

# Address Moral Injury to Reduce Veteran Suicide Risk



## From Science to Practice

Using Research to Promote Safety  
and Prevent Suicide

## Overview

*Serving in the military, especially in combat, exposes people to events they may experience as morally injurious. Such events have been defined as “perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs and expectations.”<sup>1</sup> People can experience moral injury when they themselves commit transgressions, when others commit transgressions, or when they experience betrayal.<sup>2</sup> Moral injury requires both exposure to a potentially morally injurious event (PMIE) as well as subsequent distressing psychological, behavioral, social, and potentially spiritual symptoms.*

*Nearly half of combat Veterans have experienced a PMIE.<sup>3</sup> Among Veterans, experiencing such an event is associated with symptoms of posttraumatic stress disorder (PTSD), depression, anxiety, and suicidal ideation and behavior.<sup>4,5,6,7,8,9,10,11</sup> 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 can be components of moral injury.<sup>12</sup> However, it is not clear whether these treatments sufficiently target the core features of moral injury.<sup>12</sup> VA randomized controlled trials are underway for treatments focused on moral injury and its hallmark symptoms of anger, grief, unworthiness, guilt, and shame.<sup>13</sup> These interventions include trauma-informed guilt reduction therapy; acceptance and commitment therapy; adaptive disclosure; and impact of killing.<sup>14</sup> Additionally, a hybrid implementation-effectiveness randomized trial has been conducted to explore group interventions that integrate mental health services and spiritual care and are co-led by mental health providers and chaplains.<sup>15,16</sup> A spiritually integrated group therapy, Building Spiritual Strength (BSS), can be delivered by chaplains to extend access to care.<sup>17</sup> Clinicians may help prevent Veteran suicides by screening Veterans for exposure to events that may have been morally injurious, screening for psychological, emotional, social, and sometimes spiritual problems that characterize moral injury, 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.<sup>5,7,10,11,18</sup> Furthermore, higher levels of exposure to PMIEs is associated with greater moral injury and higher levels of suicidal behavior.<sup>3</sup>
- 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 Veterans and Service members.<sup>19</sup> Higher levels of overidentification with one’s perceived failings strengthened the association between moral injury and suicidal thoughts and behaviors.<sup>9,20</sup> Low to average levels of intolerance of uncertainty also seemed to strengthen the association between morally-injurious constructs and suicide.<sup>9,21</sup>
- 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;<sup>1</sup> ruminates about a morally injurious experience;<sup>20</sup> believes their life has meaning and purpose;<sup>8,20,22</sup> is socially connected;<sup>12,20</sup> and practices mindfulness.<sup>8,20</sup>
- Studies of Veterans<sup>23</sup> and Service members have found that transgressions committed by oneself (e.g., killing in war) were associated with current suicidal ideation.<sup>8,24</sup> 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.<sup>24</sup>
- 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

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and behavior, as well as mental health conditions.<sup>8,18</sup> Specifically, transgressions committed by oneself were positively associated with suicidal ideation and mental health conditions, while betrayal was associated with post-deployment suicide attempts.<sup>18</sup>

- A 5-year longitudinal study of combat Veterans found that greater exposure to PMIEs of others and betrayal during service was associated with more severe suicidal ideation.<sup>19</sup> Furthermore, there was a significant direct path from betrayal to greater levels of suicidal ideation. Two indirect paths from PMIEs to suicidal ideation were established – transgressions committed by oneself was significantly associated with loneliness which in turn was associated with more severe suicidal ideation, and betrayal was significantly associated with loneliness and depression, which in turn was associated with more severe suicidal ideation.<sup>19</sup>

## Moral Injury and PTSD

- Moral injury and PTSD share some overlap but are distinct constructs with some distinguishable symptoms.<sup>4,8,9,12,25</sup> People with either may experience anger, depression, anxiety, substance misuse, insomnia, and nightmares.<sup>26</sup> 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.<sup>26</sup>
- PTSD stems from life-threatening danger, such as the risk for physical harm.<sup>9,12</sup> Moral injury stems from exposure to acts that violate one's moral code and is more commonly associated with experiences of guilt or shame.<sup>1,9</sup> 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.<sup>26</sup> 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.<sup>26</sup> More specifically, the likelihood of having suicidal ideation increased as PTSD symptom severity increased.<sup>26</sup> 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.<sup>26</sup> Suicide attempt risk was positively associated with PTSD symptom severity, but only among participants who had more severe moral injury symptoms.<sup>26</sup>
- 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.<sup>6</sup> 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.<sup>6</sup> 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.<sup>6</sup>

## Ways You Can Help

- Ask Veterans about experiences that may have been morally injurious. For example, ask whether they had experiences that violated deeply held moral beliefs or values, and if so, whether they contribute to being bothered by those experiences. Also ask whether they ruminate about these experiences.<sup>20</sup>
- Screen Veterans for moral injury, especially if they experienced combat, tools such as the [Moral Injury Outcome Scale](#) (MIOS)<sup>27</sup> and the [Moral Injury and Distress Scale](#) (MIDS) are available.<sup>28</sup>
- Screen Veterans for PMIEs using tools such as the 20-item Moral Injury Questionnaire,<sup>29,30</sup> the 9-item Moral Injury Events Scale,<sup>2</sup> the 17-item Expressions of Moral Injury Scale.<sup>31</sup>
- 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.<sup>12,20</sup>
- 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.<sup>22</sup>

