

Address Moral Injury to Reduce Veteran Suicide Risk



From Science to Practice

Using Research to Promote Safety and Prevent Suicide

Issue

Serving in the military, especially in combat, exposes people to events they may experience as morally injurious. Such events typically involve violence and have been defined as “perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs and expectations.”¹ People can experience moral injury when they themselves commit transgressions, when others commit transgressions, or when they experience betrayal.²

As many as one in four combat Veterans has experienced a morally injurious event.³ Among Veterans, experiencing a moral injury is associated with posttraumatic stress disorder (PTSD), depression, anxiety, and suicidal ideation and behavior.^{4,5,6} Clinicians may help prevent Veteran suicides by screening Veterans for exposure to events that may have been morally injurious, screening for moral injury health sequelae, educating Veterans and their families about moral injury, and addressing moral injury in treatment.

Key Findings

Moral Injury and Suicide Risk

- Among Veterans, moral injury is an independent risk factor for suicide.^{3,5}
- Two facets of moral injury — moral injury resulting from transgressions one committed and transgressions committed by others — were positively associated with suicidal thoughts and behaviors among a sample of combat-wounded Veterans.⁷ Higher levels of overidentification with one’s perceived failings strengthened the association between moral injury and suicidal thoughts and behaviors.⁷
- Some factors appear to mediate or moderate suicide risk after exposure to morally injurious events. These factors include the degree to which a person has negative self-attributions;¹ ruminates about a morally injurious experience;⁷ believes their life has meaning and purpose;⁸ is socially connected;^{7,9} and practices mindfulness.⁷
- A study of service members found that transgressions committed by oneself (e.g., killing in war) were associated with current suicidal ideation.¹⁰ Compared with service members who had no history of self-injurious thoughts or

behavior, service members who attempted suicide were more likely to endorse a higher intensity of transgressions committed by oneself or transgressions committed by others.¹⁰

- A study that involved a national sample of Veterans found that potential exposure to morally injurious events was associated with increased risk for suicidal ideation and behavior, as well as mental health conditions.³ Specifically, transgressions committed by oneself were positively associated with suicidal ideation and mental health conditions, while betrayal was associated with post-deployment suicide attempts.³

Moral Injury and PTSD

- Moral injury and PTSD share some overlap but are distinct constructs with distinguishable etiologies and symptoms.^{4,9} People with either may experience anger, depression, anxiety, substance misuse, insomnia, and nightmares.¹¹ Anhedonia, grief, guilt, shame, social alienation, lack of trust, and difficulty with forgiveness may be unique to moral injury, while hyperarousal, fear, flashbacks, and memory loss are unique to PTSD.¹¹
- PTSD stems from life-threatening danger, such as the risk for physical harm.⁹ Moral injury stems from exposure to acts that violate one’s moral code.¹ Thus, morally injurious events are often but not always traumatic events.
- Moral injury may, but does not always, co-occur with PTSD. This co-occurrence may be associated with increased PTSD symptom severity, depression symptom severity, and suicide risk.¹¹ In a study of National Guard members, researchers found that the combination of moral injury and PTSD was associated with significantly increased risk for both suicidal ideation and behavior.¹¹ More specifically, the likelihood of having suicidal ideation increased as PTSD symptom severity increased.¹¹ Participants with more severe moral injury symptoms were also more likely than participants with less severe moral injury symptoms to experience suicidal ideation at all levels of PTSD symptom severity.¹¹ Suicide attempt risk was positively associated with PTSD symptom severity, but only among participants who had more severe moral injury symptoms.¹¹
- A study of service members and Veterans found that morally injurious experiences were positively correlated with suicidal thoughts and behaviors and symptoms of anxiety, depression, and substance use.⁶ In the exploratory model of the same study, morally injurious experiences that could be defined as atrocities of war (e.g., failed to save the life of someone in war, saw the death of a child) were significantly associated with suicidality, even after controlling for the effects of PTSD and moral injury.⁶

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While moral injury was not significantly associated with any mental health outcomes, PTSD symptoms were significantly associated with most mental health outcomes and uniquely mediated the relationship between certain types of morally injurious experiences (i.e., atrocities of war, leadership failure/betrayal) on suicidality, symptoms of depression and anxiety, and hazardous alcohol use.⁶

Implications

Interventions to address moral injury are in their infancy. Some evidence shows that trauma-focused PTSD treatments, including prolonged exposure and cognitive processing therapy, may be effective for reducing trauma-related guilt and shame, which are components of moral injury.⁹ However, it is not clear whether these treatments sufficiently target the core features of moral injury.⁹ VA randomized controlled trials are underway for four treatments focused on moral injury and its hallmark symptoms of guilt and shame. These interventions include trauma-informed guilt reduction therapy; acceptance and commitment therapy; adaptive disclosure; and impact of killing.¹²

Ways You Can Help

- More information on moral injury can be found on the VA's National Center for PTSD website: www.ptsd.va.gov/professional/treat/cooccurring/moral_injury.asp.
- Screen Veterans for moral injury, especially if they experienced combat, using such tools as the 20-item Moral Injury Questionnaire,^{13,14} the 9-item Moral Injury Events Scale,² or the 17-item Expressions of Moral Injury Scale.¹⁵
- Ask Veterans about experiences that may have been morally injurious. For example, ask whether they feel guilt, shame, or distress as a result. Also ask whether they ruminate about

these experiences.⁷ Measures, such as the Trauma-Related Guilt Inventory and the Trauma-Related Shame Inventory, may help in assessing some of the core features of moral injury.

- When appropriate, engage Veterans in trauma-focused psychotherapies, including prolonged exposure therapy and cognitive processing therapy, to help them process traumatic experiences. Moral injury can co-occur with PTSD,^{11,16,17} and studies show that evidence-based psychotherapy can be effective.⁹ For more information, review VA/DoD's clinical practice guidelines for the assessment and management of suicide risk and for PTSD: www.healthquality.va.gov.
- Explore the extent to which Veterans are socially connected and consider getting them engaged in mindfulness-based therapies. High levels of mindfulness and social connectedness may reduce the association between moral injury and suicidality.^{7,9} Other complementary and integrative approaches — including logotherapy (the search for meaning in one's life), music therapy, art therapy, letter writing, and a Web-based intervention called Mission Reconnect¹⁸ — could be helpful adjuncts to treatment.⁹ For more information, visit: <https://missionreconnect.com/#login>.
- Explore the extent to which Veterans feel their life has meaning and purpose. Having a greater sense of meaning in life may be associated with a lower likelihood of suicidal ideation.⁸
- Veterans who are struggling with moral injury, guilt, or shame and are spiritual may benefit from talking with a VA chaplain or participating in a VA Chaplain-led moral injury discussion group.

There is no single cause of suicide. It is often the result of a complex interaction of risk and protective factors at the individual, interpersonal, community, and societal levels. To prevent Veteran suicide, we must maximize protective factors and minimize risk factors at all of these levels.

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