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Exeter Defence, Security and Resilience

The Ethics of Moral Injury

Professor Esther D. Reed

June 2026

University of Exeter
Exeter Defence, Security and Resilience

Why a defence policy consideration?

UK defence personnel statistics report that all three service branches (British Army, Royal Navy and Royal Air Force) have below target trained strength.[1] Personnel requirements change over the years. But below target trained strength across all three branches of the UK Armed Forces is not a desirable situation. A recent report on the operational readiness of the Armed Forces by the Defence Select Committee also raised concerns about retention, and welcomed the then Government's intention for a review to alleviate the crisis in both recruitment and retention.[2] UK personnel numerical strength is a critical defence consideration, with 'pinch points' presenting operational risks. Undetermined is the extent to which moral injury is a factor in either and/or both recruitment and retention.

Moral injury is variously defined. Jonathan Shay's seminal observation in 2014 was that moral injury is:

- a betrayal of what's right
- by someone who holds legitimate authority (e.g. in the military – a leader)
- in a high-stakes situation.[3]

Victoria Williamson, *et al.*, write in *The Lancet (Psychiatry)* of moral injury as 'the strong cognitive and emotional response that can occur following events that violate a person's moral or ethical code'.[4]

How to scope the challenge?

How, then, to scope the extent and nature of this challenge? How to extract more information from the Armed Forces continuous attitude survey, service leaver questionnaires, and such like? How to identify information gaps and 'ensure that the

[1] House of Commons Library, UK Defence Personnel Statistics by Esme Kirk-Wade (13 August 2024) https://researchbriefings.files.parliament.uk/documents/CBP-7930/CBP-7930.pdf at p.4 esp.
[2] House of Commons Defence Committee, Ready for War? First Report of Session 2023–24. https://publications.parliament.uk/pa/cm5804/cmselect/cmdfence/26/report.html. Pp.30-33 esp.
[3] Jonathan Shay, 'Moral Injury', *Psychoanalytic Psychology* (2014) Vol. 31, No.2, 182-191, at p.182. For a brief history of definitions and approaches to measurement, see Koenig HG, Al Zaben F. Moral Injury: An Increasingly Recognized and Widespread Syndrome. J Relig Health. 2021 Oct;60(5):2989-3011.
[4] Victoria Williamson, *et al.*, 'Moral injury: the effect on mental health and implications for treatment' *The Lancet (Psychiatry)* Comment| Volume 8, Issue 6, p.453-455, June 2021at p.453. Citing Litz BT, Stein N, Delaney E, et al. Moral injury and moral repair in war veterans: a preliminary model and intervention strategy. Clin Psychol Rev 2009; 29: 695–706.

information search is not brought to a premature close'?[5] Full answers lie beyond this short essay. But the analysis can begin.

We know the Government aspires to train and support the Armed Forces to the highest standards. For example, the Ministry of Defence *People Health and Wellbeing Strategy 2022-2027* adopts 'an evidenced and holistic approach to health and wellbeing' that recognises the inseparability of physical and mental health, and also the moral requirement to look after the health and well-being of serving personnel.[6] Health and wellbeing are also strategic level responsibilities recognized widely as falling not only to the Chief of Defence People, Director General Defence Medical Services, but to other senior tri-service ranks. Anyone privileged to speak routinely with serving personnel will know that many if not most 'on the ground' divisional officers, career managers, chaplains, chefs and civil servants, as well as every commanding officer, and more, acknowledge their role(s) in reducing burnout and harmful stress-levels, mitigating mental health problems, and otherwise helping not to break people, across our Armed Forces.

But there are gaps. Why and where are people challenges not being fully understood? Where do responses fall below what's needed?

Why a focus on moral injury?

In 2022, members of the Five Eyes Mental Health Research and Innovation Collaborative spoke of the need to integrate evidence-informed moral injury prevention into military leadership training and mission command.[7] The Collaborative understood *moral injury to refer to 'the enduring psychosocial, spiritual or ethical harms that can result from exposure to high-stakes events that strongly clash with one's moral beliefs'*, and spoke *inter alia* of 'a pressing need for further research' to advance understanding, 'to provide guidance on the design, implementation and evaluation of moral injury interventions in the military, and more'. And their scope to widen this imperative to include bystanders who see moral injury resulting from the

[5] Ministry of Defence, Red Teaming Handbook https://assets.publishing.service.gov.uk/media/61702155e90e07197867eb93/20210625-Red_Teaming_Handbook.pdf.
[6] Ministry of Defence, Defence People Health and Wellbeing Strategy 2022-2027 https://assets.publishing.service.gov.uk/media/62b3333dd3bf7f0af6480740/Defence_People_Health_and_Wellbeing_Strategy.pdf at Foreword and p.5 esp.
[7] Phelps, A. J., Adler, A. B., Belanger, S. A. H., Bennett, C., Cramm, H., Dell, L., . . . Jetly, R. (2022). Addressing moral injury in the military. BMJ Military Health, e002128. doi:10.1136/bmjmilitary-2022-002128.

treatment of individuals, including inappropriate behaviours toward them, miscarriages of justice and more, so that such injury is not an operational issue. There is a growing evidential research base. The King's Centre for Military Health Research (KCMHR), King's College London, has been for several years a UK civilian centre of excellence for military health research.[8] The Durham University International Centre for Moral Injury is robustly multi-disciplinary in its approach.[9] Measures that preventive moral injury, especially in understanding teamwork, are a focus of research at the University of Exeter especially.[10] In other words, moral injury is robustly evidenced as a phenomenon for an unquantifiable number of military personnel. Despite significant advances in moral injury research over recent years, however, many gaps in understanding remain. There is work to do across moral injury anticipation, scope, prevention, endurance and recovery.

This observation is sadly supported in early-mid 2020s literature that draws upon Ukrainian experience(s). A recent study of the Ukrainian psychological recovery program recognised the negative impact on psychological recovery and resilience of ethical factors, 'violations of the moral and communicative, motivational and volitional, value and behavioral spheres of the personality'.[11] The Ukrainian Government's official website of the Ukraine war was similarly clear about the integration needed with respect to moral and psychological support, alongside pastoral care, and meeting spiritual and/or religious needs.[12]

Closer to home, and reflecting the lack of a shared understanding of moral injury, is the continuing controversy surrounding prosecutions from the Northern Ireland Troubles some fifty years ago, with the Legacy and Reconciliation Act 2023 about to be repealed. In addition, the more recent contention about war crimes, with SAS

[8] https://kcmhr.org/about/.
[9] https://www.durham.ac.uk/research/institutes-and-centres/moral-injury/.
[10] Schilling S, Armaou M, Morrison Z, Carding P, Bricknell M, Connelly V (2022). Understanding teamwork in rapidly deployed interprofessional teams in intensive and acute care: a systematic review of reviews. PLOS ONE, 17(8); Batka C, Schilling S, Kinsey C (2022). Examining the Positive and Negative Aspects of US Military/Contractor Bonds in the Operational Environment. Journal of Political & Military Sociology, 48(2).
[11] Prykhodko, I., Yanina Matsehora, Olexander Kolesnichenko, Maksim Baida, Oleksandr Vasylkovskyi (2023). The Psychological Recovery Program of Ukrainian Military Personnel after Completing Combat Missions in the Russian-Ukrainian War. Československá psychologie, LXVII(6). doi:10.51561/cspsych.67.6.455.
[12] Vovk, K. (2024, 12 February). "A chaplain is a part of the soul in the great army mechanism." The value and role of chaplains at the front. Retrieved from https://war.ukraine.ua/articles/and-role-of-chaplains-in-the-armed-forces-of-ukraine/#:~:text=Chaplains%20monitor%20soldiers'%20morale%2C%20conduct,the%20Orthodox%20Church%20of%20Ukraine.

conduct in Afghanistan coming under scrutiny.[13] The Wigston Report, HH Lyons Report and the Women in Defence reports all highlight deficiencies from top to bottom in processes, policies and cultural appreciation.

What's missing?

What's missing is adequately explicit attention to moral health at policy levels, and research into its implications for retention and recruitment.[14] The need for improved resilience, motivation and morale is widely recognized already as a UK defence policy consideration. Less widely recognized is the moral health of personnel. The challenge is to bridge between recruitment and retention challenges, people health and wellbeing strategies, and moral injury research - with a positive emphasis on moral health as integral to well-being. At issue is how well current work in supporting the moral health of personnel is supported at policy levels, with systemic consideration paid to moral health/injury management.

Risks?

One possible reason for inadequately explicit attention to moral health at policy levels is the temptation to reduce people strategies to performance considerations, cutting out attention to character traits and the exercise of virtue and cultural appreciation. Some recent academic work advocates such an approach. E.g., John Doris's article on 'The Limits of Virtue: Moral Psychology and Military Conduct' in a recent edition of the *Journal of Military Ethics*, like his earlier writings, disputes the extent to which character and the exercise of virtue is useful in military context. '[[T]o put things crudely', says Doris, 'people typically lack character'.[15] Doris's point is that character traits are sustained only in situations conducive to these traits. Nor is my point to deny the wisdom of situational sensitivity to behavioural risks and performance *in extremis*. Traditional military ethics with a focus on character and virtue, moral injury/health management, and a focus on situational responses need not, and should not be, placed in conflict.

[13] SAS killings: How a scandal was uncovered - BBC News.
[14] E.g., There is a case to be made that the Parliamentary Report 'Protecting Those Who Protect Us: Women in the Armed Forces from Recruitment to Civilian Life', 2021 provides insights into providing this. https://committees.parliament.uk/committee/24/defence-committee/news/156.
[15] Doris, J. M. (2023). Journal of Military Ethics, 22(3–4), 227–240. https://doi.org/10.1080/15027570.2024.2316957. Quotation from Doris, J. M. (2002). Lack of Character: Personality and Moral Behavior: Cambridge University Press. At p.103.

Recommendations

1. Learnings to be gleaned from commanding officers and others with 5+ years' experience about how they already care for the moral injury/health of personnel (regardless of whether the language of 'moral injury/health' is used), and of where they perceive gaps and/or other failings in institutional systems to undermine their efforts;
2. The UK to continue working closely with allies in advancing moral injury/health research.
3. The UK to make explicit in policy the need to consider the moral health of serving personnel alongside performance standards, with veterans also being included.
4. The UK to consider the better inclusion of moral/ethical considerations in military doctrine.

Professor Esther D. Reed's research and teaching are broadly in theological ethics and moral philosophy, with particular focus on (un)just war reasoning and weapons control, prospects for *jus in silico*, and the future of military ethics. She is an Associate of the Strategic Studies Institute at the University of Exeter with responsibility for military ethics, and co-lead for the Ethics, Law and Governance stream of the Defence, Security and Resilience Network.