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RESEARCH ARTICLE

Sources of moral injury among war veterans: A qualitative evaluation

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Key practitioner message:

Veterans report being profoundly impacted and haunted by morally injurious experiences.

Morally injurious experiences include acts of commission as well as omission on the part of the veteran as well as actions (or failures to act) by others.

Veterans described rarely being asked by practitioners about morally injurious events, especially ones that involved perpetration.

Providers are encouraged to explicitly query about the full range of potentially morally injurious events (both by self and other) in a supportive and nonjudgmental environment, and be prepared to address the emotions of guilt, shame, anger, and frustration that commonly accompany these experiences.

Abstract

Objective Service members deployed to war are at risk for moral injury, but the potential sources of moral injury are poorly understood. The aim of this qualitative study was to explore the types of events that veterans perceive as morally injurious and to use those events to develop a categorization scheme for combat-related morally injurious events.

Method Six focus groups with US war veterans were conducted.

Results Analysis based on Grounded Theory yielded two categories (and eight subcategories) of events that putatively cause moral injury. The two categories were defined by the focal attribution of responsibility for the event: Personal Responsibility (veteran's reported distress is related to his own behavior) versus Responsibility of Others (veteran's distress is related to actions taken by others). Examples of each type of morally injurious event are provided.

Conclusions Implications for the further development of the moral injury construct and treatment are discussed.

KEYWORDS

focus groups, moral injury, PTSD, qualitative, veterans

1 | INTRODUCTION

With the most recent publication of the Diagnostic and Statistical Manual (DSM-5; American Psychiatric Association, 2013), the diagnostic criteria for posttraumatic stress disorder (PTSD) no longer require peri-traumatic fear, helplessness, or horror and introduced a range of possible emotional responses to trauma that include anger, guilt, and

shame. The broadening of these criteria reflects increased recognition that the types of events that cause long lasting distress are more complex, multi-faceted, and heterogeneous than previous definitions acknowledged (Friedman et al., 2011). Furthermore, it suggests that the full range of emotional responses elicited by these events may have been previously overlooked as a result of the historically narrower focus on fear-based events (Stein et al., 2012). These changes are consistent with a nascent, but growing literature on moral injuries that occur within the context of war trauma. In a seminal paper on this topic, Litz et al. (2009) proposed a conceptual model of moral injury in which they define morally injurious experiences as "perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs and expectations." For example, a service member who believes "thou shalt not kill," but then is faced with situations in which, either through acts of commission or omission, he or she is complicit with the act of killing may experience a moral injury. In response to a morally injurious event, an individual may experience enduring regret, guilt, shame, outrage, or anger (Bryan et al., 2016; Farnsworth, Drescher, Nieuwsma, Walser, & Currier, 2014); whereas fear as traditionally conceptualized within a PTSD framework, if present at all, may play a less significant role.

In a study examining types of war-zone events that cause service members enduring distress, Stein et al. (2012) found that 34% of service members' responses to a question about their "most currently distressing warzone experience" referred to a morally injurious experience (as opposed to a life threat, aftermath of war, or traumatic loss). Further, Wisco et al. (2017) found that 41.8% of combat veterans endorsed having been exposed to at least one type of morally injurious experience during their service. These findings suggest that a significant minority of combat veterans will encounter morally injurious events while in service and some percentage will remain haunted by these experiences. While there is limited empirical research specifically on the consequences of moral injury, one recent study found moral injury to be a risk factor for self-injurious thoughts and behaviors (Bryan, Bryan, Morrow, Etienne, & Ray-Sannerud, 2014) and another suggested that exposure to potentially morally injurious events accounted for PTSD symptoms above and beyond combat exposure among combat service members (Jordan, Eisen, Bolton, Nash, & Litz, 2017). Further, events likely to be associated with moral injuries, such as killing in war (Fontana & Rosenheck, 1999; Maguen et al., 2009; Maguen et al., 2010; Maguen et al., 2011a, 2011b; Maguen et al., 2012; Maguen et al., 2013a) and exposure to atrocities (Beckham, Feldman, & Kirby, 1998), have been shown to relate to a range of negative mental and behavioral health outcomes, including PTSD, alcohol problems, functional impairment, dissociation, relationship problems, and suicide. Thus, the potentially high rates of moral injury and associated negative outcomes demand a greater understanding of this relatively new construct.

As an initial attempt to validate the theoretical construct of moral injury, Drescher et al. (2011) interviewed 23 healthcare and religious professionals experienced in working with war-zone veterans who uniformly agreed that the construct of moral injury was useful and necessary to more fully capture the psychological and spiritual impact of war. They also explored and thematically grouped the types of events that participants thought were likely to contribute to moral injury. These included inappropriate or disproportionate violence, incidents involving civilians, within rank violence, and events involving betrayals. In a follow-up study, Vargas, Hanson, Kraus, Drescher, and Foy (2013) examined transcripts from interviews with Vietnam era veterans from the National Vietnam Veterans' Readjustment Study (NVVRS; Kulka et al., 1990) for the moral injury themes identified in the Drescher et al. (2011) study. They concluded that the themes identified by Drescher and colleagues were consistent with the types of morally injurious experiences described within the veterans' narrative accounts.

In another important step toward further validation of the moral injury construct, Nash et al. (2013) developed and validated a self-report questionnaire to measure exposure to potentially morally injurious events (Moral Injury Event Scale; MIES). Items were generated by content area experts through an iterative, rational approach to scale development. Events were defined generically rather than specific to a type of event. For example, "I saw things that were morally wrong" and "I acted in ways that violated my own morals or values." Some items also included reactions to these experiences (e.g., I am troubled by having acted in ways that violated my own morals or values) as well as three items that focus on the service member's feeling of betrayal (e.g., I feel betrayed by leaders who I once trusted). Currier, Holland, Drescher, and Foy (2015) generated an alternative measure of exposure to potentially morally injurious events called the Moral Injury Questionnaire, Military Version (MIQ-M), using items designed to tap into the types and responses to morally injurious events highlighted in Drescher et al. (2011).

Best practices in construct and measure development recommend ground-up qualitative research and consultation with the target population to ensure content validity during the early stages of construct development (e.g., Vogt, King, & King, 2004). Therefore, while prior research relied upon themes of moral injury generated by content-area experts, followed by attempts to validate these themes within the target population, the current study poses the construct of moral injury to veterans themselves in order to allow their responses to define the conceptualization of the construct. The aim of this pilot study was to provide an initial exploration into the types of events that veterans perceive as morally injurious and to use those events to develop a categorization scheme for combat-related morally injurious events that can then inform the development of future assessment tools.

2 | METHOD

2.1 | Recruitment

Participants were recruited from existing PTSD psychotherapy groups at two large urban Veteran Administration (VA) Medical Centers located respectively on the east and west coasts of the United States (the Boston VA Healthcare System and San Francisco VA Medical Center, respectively). We approached these groups rather than form our own groups in order to capitalize on established relationships and familiarity between group members. After receiving permission from a group's therapist, we delivered a 5-min presentation to the patients in the group at either the beginning or end of one of their regular treatment sessions. During this presentation, we described the purpose of the study, scheduling logistics, and compensation. We emphasized that participation was voluntary and that the focus group was intended for research purposes only (as opposed to treatment). The only inclusionary criterion was that the participant was a veteran currently enrolled in a PTSD treatment group; there were no exclusionary criteria. The study was approved by the Internal Review Boards of the respective VA Medical Centers and their affiliated universities.

2.2 | Participants

We conducted six focus groups, three at each VA Medical Center. Group size varied between two to five participants with a total of 19 participants in the study. Of the 10 veterans participating in the groups at the Boston VA, one served in World War II, seven served in the Vietnam War, one served in the Korean War, and one served in both the Vietnam and Korean Wars. The average participant age in the Boston sample was 69.60 (SD = 8.90) and the average length of service was 6.66 years (SD = 8.76). Of the nine participants from the San Francisco groups, two served in both Vietnam and the Iraq and Afghanistan Wars (Operation Enduring Freedom/Operation Iraqi Freedom, OEF/OIF), one served in both the Persian Gulf War and OEF/OIF, one served in the Persian Gulf War, and five served in OEF/OIF. The average San Francisco participant age was 46.56 (SD = 13.11) and the average length of service was 16.85 years (SD = 8.67). Across the two sites, there were 11 participants (58%) who served in the Army, five (26%) who served in the Marines, three (16%) who served in the Air Force, and one who served in the Navy. One participant served in both the Army and the Air Force. All participants were enlisted and male. Nine participants (47%) were Caucasian, four (21%) were African American, three (16%) were Asian, and three (16%) were Hispanic.

2.3 | Procedure

Focus groups lasted approximately 1.5 hr with one break in the middle. Groups were led by one or two clinical psychologists experienced in working with combat veterans. Informed consent for participation and audio recording was obtained and group "ground rules" (e.g., maintaining confidentiality among group participants, respecting others opinions) were established at the beginning of each group. The psychologists then began each group by defining and describing moral injury. In response to concerns that previous iterations of definitions of moral injury may be too confusing for veterans (Drescher et al., 2011), we defined moral injury as "a violation of deeply held moral beliefs and expectations." Group discussion was then initiated by the statement: "*People often grow up with strong beliefs or opinions about the right and wrong ways to behave and treat other people (your morals). Experiences in the*

military may reinforce, challenge, or change those beliefs. In what ways do you think military service did or did not impact your beliefs or morals? What about those of others around you?" Generally, discussion was permitted to flow naturally to promote the exploration of unanticipated themes (see Patton, 2002). At times, however, group leaders facilitated deeper exploration of a topic by prompting group members with questions intended to clarify facts, interpretations, and/or implications of the identified morally injurious events. All group discussions were audio-recorded and transcribed.

All participants were contacted by their group leader within 2 days after participating in a group to assess for any adverse effects related to group participation and to give the participant an opportunity to contribute any additional thoughts they may have had since the group meeting. No significant adverse effects were reported by any of the participants.

2.4 | Data analysis

We employed a three-stage analytical process (open coding, axial coding, and integration) based on Grounded Theory (Glaser, 1998). Throughout this process, NVivo software (Gibbs, 2002) was used to organize the data and track labels and codes. In the open coding stage (Merriam, 2009; Strauss & Corbin, 1998), the first, second, and fourth authors independently read the transcripts and identified relevant portions (i.e., words, phrases, or sentences that contained possible references to themes of moral injury). A few events (and reactions to events) that could be better categorized as *life threat to self or other*, *aftermath of battle*, or *traumatic loss* (see Stein et al., 2012) or that did not appear to cause a lasting impact on the veteran were excluded. For example, an event that involved viewing a grotesque scene of death and mutilation was excluded because the veteran's description of the event focused on feelings of disgust related exclusively to the visual aspects of the event with no apparent moral conflict regarding how or why the event occurred noted. After identifying relevant portions, the three raters independently gave each passage a thematic label intended to capture the ideas that emerged from that portion of the transcript. In the axial coding stage (Corbin & Strauss, 2008; Merriam, 2009), these same authors then grouped related labels together based on common themes forming categories of moral injurious events. This process was conducted iteratively with repeated instances of returning to the original texts to ensure that the hypothesized list of categories integrated and incorporated all themes that emerged from the focus group transcripts and that no additional themes were overlooked or excluded. When the authors were satisfied that categorical and theoretical saturation (Corbin & Strauss, 2008) had been achieved, a list of categorical codes was finalized. Finally, in the integration stage, the authors reviewed the codes and grouped them into two broad categories based on a conceptual division that emerged through the conduct of these analyses. (Categories and subcategories are defined in Table 1 and described at length in the results section.).

To test our schematic, the same raters then returned to the original set of uncoded passages with the finalized list of codes and independently applied a code to each passage. Interrater reliability was very high (0.833), although this was expected because all raters had been involved in development of the code and had discussed the passages at length. To further test the reliability of the coding scheme, transcripts were subsequently reviewed by two clinical psychologists with a background in moral injury (the third author and a consultant with extensive trauma expertise), but who had no prior knowledge of the coding scheme. The two trauma experts independently assigned the codes to the selected, but unmarked, sections of the transcripts. Rates of agreement with our category assignments were 93 and 94%. Fleiss' kappa statistic for the three sets of assignments (ours and those of the two psychologists) was nearly perfect ($\kappa = 0.883$), suggesting excellent reliability for the categorization scheme.

3 | RESULTS

3.1 | Categories of events

Across the six focus groups, we identified 72 passages that described events involving moral or ethical violations with long-term negative consequences. Based upon our analysis, passages were grouped into two categories, each

divided into four subcategories for a total of eight subcategories (see Table 1). The two categories that emerged from our analyses were differentiated according to whether the veteran's reaction was attributed to the role that he played in the event (Personal Responsibility) versus the role that others played in the event (Responsibility of Others). As a result, the same event could be categorized differently depending on the veteran's subjective interpretation of the event (i.e., whether the veteran reported experiencing distress[1] related to the role he personally played in an event—either by commission or omission or alternatively, by the actions of others). While both types of events can be characterized as morally injurious events because they constitute "a significant violation of deeply held moral beliefs and expectations", they differ with regard to the types of emotions associated with these events. Events that are an affront to one's sense of personal responsibility are frequently associated with emotions of shame or guilt, whereas, events that represent the moral failure of others are more frequently associated with emotions of anger, outrage, and frustration (Stein et al., 2012). For the purpose of this study, we are interested exclusively in an individual veteran's perception and interpretation of an event in order to understand its impact on his life; so while there may be alternate versions of the circumstances, justifications, explanations, and attributions of responsibility surrounding a particular event, for the purposes of this paper what is meaningful is how this veteran experienced and interpreted the events.

The identified categories and subcategories with associated examples are presented below.

TABLE 1 Description of the proposed sources of Moral Injury

Meta-Category/Category	Description
Personal Responsibility	
1. Killing/injuring the enemy in battle	The participant killed or injured the enemy in battle. Killing or injuring the enemy outside of battle should be assigned to the next category.
2. Disproportionate violence	The participant engaged in excessive or unnecessary violence/cruelty/mistreatment of the enemy. Engagement in excessive or unnecessary violence against prisoners/detainees should be assigned to this category; however, engaging in excessive or unnecessary violence against civilians should be assigned to the next category.
3. Harming civilians and civilian life	The participant was directly responsible for harming civilians or destroying their land/property. This can include intentional acts of violence or incidental harm.
4. Failing to prevent harm to others	The participant witnessed the harming of another service member, civilian, or enemy combatant and stated that he felt guilty about not preventing it. Acts witnessed that do not include a statement of guilt should be assigned to one of the next four categories.
Responsibility of Others	
1. Disproportionate violence	The participant witnessed or learned about service members engaging in excessive or unnecessary violence/ cruelty/ mistreatment against the enemy or the enemy engaging in excessive or unnecessary violence/ cruelty/ mistreatment against service members. Witnessing excessive or unnecessary violence against prisoners/detainees should be assigned to this category; however, witnessing excessive or unnecessary violence against civilians should be assigned to the next category.
2. Harming civilians and civilian life	The participant witnessed or learned about the harming of civilians, the human suffering of civilians, or the destruction of their land/property. This can include intentional acts of violence or incidental harm.
3. Betrayal by trusted others	The participant experienced, witnessed, or learned about immoral or unethical acts by people close to him (e.g., unit leaders, peers, or trusted civilians) that affected the participant or other unit members. Immoral or unethical acts by high ranking officials (e.g., generals, the president) should be assigned to the next category.
4. Betrayal by systems	The participant experienced, witnessed, or learned about immoral or unethical acts of the military, the government, or random members of society that affected the participant or other unit members.

3.2 | Personal responsibility

Events in this category were ones in which a veteran reported distress, guilt, or shame related to the role he played in a particular event. While previous research, suggested that moral injury occurs when a person behaves in a way that constitutes a violation of his/her morals and beliefs (Drescher et al., 2011; Nash et al., 2013), our focus groups importantly indicated greater complexity and nuance. That is, in some cases, an individual may be able to justify his actions given the context within which the event occurred (e.g., self-defense or defense of others) and may even acknowledge having honored one set of morals by this action (defense of country, following orders, protecting his men), and yet still experience considerable distress about how those actions conflict with a separate set of morals (e.g., do not kill, protect the weak). This theme emerges in some of our examples below.

3.2.1 | Killing/injuring the enemy in battle

Injuring and killing the enemy in battle is central to the core mission of war. Service members are trained to kill and depart for war with the expectation that this is what they are setting out to do. And yet, a number of veterans in our focus groups described being changed by taking these actions that violated or, at the very least, challenged their previously held moral beliefs. This is captured in the quote below by a Vietnam veteran:

> *'Thou shall not kill', and then you go to war and you end up killing people and its kill or be killed. I mean you got no choice when you're in war… It hardens you. I used to be very happy-go-lucky and this and that. Then, it's like what my wife says, I came back from Vietnam and my heart was taken out, and put back with a mechanical heart, because I got no feelings. I don't show emotions, you know… and that's the way I've always been since the last 43 years.*

Another Vietnam veteran described the tension between the acts of war and moral expectations drawn from civilian life:

> *Firefights beyond [my first firefight], I didn't even see people. I just killed them and it didn't bother me one bit for years. But when I went home… my mother saw me and… her look in her eyes, it changed me where I, the guilt, I started thinking about guilt all the time and I didn't when I was over there.*

This veteran's description is consistent with evidence that morally injurious events are more commonly associated with posttraumatic responses to an event than with peritraumatic reactions (Stein et al., 2012). It seems that moral injury may be most likely to occur after a person has been able to reflect on the situation and attempt to reconcile it with prior beliefs and expectations. In this case, the veteran was retrospectively struggling to reconcile civilian norms with those on the battlefield.

3.2.2 | Disproportionate violence toward the enemy

As noted, many of the veterans who described distress related to killing the enemy noted the moral ambiguity inherent in being a warrior with a mission to kill and confronted by situations in which there was little choice other than to kill or be killed, regardless of personal beliefs. This subcategory distinguishes such potentially "justifiable" killing of the enemy in the context of battle from events that veterans deemed to be unnecessary, unjustifiable, or excessively violent (e.g., violence that occurred when the enemy was unarmed). The following is an example of an event in which a veteran was distraught over the role he played in perpetrating violence that he now considers disproportionate.

> *We ended up capturing 56 enemy, and I myself - there was probably 10 of us guarding these 56 prisoners - and I, myself, talked the lieutenant into killing these 56 people, so I personally killed 56, I mean I [literally] killed 11 of them myself with my hands, and it changed me forever that day.*

In this example, the veteran's direct and indirect responsibility for killing of prisoners of war left him feeling permanently altered by that experience.

3.2.3 | Harming civilians and civilian life

In addition to events involving conflict with the enemy, many of our participants noted distress related specifically to the toll of war on the lives of civilians. Note that we use the term "harming" in the broadest sense of the word as the examples of harm caused to civilians recounted by our participants ranged from things like destruction of property and villages, to rape and death. One Vietnam veteran described an indiscriminate attack on a village that was prototypic:

> *When you say you've been in combat, it's one thing, but when you fire on a village, there are kids in there! … I was in church and my grandmother said, "thou shall not kill," and all of that is in you, and then you go to bed at night and sometimes that comes back on you and you can't sleep.*

In this example, the veteran is making a distinction between "combat" (presumably killing the enemy) that he seems to have accepted on some level and civilian causalities that occur during war, which continue to haunt him. Another veteran recounted:

> *Well, our squad killed quite a few youngsters, as well as their parents, and I feel that morally it was wrong. And I'm trying to give back now [by donating money to children's charity]. It's never going to justify the wrongs that happened. It's like a bandaid and there's still puss underneath it. You've got a bandaid trying to hide the truth.*

This veteran shared the desire to atone for actions that violated his morals and his enduring sense of helplessness in his quest to repair these perceived wrongs.

Another Vietnam veteran stressed that it is also possible to be haunted by events that did not involve killing. He recalled the experience of burning down a village:

> *[You] flip that f-ing lighter and clicking it on and boom- that's it! And everything is lit up…then you clean yourself from the sweat, the sweat [that] smells like fire, and then you keep on going. Those are the things, those are the guilts [sic] – you don't have to kill, all you have to do is take part in something – like torching a place…*

This veteran seemed especially struck by the callousness of war, that a simple action like flipping a lighter can cause untold destruction and yet, war does not allow for reflection or contemplation, but rather demands you move on. He also noted that the guilt may be just as salient even when a group is involved in the moral injury.

In one final example, an OEF/OIF veteran noted that moral injury could occur even in the absence of any actual violence. This veteran described being haunted by an event he had only almost committed.

> *I kind of lost it. I almost shot a kid while we were over there, and that haunted me for four years… that really turned my entire world… I don't think that I could live with myself if I had shot the kid for no reason.*

Consequently, it appears that confronting the possibility of what one may be capable of doing, even while having not done it, may set the stage for moral injury.

3.2.4 | Failing to prevent harm to others

While the previous three categories included actions that veterans took (or nearly took) during war that continued to haunt them (acts of commission), this fourth category encompasses actions veterans failed to take to prevent harm to others (acts of omission). Once again, veterans reported distress related to these events, even while acknowledging that their inaction was either justified or that the situation offered few viable alternatives. For example, a World War II veteran recounted:

> *They [the other soldiers in his unit] were determined. They said they would shoot me if I tried to stop them [from gang raping a German nurse] and I would just be a "casualty of war." So I had no choice. I rejoined my outfit, the rest of the company, and I left them there. She was crying, which made it worse. She was holding onto me. It was a terrible moment. I'll never forget it. I really felt bad. She just called to me crying and talking in German. But, I had no choice… The other day in the Sunday Times, I saw an article about [a rape], and my mind flashed back to it. And I feel terrible. Part of me feels guilty about it. But part of me knows that I couldn't do anything. Not*

against four guys and also Americans [the perpetrators]. Could I have shot them? I thought of it, but I know I couldn't do it.

In this incident, not only had the veteran witnessed harm to an innocent woman, but he is forced to side with his team or risk losing his own life and thereby, is complicit in their actions by failing to intercede. Moreover, the victim specifically pleaded with him to intervene, thus heightening his personal sense of responsibility.

Later in the same focus group, a Vietnam veteran described his own guilt over his failure to interfere with his unit's attacks on villages:

My thing was I was guilty because I would not do anything to stop it. But I wouldn't get involved. I wouldn't even look at it. I'd just keep moving on and leave the person doing what they're doing… Like, I still have the guilt that I wished I had been able to do something. What, I don't know what… I have nightmares still.

The helplessness in the first incident is echoed in this second one as well. The veteran feels guilt for recognizing the transgression, yet feeling forced to be complicit and then just "moving on."

These accounts suggest that veterans may experience enduring anguish related to their inaction while at war. It is notable that in both of these examples there were others committing the morally objectionable. Thus, from an objective perspective, these events could also be classified under the "Responsibility of Other" category; however, because the primary source of the veteran's distress was related to his own behavior rather than that of others, it was categorized within "Personal Responsibility."

3.3 | Responsibility of others

Events in this category are ones in which veterans reported being distressed by the actions of others that conflicted with the veteran's morals and expectations about right and wrong.

3.3.1 | Disproportionate violence to the enemy

As in the subcategory by the same name listed above, events in this category are those that go beyond the veteran's expectation of what is an appropriate or justifiable way to treat the enemy; however, in this case the veteran had witnessed or learned about it, but did not participate himself, thus classifying it as "Responsibility of Others". In one example, a World War II Veteran described being distressed over the treatment of prisoners that he witnessed:

I've seen prisoners being bayoneted by soldiers and they seem to enjoy doing that!

In this comment, the transgression seems twofold: first, the prisoners (who should be afforded protection once they are captured) are being harmed and, second, the perpetrators appear to be deriving pleasure from the action.

A veteran from the Korean War similarly described taking offense at the disrespectful treatment of enemy corpses:

Now and then, when we'd move North, the guys would have dead that were laying alongside the road. …And they'd [US soldiers] take them and they'd pull them over and lean them up against a tree and light a cigarette and put it in their mouth. You know, dead people! Wherever I saw that I didn't think morally that was right either. These people are dead; they can't hurt you anymore.

As above, this veteran takes moral exception to treating the enemy disrespectfully for the sake of troops' own amusement. He explicitly states, "they can't hurt you anymore", making a moral distinction between behaviors that are justifiable in the context of self-defense and those that are outside of those parameters.

That same veteran also described an incident in which his platoon had found soldiers from a sister regiment who had been captured by the enemy:

And they had their hands tied behind their back and they had been castrated while they were alive. So, then, at that time, as far as the troops were concerned… everything that moved was shot and it was quite a time to control them…we had to really clamp down on people that just wanted to shoot at everything.

In this context, the veteran expressed distress on multiple levels, first at finding comrades who had been mutilated and then at the indiscriminate nature of revenge enacted by his troops in response.

These examples highlight various challenges to moral and ethical behavior that exist in the context of war. On the one hand, there is "permissible" violence inherent in the very nature of combat, but there are also limits. These limits tend to be proscribed by laws and battlefield ethics, but even so, violations occur, presenting those who bear witness (and partake) with moral conflicts.

3.3.2 | Harming civilians and civilian life

As above, this subcategory includes events involving the death, serious injury, or harm of civilians and/or the destruction of their villages/infrastructure, but unlike in this subcategory within the Personal Responsibility category, the focal point of distress is not specifically related to the veterans' action or inaction, but rather that of others.

In one example, a veteran reported being distressed by what he perceived to be the malicious targeting of civilians without cause:

> *As we were moving through this town, it was a one street town; some of the soldiers were throwing grenades into the windows. And I said, "There's people [sic] living in there." They didn't care. They laughed.*

As in the previous category, for this veteran, there appears to be a dual character to these transgressions, the action itself and what he perceived as pleasure associated with it. That said, veterans also described being disturbed by events that, while not intentionally targeting civilians, appeared to show little regard for resulting collateral damage. For example, one Vietnam veteran recounted:

> *We'd be on a search and destroy mission across some rice paddies and then all of a sudden we'd start receiving fire from a village. Well the whole thing was, 'hey, they're the enemy – why don't we get down, call fire support and level the whole village'– women, children, pigs, everything. They didn't care; they were like, 'as far as we're concerned they're shooting at us, they're the enemy, destroy the village.*

Another Vietnam veteran struggled more generally with whether war could be waged with less impact on the civilian life around it, again highlighting the tension between possibly justifiable "necessary acts of war" and much of the rest of what occurs.

> *What you saw as far as the devastation that we did to the villages, the babies, the women, the farmers, the old man, the rice farmer who had nothing to do with the war, just wanted to take care of his land. You look at the land that had these beautiful temples that must have been a beautiful land, looking like a dump… For another person to do that to a land, just destroy it, it makes you question. So, there's where the conflict [is]. You're going to fight the war, and you are going to shoot at people who are shooting at you or someone that is trying to destroy you. It's the other stuff that goes on, that maybe can't be avoided, but maybe it could have been if we just didn't go all gung ho into it. If the politicians said, "All right, let's take a step back. Let's talk to each other. Let's figure out what we can do. I don't know. I don't have the answer. I think of what I would have done. Maybe I wouldn't have done it. I don't know. But on the information I have, I question why wasn't this done.*

3.3.3 | Betrayal by trusted others

The remaining two subcategories within the Responsibility of Others share the common feature of this category in that they entail events reported to provoke feelings of frustration, outrage, and anger, but differ in that the victim of the immoral or unjust action is either the veteran himself or other members of his unit. Events were divided between unethical or immoral acts perpetrated by those whom the veteran knew personally and trusted to act according to some ethical and moral standard (e.g., unit leaders, peers, or civilians), and acts that were perpetrated by "systems" or its representatives (e.g., government or its high-ranking representatives, military and its leadership, random members of society). While betrayal as a category of moral injury was not included in the Litz et al. (2009) conceptualization, other authors have underscored betrayal, particularly of trusted leaders, as a central source of moral injury in veterans (Drescher et al., 2011; Nash et al., 2013, Shay, 2003). We found events in the two betrayal categories that were

TABLE 2 Number of events assigned to each category

Meta-Category/ Category	Total
Personal Responsibility	**11**
Killing/injuring the enemy	4
Disproportionate violence	1
Harming civilians and civilian life	4
Failing to prevent harm to others	2
Responsibility of Others	**61**
Disproportionate violence	4
Harming civilians and civilian life	12
Betrayal by trusted others	11
Betrayal by systems	34

mentioned more frequently in our focus groups than the other six categories combined (see Table 2), underscoring the salience of these experiences among war veterans in future moral injury conceptualizations. It should also be noted that this may be the type of moral injury that veterans feel most comfortable discussing, given that acts of commission, such as killing, may be more stigmatizing, especially in a group setting.

With regard to Betrayal by Trusted Others, many veterans reported feeling aggrieved by leaders and fellow service members with whom they trusted their lives and depended upon for support and protection. A number of veterans noted feeling particularly betrayed by leaders who took unnecessary risks and/or did not participate in the battles. For example, a OEF/OIF veteran reflected upon his command:

> *I mean these guys aren't going out, and they're staying over there inside the nice area where it's protected, but they would send us out there, and I would think, "wow, why don't we do something different." I mean, because they know its "hot," - they had all the schedules down, and they'd show us and literally [say], "You guys are going to get hit [by an IED] tonight." And they were right. They had it down pat, but they would send us out anyway, and I never got that… That was one of the things that just really pissed me off. Why are you guys doing that? I felt betrayed. We're supposed to be on the same team!*

In this example, the veteran expressed outrage and helplessness about being put intentionally in harm's way by leaders who were not accepting the same risk.

Veterans also noted instances of incompetency and even deliberate violations of rules and capricious use of power by leadership that eroded their trust and confidence. One veteran commented:

> *I've always believed in respecting elders and people with ranks. When stuff hit the fan over there, in the war, the people that I was respecting, they messed up in such a way that I started losing respect for them…now I don't know who to respect.*

This veteran stated that this experience continues to erode his sense of trust until today.

An OEF/OIF veteran provided a more specific example of intentional abuse of power:

> *The Lieutenant and the Captain they were all in cahoots. The Lieutenant was going out there and having sex with the younger enlisted. Where do you draw the line at? Where do we have a standard that we are supposed to keep? And they just crossed the line in going to the enlisted, using privileges where they shouldn't have.*

Similarly, another OEF/OIF veteran observed:

> *Our enlisted and commissioned officers, I thought, took liberties that were immoral with other soldiers—in crisis, their morals were not significant to them [even] as I was trying to uphold my morals in spite of crisis.*

In another instance, a Vietnam veteran recalled a specific troubling incident that made subsequent trusting of his leadership and peers very difficult:

> *[A soldier] was in this hooch and he got this "Dear John" letter and he just lost it. He started shooting his weapon in the air and so forth and everyone ran out of the hooch and then you hear, "What's going on? What's going on?" And this major got a squad and he was going to go in and kill this soldier. And [the soldier] was just going off because he received this "Dear John" letter, and this major had a firing squad lined up!… They were getting ready to kill him! I'll never forget that.*

The frustration and resentment that these descriptions evoked were palpable even many years later, suggesting the power of these betrayals. Betrayal by leadership appears to provide both a confrontation between a soldier's sense of right and wrong, but has the additional component that it has the potential to jeopardize the soldier's safety and security, further eroding a sense of trust.

To a lesser extent, a few veterans also reported instances of within-unit violence. These were experienced as particularly painful betrayals in light of traditionally strong bonds and allegiances that develop in units. One Vietnam veteran described this experience:

> *Our own people kill our own people! Back over there you saw a lot of fragging going on…*

Fragging is a military slang term for the deliberate killing (or attempted killing) of a fellow soldier or leader. Veterans discussed the unnerving nature of these instances because, in addition to fearing being attacked by an enemy, these instances transformed peers into potential enemies.

2.3.4 | Betrayal by systems

This final category, while similar in nature to the previous category, is characterized by the veteran feeling that he and/or his peers were wronged by a system (military, government, or society) or the high-ranking representatives of that system (e.g., the President, Army General). Common themes included sentiment that the government engaged in a war that was unnecessary or unjust and that the government and/or society did not value the lives and sacrifice of its warriors and failed to support their mission materially and/or emotionally.

In one example, an OEF/OIF veteran mentioned that the government failed in its duty to protect its service members by providing his unit with faulty equipment:

> *The military… [doesn't] care about the people. They allow us to go out there with these things, helmets that don't fit our heads right, [which lead to] brain injuries. You'd think that they wouldn't allow these things to happen, but they do. It's not like the DoD doesn't have money; it's just that they choose to say, "F- you"… Yeah, so, it changed everything about how I view people, and how I measure right and wrong.*

In this example, the veteran stated explicitly that this challenge to his sense of morality has had life-long consequences.

Another OEF/OIF veteran was upset because, despite his sacrifice and dedication to the military, he felt devalued and objectified upon becoming injured:

> *I wanted to stay in, I wanted to do more, but I was injured now… I would have never gotten out, that's the way I feel, but they didn't want me no more. It's like they use you up until there's nothing left and, alright, then they're like, "Next."*

Many veterans also voiced frustration by the fact that they went to war at all. One OEF/OIF veteran observed,

> *It's the people below that end up paying the price for the decisions the leaders make. And sometimes you ask how could they have made this decision, on what basis? He [President Bush] wanted to get us into the war. He didn't wait to see if there were weapons of mass destruction…'We're going in!'—But who is going in? It's all the little guys! And the way he did it… he rushed in there so fast, the military wasn't prepared and more innocent people got hurt…they [leaders] don't care what price there is to pay.*

Another Vietnam veteran's quote highlighted the moral dilemma posed by serving in an unpopular war:

> *You got looked at like there was something wrong with you—how can you fight this war? Well, it's your country, you know! You don't usually question it.*

In this context it appears that patriotism is in conflict with what others are suggesting is moral. This is a particularly poignant and challenging situation for military personnel who consider service to their country an important moral calling and responsibility and then finding their morality called into question for that very service.

This theme was similarly echoed by many other veterans. One OEF/OIF veteran recounted:

> *When I came back here, you know, this bastion of free speech and equality—well, I have never been treated so piss poorly in my entire life!*

A Vietnam veteran similarly observed,

> *What the hell is this—we're here serving our country and what are we getting? We're getting spit at. I mean, something's wrong with this. It was no honor what was happening.*

For these veterans, the fact that they were not only disrespected, but actually despised by the very people they risked their lives for, represented the ultimate betrayal and conflicted with their sense of right and wrong.

4 | DISCUSSION

This study is a preliminary exploration and a ground-up approach to examining the sources of moral injury among combat veterans. These discussions with veterans yielded a wealth of qualitative data from which we identified two categories and eight subcategories. The two categories we derived, Personal Responsibility and Responsibility of Others, are consistent with the two categories of Moral Injury by Self and Moral Injury by Other proposed by Stein et al. (2012), while deviating slightly from Nash et al. (2013) two categories of Transgressions and Betrayals in which transgressions committed by others were grouped with transgressions committed by self. Notably, in the Nash et al. psychometric study, items that described transgressions committed by others had significantly lower factor loadings than other items in this category. Based on our qualitative results, we posit that an important organizational framework for considering morally injurious events is the veteran's attribution of responsibility for the event. An event in which he or she feels responsible for what occurred (either through an act of omission or commission) is likely to result in different emotional responses, and thus have different implications for treatment than events in which the responsibility is attributed to others (e.g., guilt and shame versus anger and frustration).

A recent study that further examined the psychometric properties of the Nash et al. measure (MIES) came to a similar conclusion about the importance of distinguishing between who is responsible for the transgression (Bryan et al., 2016). Utilizing exploratory and confirmatory factor analyses in two military samples (one clinical, one nonclinical), the authors found a three-factor solution that differentiated Transgressions by Self, Transgressions by Others, and Betrayal. While they separated Transgression by Others from Betrayal, (whereas, we had grouped them together) they noted that Transgressions by Others and Betrayal overlapped to some degree in their association to PTSD symptom clusters (reexperiencing, avoidance, and hypervigilance) while Transgression by Self were more strongly correlated with emotional numbing. This suggests similar distress related to actions taken by others in contrast to actions by self. The authors underscored the need for future research to assess a broader range of potentially morally injurious experiences and, in particular, the need to increase the number of items that assess the Transgressions by Others. The categories derived in the current study can be used to create such items that will enable broader and more refined future assessment of moral injury.

It is important to emphasize that in our framework, we intentionally chose the terminology of Responsibility rather than Transgression or Moral Injury by Other in order to avoid confusion about the subtle but significant difference of whom the veteran blames for the event. For example, in a purely "Self-Other" dichotomy, an instance where the transgression was actually committed by another person, may be deemed Moral Injury/Transgression by Other, but upon

closer examination it becomes clear that the distress is due to the fact that veteran blames himself for not intervening (sees it as his own responsibility). As such, we opted to use the Responsibility terminology to more accurately represent the source of distress. We recognize these categories are by no means mutually exclusive, and that a person could experience distress related to both their own role and the role of others within a given incident. Within our framework, both aspects could and should be acknowledged and addressed.

Our findings extend and clarify previous research in some additional important ways. First, our results confirmed the importance of disproportionate violence and civilian harm categories proposed by Drescher et al. (2011); however, veterans in our groups described distress related to their own role in these events, as well as instances in which they were distressed over the actions of others. As such, in our "responsibility" framework, we have included these as subcategories within both of our larger categories and, as previously noted, believe the differences constitute a critical distinction when considering treatment approaches to alleviating the distress associated with these events. Second, like Drescher et al. (2011), we also identified instances of within-rank violence, but in hearing our participants describe these experiences, we noted themes similar to broader themes of betrayal (i.e., a betrayal of their expectations about camaraderie and allegiances that are supposed to exist within military ranks). As such, within our categorization scheme, within-rank violence was subsumed under Betrayal by Trusted Others. Third, while prior research mainly focused on betrayals perpetrated by trusted individuals (leaders, peers, etc.), our groups also identified considerable distress related to betrayal perpetrated by systems or representatives of systems (military generals, the President, society). In fact, Betrayal by Systems was the type of morally injurious event most frequently mentioned within our groups (Table 2) suggesting its importance and that it is likely easier to speak about than transgressions committed by oneself or others that one knows personally. Future research should incorporate this aspect of betrayal that emerged so prominently within our groups.

In one theoretical difference between our study and the previous categorization scheme, Drescher and colleagues included a "failure to live up to one's own moral standard," (p.11) as a form of betrayal. Our "responsibility" framework suggests that an instance in which one violates his/her own beliefs is qualitatively different than those in which someone else is responsible for violating those beliefs (i.e., a betrayal). As previously described, the associated emotions are likely to differ (i.e., guilt and shame versus anger and frustration) and as such will have different implications for treatment. Furthermore, our research critically noted that a person need not feel unjustified (i.e., having "failed to live up to his/her moral standard") in their action in order to experience distress. Many of our participants struggled with feeling, on the one hand, justified in their actions, and yet, remained troubled by their role in the events. In some cases, they even acknowledged a competing set of values systems that they were struggling to reconcile. This is consistent with findings by Stein et al. (2012) that Moral Injury by Self is associated with cognitions about feeling responsible and guilty for wrongdoing, but not with cognitions about actions lacking justification; that is, individuals can feel guilty and responsible for events even when they can justify their actions. Consequently, our categorization focuses exclusively on where the perceived responsibility lies (self or other) and then by objective descriptions of the event (e.g., killing the enemy in battle, disproportionate violence, harming civilians and civilian life, or acts of omission) rather than its implications for a belief system (i.e., betrayal of one's values).

Finally, our categorization scheme introduced two categories of moral injury absent from the Drescher et al. (2011) categories, but consistent with a growing body of research on the types of traumatic events associated with negative outcomes in the aftermath of war. These are "killing the enemy in battle" and "acts of omission". These may have been previously overlooked because they do not constitute the most obvious forms of perpetration (i.e., killing in battle is regarded as part of the mission and acts of omission are simply a failure to act rather than an overt behavior) and yet both categories were associated with considerable distress for some of our participants. This is consistent with research that has shown that killing can be associated with multiple adverse outcomes (e.g., Maguen et al., 2009) and can result in moral conflict that has a lasting impact on sense of self, relationships, spirituality, and quality of life (Purcell, Koenig, Bosch, & Maguen, 2016).

This study had a number of noteworthy limitations. First, although we tried to recruit a diverse sample of participants, all of the participants were male and only one participant was below age 30. While we managed to include veterans of every US-engaged war since World War II, our sample size was small that potentially limits the

generalizability of our findings, and prevents us from being able to empirically examine potential differences between the generational cohorts. One anecdotal observation that may merit future research is that, as a group, the older veterans in our cohort reported more acts of omission and commission and additional acts of violence than their younger peers. It is possible that older veterans engaged in and witnessed more immoral acts because there were fewer or less stringent rules of engagement at that time. Alternatively, it is possible that older veterans simply felt more comfortable recounting events that took place many decades ago than more recently returning veterans, who may not have fully processed their experiences and who may have been worried about the legal implications (in cases of perpetration), or simply had less experience openly sharing their experiences. As one older veteran stated:

> *I know one thing for sure. Ten years ago you couldn't have done this survey because we wouldn't even talk to you… You will definitely have a problem with the new guys. Because it takes a while, even with our group counselors - every single one of us that came to this group didn't say anything for 6 months. Because you sit back and get your surroundings.*

These observations reiterate the challenges and sensitivities required when working with such delicate topics and the need for awareness on the part of researchers of potentially confounding factors that might influence responses.

An additional potential limitation is that we also only approached veterans who were participants in existing PTSD treatment groups. It is not clear whether nontreatment-seeking veterans would have responded similarly. Further, while we gave veterans the opportunity to give us additional information privately over the phone and none opted to, we cannot know to what extent responses were shaped by comments by other group members and group dynamics.

Notwithstanding these methodological limitations, our study sheds light on distinct dimensions of war that are salient and haunting for veterans because they transgress deeply held beliefs about right and wrong. Further, the veterans in our study affirmed that these experiences continue to have a profound impact on their lives even many decades after war; and, importantly, in spite of all of the progress made in identifying and treating PTSD, our veterans reported that topics related to moral injury have been rarely addressed. Many noted that this was the first time that they had been asked to discuss the moral implications of their experiences, despite all being established VA patients currently in treatment for PTSD. Some participants reported disclosing certain events for the first time within our focus group simply because we were the first to ask the question in that way. This is consistent with suggestions by Litz et al. (2009) that because of the sensitive nature of these events, therapists and patients may knowingly or unknowingly conspire to avoid talking about these events. This is likely particularly true with events that involve one's own responsibility (perpetration or omission) than the acts of others. Indeed, even one of the only two published moral injury assessment measures (Currier et al., 2015), intentionally conflates self and other types of transgressions because the authors were afraid that respondents would be unwilling to endorse items about their own wrongdoings. Our findings, as well as others (Stein et al., 2012; Wisco et al., 2017), demonstrate that veterans more frequently cite morally injurious events committed by others than by one's self (Table 2), even within the context of being asked explicitly about moral injury. That said, there is evidence that morally injurious events committed by the veteran himself are associated with some of the most significant suffering (Bryan et al., 2014) and therefore, providers are encouraged to explicitly query about the full range of potentially morally injurious events (both by self and other) in a supportive and nonjudgmental environment, and be prepared to address the emotions of guilt, shame, anger, and frustration that may accompany these experiences.

Future research should focus on validating the categories and subcategories we identified. Empirical research is also needed to confirm our proposed connection between Personal Responsibility and emotions of guilt and shame and between Responsibility of Others and emotions of anger and frustration. Further, while we proposed grouping events categorized by betrayal as a subcategory of Responsibility of Others due to the shared emotions of anger and frustration, it is noteworthy that acts of betrayal were more frequently cited than all of the other subcategories combined. This may simply reflect the prominence of such events for individuals who were personally wronged and the relative ease they feel discussing these experiences in contrast to other types of events, but it may also be that future research will reveal that betrayal differs in substantial enough ways as to distinguish it as its own category rather than a subcategory.

It is our hope that this "back to basics" approach of using qualitative research to learn directly from veterans themselves will provide a foundation for future research and enhanced understanding of the construct of moral injury that will ultimately lead to advancements in treatments. A therapist who is well informed about the types of events that may lead to moral injury will be better positioned to inquire about such haunting experiences that have a tendency to be unaddressed in treatment. The proposed Responsibility framework could then guide providers in conceptualizing and identifying treatments most likely to be effective for a particular client (for example, treatments targeting guilt and shame or treatments addressing coping with anger and frustration), so that they may more effectively ease the heavy burden that so many veterans carry home.

NOTE

[1] The term "distress" is used throughout this paper to describe subjective reports of negative emotional responses (e.g., guilt, sadness, anger, frustration) and negative behavioral responses (e.g., nightmares, flashbacks, crying) to events.

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REFERENCES

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: Author.

Beckham, J. C., Feldman, M. E., & Kirby, A. C. (1998). Atrocities exposure in Vietnam combat veterans with chronic posttraumatic stress disorder: Relationship to combat exposure, symptom severity, guilt, and interpersonal violence. *Journal of Traumatic Stress*, *11*(4), 777–785.

Bryan, A. O., Bryan, C. J., Morrow, C. E., Etienne, N., & Ray-Sannerud, B. (2014). Moral injury, suicidal ideation, and suicide attempts in a military sample. *Traumatology*, *20*(3), 154–160. https://doi.org/10.1037/h0099852

Bryan, C.J., Bryan, A.O., Anestis, M.D., Anestis, J.C., Green, B.A., Etienne, N., Morrow, C.E., & Ray-Sannerud, B. (2016). Measuring moral injury: Psychometric properties of the Moral Injury Events Scale in two military samples. *Assessment*, *23*(5), 557–570.

Corbin, J., & Strauss, A. (2008). *Basics of qualitative research: Techniques and procedures for developing grounded theory* (3rd ed.). Thousand Oaks, CA: Sage.

Currier, J. M., Holland, J. M., Drescher, K., & Foy, D. (2015). Initial psychometric evaluation of the Moral Injury Questionnaire—Military Version. *Clinical Psychology and Psychotherapy*, (22), 54–63. https://doi.org/10.1002/cpp.1866

Drescher, K. D., Foy, D. W., Kelly, C., Leshner, A., Schutz, K., & Litz, B. (2011). An exploration of the viability and usefulness of the construct of moral injury in war veterans. *Traumatology*, *17*, 8–13. https://https://doi.org/10.1177/1534765610395615

Farnsworth, J. K., Drescher, K. D., Nieuwsma, J. A., Walser, R. B., & Currier, J. M. (2014). The role of moral emotions in military trauma: Implications for the study and treatment of moral injury. *Review of General Psychology*, *18*(4), 249–262. https://doi.org/10.1037/gpr0000018

Fontana, A., & Rosenheck, R. (1999). A model of war zone stressors and posttraumatic stress disorder. *Journal of Traumatic Stress*, *12*(1), 111–126.

Friedman, M. J., Resick, P. A., Bryant, R. A., Strain, J., Horowitz, M., & Spiegel, D. (2011). Classification of trauma and stressor-related disorders in DSM-5. *Depression and Anxiety*, *28*(9), 737–749.

Gibbs, G. R. (2002). *Qualitative data analysis, explorations with NVivo*. Philadelphia, PA: Open University Press.

Glaser, B. G. (1998). *Doing grounded theory: Issues and discussions*. Mill Valley, CA: Sociology Press.

Jordan, A. H., Eisen, E., Bolton, E., Nash, W. P., & Litz, B. T. (2017). Distinguishing war-related PTSD resulting from perpetration- and betrayal-based morally injurious events. *Psychological Trauma, Theory Research, Practice, and Policy*, *9*(6), 627–634. https://doi.org/10.1037/tra0000249

Kulka, R. A., Schlenger, W. E., Fairbank, J. A., Hough, R. L., Jordan, B. K., Marmar, C. R., & Weiss, D. S. (1990). *Trauma and the Vietnam war generation: Report of findings from the National Vietnam Veterans Readjustment Study*. Abingdon, England: Routledge.

Litz, B. T., Stein, N., Delaney, E., Lebowitz, L., Nash, W. P., Silva, C., & Maguen, S. (2009). Moral injury and moral repair in war Veterans: A preliminary model and intervention strategy. *Clinical Psychology Review*, *29*(8), 695–706.

Maguen, S., Metzler, T. J., Litz, B. T., Seal, K. H., Knight, S. J., & Marmar, C. R. (2009). The impact of killing in war on mental health symptoms and related functioning. *Journal of Traumatic Stress*, *22*, 435–443.

Maguen, S., Lucenko, B. A., Reger, M. A., Gahm, G. A., Litz, B. T., Seal, K. H., … Marmar, C. R. (2010). The impact of reported direct and indirect killing on mental health symptoms in Iraq War veterans. *Journal of Traumatic Stress*, *23*, 86–90.

Maguen, S., Vogt, D. S., King, L. A., King, D. W., Litz, B. T., Knight, S. J., & Marmar, C. R. (2011a). The impact of killing on mental health symptoms in Gulf War veterans. *Psychological Trauma: Theory, Research, Practice, and Policy*, *3*, 21–26.

Maguen, S., Luxton, D. D., Skopp, N. A., Gahm, G. A., Reger, M. A., Metzler, T. J., & Marmar, C. R. (2011b). Killing in combat, mental health symptoms, and suicidal ideation in Iraq War Veterans. *Journal of Anxiety Disorders*, *25*, 563–567.

Maguen, S., Metzler, T. J., Bosch, J., Marmar, C. R., Knight, S. J., & Neylan, T. C. (2012). Killing in combat may be independently associated with suicidal ideation. *Depression and Anxiety*, *29*, 918–923.

Maguen, S., Madden, E., Bosch, J., Galatzer-Levy, I., Knight, S., Litz, B., … McCaslin, S. (2013a). Killing and latent classes of PTSD symptoms in Iraq and Afghanistan veterans. *Journal of Affective Disorders, 145*, 344–348.

Maguen, S., & Burkman, K. (2013b). Combat-related killing: Expanding evidence-based treatments for PTSD. *Cognitive and Behavioral Practice*, *20*, 476–479.

Maguen, S., Burkman, K., Madden, E., Dinh, J., Keyser, J., … Neylan, T. (in press). Impact of killing in war: A randomized, controlled pilot trial. *Journal of Clinical Psychology*.

Merriam, S. B. (2009). *Qualitative research: A guide to design and implementation*. San Francisco, CA: Jossey-Bass.

Nash, W. P., Marino Carper, T. L., Mills, M. A., Au, T., Goldsmith, A., & Litz, B. T. (2013). Psychometric evaluation of the moral injury events scale. *Military Medicine, 178*(6), 646–652. https://doi.org/10.7205/MILMED-D-13-00017

Patton, M.Q. (2002). Designing qualitative studies. *Qualitative research and evaluation methods*, *3*, 230–246.

Purcell, N., Koenig, C. J., Bosch, J., & Maguen, S. (2016). Veterans' Perspectives on the Psychosocial Impact of Killing in War. *The Counseling Psychologist*, *44*, 1062–1099.

Shay, J. (2003). Odysseus in America: Combat trauma and the trials of homecoming. Simon and Schuster.

Stein, N. R., Mills, M. A., Arditte, K., Mendoza, C., Borah, A. M., Resick, P. A., & Litz, B. T. (2012). A scheme for categorizing traumatic military events. *Behavior Modification*, *36*(6), 787–807. https://doi.org/10.1177/0145445512446945

Strauss, A., & Corbin, J. (1998). *Basics of qualitative research: Procedures and techniques for developing grounded theory*. Thousand Oaks, CA: Sage.

Vargas, A. F., Hanson, T., Kraus, D., Drescher, K., & Foy, D. (2013). Moral injury themes in combat veterans' narrative responses from the National Vietnam Veterans' Readjustment Study. *Traumatology*, *19*(3), 243–250.

Vogt, D. S., King, D. W., & King, L. A. (2004). Focus groups in psychological assessment: Enhancing content validity by consulting members of the target population. *Psychological Assessment, 16*, 231–243.

Wisco, B. E., Marx, B. P., May, C. L., Martini, B., Krystal, J. H., Southwick, S. M., & Pietrzak, R. H. (2017). Moral injury in US combat veterans: Results from the national health and resilience in veterans study. *Depression and Anxiety*, *34*(4), 340–347.

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