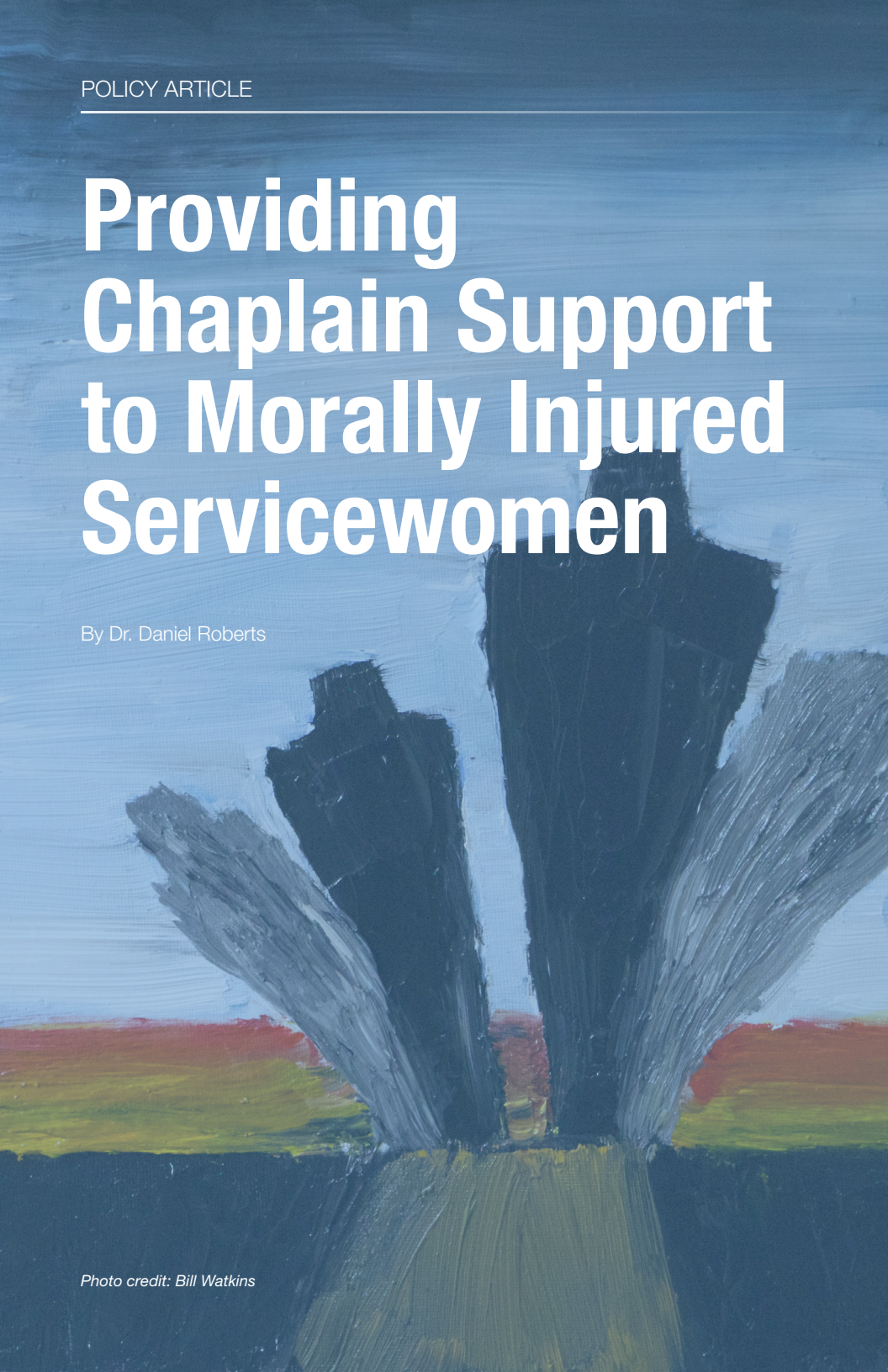


POLICY ARTICLE

Providing Chaplain Support to Morally Injured Servicewomen

By Dr. Daniel Roberts

Photo credit: Bill Watkins

An abstract painting featuring bold, expressive brushstrokes. The central focus is a dark, almost black, vertical shape that tapers towards the top, resembling a stylized figure or a column. This central element is flanked by lighter, greyish-blue strokes that fan out, suggesting movement or a sense of being torn or broken. The background is composed of horizontal bands of color: a light blue at the top, a vibrant red in the middle, and a yellowish-green at the bottom. The overall mood is somber and evocative, with a strong sense of emotional weight.

ABSTRACT

The following article may serve as a learning tool for chaplains who are available to provide care to servicewomen suffering from moral injury. Moral injury occurs when someone experiences, takes part in, or witnesses a traumatic event that violates their deeply held beliefs about truth, justice, or morality. Using a gendered approach rooted in feminist principles and research, the text provides a list of traits and attitudes that effective chaplains possess, five principles of support, and recommendations for how chaplains can enact those concepts in specific counseling situations. The five principles of support are: *establish trust*, *enable storytelling*, *be empathetic and calm*, *listen for special themes*, and *offer alternative perspectives*. Together, the principles help create an environment in which a military woman can receive vitalizing pastoral care. The article describes in detail the five special themes of *disempowerment*, *sink holes*, *guilt and shame*, *loss of identity*, and *low self-worth* and explains how chaplains can offer alternative perspectives so that a woman client might experience post-traumatic growth and recovery.

INTRODUCTION

Moral injury (MI) is an ancient problem that has become the subject of work by researchers, chaplains, and mental health practitioners. There is no universally agreed upon definition. Shay stated that moral injury is present when there has been a betrayal of what's right by someone in a position of authority or by one's self in a high stakes situation.¹ Litz et al. defined moral injury as "perpetrating, failing to prevent, or bearing witness to acts that transgress deeply held moral beliefs and expectations."² What is commonly held among moral injury scholars is that MI is deeply disturbing and can profoundly alter the way one thinks about herself, the world, and her outlook on life. For the purposes of this article, the author's approach conforms to the definition offered by Litz et al.

Potential morally injurious events (PMIEs) are singular incidents or a series of traumas that may lead to distress, guilt, shame, and other emotions associated with moral injury. Shay first conceptualized moral injury based on his work with combat veterans returning from Vietnam.³ Shay's moral injury construct was based on wartime traumas, and in his 2014 article, he restated the story of a Marine Corps sniper who killed an enemy combatant while the terrorist was holding a child as a shield. Although the Marine followed the rules of engagement and it was his duty to kill the enemy, the American warrior was still deeply affected by the child's death that resulted from his actions.⁴

Later research added to the context of moral injury. In a study that included 47 women veterans, participants identified nearly a dozen themes to the question, "What event led to the moral injury?"⁵ The most common moral injurious events were sexual assault, hostile work environment, gender harassment, and retaliation. Some women who had been sexually assaulted were further morally injured by the lack of support and justice they received from their chain of command.

No two people are alike and moral injury may be felt and experienced differently depending on one's gender, familial, cultural, and religious background, as well as a host of other factors. With that in mind, the author's research is rooted in feminist theory as stated by Hesse-Biber and Leavy: "By documenting women's lives, experiences, and concerns, illuminating

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- 1 Jonathon Shay, "Moral Injury," *Psychoanalytical Psychology* 31, no. 2 (2014): 182, doi: 10.1037/a0036090
 - 2 Brett T. Litz et al., "Moral injury and moral repair in war veterans: A preliminary model and intervention strategy," *Clinical Psychology Review* 29 (2009): 697, doi: 10.1016/j.cpr.2009.07.003.
 - 3 Shay, "Moral Injury," 182.
 - 4 Shay, "Moral Injury," 185-186.
 - 5 Daniel L. Roberts and Joann Kovacich, "Women Veterans and the Question of Moral Injury: Initial Results," in *Moral Injury Research, Discussions, and Support Methods: Volume 1* (Robbins: Moral Injury Support Network for Servicewomen, Inc., 2022), 7.

gender-based stereotypes and biases, and unearthing women's subjugated knowledge, feminist research challenges the basic structures of and ideologies that oppress women."⁶

The practices illuminated in the next few pages are also based on a gendered approach to moral injury and chaplain support. The author's own positionality is as a cis male member of the U.S. Army chaplain corps who became intensely interested in feminist research and practice while pursuing his doctorate. In the U.S. military chaplain field, which is over 90% male, the author noted that chaplain men often failed to recognize that the male dominated military is not an equal playing field for women. Chaplain men commonly treated all soldiers the same rather than recognizing that gender differences could play a role.⁷

In this article, the author will approach the problem of moral injury from the lens of servicewomen and chaplain support. The goal of the article is to offer ideas and techniques to chaplains who find themselves providing emotional and spiritual support to military women who may be suffering from moral injury. First, the text will describe some traits of effective chaplains. This list of attributes is based on what wounded servicewomen, women chaplains, and chaplain men stated were the qualities of ministers who effectively provide emotional and spiritual support to military women.

Once the chaplain traits have been established, the article will cover the author's principles of support. These guidelines come from over 20 years of experience in the U.S. Army chaplain corps in working with morally injured servicewomen and research by other scholars in the field. As part of this section, the author will identify five themes that commonly appear in women veterans and provide recommendations for how chaplains can assist clients in recovering from their injuries.

SUPPORTING RESEARCH

In the U.S. military, chaplains perform a variety of religious support functions.

In the pluralistic religious setting of the military, the Chaplain Corps performs or provides religious support for all Soldiers, Family members, and authorized Department of Defense (DOD) Civilians from all religious traditions. Chaplains cooperate with each other, without compromising their religious tradition or ecclesiastical endorsement

6 Abigail Brooks and Sharlene Nagy Hesse-Biber, "An Invitation to Feminist Research," in *Feminist Research Practice*, ed. Sharlene Nagy Hesse-Biber and Patricia Lina Leavy (Thousand Oaks: Sage Publications, 2007), 4.

7 Daniel L. Roberts and Joann Kovacich, "Male Chaplains and Female Soldiers: Are There Gender and Denominational Differences in Military Pastoral Care," *Journal of Pastoral Care & Counseling* 74, no 2 (2020): 133-140.

requirements, to ensure the most comprehensive religious support opportunities possible within the unique military environment.⁸

This religious support comes in a variety of forms, including pastoral counseling, worship services, and religious education programs. Much of the counseling that chaplains perform is not religiously oriented as much as it is helping soldiers think through emotional, relationship, work, or financial problems.⁹ Given that moral injury is both a spiritual and a psychological problem,¹⁰ chaplains are well-positioned to help soldiers suffering from MI.

In addition to extant research on moral injury, three projects undertaken by the author and a woman researcher informed the author's practice. The first study included 10 women military chaplains and 11 servicewomen who had been wounded during overseas deployments. Using a qualitative Delphi design, the study created the Comprehensive Female Soldier Support Model for providing emotional and spiritual support to wounded women.¹¹ The researcher asked the servicewomen to talk about their experiences with military chaplains. Female chaplains provided recommendations for how chaplains can be most effective in providing emotional and spiritual support to injured servicewomen.

In a second study related to chaplain support, the author interviewed 15 military chaplain men and asked questions about how they provided pastoral care to servicewomen.¹² This study was created as a follow-up to the first project to get a chaplain man's perspective on the problem of support to military women and determine if there were denominational differences in how the chaplains enacted religious support. The author used a descriptive case study design. Both studies were based on feminist theory.

8 *Army Chaplain Corps Activities*, Army Regulation 165-1 (Washington, D.C.: Department of the Army, 2015), 1.

9 Daniel L. Roberts and Joann Kovacich, "Male Chaplains and Female Soldiers: Are There Gender and Denominational Differences in Military Pastoral Care," *Journal of Pastoral Care & Counseling* 74, no 2 (2020): 133-140.

10 Harold G. Koenig, "Moral Injury: A Common and Often Neglected Syndrome Among Veterans Experiencing War Trauma," in *Select Proceedings from the 2020 Women Veterans Military Moral Injury Conferences* (Robbins: Moral Injury Support Network for Servicewomen, Inc., 2021), 1.

11 Daniel L. Roberts, Joann Kovacich, and Melvin J. Rivers, "The Comprehensive Female Soldier Support Model," *Journal of Health Care Chaplaincy* 24, no. 1 (April 2017): 1-19.

12 Daniel L. Roberts and Joann Kovacich, "Male Chaplains and Female Soldiers: Are There Gender and Denominational Differences in Military Pastoral Care," *Journal of Pastoral Care & Counseling* 74, no 2 (2020): 133-140.

The third project is ongoing, but an article with preliminary data has been published.¹³ The research team interviewed and conducted anonymous online surveys with nearly 50 women veterans who stated that they experienced moral injury while serving in the U.S. military. Using a qualitative inquiry design, the team is analyzing the large amount of data to determine the nature of moral injury in women veterans. In addition to the author, the study team includes three women.

IDENTIFYING MORAL INJURY IN CLIENTS

Some moral injury scales are available for identifying whether someone may have experienced a MI. The Brief Moral Injury Screen (BMIS) and the Moral Injury Questionnaire—Military Version can determine if a potentially morally injurious event has occurred. The Moral Injury Symptom Scale—Military Version Short Form (MISS-M-SF) “focuses on betrayal by leaders that were once trusted, feeling guilt, feeling shame, feeling that one has violated one’s moral values, struggles with life, the meaning and purpose of life, forgiveness, and feeling like one has been a failure.”¹⁴ Other assessment tools are available, and many can be obtained at no cost. Using measures like these are one way that chaplains can identify whether moral injury could be a presenting concern in a client.

Asking questions is another way to identify moral injury in a person seeking support. Most people have not heard the term moral injury but can identify with the idea of moral or inner conflict. These and similar questions can get a moral injury out into the open: “Did this experience violate your deeply held beliefs? How much is this violation affecting your emotional, mental, or spiritual state right now?” Other indicators of the potential presence of MI are the client expressing feelings of guilt, shame, fear of unforgiveness by God and others, or loss of hope.

CHAPLAIN TRAITS

All three populations from the first two studies identified in the Supporting Research section above—military women, women chaplains, and chaplain men—provided data on traits and attitudes that chaplains must possess to be effective in providing pastoral care to servicewomen. Table 1 lists the characteristics catalogued in the two studies and which type(s) of participant (chaplain or wounded soldier) identified the attribute.

13 Daniel L. Roberts and Joann Kovacich, “Women Veterans and the Question of Moral Injury: Initial Results,” in *Moral Injury Research, Discussions, and Support Methods: Volume 1* (Robbins: Moral Injury Support Network for Servicewomen, Inc., 2022), 7-14.

14 Harold G. Koenig, “Moral Injury: A Common and Often Neglected Syndrome Among Veterans Experiencing War Trauma,” in *Select Proceedings from the 2020 Women Veterans Military Moral Injury Conferences* (Robbins: Moral Injury Support Network for Servicewomen, Inc., 2021), 2-3.

TABLE 1: SKILLED CHAPLAIN TRAITS AND ATTITUDES

Chaplain Trait	Type of Participant
Warm and caring demeanor	Wounded Servicewoman
Makes client feel comfortable and safe	Wounded Servicewoman, Woman Chaplain, Male Chaplain
Remains calm while hearing client's traumatic experiences	Wounded Servicewoman
Skilled in helping client through trauma	Wounded Servicewoman
Built positive relationships with everyone in the military unit	Wounded Servicewoman, Woman Chaplain
Trained in helping women who have been sexually assaulted	Wounded Servicewoman
Willing to advocate with commanders on behalf of the servicewoman	Wounded Servicewoman, Woman Chaplain
Self-aware of personal strengths, weaknesses, limitations, and triggers	Woman Chaplain
Understands role as spiritual care provider, not mental health professional	Woman Chaplain, Male Chaplain
Non-judgmental, finds common ground with client	Woman Chaplain
Seeks personal spiritual growth	Woman Chaplain
Knows signs and symptoms of PTSD	Woman Chaplain
Skilled in helping client find answers for themselves	Male Chaplain

PRINCIPLES OF SPIRITUAL SUPPORT

The table identifies general traits and attitudes of good chaplaincy but does not describe specific actions chaplains may take in providing support. In the author's practice of providing spiritual aid to women veterans and active duty service members, he uses five principles of support: establish trust, enable storytelling, be empathetic and calm, listen for special themes,

and offer alternative perspectives. Before a chaplain can access the client's problem, he or she must first establish trust with the person. Trust is about finding common ground with another person, establishing a nonjudgmental relationship, and holding sacred their points of view and secrets.

A potential client might approach a chaplain for support and be prepared to immediately explain the problem. In many, if not most cases, the service member will tread lightly and the real problem she faces will need to be gently coaxed from her by the chaplain. This might be because the woman was referred to the chaplain by someone else or the minister and client are unknown to each other. In these cases, the author recommends that the chaplain use easy conversation starters to get the person talking. Asking innocuous questions that someone might ask when first meeting another person, such as where she works, what her job is, where she has been stationed, etc., can begin to build a bridge of trust without going too deeply into sensitive issues until the person is ready. At some point, the chaplain will need to determine if the person is ready to talk about her moral injury. The client might speak about her symptoms, or the chaplain might ask the person what he or she can do for the client.

When the servicewoman is ready to get into the problem, the second principle of enabling storytelling becomes the chaplain's guiding value. Hearing the client's story gives the chaplain clues to the source of the moral injury, the effects that the person is feeling from the injury, and the servicewoman's attitudes and beliefs that might prevent her from experiencing post-traumatic growth. When listening to the person, the chaplain should suspend all judgment of the veteran's actions, beliefs, and experiences. If a servicewoman feels judged in any way she will most likely shut down and the chaplain will lose any opportunity to help her. The goal of this principle is to fully understand the woman – what she has been through, how she thinks, what is truly bothering her. To encourage the veteran to provide important details, the chaplain can ask questions like, "tell me more about that. How did that make you feel? What did you do next? How well were you supported by your leaders or community during that time?"

Morally injured servicewomen often tell tragic, horrifying stories. Rape, sexual harassment, retaliation, betrayal, and humiliation are common morally injurious experiences for military women.¹⁵ For chaplain men who have not yet heard detailed stories from survivors, these accounts might be hard to believe and may lead to anger, sadness, depression, or unexpected exclamations. The first time the author heard a woman veteran talk about her forced abortion, he shouted "Oh my God!" before he could stop himself. The problem with such reactions is that they can make the client feel worse if the person thinks that the chaplain is also traumatized

15 Daniel L. Roberts and Joann Kovacich, "Women Veterans and the Question of Moral Injury: Initial Results," in *Moral Injury Research, Discussions, and Support Methods: Volume 1* (Robbins: Moral Injury Support Network for Servicewomen, Inc., 2022), 7-14.

by her story. Chaplains can show empathy by responding appropriately with words, such as, “I can imagine how terrible that must have made you feel; or it is very sad to me how much that person harmed you,” while remaining outwardly calm. In the author’s study with wounded servicewomen, participants stated that it was important that chaplains remained calm when hearing their experiences.¹⁶

To be effective, chaplains will need to do more than just hear servicewomen’s stories. In the author’s approach to ministry, he listens for special themes within the veteran’s narrative. In this article, the author will describe five main themes: disempowerment, sink holes, guilt and shame, loss of identity, and low self-worth. For each theme, the author offers an alternative perspective to the client’s narrative. Alternative perspectives are suggestions for new ways that the servicewoman can think about the tragedy she experienced. The following paragraphs provide examples of the special themes and some responses chaplains might give. It should be noted that rather than tell the veteran how to think differently, the author most often asks leading questions so that the person feels that they are making the decision for themselves. This leading approach was noted in author’s study with male chaplains.¹⁷

DISEMPOWERMENT

Disempowerment means that the person feels that there is nothing she can do to change her situation. For instance, she did something that she cannot forgive herself for. The action the woman took is in the past, but she continues to punish herself in the present. Since the deed cannot be undone and there may not be a way to make direct amends, she feels powerless to change it. The person may also think that what she did was so bad that she cannot possibly forgive herself. The veteran may feel separated from God and that God has rejected her.

Similar feelings may occur when something tragic happened to the servicewoman, like a sexual assault. The veteran may feel that the system does not or did not care for them, that justice was not done, and that other servicewomen will continue to be harmed. They feel disempowered to change a system that does not serve people as it should.

Three examples of disempowerment themes are separation from God, unforgiveness, and systematic or institutional betrayal. In the first example, the woman may feel that God does not care about what happened to her. She may have lost her faith completely. God is no longer a source of inspiration or strength for her. Unforgiveness means that the veteran is unable to

16 Daniel L. Roberts, Joann Kovacich, and Melvin J. Rivers, "The Comprehensive Female Soldier Support Model," *Journal of Health Care Chaplaincy* 24, no. 1 (April 2017): 1-19.

17 Daniel L. Roberts and Joann Kovacich, "Male Chaplains and Female Soldiers: Are There Gender and Denominational Differences in Military Pastoral Care," *Journal of Pastoral Care & Counseling* 74, no 2 (2020): 133-140.

stop feeling resentment for the person who wronged her or cannot give herself grace for her past actions. In the context of sexual assault, Smith and Freyd defined institutional betrayal as “institutional failure to prevent sexual assault or respond supportively when it occurs.”¹⁸ Women veterans identified institutional betrayal as a moral injury category in the study by the author.¹⁹

It can be difficult to walk someone through a loss of faith or a sense of betrayal by God. Chaplains should not speak for God or deny that a tragic thing happened to the person. Pithy sayings like, “Everything happens for a reason,” can seem extremely dismissive of the veteran’s experience. Ministers can be honest with the person by saying, “I cannot speak for God or deny that what happened to you was bad. If God is not a source of aid or inspiration for you right now, don’t worry about it. Let’s find something that can help you.” The chaplain can then offer other resources, such as secular books that speak to grief, tragedy, and recovery.

For many ministers, walking a person through forgiveness of self or others is common practice. There are many approaches to this including prayer, referring to stories in the holy scriptures of people who were forgiven after horrific acts, and teaching what forgiveness is from God’s perspective. Chaplains will need to tread lightly here when the client was a victim or the target of a morally injurious act. Telling a person to forgive a perpetrator can seem dismissive and insensitive. What ministers can do is talk about how forgiveness can help cleanse a person’s soul by releasing resentment, ask the client if she is ready to begin walking through that process, and explain that complete forgiveness is a long course that could take years. If the woman is not ready to think about forgiving her perpetrator, the chaplain should not press her on that issue.

Institutions have ways of making survivors feel small, powerless, and insignificant through inflexible policies and extremely slow processes. One person cannot change an institution or a system, but there are many ways to champion change. Joining advocacy groups, starting one’s own non-profit organization, or getting involved in political activism can help veterans feel that they are using their own experiences to make life better for others by changing the system.²⁰

SINK HOLES

- 18 Carly Parnitzke Smith and Jennifer J. Freyd, “Dangerous Safe Havens: Institutional Betrayal Exacerbates Sexual Trauma,” *Journal of Traumatic Stress* 26, no 1 (February 2013): pp. 119-124, <https://doi.org/10.1002/jts.21778>
- 19 Daniel L. Roberts and Joann Kovacich, “Women Veterans and the Question of Moral Injury: Initial Results,” in *Moral Injury Research, Discussions, and Support Methods: Volume 1* (Robbins: Moral Injury Support Network for Servicewomen, Inc., 2022), 7-14.
- 20 A’mie M. Preston et al., “Defeated No More: Meaning-Making After Military Sexual Trauma,” *Military Medicine* (2022): 5, <https://academic.oup.com/milmed/advance-article/doi/10.1093/milmed/usab528/6511404>.

Sink holes trap the veteran and force her to relive tragic moments over and over as if they happened yesterday. Sink holes also refers to feelings that veterans do not want but cannot seem to shake. For instance, a woman might think every day of a rape that happened to her years ago. Shame, guilt, helplessness, and pain accompany the memory. She cannot shake the fear, fitfully sleeps with her lights on at night, and wakes up often to recheck that the doors and windows are locked. In those moments, the person needs to be able to gain a sense of safety and think about something else.

As part of a study that included nearly 50 women veterans, the author interviewed and surveyed participants about their moral injury experiences.²¹ One participant, Rene (not her real name), was raped by her military doctor. Even after years of therapy, one triggering moment could send her into a sinkhole.

I graduated from therapy. I told myself I was going to stay in therapy. "I'm going to fix myself." And in 2012, I got out. February 2013, I was listening to a news piece and I heard about the women coming out of Iraq and some of those that had been sexually assaulted by a military doctor, and it broke me. I cried. I've had ear ringing ever since. I've been traumatized. Anxiety is more manageable now, but I hide a constant state of fear ... I don't even know how to describe to you what my body did.

Depending on the severity of the person's condition, treatment may include psychotherapy and pharmaceutical solutions. Chaplains and mental health practitioners can also offer numerous techniques to help people refocus their minds in frantic moments. These exercises include mindfulness practices,²² mediation and breathing techniques,²³ reciting mantras or prayers, and yoga.²⁴

GUILT AND SHAME

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- 21 This study is still in the analysis phase. Preliminary findings were published by the Author in 2022.
- 22 Kimberly A. Kick and Myrna McNitt, "Trauma, Spirituality, and Mindfulness: Finding Hope," *Social Work and Christianity* 43, no. 3 (2016): pp. 97-108.
- 23 Raymond Monsour Scurfield, "Faith-Based and Secular Meditation: Everyday, Betrayal Trauma and Other Posttraumatic Applications for Personal Practice and with Clients," in *Select Proceedings from the 2020 Women Veterans Military Moral Injury Conferences*, ed. Lindsey Moser et al. (Moral Injury Support Network for Servicewomen, Inc., 2021), pp. 57-90.
- 24 Sy Atezaz Saeed, Karlene Cunningham, and Richard Bloch, "Depression and Anxiety Disorders: Benefits of Exercise, Yoga, and Meditation," *American Family Physician* 99, no. 10 (May 15, 2019): pp. 621-622.

The morally injured often experience guilt and shame.²⁵ Although the two emotions often appear together and are related, it is important to differentiate between guilt and shame. Guilt is the feeling associated with having done something wrong or having failed to do something one knew one should have done. Shame, on the other hand, is humiliation as a result of a painful experience or for committing a heinous act. Veterans who killed in combat, committed war crimes, or failed to act when crimes were being perpetrated have felt guilt.²⁶ Along with this guilt comes the shame of not living up to one's own standard of moral conduct or for not obeying the rules of engagement. In the author's own work and in documented research, sexual assault survivors often feel overwhelming shame for being treated as just a sexual object, but many experience guilt because they think that they should have tried to stop what was happening to them.

The ideas about forgiveness described in the disempowerment section are applicable here as well. In addition, it could be useful to take a client back in memory to the time when the incident occurred. The purpose of this recall is for the person to take another look at the event from a different set of eyes. If the veteran is racked with guilt and shame because she believes that she should have stopped the assault, helping her see that she was disempowered at the time could alleviate some of that guilt. The shock of rape can immobilize victims. Seeing a person commit an atrocity can have the same effect. Peer pressure can be extremely powerful. In the military, rank imposes its own dominance. Although service members are supposed to be protected from obeying an unlawful order, it can be very hard to keep to the moral high ground in situations where there is no one to defend or protect the victim from the undue influence of command. All of these factors can make it nearly impossible to avoid or stop a morally injurious experience.

A chaplain can suggest to the person that she give herself some grace and understanding. Sometimes it can be useful to say, "If our roles were reversed and your story was mine, what would you say to me?" People often find it easier to give others the goodwill that they would not give themselves. Reversing roles for a moment can help the client offer that forgiveness to herself as if they were giving it to another person. Even if a morally injured person is the perpetrator, that one immoral act does not erase all the good things a person has done in her life. A chaplain can counter guilt and shame by helping a client identify the many positive qualities about herself rather than letting the one tragedy envelope her whole mind.

25 Sheila B. Frankfurt et al., "Mechanisms of Moral Injury Following Military Sexual Trauma and Combat in Post-9/11 U.S. War Veterans," *Frontiers in Psychiatry* 9, no. 520 (November 2018): pp. 2 & 3.

26 Ibid.

LOSS OF IDENTITY

In the study by the author, moral injury experiences often altered a person's sense of self.²⁷ Smallfield and Kluemper found that workplace stress can lead to personality change in employees.²⁸ Women who were once outgoing and energetic, became totally different after a sexual assault. Feeling that their body was seen as a billboard for sex-starved men, these women hid their feminine features by changing the way they dressed. Others isolated themselves from contact with other people when possible. At work, they remained quiet, no longer voicing their opinions for fear of garnering unwanted attention. Many stopped having intimate relationships with anyone.

This loss of identity puts the perpetrator or the moral injurious experience (MIE) in the driver's seat of the person's life. Chaplains can help the person gain some control over who she wants to be and how she approaches life. First, the minister can remind her that the MIE is part of her story, but it does not have to define her for the rest of her life. People can reinterpret the events in their lives and choose to respond to those experiences in different ways than they have in the past. Clients can use daily goal setting, meditation, positive affirmations, and reading of self-improvement books to adjust their attitudes, beliefs, and outlooks. Chaplains can assist a client by asking questions that help the person reinterpret, set goals, and make plans for growth.

LOW SELF-WORTH

Whether a military service member is the perpetrator or the victim of a morally injurious situation, it is often the case that she loses a great deal of self-worth. Survivors often feel that they have been reduced to something less than human—a body, a target, trash, etc. Perpetrators might feel that they have done something so terrible that they must be inhuman or that they are now unsalvageable. Perpetrators might mourn the loss of their career, family, etc. A low self-esteem is hard to combat because one cannot give another person value; they must see it for themselves. For instance, John can tell Jill that he loves her and that she is valuable, but if Jill thinks that she is unlovable and ugly, then John's words of affirmation might be rejected by Jill as untrue or mere flattery.

27 Daniel L. Roberts and Joann Kovacich, "Women Veterans and the Question of Moral Injury: Initial Results," in *Moral Injury Research, Discussions, and Support Methods: Volume 1* (Robbins: Moral Injury Support Network for Servicewomen, Inc., 2022), 9.

28 Jarvis Smallfield and Donald H. Kluemper, "An Explanation of Personality Change in Organizational Science: Personality as an Outcome of Workplace Stress," *Journal of Management* 48, no. 4 (April 2022): p. 853. DOI: 10.1177/0149206321998429

The good news is that self-esteem, like confidence, is based on a pattern of thinking, not objective data.²⁹ The negative feelings that accompany low self-worth are real, but the thoughts that created them can be changed. Chaplains can do several things to help servicewomen raise their self-value, including talking to clients about God's grace and mercy, offering to lead the veterans through sacraments of confession and penance if they are feeling guilty for crimes committed, offering reading resources, and helping clients create daily plans for establishing new habits of thinking about themselves.

For all of the principles of support described in this section, a great deal of patience and perseverance for both the client and the chaplain are required. These problems will not be resolved quickly or easily since moral injury occurs at a deep, inner soul level. Chaplains who are not willing to conduct many counseling sessions might best serve the client by referring her to a chaplain who can. An interdisciplinary approach that includes psychologists, social workers, and other professionals is also necessary to help most clients.

CONCLUSION

In the short space allotted in this article, the author provided some background information and research on moral injury and offered practical suggestions on how chaplains can provide pastoral care to military women suffering from MI. Chaplains can take this commentary as a starting point for more study on the subject themselves. In seeking moral injury education, chaplains should understand that while the current catalog of MI research is growing, much more is needed, particularly in terms of chaplain support. Not only is there a lack of chaplain-related research in moral injury, gendered MI studies are even scarcer. Through community-based practice research approaches, scholars, chaplains, and women veterans could collaborate on studies that increase the understanding of how moral injury can affect servicewomen. Such projects might also result in identifying gaps in support and creating new recovery models.

29 Rabbi Zelig Pliskin, *Self-Confidence: Formulas, Stories, and Insights* (Shaar Press, 2012), p. 16.