Moral Injury from the Battlefield to Remote Warfare and Online Child Sex Crime Investigation

A NABS+ SEMINAR

Speaker: Peter Lee, Professor of Applied Ethics, is Co-Director of the University of Portsmouth Centre for Defence, Risk and Resilience.

This online seminar traced the concept of moral injury from its military origins into two contemporary settings: RAF Reaper drone operations and police online child sex crime investigation. These cases show moral injury as a distinct form of occupational harm requiring explicit recognition and support.

WHAT IS MORAL INJURY?

The term emerged from clinical work with US military veterans and is defined by Nash and colleagues (2010) as "*changes in biological, psychological, social, or spiritual functioning resulting from witnessing or perpetrating acts or failures to act that transgress deeply held, communally shared moral beliefs and expectations*".

Examples from the military include the accidental killing, or the witnessing of deliberate killing, of civilians or friendly forces through poor communication, intelligence, or decision-making.

Moral injury can result in significant psychological distress. Symptoms of moral injury include guilt, frustration, depression, self-harm, shame, loss of spirituality/religiosity, or a sense of rejection.

There is an institutional component: the most harmful element is not only the violation of core personal moral values but also feeling betrayed by superiors or an institution to which you have devoted your life.

Individuals with a protective instinct (especially common in those drawn to military or public service careers), are particularly vulnerable to moral injury in circumstances in which they are unable to exercise this instinct to protect. E.g., emergency service personnel unable to intervene to rescue victims.

Moral Injury vs PTSD

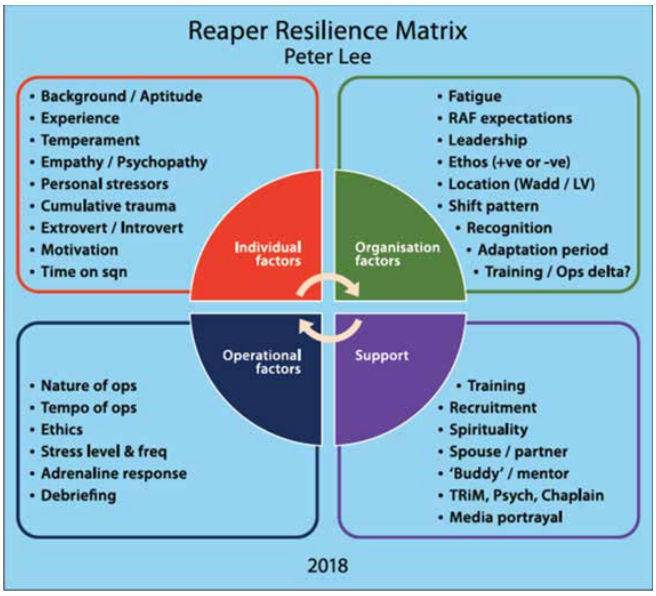
Moral injury is not predicated on a fear stimulus, but on thoughts and feelings such as guilt and shame. While PTSD begins with an event that is often life-threatening or harmful to self or others, moral injury results as a cognitive response to such stimuli, depending on how they are processed in line with moral values.

Additionally, moral injuries differ from PTSD traumas as they are more strongly associated with emotions that develop after the event rather than the emotions that are experienced during it.

RAF Reaper Crews

In Reaper crews, moral injury might develop through the ethical and emotional burden of lethal remote warfare, including responsibility, agency, surveillance intimacy, killing at distance, and the cumulative effects of operational exposure.

The Reaper Resilience Matrix sets out factors relevant to moral injury in Reaper crews:



Police Personnel:

In police investigators, moral injury can occur through repeated confrontation with child sexual abuse material, the strain of inhabiting "two worlds," fears of contamination, burnout, changes in identity, and reliance on peer, family, and organisational support.

KEY FACTORS:

- Feelings of agency are significant
- Positive aspects of work (e.g., making the world a better place)
- Identity, morality, and search for meaning
- Peer and family support
- Adaptive coping (e.g., healthy exercise) or maladaptive coping (e.g., exercise as self-harm)
- Role of emotion and empathy
- Organisational support and workplace environment
- Traumatic distress effects

CONCLUSION

- Burnout is a very real threat that feels more like a certainty than just a possibility
- Family and peers are really important support mechanisms
- Multiple coping mechanisms identified
- Experiential avoidance
- Need for more explicit psychological review and support

Q&A

Is there a way to prepare individuals to reduce the risk of moral injury?

Research demonstrates that if institutions are honest about inherent role-related risks, people will still commit to hard jobs. For example, training could cover likely experiences, normal emotional responses, healthy coping mechanisms, and options for support. Most importantly, institutions should inculcate a culture where openness is seen as acceptable and not career ending. Additionally, support should be available after people have left the institution.

Are there initiatives to make professionals more moral injury informed?

There are no initiatives on the scale of trauma-informed care yet. For example, initiatives could focus on supporting medical professionals to manage the consequences of triaging patient care due to emergency / limited resources (as seen during the Covid pandemic.)

Is it possible to elaborate on group psychology vs individual psychology, as a point of transition for moral injury?

This concept is relevant, as institutional betrayal has a significant impact. If the group that you've relied upon, and invested in, lets you down in a time of need, that is harmful.

Institutions should inculcate a culture where openness is seen as acceptable and not career ending.

Are some people more prone to moral injury than others?

This area requires more research, but it seems that empathy is key. Highly empathetic individuals take things on much more personally and therefore appear more susceptible to moral injury.

Is there a reason for the differing levels of prevalence of moral injury between Reaper crews and frontline operators?

The Reaper crew lifestyle is more conducive to moral injury than deployed operations. When someone is deployed, they are with kindred spirits, sharing events as a team, and can switch off the part of the brain that has to participate in civilian life. After deployment, re-integration can be challenging, but individuals receive support from their units and experience the adjustment process together.

When Reaper Force personnel go home at the end of shift, they have to transition from the warzone to civilian life. Experiencing this dissonance as individuals, every day, as a matter of routine, can be very harmful.

READ MORE:

1. Understanding Moral Injury In Police Online Child Sex Crime Investigators
2. Exploring Trauma In Child Exploitation Investigators
3. Moral Injury In Child Exploitation Investigators
4. Remote Combat Readiness and Resiliency

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