) acting, failing to prevent, or witnessing actions that violate an individual's deepest values and principles or from (ii)

betrayal by a trusted authority figure in a high stakes situation' (U.S. Department of Veterans Affairs 2009, 2019). Jinkerson, (2016, p. 126) also advocates for multi-factorial consideration of moral injury, weaving in the diageutic elements of moral injury but expanding the definition philosophically to read 'Moral injury is a particular type of psychological trauma characterized by intense guilt, shame, and spiritual crisis, which can develop when one violates his or her moral beliefs, is betrayed, or witnesses trusted individuals committing atrocities'.

The above definitions are limited in their attempts to describe all the necessary features of moral injury (such as the multi-factorial nature of moral injury and morality, betrayal and spirituality). Most definitions have been limited to consideration of the experiences of US military personnel exposed to war zone demands and combat (Griffin *et al.* 2019; Litz & Kerig 2019). Further research is required for other groups who may also experience morally traumatic demands and may be vulnerable to moral injury including non-deployed serving members, doctors, nurses and first responder services (Ford 2019). To build and enhance current understanding of the concept of moral injury in a military context, Walker and Avant's (2011) framework has been used.

**TABLE 2** *Defining terms (Walker & Avant 2011)*

Defining attributes are similar to signs and symptoms, are critical characteristics that help to differentiate one concept from another related concept and clarify its meaning
Antecedents are the events or attributes that must arise prior to a concept's occurrence
Consequences are those events or incidents that can occur as a result of the occurrence of a concept
Empirical referents are tools that can be used to both aid the measurement and acknowledge a concept

Table 2 provides a list of defining terms. The defining attributes, antecedents, consequences and references to literature are outlined in Table 3 and discussed in more detail below. A definition based on the findings from this will be outlined in the discussion section.

### Defining attributes

Walker and Avant (2011) assert that the defining attributes of a concept are those characteristics that appear repeatedly in the literature and are present every time the concept occurs, allowing for a broader insight in the concept. Several distinguishing factors exist for the concept of moral injury namely:

*An act or event* includes a behaviour, decision or hazard by omission or commission (Alford 2016). An example in a military context includes behaviours of others, for example leadership betrayal (Jinkerson 2016; Shay 2014), bearing witness to human suffering and or killing perpetrated by oneself or by others or even feelings that war is unethical or illegal can all result in moral injury (Beneda 2012; Forbes *et al.* 2015).

*Morality* is intrinsically linked to the moral dimensions of military practice and subsequently its impact (Beneda 2012; Molendijk *et al.* 2018). For moral injury to occur, the individual must feel like a transgression occurred and that they or someone else crossed a line with respect to their moral beliefs that results in intrapersonal trauma. Moral injury is influenced by variables of morality that can both influence a person's concept of self and their values (McDonald 2017; Tessman 2014; Westphal & Convoy 2015).

Morality can also create tension when a unified approach is expected and or crucial such as in the military in situations involving violence/killing (Sullivan 2013). Military experiences may ultimately lead to the collapse of the entire moral structure such as unethical or illegal orders (McDonald 2017). These tensions can

heighten intrapersonal trauma, manifesting as symptoms and emotions described as moral injury (Kruger 2017; Moon 2019). Moral injury, therefore, is founded in moral judgement and subsequently requires a working conscience for one to be vulnerable to it (Kinghorn 2012).

### *Cognition and emotion*

Cognitions are central to development of morality (Gibbs 2003; Hoffman 2001; Kohlberg 1984) and therefore moral injury. Although maladaptive cognitions in the context of PTSD have been previously investigated (Foa *et al.* 1999; Martin 2020; Scher *et al.* 2017), scant research exists about how maladaptive cognitions affect moral injury (Martin 2020). However, individuals who experience moral injury may experience maladaptive cognitions associated with trauma such as issues of forgiveness (self/others), trustworthiness and worthiness (Bryan *et al.* 2014), symptoms regularly theorized to align with moral injury (Bryan *et al.* 2014; Gray *et al.* 2012; Griffin *et al.* 2019).

Emotions are also essential to the moral compass (Brock *et al.* 2012). Moral injury is the existential distress occurring following a violation of or within one's moral compass (Boudreau 2011; Drescher *et al.* 2013; Molendijk *et al.* 2018; Shay 1994; Shay 2014). Emotional responses such as feeling betrayed, guilt, shame, angry, isolation, self-harm and self-annihilating behaviours also aligning with moral injury and regularly documented throughout the literature (Currier *et al.* 2015b; Farnsworth *et al.* 2014; Harris *et al.* 2011; Jinkerson 2016; Kelley *et al.* 2018, 2019; Maguen & Litz 2012; Shay 2014; Wisco *et al.* 2017).

### *Betrayal*

Betrayal is the sense of being harmed by the intentional actions or omissions of a trusted person (Rachman 2009). Betrayal is both an act and an associated feeling (i.e. feeling betrayed) and considered both an attribute and antecedent in this analysis, dominantly featuring throughout the moral injury literature (Jinkerson 2016; Miller 2016; Shay 2014). Moral injury betrayal can also occur on many levels in a military context. Bobek (2011) describes these levels as intrapersonal (including self and spiritual), interpersonal (including leadership, family, friends, civilians) and or institutional (e.g. government and military) and further discussed in antecedents. Betrayal by leadership, colleagues and or government is key attributing factors of moral injury (Currier *et al.* 2015a; Miller 2016; Shay 2014). Perpetration and betrayal leading to a violation

of one's core beliefs form the basis of many current moral injury definitions (see Table 1) highlighting the attributing factor.

## ANTECEDENTS

Antecedents are those events or incidents that must occur prior to the occurrence of the concept (Walker & Avant 2011), some of which may overlap with attributes or across both individual and contextual antecedents. Listed below are antecedents spanning individual and contextual antecedents.

### Individual antecedents

#### *Agency*

Agency is influenced by the belief of one's effectiveness, capability and control of situations and or actions (Moore 2016). Military members are influenced by and influence the complex socio-political environments they inhabit and are expected to adhere to political/ military norms. However, military members will always remain a moral agent with their own personal values meaning tensions can exist between moralities (e.g. between military and civilian moralities) (Molendijk 2018). These tensions can result in a violation of one's moral framework and subsequently moral injury (Miller 2016; Molendijk 2018; Nash & Litz 2013).

#### *Betrayal*

For a moral injury to occur, a betrayal must occur. Betrayal relative to moral injury is multi layered consisting of varying types of betrayal – interpersonal betrayal (leadership betrayal, family/friends/ civilian betrayal), institutional (government and military) and intrapersonal betrayal (includes self and spiritual) (Bobek 2011) discussed individually below.

Leadership betrayal was the most prominent form of betrayal identified in the literature (Brock *et al.* 2012; Currier *et al.* 2015a; Drescher *et al.* 2011; Litz *et al.* 2009; Maguen & Litz (2012); Miller 2016; Nash *et al.* 2013; Tick 2014). Leadership betrayal reflects a breach of trust in systems of authority and responsibility over and above interpersonal violations (Schorr *et al.* 2018; Smith & Freyd 2017). Shay's (1994) seminal literature on moral injury also identified leadership failings that amounted to betrayal within the structure of command as a core construct. Subsequent studies of moral injury also distinguished perpetration-based moral injury from harm resulting from leadership betrayal (Jordan *et al.* 2017).

Institutional betrayal has been described as 'adding insult to injury' and has been associated with both extreme stress reactions and dissociative processes (Smith & Freyd 2017). In Schorr *et al.*'s (2018) study, this type of betrayal is described as veterans who were 'wronged by a system (military, government or society) or high-ranking system representatives (e.g. Army General and Prime Minister)'. Common themes included sentiment that the government engaged in a war that was unnecessary or unjust and that the government and/or society did not value the lives and sacrifice of its warriors and failed to support their mission materially and/or emotionally (p. 2213). Miller (2016) also found in his study a number of betrayals in a military context that contributed to moral injury related to regulations, directives, mission plans and logistical failures that seemed to devalue or needlessly endanger troops and or non-combatants (Miller 2016).

Beneda (2012, p. 11) describes these institutional perspectives of moral injury as caused by 'the inability of pre-existing moral schemas to contextualize or justify personal actions or the actions of others, resulting in the unsuccessful accommodation of morally challenging experiences' meaning moral injury needs to be considered systemically in contrast to the psychological paradigm that places blame within the individual.

Intrapersonal betrayal has been referred to as a soul wounded or in distress (Shay 2014; Züst 2015) arising from failings to prevent acts that transgress existential values or by doing something that violates one's own ethics, values or ideals (e.g. betraying oneself) (Litz *et al.* 2009). These betrayals create an existential conflict and affront that leads to the cognition and emotions linked to moral injury.

### Contextual antecedents

#### *Act or event*

An act or event through omission or commission that creates a conflict of or within one's moral framework is considered morally injurious (Alford 2016; Carey & Hodgson 2016; Jinkerson 2016; Molendijk 2018; McDonald 2017; McCarthy 2016; Sullivan 2013). According to Department of Veterans' Affairs (Department of Veterans Affairs 2013, p. 3), for moral injury to occur there must be 'a decision, act or experience that severely contradicts the expectation of oneself or others, during the event or at some time point after, and an awareness of the discrepancy between one's own morals and the dissonant or conflictual experience'. An example of an act or event in this context is causing harm or death

of civilians, giving orders that result in injury or death of a fellow service member, failing to report sexual assault, bullying or violence against oneself, a fellow service member or civilians, following orders that were illegal or immoral (Forbes *et al.* 2015). This aligns with the antecedent literature outlining acts/events that cause change, adversity and that challenges individual morals, beliefs and values are prerequisites of moral injury (Griffin *et al.* 2019; McDonald 2017).

#### *Military environment and culture*

Military environments can expose members to a range of traumatic experiences (e.g. killing and human suffering) that can heighten the risk of moral injury (Brock & Lettini 2012; Shay 2014). Military culture is the attitudes, values and goals that influence behaviours that are embedded in military environment, training practices, customs and leadership traditions (Callaway & Spates 2016; Shay 2014). Cultural conformity applies to all who serve and is learned via initial training, and is symbolic in nature such that rank status, language and reinforcements that only make sense in its context (Shay 2014; Tick 2014; Westphal & Convoy 2015). Fundamentally, the military's core business is combat and being a collective undertaking the importance of 'honour' cannot be underestimated. Honour in military service means collectively adhering to military cultural, legal and moral codes, whilst doing what is always 'right' and making decisions that are in the best interest of the military as opposed to oneself (Beard 2014). Thus, when ethically, morally or spiritually oriented tensions present, such as orders resulting in injury or death of colleagues or leadership betrayal, a moral injury can occur.

## CONSEQUENCES

Walker and Avant (2011) consider consequences to be those events or incidents that can occur as a result of the occurrence of the concept. Moral injury can result in relational conflict (either intrapersonally and or interpersonally) that can heighten the risk of suicidality.

### **Relational conflict**

Common themes of intra- and interpersonal relational conflict arose throughout the literature on moral injury. This has been thematicized as 'relational conflict'. Relational conflict is defined here as the conflicted relationship with oneself (intrapersonal), others (interpersonal) and worldview.

### *Intrapersonal relationships – the conflicted self*

Relationships with oneself or others were identified as a key consequence of moral injury. A person's self-concept is their understanding of who they are and what makes them unique and founded in their identity (Aderman 2019). When the self-concept is negatively impacted through moral injury, intrapersonal difficulties and self-depreciating behaviours can occur (Drescher *et al.* 2011; Litz *et al.* 2009). These behaviours can lead to maladaptive cognitions and emotions about oneself, others and or the world and heighten the risk of suicidality.

### *Interpersonal – conflicted relationships with others*

Interpersonal relationships are relationships with and between people and or systems, varying in intensity and duration, but where behaviour(s) of one can impact on another (Clark-Polner & Clark 2014). Interpersonal relationships can include professional (e.g. leadership/work colleagues), social (e.g. friendships and family) or societal (e.g. relationship with systems such as health, government departments, e.g. Department of Veterans Affairs; Brooks & Greenberg 2018). In the military, interpersonal relationships are fundamental to military service, training and survival. This is especially pertinent in military populations where team ethos and trust are core military values and expectations (Miller 2016). Moral injury can elevate psychosocial tensions within interpersonal relationships through behaviours such as despair, substance/alcohol abuse, interpersonal violence, anger and suicide (Dombo, Gray & Early 2013; Kelley *et al.* 2019; Kruger 2017; Miller 2016; Shay 2014).

### *Worldview – conflicted relationships*

Experiencing or witnessing acts or events can undermine foundational beliefs about the trustworthiness and goodness of oneself, others, a higher power or the world (Litz *et al.* 2009; McDonald 2017). The intrinsic set of moral beliefs that was relied on are now gone (McDonald 2017) and individuals may be left questioning the very purpose of war itself and their mission or role within it (Miller 2016). Carey *et al.* (2016) notes that feelings of giving up and or questioning morality are common in those experiencing moral injury. The dissonance from the existential and spiritual conflicts, as well as changes in beliefs about morality and humanity, (e.g. losing faith no longer believing in a just world or expecting people to be good; Litz 2016; Sherman 2015; Wortmann *et al.* 2017), can result in a person struggling to come up with a worldview that makes

**TABLE 3** Examples of linkages to terms and themes

Articles	Term/Theme(s)
Alford (2016), Boudreau (2011), Brock <i>et al.</i> (2012), Drescher <i>et al.</i> (2011), Farnsworth <i>et al.</i> (2014), Farnsworth <i>et al.</i> (2017), Forbes <i>et al.</i> (2015), Frame (2015), Gaudet <i>et al.</i> (2016), Jinkerson (2016), Jones (2020), Kelley <i>et al.</i> (2018), Kinghorn (2012), Koenig <i>et al.</i> (2019), Kruger (2017), Litz <i>et al.</i> (2009), McCarthy (2016), Nakashima and Lettini (2012), Nash and Litz (2013), Phelps <i>et al.</i> (2015), Shay (2014), Sherman (2015), Sullivan (2013), Tick (2014), Vargas (2012), Wortmann <i>et al.</i> (2017), Yeterian <i>et al.</i> (2019), Zust (2015)	<b>Attributes</b> Act/event
Alford (2016), Boudreau (2011), Brock <i>et al.</i> (2012), Callaway <i>et al.</i> (2016), Drescher <i>et al.</i> (2018), Farnsworth <i>et al.</i> (2014), Harris <i>et al.</i> (2011), Jinkerson (2016), Kelley <i>et al.</i> (2018), Maguen and Litz (2012), McDonald (2017), Molendijk <i>et al.</i> (2018), Moon (2016, 2019), Nakashimi & Lettini (2012), Shay (2014), Sherman (2015), Tick (2014), Westphal and Convoy (2015)	Emotion
Alford (2016), Beneda (2012), Brock <i>et al.</i> (2012), Callaway <i>et al.</i> (2016), Currier <i>et al.</i> (2019), Drescher <i>et al.</i> (2013), Farnsworth <i>et al.</i> (2014), Farnsworth <i>et al.</i> (2019), Frame (2015), Kinghorn (2012), Kruger (2017), Litz and Kerig (2019).	Morality
Litz <i>et al.</i> (2009), Maguen and Litz (2012), McCarthy (2016), McDonald (2017), Molendijk <i>et al.</i> (2018), Moon (2016), Nakashima and Lettini (2012), Nazarov <i>et al.</i> (2015), Shay (2014), Sherman (2015), Sullivan (2013), Tick (2014), Westphal and Convoy (2015), Wortmann <i>et al.</i> (2017), Yan (2016), Zust (2015)	
Boudreau (2011), Brock <i>et al.</i> (2012), Callaway <i>et al.</i> (2016), Currier <i>et al.</i> (2015c), Drescher <i>et al.</i> (2011), Jinkerson (2016), Jordan <i>et al.</i> (2017), Kelley <i>et al.</i> (2018), Litz <i>et al.</i> (2009), Maguen and Litz (2012), Miller (2016), Nash <i>et al.</i> (2013), Shay (2014), Sherman (2015), Tick (2014), U.S. Department of Veterans Affairs (2009, 2019), Vargas (2012), Wortmann <i>et al.</i> (2017), Zust (2015)	Betrayal
Beard (2015), Boudreau (2011), Brock <i>et al.</i> (2012), Carey <i>et al.</i> (2016), Drescher <i>et al.</i> (2011), Hodgson and Carey (2017), Jinkerson (2016), Jordan <i>et al.</i> (2017), Kinghorn (2012), Koenig <i>et al.</i> (2018, 2019), Litz (2016), Litz <i>et al.</i> (2009), Macleish (2018), Molendijk (2018), Molendijk <i>et al.</i> (2018), Nakashima and Lettini (2012), Nash <i>et al.</i> (2013), Nielson <i>et al.</i> (2016), Shay (2014), Sherman (2015), Sullivan (2013), Tick (2014), Wortmann <i>et al.</i> (2017), Zust (2015)	<b>Antecedents (Individual)</b> Agency
Beneda (2012), Boudreau (2011), Brock <i>et al.</i> (2012), Callaway <i>et al.</i> (2016), Currier <i>et al.</i> (2015c), Drescher <i>et al.</i> (2011), Farnsworth <i>et al.</i> (2014), Hodgson and Carey (2017), Jinkerson (2016), Jordan <i>et al.</i> (2017), Kelley <i>et al.</i> (2018), Litz <i>et al.</i> (2009), Maguen and Litz (2012), Miller (2016), Nash <i>et al.</i> (2013), Schorr <i>et al.</i> (2018), Shay (2014), Sherman (2015), Tick (2014), U.S. Department of Veterans Affairs (2009, 2019), Vargas (2012), Wortmann <i>et al.</i> (2017), Zust (2015)	Betrayal
Beneda (2012), Callaway <i>et al.</i> (2016), Department of Veterans Affairs (2013), Dombo <i>et al.</i> (2013), Nash (2013), Shay (2014), Farnsworth <i>et al.</i> (2014), Tick (2014), Sherman (2015), Frame (2015), Currier <i>et al.</i> (2015c), Westphal and Convoy (2015), Carey <i>et al.</i> (2016), Jinkerson (2016), Miller (2016), Wortmann <i>et al.</i> (2017), Jordan <i>et al.</i> (2017), Schorr <i>et al.</i> (2018), Griffin <i>et al.</i> (2019)	Organizational
Alford (2016), Boudreau (2011), Brock <i>et al.</i> (2012), Drescher <i>et al.</i> (2011), Farnsworth <i>et al.</i> (2014), Farnsworth <i>et al.</i> (2017), Forbes <i>et al.</i> (2015), Frame (2015), Gaudet <i>et al.</i> (2016), Jinkerson (2016), Jones (2020), Kelley <i>et al.</i> (2018), Kinghorn (2012), Koenig <i>et al.</i> (2019), Kruger (2017), Litz <i>et al.</i> (2009), McCarthy (2016), Nakashima and Lettini (2012), Nash and Litz (2013), Phelps <i>et al.</i> (2015), Shay (2014), Sherman (2015), Sullivan (2013), Tick (2014), Vargas (2012), Wortmann <i>et al.</i> (2017), Yeterian <i>et al.</i> (2019), Zust (2015)	(Contextual) Act/Event
Beard (2014), Brock <i>et al.</i> (2012), Callaway <i>et al.</i> (2016), Currier <i>et al.</i> (2015c), Frame (2015), Jinkerson (2016), Kruger (2017), Miller (2016), Nakashima and Lettini (2012), Shay (2014), Sherman (2015), Simmons and Yoder (2013), Tick (2014), Westphal and Convoy (2015), Wortmann <i>et al.</i> (2017)	Cultural
	<b>Consequences (Relationships)</b>
Alford (2016), Beard (2014), Beneda (2012), Brock <i>et al.</i> (2012), Bryan <i>et al.</i> (2014), Callaway <i>et al.</i> (2016), Carey <i>et al.</i> (2016), Currier <i>et al.</i> (2019), Drescher <i>et al.</i> (2011), Farnsworth <i>et al.</i> (2014), Hodgson and Carey (2017), Jinkerson (2016), Jordan <i>et al.</i> (2017), Kelley <i>et al.</i> (2019), Kinghorn (2012), Kruger (2014, 2017), Litz (2016), Litz <i>et al.</i> (2009), Miller (2016), Molendijk <i>et al.</i> (2018), Nakashima and Lettini (2012), Neilson <i>et al.</i> (2016), Shay (2014), Sherman (2015), Tick (2014), Vargas (2012), Westphal and Convoy (2015), Wortmann <i>et al.</i> (2017), Zust (2015)	Intrapersonal
Brock <i>et al.</i> (2012), Farnsworth <i>et al.</i> (2014, 2019), Jinkerson (2016), Jordan <i>et al.</i> (2017), Kelley <i>et al.</i> (2019), Kruger (2017), Litz <i>et al.</i> (2009), Miller (2016), Moon (2019), Shay (2014), Sherman (2015), Tick (2014), Vargas (2012), Westphal and Convoy (2015), Wortmann <i>et al.</i> (2017)	Interpersonal
Alford (2016), Beard (2015), Brock <i>et al.</i> (2012), Carey <i>et al.</i> (2016), Currier <i>et al.</i> (2019), Farnsworth <i>et al.</i> (2019), Frankfurt and Frazier (2016), Litz <i>et al.</i> (2009), McDonald (2017), Miller (2016), Molendijk <i>et al.</i> (2018), Moon (2019), Nakashima and Lettini (2012), Sherman (2015), Tick (2014), Westphal and Convoy (2015), Wortmann <i>et al.</i> (2017), Zust (2015)	Worldview
Bryan <i>et al.</i> (2014), Currier <i>et al.</i> (2013), Currier <i>et al.</i> (2015a), Nash and Litz (2013), Nash <i>et al.</i> (2013), Koenig <i>et al.</i> (2018), Yeterian <i>et al.</i> (2019)	Empirical referents

sense to them (Litz 2016; Litz *et al.* 2009). Reinforcing Molendijk *et al.*'s (2018) notion that understanding who a person was before the moral injury occurred is vital in understanding how they will be impacted.

### *Suicidality*

Moral injury occurs when actions or inactions, self-directed or other directed violate the moral code (Shay 2014). This violation can negatively impact upon one's beliefs about one's goodness and or goodness in the world (Litz *et al.* 2009). Negative self-beliefs are a classic feature of moral injury and theorized to increase self-sabotaging and self-harming behaviours (Kelley *et al.* 2019; Litz *et al.* 2009). Negative self-beliefs can also heighten stigmatizing attitudes both actual and perceived (Kelley *et al.* 2019; Kruger 2017; Shay 2014; Westphal & Convoy 2015). The anticipation of social rejection and or fear of social condemnation can elicit feelings of shame, that is another classic feature of moral injury, that can lead to social withdrawal. Social withdrawal decreases a sense of belongingness, increases isolation and further reinforces destructive self-beliefs and behaviours including suicidality (Bryan *et al.* 2016; Drescher *et al.* 2011; Hodgson & Carey 2017; Jamieson *et al.* 2020; Jinkerson 2016; Jordan *et al.* 2017; Kelley *et al.* 2019; Litz *et al.* 2009; Wortmann, *et al.* 2017).

### MODEL CASE

Walker and Avant (2011) define a model case as one that demonstrates all the defining attributes of a concept. It gives an example of how the defining attributes can be illustrated.

A model case here would firstly include a person being faced with a morally transgressive act(s) that were perpetrated or witnessed by an individual who had personal agency (or at least the perception of personal agency) in the outcome or the event (Alford 2016; Sullivan 2013). As an example, Daniel a 21-year-old single Caucasian male joins the military at age 17, fulfilling his life goal (agency). Daniel was ordered onto guard duty to which he conformed (agency/culture). One evening whilst on guard duty a colleague had spoken to him in distress about wanting to suicide. Daniel immediately went to help his colleague as he had been trained to do (agency/antecedent). He contacted senior officers as per the military protocol (agency/antecedent). Senior officers refused to support his colleague saying they were 'attention seeking' (antecedent/attribute). Daniel was ordered to leave and return to

his guard (antecedent/attribute). His colleague died by suicide a few hours later (antecedent/attribute/consequence). Daniel presented to a psychologist visibly distressed saying he should have done more and was a terrible person and that he had betrayed his colleague and betrayed himself (attribute/antecedent). He described feeling guilty and ashamed and how senior officers had betrayed him and his colleague (attribute/antecedent/consequence). Saying 'the military had let them down' and 'it wasn't what he thought it was' (consequence). He started to drink heavily to 'numb everything' (consequence). The following day, a colleague had gone to collect Daniel as he had not arrived for training. Daniel had taken his own life (consequence).

Having an attribute of a concept (in this case moral injury) implies having all the negative qualities that eventually lead to Daniel's suicide. The above scenario illustrates how moral injury antecedents and attributes of an act, and attributes of cognition and emotion can heighten the risk of suicide for veterans.

### CONTRARY CASE

A contrary case is the direct opposite of a model case (Walker and Avant 2011). This can be illustrated in the following example:

Helen an 18-year-old female joined the Army from leaving school. A few months after she had completed her military training, Helen was deployed to Indonesia to support international relief efforts following a catastrophic natural disaster. Helen arrived to a remote area of Indonesia that had been badly affected by the disaster with many lives lost. Homes, farmland and infrastructure had also been destroyed. Helen's role was to support military clean up and recovery efforts. Helen arrived on site, shocked and horrified at the images confronting her. Human bodies and remains were everywhere she looked, and the stench of death and sewerage was unbearable. Helen vomited several times and felt overwhelmed but completed her deployment, returning home after several weeks. Within weeks of returning home, Helen experienced multiple intrusive thoughts and memories from the deployment. She would startle easily at the slightest sound and feel triggered by sights and smells that reminded her of the event. Helen could not sleep and experienced recurrent nightmares and flashbacks. This is an example of an individual, who having struggled with deployment exposure had not experienced a moral injury, but instead was more likely to be experiencing PTSD.

## EMPIRICAL REFERENTS

The final step in concept analysis is empirical referents. Empirical referents are classes or categories of the phenomena that by their very presence or existence, which demonstrates the occurrence of the concept itself (Walker & Avant 2011). Empirical referents are tools that can be used to both aid the measurement and acknowledge a concept to help in the development of any research instruments (Walker & Avant 2011).

It is difficult to know the extent of moral injury, partly because measures of moral injury have only recently been published (Bryan *et al.* 2014); therefore, prevalence of moral injury remains largely unknown. A systematic means of assessing moral injury does not currently exist. Current approaches elicit information from individuals based on moral injury themes such as guilt and shame that are slowly receiving empirical support and further manoeuvring moral injury into a diagnosable category within a medically diagnostic framework (Jinkerson 2016). There is concern, however, that whilst this approach may serve to promote diversification of injury, it will lack in addressing the 'moral' element intrinsic to moral injury (Beard 2015). As the construct of moral injury evolves, tools to measure it are also in development or evolving.

## DISCUSSION

Moral injury is the term used to express what happens to a person when traumatic acts or events cross a person's moral boundaries, shattering their moral framework (Bryan *et al.* 2014; Griffin *et al.* 2019; Jinkerson 2016; Kinghorn 2012; Litz *et al.* 2009; Litz & Kerig (2019); Maguen & Litz (2012); Nash 2010; Shay 2014; Sullivan 2013; Vargas *et al.* 2013).

The definitions of moral injury have evolved considerably since its introduction in the 1990s, a consensus definition remains to emerge (Griffin *et al.* 2019; Hodgson & Carey 2017). The subjective nature of moral injury creates complexity when trying to understand and treat moral injury (Farnsworth 2019; Sullivan 2013). There is no universal moral code, therefore, an act that is considered morally transgressive by one person may be seen differently by another and experiences may not be the same. Therefore, to fully understand moral injury, an understanding of morality is fundamental yet rarely explored (Molendijk *et al.* 2018).

Current descriptions of moral injury include a morally traumatic experience (perceived or actual) and

subsequent impacts (Griffin *et al.* 2019). Many definitions previously used the term 'injury' to describe the damage to one's morals.

However, 'trauma' is considered a more appropriate term to describe the impact. An experience of trauma can contribute to development of many different forms of mental health problems and or mental illness and is more common amongst specific groups such as the armed forces (Phoenix Australia 2019). Whilst injuries may hurt, they are not always harmful, and trauma, however, is considered an injury that has the potential to cause prolonged disability or death – trauma is nearly always harmful (Australian Institute of Health & Welfare 2020) and is more suitably aligned with the documented consequences of moral injury.

Trauma to the moral framework can lead to maladaptive cognitions and feelings such as betrayal, anger, distrust, guilt, shame and self-annihilating behaviour(s) including suicidality (Drescher *et al.* 2011; Jinkerson 2016; Jordan *et al.* 2017; Zust 2015). Therefore, the relationship between the experience and individual's morality would be an important complement to current dominant discourse that focusses on the psycho-syndromic impacts and beneficial for future research.

This study supports the existing literature that links the experiences and impacts of moral injury to suicidality, as well as contributing to the links between betrayal to moral injury, described as both an antecedent and attribute in this analysis.

Lastly, the study also provided a hypothetical example of model and contrary cases using the concept analysis factors described in the study that may support the evolution of empirical referents as research evolves.

Finally, whilst respectfully acknowledging previous authors' contributions, this work suggests that current definitions do not adequately capture the betrayal and intrapersonal trauma that many veterans with moral injury experience. Nor do current definitions fully embrace the importance and relevance of the systemic components that are considered core for understanding, defining and addressing moral injury (Hodgson & Carey 2017; Boudreau 2011; McCarthy 2016; Vargas 2012). Therefore, to build on current conceptualizations of moral injury and definitional consensus, the authors of this analysis redefine moral injury as '***moral trauma***', *'the existential, psychological, emotional and or spiritual trauma arising from a conflict, violation or betrayal, either by omission or commission, of or within one's moral beliefs or code(s)'*.

### Concept Analysis Diagram – Moral Injury

**Attributes**

- Most frequent characteristics that are present every time the concept occurs

**Antecedents**

- Events or incidents that must occur prior to the concept

**Model / contrary case**

- Examples that do or do not exhibit defining attributes, antecedents or consequences of the concept.

**Consequences**

- Events or outcomes that can occur due to and or following exposure of the concept

**Empirical Referents**

- Tools that can be used to aid the measurement and acknowledge a concept

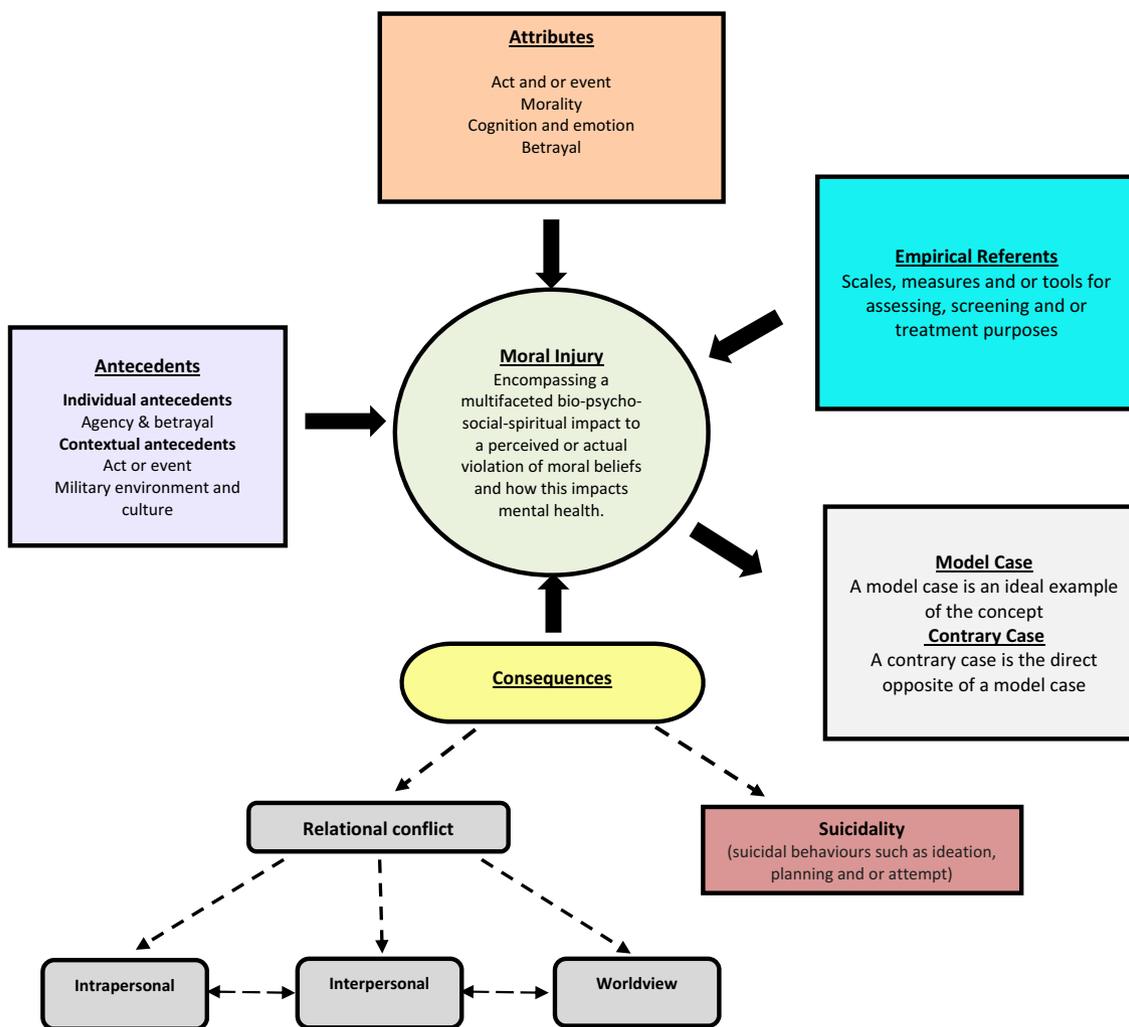


FIG. 3 Concept Analysis Diagram – Moral Injury (word version sent separately). [Colour figure can be viewed at wileyonlinelibrary.com]

## LIMITATIONS

A limitation of this concept analysis is that the number and unrepresentativeness of the papers reviewed may have limitations on the current nomenclature and the construct definition. Investigation into moral injury is limited by both geography and sample size due to the small number of studies and predominantly theoretical literature from the United States primarily with previously deployed military members that focus on the concept. Also, the inclusion of only English language articles limits the content from research in other languages, therefore, their content and perspectives. Using a specific framework (Walker & Avant 2011) may have also limited the scope of analysis.

## CONCLUSION

The analysis used Walker and Avant (2011) to determine the defining attributes, antecedents, consequences and empirical referents for moral injury. A model and contrary case was developed based on the findings. Current definitional frameworks are considered inadequately developed to address the complexity of moral injury but are evolving. A new definition of moral injury to moral trauma has been proposed. Without operationalizing a new and agreed definition for moral trauma, future research, proper assessment and the development of effective approaches may be hindered (Jamieson *et al.* 2020). When definitional consensus occurs, to the degree consensus is possible, it will greatly reduce future methodological problems and enhance research and practice.

## RELEVANCE FOR CLINICAL PRACTICE

Moral injury was initially developed and studied here in the context of combat veterans (Bryan *et al.* 2016; Drescher *et al.* 2011; Griffin *et al.* 2019; Koenig 2018). However, non-military personnel such as first responders, police, healthcare providers) can also experience similar problems (Haight *et al.* 2016; Murray & Gidwani 2018). The analysis also identified other types of events that are potentially morally injurious (e.g. sexual abuse, betrayal by trusted others and suicide/homicide; Currier *et al.* 2015c; Frankfurt *et al.* 2018). More recently, and much less studied, are the varying health and moral exposures to situations arising from the COVID-19 global health pandemic that could also expose individuals to moral trauma (Dean *et al.* 2020; Haller *et al.* 2020).

At present, moral injury is not a diagnosable mental health condition in Australia but can have devastating impacts on those it affects. Many clinicians currently treat PTSD symptoms and comorbid disorders (e.g. mood disorders, substance abuse and suicidality), with very little understanding of or identifying of any underlying symptoms of moral injury (Barnes *et al.* 2019). Understandably, this problematic as trauma that can cause PTSD is likely to cause moral injury. However, treatments for PTSD are insufficient for moral injury and may be counter-productive, particularly exposure therapies which can worsen symptoms (Steenkamp *et al.* 2015; Maguen & Burkman 2013).

Without understanding moral injury and the environments to which a moral injury can occur, clinicians can unintentionally impair the therapeutic alliance and hinder any treatment and rehabilitation approaches.

Notwithstanding, treatment of psychopathology associated with moral injury is necessary though (i.e. anxiety, depressive and alcohol use disorders), suicidal ideation and suicide attempts (Griffin *et al.* 2019; Jinkerson & Battles 2019; Zerach & Levi-Belz 2019; Wisco *et al.* 2017). As rating scales and assessment tools continue to evolve, a further challenge remains for practice with the design of effective recognition and intervention. As moral injury does not sit exclusively within disciplines it is challenging to predict how tools and interventions might look.

This paper primarily focusses on professionals working with individuals who have served in the military but can also be considered across disciplines. Clinicians need to consider the presence of moral injury and take time to explore the distinguishing features of moral injury based on the now defined concept to improve mental health outcomes.

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## ETHICS APPROVAL(S)

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