RESEARCH ARTICLE

Moral Injury - A Window into Damaging and Injurious Contexts

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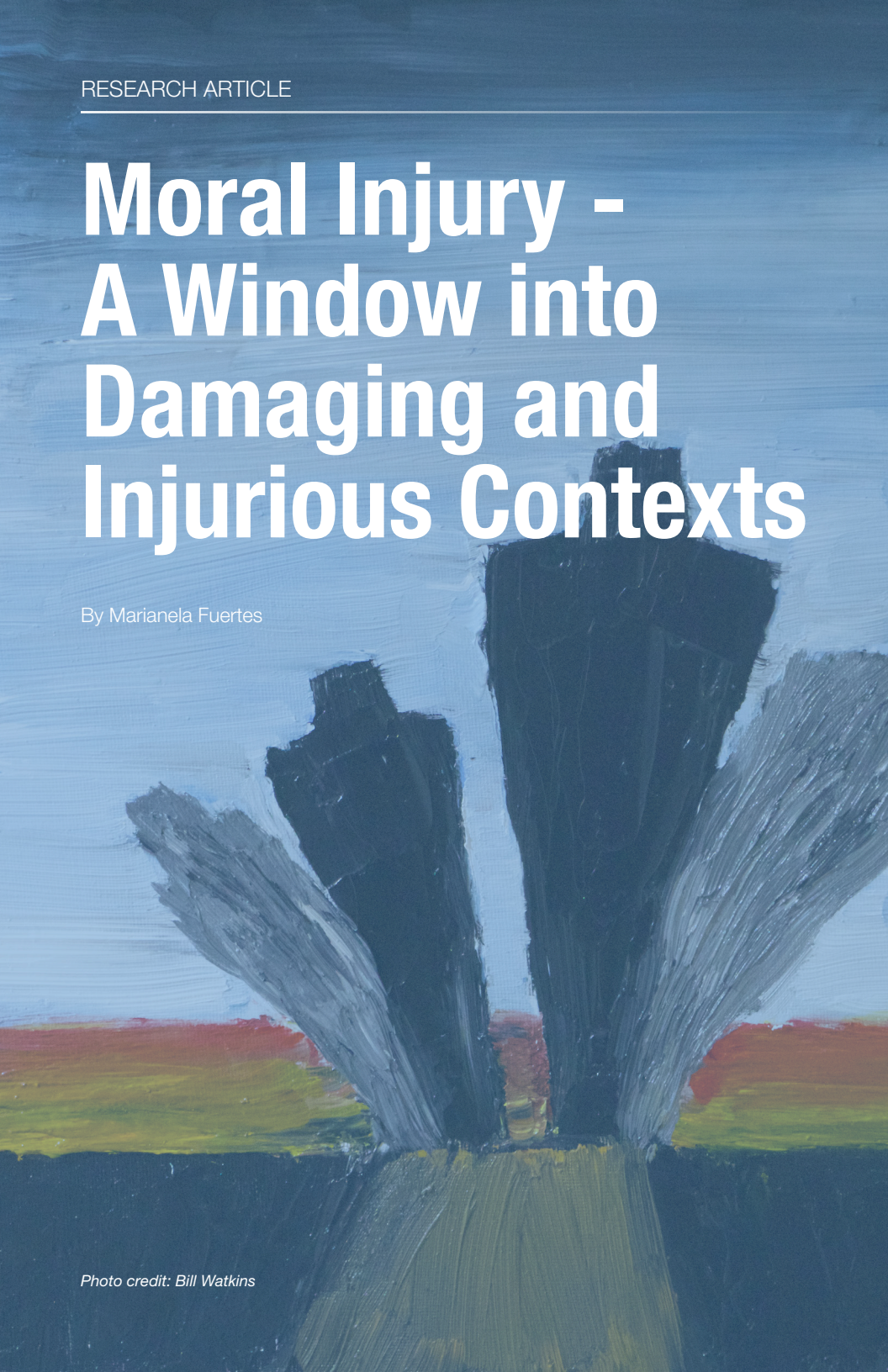

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ABSTRACT

Moral Injury is a concept developing in psychology literature to review the impact of war on veterans and has especially focused on individual symptoms and finding clear diagnosis tools. This paper explores the connection between moral injury and the context in which they occur, a relationship that provides valuable understanding about the experience, but also the systemic factors that increase the vulnerability. The article begins by setting the groundwork for the discussion and introducing moral injury and its associate concepts. Part two explores the institutional dimension of moral injury and how an individual's professions can contribute to the injury. Part three proposes how moral injury insights can be implemented as guiding principles within peace and security, and particularly in peacekeeping missions. The final conclusion points to the context and the institutional system as the frame where personal reaction, values and systemic influences combine to produce moral injury. Therefore, looking for solutions to prevent and treat moral injury must acknowledge the true roots causes of distress that is not part of individualistic pathologizing mental health diagnosis.

INTRODUCTION

The purpose of this paper is to highlight the importance of the connection between the context where moral injuries occur—the circumstances before and after the injurious events—and the institutional responses as described through the feelings of betrayal and the deep harm to core values experienced by affected individuals. Moral injuries often happen in a context where individuals are fulfilling a role and serving as part of an institution to carry out its values and beliefs. Exploring the essential connection between the moral injury and the context in which they occur, provides valuable understanding about the experiences of injured individuals, but also the systemic factors that increase the vulnerability.

Unfortunately, the systemic dimension of moral injury has been under-studied. Research has taken a clinician-focused approach, which is seen as more rigorous research. The connection between moral injury and experiencing violence, motivates the various streams of psychological research focused on symptoms, treatments, and prevention. This approach is overly individualistic and ignores the insights that moral injury's systemic and ethical dimensions can provide. It also ignores the deep connection that people have with the institutional aspects that contribute to their injury. Examining the ethical domain of moral injuries, in connection with the context and the conditions of betrayal, would allow for a critical examination of the underlying institutional factors and the root causes of moral injury.

The article begins by setting the groundwork for the discussion and introducing moral injury and its associated concepts. Section II explores the institutional dimensions of moral injury and how an individual's profession can contribute to the injury. Section III proposes how moral injury insights can be implemented as guiding principles within peace and security, and particularly in peacekeeping missions. Section IV concludes the article.

MORAL INJURY AS A CONCEPT

Moral injury is an emerging concept developed in the psychological literature to describe the impact of war on veterans. Clinicians in the field found that PTSD was limited in explaining the trauma suffered by war veterans. As concern rose, moral injury was presented to emphasize the trauma resulting from an experience that shook a person's core values.[1] Moral injury has also been described as a bruised soul resulting from a betrayal of "what is right".[2] Individuals with moral injuries have often faced ethical dilemmas that fundamentally destabilize their

1 Litz, Brett T., Nathan Stein, Eileen Delaney, Leslie Lebowitz, William Arthur Nash, Caroline Santos Silva, and Shira Maguen. "Moral Injury and Moral Repair in War Veterans: A Preliminary Model and Intervention Strategy." *Clinical Psychology Review* 29, no. 8 (December 1, 2009): 695–706. https://doi.org/10.1016/j.cpr.2009.07.003.

2 Shay, J. Moral injury. *Psychoanalytic Psychology*, 31, no. 2 (2014), 182–191. https://doi.org/10.1037/a0036090.

world views. This ethical dimension of moral injury is a central distinguishing feature from other psychological injuries like PTSD and was the animating reason for developing the new term.

Moral injury affects the core values of a person, their sense of connection to good and their central aspect of identity and belonging. An ethical grounding is the distinction between right and wrong that provides meaning, sense, and purpose of life. Disturbing circumstances can challenge a person's ethical grounding, transforming identity, purpose, and spirit. The person who is affected by moral injuries can lose their sense of value and refer to themselves as a monster,[3] no longer a human being.

Even though the term moral injury has become extensively used in contemporary trauma literature and studies, it is not a concept with a precise definition. However, there is consensus that the injury is a result of being exposed to a traumatic experience that compels the individual to do or witness things deeply opposed to the person's core values and beliefs.[4] The current understanding of moral injury also accepts certain constructs: feelings of betrayal, moral ambivalence, soul wounds, and an inability to reconcile with the atrocities endured during service.[5] The majority of these aspects are extracted from interviews primarily conducted with veterans seeking relief for the mental health challenges they face after coming back from combat. Current research also highlights that moral injuries commonly occur in people who are carrying out responsibilities connected with essential public services.[6]

Moral injury emerges when a person experiences or witnesses an event as morally wrong or as a violation of deeply held core values resulting from some personal agency or strong feeling that the wrong committed should be punished or rectified.[7] However, there are no established

3 Rozek, D. C., & Bryan. A cognitive behavioral model of moral injury. In J. M. Currier, K. D. Drescher, & J. Nieuwsma (Eds.), *Addressing moral injury in clinical practice* (pp. 19–33). American Psychological Association (2021). https://doi.org/10.1037/0000204-002

4 Litz, et al, 2009.

5 Hodgson, Timothy L., and Lindsay B. Carey, "Moral Injury and Definitional Clarity: Betrayal, Spirituality and the Role of Chaplains," *Journal of Religion & Health* 56, no. 4 (May 19, 2017): 1212–28, https://doi.org/10.1007/s10943-017-0407-z

6 Keefe-Perry, L. Callid. "Called into Crucible: Vocation and Moral Injury in U.S. Public School Teachers." *Religious Education* 113, no. 5 (2018): 489-500. https://doi.org/10.1080/00344087.2017.1403789; Haight, Wendy, Erin P. Sugrue, and Molly Calhoun. "Moral Injury Among Child Protection Professionals: Implications for the Ethical Treatment and Retention of Workers." *Children and Youth Services Review* 82 (2017): 27-41. https://doi.org/10.1016/j.childyouth.2017.08.030; Levinson, Meira. "Moral Injury and the Ethics of Educational Injustice." *Harvard Educational Review* 85, no. 2 (June 10, 2015): 203–28. https://doi.org/10.17763/0017-8055.85.2.203

7 Farnsworth, Jacob K. "Case Conceptualization for Moral Injury." In Addressing Moral Injury in Clinical Practice, edited by Joseph M. Currier, Kent D. Drescher, and Jason Nieuwsma, 87-103. *American Psychological Association*, 2021. https://doi.org/10.1037/0000204-006.

criteria for the essential features of a Potential Moral Injurious Event (PMIE). The external circumstances or events had to exist to create the conditions to produce the PMIEs.[8] The moral injury is inseparably linked to the chaos that exists before and after the wrongdoings. This is an aspect that distinguishes moral injury from other mental health conditions that operate in the subconscious level removed from a sense of agency or a set of ethical values.[9]

Most moral injury research in the psychologic field is focused on its psychological symptoms and finding clear diagnosis tools.[10] This approach often overlooks the context where moral injuries happen and the features of PMIEs deeply engrained in institutional systems. Context, PMIEs, and ethical dilemmas are three fundamental aspects of moral injuries. Highlighting these relationships can contribute to enhancing understanding of how external conditions, features of the events, institutional structures, and the ethics of an organization create the conditions to be morally injured. These are all relevant aspects to create integral solutions and suitable support for the individuals interacting with PMIEs.

INSTITUTIONAL DIMENSION

An organization created to provide services or produce things, has a structure, a mission, and procedures. The people who are part of the organization, in carrying out their roles and responsibilities, continually interact with the systems within their institutions to reach the organization goals. An institutional ethical environment is the result of the organizational culture and the behavior of the individuals. The environment is created in two directions: top-down as established by creators and directors, and bottom-up by the hierarchy of individuals in the organization working to reach the institutional goals. Key aspects of this ethical environment not only are the values and beliefs prescribed in the mission statement or public policies but the institutional structure—how it is governed and what values are promoted and sustained.[11] The stories told by people who have been affected by a traumatic experience or a PMIE where they were compelled to do or witness situations that affect deeply

8 Papadopoulos, Renos K. "The Traumatizing Discourse of Trauma and Moral Injury." In *Moral Injury and Beyond: Understanding Human Anguish and Healing Traumatic Wounds*, 1-21. Routledge, 2020.

9 Richardson, N. M., Lamson, A. L., & Hutto, O. "My whole moral base and moral understanding was shattered": A phenomenological understanding of key definitional constructs of moral injury. *Traumatology* 28, no. 4 (2022), 458–470. https://doi.org/10.1037/trm0000364

10 Litz, Brett T., and Patricia K. Kerig. "Introduction to the Special Issue on Moral Injury: Conceptual Challenges, Methodological Issues, and Clinical Applications." *Journal of Traumatic Stress* 32, no. 3 (June 1, 2019): 341–49. https://doi.org/10.1002/jts.22405; Nash, William P. "Commentary on the Special Issue on Moral Injury: Unpacking Two Models for Understanding Moral Injury." *Journal of Traumatic Stress* 32, no. 3 (June 1, 2019): 465–70. https://doi.org/10.1002/jts.22409.

11 Meyers, Christopher. "Institutional Culture and Individual Behavior: Creating an Ethical Environment." *Science and Engineering Ethics* 10, no. 2 (April 1, 2004): 269–76. https://doi.org/10.1007/s11948-004-0022-8.

their core values, are often connected to the role and the institutions they represent. How often the organization provides a healthy review of the environment and has the flexibility to respond to the challenges that individuals are facing using their policies and procedures greatly depends on the organization. And whether organizations have the tools to identify key factors (e.g., quality of leadership, accountability) that influence the relationships that create a culture and define the environment in an institution is another variable relevant to understanding moral injury.

The study of moral injury in veterans is highly illustrative of the concepts discussed above. Following WWI and WWII, psychologists noted that veterans were reporting feeling guilty for striking or killing defenceless soldiers.[12] In the context of war, engagements would be governed by the military code and the instinct of "kill or be killed". However, in the context of a defenceless enemy, the soldier's civilian morals and conscience came into conflict with the institutional ethic of their profession.[13] In these circumstances, where soldiers experienced situations where their personal and professional values conflict deeply, they suffer injuries distinct from other psychological injuries; these are injuries to their souls. As such, these injuries cannot be treated as strictly mental health concerns. Rather, a fulsome treatment of the moral injuries that considers the context in which they occur can help highlight the institutional deficiencies that help create them.

MORAL INJURY AND PUBLIC SERVICES

Studies of moral injury that appreciate the context of PMIEs could enhance awareness of the dimensions and root causes of the mental health challenges of key groups that provide public services and work to protect vulnerable populations. Key professions like police, child protection professionals,[14] public school teachers,[15] journalists,[16] human rights workers,[17]

12 Currier, Joseph M., Kent D. Drescher, and Jason Nieuwsma. "Future Directions for Addressing Moral Injury in Clinical Practice: Concluding Comments." *American Psychological Association*, 2021. https://doi.org/10.1037/0000204-015

13 Ibid

14 Haight, et al, 2017.

15 Sugrue, Erin P. Moral Injury Among Professionals in K–12 Education. *American Educational Research Journal*, 57, no. 1 (2020), 43–68. https://doi.org/10.3102/0002831219848690

16 Feinstein, A., Pavisian, B., & Storm, H. Journalists covering the refugee and migration crisis are affected by moral injury not PTSD. *JRSM Open*, 9, no. 3 (2018), 205427041875901. https://doi.org/10.1177/2054270418759010

17 Joscelyne A, Knuckey S, Satterthwaite ML, Bryant RA, Li M, Qian M, Brown AD. Mental Health Functioning in the Human Rights Field: Findings from an International Internet-Based Survey. *PLoS One*. 10, no. 12 (2015): e0145188. doi: 10.1371/journal.pone.0145188.

nurses,[18] and doctors[19] are showing that something systematic and structural is not working. These various broken systems have been affecting increasing numbers of professionals, their families, the populations that they serve, and their societies. The complexity faced by professionals that work to help people can be examined through the lens of it being a job with high moral expectations and as the source of moral injuries.[20] This perspective illustrates the potential solutions, namely creating better training and tools for resilience on managing expectations. Further, testimonies from these professionals show the institutional deficiencies that should be addressed.

The increasing interest in studying moral injury in professions outside of the military always encounters the ethical aspects of the concept because the injured person references the ethical dilemmas they face, not only their psychological symptoms. For instance, police officers are exposed to multiple and frequently distressing incidents, potentiality aggravated by the increasing complexity of factors that affect society (e.g. poverty, substance use disorders, domestic violence, gangs). They are one of the primary sources of authority in society. Policing is the institution that oversees the rules; this is the ethos of the organization when police interact with communities. Yet, officers face significant inner conflict with their duties. Officers reference feeling alone in responding to increasingly complex circumstances or being under constant pressure to respond correctly and efficiently.[21] They describe following labyrinths of inflexible administrative rules, far from the reality they see on the streets, which create an environment that drains their energy and steals their spirit.[22]

The description of police officers' personal situations, seen in the context of increasing intervention of policing to handle all sort of conflicts, and always with the potential to use force, creates the conditions where they question the proportionality of their interventions. How police use and apply force in a particular circumstance is deeply engrained with the legitimacy of their intervention. In turn, police interventions are the result of political,

18 Čartolovni, Anto, Minna Stolt, P. Anne Scott, and Riitta Suhonen. "Moral Injury in Healthcare Professionals: A Scoping Review and Discussion." *Nursing Ethics* 28, no. 5 (2021): 590-602. https://doi.org/10.1177/0969733020966776.

19 Dean, Wendy, Simon Talbot, and Austin Dean. "Reframing Clinician Distress: Moral Injury Not Burnout." *Federal Practitioner: For the Health Care Professionals of the VA, DoD, and PHS* 36, no. 9 (2019): 400-402.

20 Lentz, Liana, Lorraine Smith-MacDonald, David Cruise Malloy, R. Nicholas Carleton, and Suzette Brémault-Phillips. "Compromised Conscience: A Scoping Review of Moral Injury Among Firefighters, Paramedics, and Police Officers." *Frontiers in Psychology* 12 (March 31, 2021). https://doi.org/10.3389/fpsyg.2021.639781.

21 Strydom, Herman, Botha, Karel, & Boshoff, Pieter. An assessment of the need of police officials for trauma intervention programmes – A qualitative approach. *Social Work/Maatskaplike Werk*, 51, no. 2 (2015). https://doi.org/10.15270/51-2-447

22 Ibid

economic, and social conditions that influence the culture of the police and define the ethos of the organization. A binary vision about right or wrong uses of force does not capture the impact of the daily, consecutive, and systematic practices guided by the organizational culture and the multidimensional use of police intervention.

Moral injury studies with police officers enhance understanding and provide language to express the complexity of police interventions that face PMIEs almost all the time when they are on duty (e.g., facing increasing mental heath interventions, housing depravation, mass shouting). Moral injury concepts help show that behind those potential injurious systems are not only events where officers feel constantly under threat and lacking support, but also that officers are coping in an environment that does not recognize their stressors and their needs.[23] Policing is more than a job description and skilful training on use of force. Police officers represent, on a daily basis, the legitimacy of the social contract, interacting with individuals and communities looking to guarantee public peace and safety. In other words, the police are responsible for upholding and representing some of society's most important values. Police officers do not only carry out a job to fulfill some requirements. Through their interventions they represent the delicate role of authority before society. They are the primary face of authority which must uphold trust and credibility.

Similar to police officers, social workers and child protection workers find deep contradictions between their ethics and the policies, procedures, and execution of the system. Haight, et. al (2017), who interviewed 37 Child Protection Service (CPS) professionals from two adjacent metropolitan counties in the US Midwest, argue that the social conditions surrounding this work enhance the propensity for moral injuries. The interviewees worked in different roles providing services to parents accused of child maltreatment in a context where thirteen percent of the population was living in poverty.[24] CPS professionals described how working in an under-resourced system harms them. These individuals perform duties with conflicting laws and values like prevention, protection, and prosecution. Their focus is to serve an adversarial system that does not touch any of the root causes of the events that require their intervention. Further, the CPS system operates with deep underlining biases and discrimination against the population that it purports to serve.[25] Also, CPS professionals described working in conditions with overwhelming caseloads, very little training on complex administrative rules, micromanagement, and a lack of support.[26] These challenges are likely reflected in the high turnover rates in CPS professionals in the region of study, ranging from 23 to 60 percent

23 Ibid

24 Haight, et al, 2017.

25 Ibid

26 Ibid

annually with some agencies experiencing turnover of over 90 percent.[27] In the words of a CPS professional:

> I just feel really strongly about our child protection system and the way in which it is really broken. So, that's where I'm troubled. I'm troubled, as a social worker, by what feels like my own complicity with it. I'm troubled by the ways in which we're failing families and society as a whole.[28]

The moral dilemmas described by child protection workers reflects not only multiple moral injurious events, but a systematic dysfunction that produces great sorrow over the population they protect.

The moral suffering in public professionals shows that the activity of helping others is not only a job with some requirements and expectations, but it is a critical function in society. These roles have duties and interpersonal effects as well.[29] In that sense, facing moral dilemmas is not a situation where highly skilled individuals with agency will make decisions and then rationally live with the consequences. Rather, the institutional context is an essential part of the PMIE or circumstances. Therefore, the underlying institutional factors and its ethic are part of the process to build understanding and meaning about what happened or what are the challenges that affect mental health. PMIEs do not occur in a vacuum, and this highlights that the institution's ethical status and how it is manifested in its principles, processes, and culture, must be considered to enhance understanding of the root cause of MI. It also helps to illustrate the things that need to change to address the contextual and systemic aspect, not the treatment of the mental distress experienced by individuals, but also to transform the organization and public policies that are contributing factors for the injury.

There is already some guidance in the literature as to how the institutional ethical dimension of moral injury can inform the support received by professionals. Findings from research into moral injury shows that betrayal, both in terms of self-betrayal and feeling betrayed by others, is an aspect proven and validated as a fundamental source of moral injury in veterans and other professions.[30] In addition, these studies disclosed multilevel systemic betrayal as

27 Ibid

28 Ibid, p. 36

29 Pliner, Eric. *Difficult Decisions: How Leaders Make the Right Call with Insight, Integrity, and Empathy*. John Wiley & Sons (2022).

30 Blinka, Dee and Helen Wilson Harris. "Moral Injury in Warriors and Veterans: The Challenge to Social Work." *Social Work and Christianity* 43, no. 3 (2016): 7-27. https://www.researchgate.net/profile/Helen-Harris-7/publication/306356203_Blinka_and_Harris_Moral_Injury_NACSpdf/links/589be559a6fdcc754174353f/Blinka-and-Harris-Moral-Injury-NACSpdf.pdf#page=10; Farnsworth, Jacob K., Kent D. Drescher, Jason A. Nieuwsma, Robyn B. Walser, and Joseph M. Currier. "The role of moral emotions in military trauma: Implications for the study and treatment of

a common source of moral injury. In this sense, it is important to underline the systemic implications of moral injury. Even though the definition of moral injury is still emerging, the consensus is that PMIEs include betrayal, disproportionate violence, incidents involving civilians, and within-rank violence.[31] Also, studies recognize that the moral dimension of MI should not be pathologized, first because moral reactions are the result of a social process to promote community living, and second because scientific bases to categorize moral reaction as "appropriate" or "inappropriate" do not exist. Those labels come from moral judgments which are the product of cultural, historical, social, and professional conventions that define responsibilities and punishment.[32] This latter point suggests that addressing MI must consider the ethical context, rather than treating it solely as a psychological injury.

MENTAL HEALTH & THE VANCOUVER PRINCIPLES

Although peacekeepers have been trained to go to armed conflict zones and those operations draw increasing political assessments, the stressors of highly difficult contexts, such as the complexity of humanitarian missions, are not frequently considered in the methodology for clinical assessment. For instance, Sareen, et al. (2008) argue "soldiers returning from deployment are increasingly likely to have emotional problems and use mental health services associated with combat or peacekeeping".[33] However, the study examines individual attributes "e.g., genetical, childhood adversity, stressful life events, social support and personality".[34] This individual focus underestimates the contextual aspect and the potential institutional responsibility to train individuals to face extraordinary stressors, certainly linked to armed combat but also, closely tied with complex ethical dilemmas such as encounters with child soldiers in those complex environments. Individualistic approaches bring individualistic solutions. The Road for Mental Readiness (R2MR) endeavour for example, emphasizes strengthening resilience by focusing on individual responsibility to get diagnosed and find

moral injury." *Review of General Psychology* 18, no. 4 (2014): 249-262. https://journals.sagepub.com/doi/pdf/10.1037/; Nash, William P., Teresa Marino Carper, Mary Alice Mills, Teresa Au, Abigail Goldsmith, and Brett T. Litz. "Psychometric Evaluation of the Moral Injury Events Scale." *Military Medicine* 178, no. 6 (November 14, 2013): 646–52. https://doi.org/10.7205/milmed-d-13-00017.

31 Drescher, Kent D., David W. Foy, Caroline Kelly, Alan Leshner, Kerrie Schutz, and Brett Litz. "An Exploration of the Viability and Usefulness of the Construct of Moral Injury in War Veterans." *Traumatology* 17, no. 1 (2011): 8-13. https://doi.org/10.1177/1534765610395615.

32 Farnsworth, Jacob K. "Case Conceptualization for Moral Injury." In Addressing Moral Injury in Clinical Practice, edited by Joseph M. Currier, Kent D. Drescher, and Jason Nieuwsma, 87-103. *American Psychological Association*, 2021. https://doi.org/10.1037/0000204-006.

33 Sareen J., Shay-Lee Belik, Tracie O. Afifi, Gordon J. G. Asmundson, Brian J. Cox, and Murray B. Stein. Canadian Military Personnel's Population Attributable Fractions of Mental Disorders and Mental Health Service Use Associated With Combat and Peacekeeping Operations. *American Journal of Public Health* 98 (2008), 2191-2198. https://doi.org/10.2105/AJPH.2008.134205, p. 2193

34 Ibid

personal solutions.[35] The rising awareness about MI in veterans highlights a need to further investigate the institutional aspects linked with the experience lived by military personal that contribute to increased risk for MI.

The Vancouver Principles on Peacekeeping and the Prevention of the Recruitment and Use of Child Soldiers[36] is an international instrument that recognizes the necessity to train peacekeepers according with the increasing complexity of armed conflicts as an important aspect to increase mission efficiency. The Vancouver Principles are a series of political commitments, endorsed by over 100 nations, which focuses on the protection of children in peacekeeping missions and is particularly committed to preventing the recruitment of children in armed conflicts. The 13th Principle has a particular focus on mental health and the impact of moral injury. The principle pledges to:

> [A]ctively promote and support research on the trauma experienced by personnel confronting child soldiers and interacting with children affected by armed conflict, and to provide appropriate pre-deployment preparation, as well as mental health support during and post-deployment.[37]

Preparing for the ethical dimensions and the impacts that violence causes are essential parts of preparation for peacekeeping missions.

MI as a lens provides avenues and language to articulate and understand the impact of violence and how trauma affects interpersonal relationships, perceptions of the world, and the meaning of life. This lens highlights the deep influence of the interactions between the members of peacekeeping missions and the communities where they will be deployed. Awareness and knowledge about the trauma suffered by populations under extreme violence is mentioned in endnote 140 of the Implementation Guide for the Vancouver Principles:

> It is important to note that child soldiers and children affected by armed conflict are also exposed to severe psychological trauma.[38]

35 Government of Canada. "Road to Mental Readiness." R2MR. 2018. https://strongproudready.ca/missionready/en/road-to-mental-readiness/.

36 Government of Canada. "The Vancouver Principles on Peacekeeping and the Prevention of the Recruitment and Use of Child Soldiers." 2017. https://www.international.gc.ca/world-monde/issues_development-enjeux_developpement/human_rights-droits_homme/principles-vancouver-principes-pledge-engageons.aspx?lang=eng.

37 Ibid

38 Government of Canada. "Chapter 13 – Mental Health." In Implementation Guide for the Vancouver Principles, Government of Canada Publications, 2019. https://www.canada.ca/en/department-national-defence/corporate/reports-publications/vancouver-principles/introduction/mental-health.html p. 63

Better understanding the communities and their context prepares the members of the mission to face the complexity with better information, reduces biases, and allows them to respond to the challenges instead of just reacting.[39]

Contextual awareness and better cultural understanding can increase the effectiveness of the mission and provide fundamental preparation for military personnel who are going to navigate PMIEs. Military personnel are part of an institution, and they act under the institutions culture, organization, instruction, mission, and operation. Continuous education is essential to assess difficult decisions and to illustrate potential moral reasoning behind choices. Transparency and accountability are also fundamental aspects for prevention and for improved mental health wellness.

Identifying institutional factors that increase vulnerability to moral injury is essential to the future of peace support operations. Studies that aim to assess if there are links between deployment experiences and adverse health outcomes have pointed to extreme helplessness or powerlessness as a special factor for stress in peacekeeping operations and with potential long-term damage.[40] A study conducted with members of the Australia Defense Force, following a deployment to the Middle East, illustrates the importance of institutional aspects, such as poor leadership and inadequate administration, as recurrent risk factors of distress in deployment missions.[41] The study also reported corruption and criminality by local government and coalition forces and witnessing poor treatment of civilians by the local forces and coalition forces as contributing to moral injury.[42] In another study exploring the link between leadership and moral injury, from the perspectives of veterans from Norwegian contingents of the UN Interim Force in Lebanon (UNIFIL), the authors argue the "quality of leadership has a separate and significant predictive power on the long-term outcome after peacekeeping missions under stressful conditions".[43]

39 Whitman, Shelly & Baillie Abidi, Catherine. Preventing recruitment to improve protection of children. *Allons-Y Journal of Children, Peace and Security*, 4 (2020), 27-39. https://doi.org/10.15273/allons-y.v4i0.10081

40 Weisaeth, L., & Sund, A. Psychiatric problems in UNIFIL and the UN-soldier's stress syndrome. *International Review of Army, Air Force and Navy Medical Service*, 55 (1982), 109-116; Litz, B. T. "The Psychological Demands of Peacekeeping for Military Personnel." *Clinical Quarterly* 6, no. 1 (1996): 1-15.

41 Runge, Catherine E., Moss, Katrina M., Dean, Judith A., & Waller, Michael. What Did We Miss? Analysis of Military Personnel Responses to an Open-Ended Question in a Post-Deployment Health Survey. *Military Medicine*, usab565 (2022), https://doi.org/10.1093/milmed/usab565

42 Ibid

43 Mehlum, Lars, and Lars Weisæth. "Predictors of Posttraumatic Stress Reactions in Norwegian U.N. Peacekeepers 7 Years after Service." *Journal of Traumatic Stress* 15, no. 1 (February 1, 2002): 17–26. https://doi.org/10.1023/a:1014375026332, p. 24

Research exploring the experiences of Canadian Armed Forces personnel deployed to Afghanistan, highlight similar tensions between institutional and personal ethics. English (2016) highlighted that many reports of sexual abuse of children, perpetrated by Afghan National Army and Police personnel, were made to Canadian military police, chaplains and leadership.[44] However, military personnel faced the reality of "how entrenched this practice was in Afghan society, and any unilateral action might result in Canadian casualties at the hands of our Afghan coalition partners. Consequently, senior decision-makers opted for an avoidance approach by ordering subordinates to ignore these incidents in theater".[45] But ignoring those things can bring serious consequences.[46]

The uncertainty and ambiguity of the peacekeeping mission has a dimension linked with the complexity of being part of a multinational organization. Answers of *who* contribute with troops, *when* and *why* give a glimpse into the complexity of the decisions taken around peacekeepers mandate.[47] In that sense, all the risk factors able to impact the mental health of the military personnel has an open file of uncertainty and ambiguity from the institutional dimension that has to be recognized and translated into internal and external adaptation processes. Peacekeepers' effectiveness requires the ability to build capacity to adapt and integrate with the international security agenda that has shifted from the sovereign states to the protection of civilians. The mission in many contexts illustrates the responsibility to protect norms in a specific social construct, meaning real empirical consequences. Contexts and situations that represent multiple possibilities of ethical dilemmas and one of those PMIEs that carries great stressor effects and long-term sequelae, is violence against children. This affirmation is founded especially in the ethical premise about what is permitted in war coming from the belief that people have natural cognitive and emotional predispositions to protect non-combatants and the most vulnerable.[48]

The suffering resulting from MI is deeply linked to the core ethical damage that compromises broader social interaction. Again, this is the betrayal element of MI whereby the individual's worldview is shaken. Considering this dimension will help highlight the systemic flaws in social institutions that cause moral injuries. Thus, the Vancouver Principles is a guide that recognizes the need to build peacekeepers capacity to better protect children during

44 English, Allan. "Cultural Dissonance: Ethical Considerations from Afghanistan." *Canadian Foreign Policy Journal* 22, no. 2 (2016): 163-172.

45 Ibid, p. 171.

46 English, 2016.

47 Uzonyi, Gary. *Finding Soldiers of Peace: Three Dilemmas for UN Peacekeeping Missions*. Georgetown University Press (2020).

48 Traven. David. Moral Cognition and the Law and Ethics of Armed Conflict, *International Studies Review* 17, no. 4 (2015), 556–587, https://doi.org/10.1111/misr.12230

armed conflict, as this capacity is not incorporated into the traditional military training.[49] Vancouver Principle 13 recognizes that the mental heath of soldiers is an essential part of the effectiveness, and that encounters with children can result in a high mental impact. The role that the institutions play to acknowledge its responsibility and improve conditions to prevent MI, transforming culture, practices and providing support for the mental well being of the personnel, is a fundamental lesson that MI provides, and veterans are living testimony of its relevance.

CONCLUSION

In conclusion, moral injury cannot be understood by leaving out the context of a series of threads of multilevel systems. The context is the frame where personal reactions, values, and systemic influences combine to produce moral injuries. Therefore, looking for solutions to prevent and treat MI must acknowledge the true root cause of distress that is not part of the individualistic pathologizing mental health diagnosis.[50]

Focusing on PMIE from a psychological perspective can increase understanding about the triggers that affect the neurological system and learn about body and mind reaction. Yet, if the studies only focus on individual psychology domains, essential information to understand and treat MI will be overlooked. PMIEs do not happen in isolation; these are not random occurrences. People who suffered moral injuries describe having deep connections with a context that compromises their values and forces them to make decisions against their core beliefs. Studying moral injury without the context where the PMIEs happens is an approach that takes out the essential environment that creates the conditions where things are not going right.

PMIEs are the result of systemic conditions that produce the event (e.g. war, mass shooting, mental health crisis, addiction crisis, increasing poverty rates) in conjunction with an institutional (army, international coalitions, increasing police responses, judicial systems, child welfare) systemic response created to solve complex social problems. This is the complexity of the circumstances in which the moral injuries occur where persons who serve to protect or care for others, serve not only in highly stressful situations, but they are also part of institutions that seem to fall short of the task or ignore the red flags. The institutions may even work in opposition to the core of values that they aim to serve or are designed under doctrines and practices without procedures and tools to see what is wrong. That is what the betrayal aspect of moral injury shows. There is no doubt that the stressful conditions in which soldiers, police officers, doctors, nurses, and social workers serve in affects them and causes

49 Bryce, Victoria. & Dustin Johnson. "Security Sector Training on Prevention of Recruitment." *Allons-y: Journal of Children, Peace and Security* vol. 4 (2020): 41-54.

50 Richardson, et al, 2022.

damage to their mental health. The impact produced by the dissonant values between what the person must do and what their institution is supposed to do as part of an institutional response needs to be assessed to enhance understanding, treatment, and prevention of moral injury. Otherwise, the information provided by the person who is seeking relief will focus on individual reactions disconnected to the main source of frustration, increasing the idea that something is wrong with the person. Ignoring the external factors will contribute to increased symptoms of isolation and anger reinforcing the environmental wrongness.