

Women Veterans Military Moral Injury Conferences: Background Information

Military Moral Injury Definition

Moral injury (MI) occurs when a service member witnesses, takes part in, or is the target of activities that violate his or her deeply held beliefs. It goes beyond feeling guilty about doing one's job in combat or being bothered by discrimination in the workplace. MI involves great distress and overwhelming grief, and can severely damage self-worth.

History of Moral Injury Research

To this point, moral injury research has mostly been concerned with the experiences of men in combat. In developing the Moral Injury Event Scale (MIES), Nash et al. surveyed approximately 1,000 ground combat Marines, all of who were men.¹ Another study used the MIES and surveyed over 1,000 Air Force and Army National Guard personnel who were seeking mental health care or had deployed to Afghanistan.² Only 20% of the sample was women. The Moral Injury Questionnaire – Military Version, developed by Currier, Holland, Drescher, and Foy was tested on 131 combat veterans.³ Only 12% were women.

Dr. Roberts' Moral Injury Research Project

This lack of woman-centered moral injury research drove Dr. Roberts to develop and co-lead a new project that focused on the experiences of servicewomen. The purpose of the research is to develop a theory of moral injury that accounts for all of the experiences of servicewomen, not just combat and deployments. The study is in its early stages, but the results are quite startling.

Findings

The events that prompted moral injury in participants included all forms of sexual trauma, including mass rape, forced abortion, and sexual harassment. Woman officers were outright disobeyed by lower enlisted troops and sergeants. Others experienced extreme hazing, including physical violence. Women who reported their attackers were retaliated against by fellow service members, supervisors, and commanders. Combat is not the exclusive realm of men as one nurse felt morally injured after she had to use her weapon to kill enemy fighters when defending the compound.

¹ Nash, William P., Teresa L. Marino Carper, Mary Alice Mills, Teresa Au, Abigail Goldsmith, and Brett T. Litz. "Psychometric Evaluation of the Moral Injury Events Scale." *Military Medicine* 178, no. 6 (June 2013): 646–652. doi:10.7205/milmed-d-13-00017.

² Bryan, Craig J., AnnaBelle O. Bryan, Michael D. Anestis, Joye C. Anestis, Bradley A. Green, Neysa Etienne, Chad E. Morrow, and Bobbie Ray-Sannerud. "Measuring Moral Injury." *Assessment* 23, no. 5 (July 27, 2016): 557–570. doi:10.1177/1073191115590855.

³ Currier, Joseph M., Jason M. Holland, Kent Drescher, and David Foy. "Initial Psychometric Evaluation of the Moral Injury Questionnaire-Military Version." *Clinical Psychology & Psychotherapy* 22, no. 1 (September 10, 2013): 54–63. doi:10.1002/cpp.1866.

She joined the Army to save lives not take them, and her actions bothered her a great deal.

Participants continue to suffer long-term effects. Post-trauma symptoms include homelessness, drug abuse, attempted suicide, PTSD, and damaged personal relationships. Some women lost all ability to have an intimate relationship with another person. Many of them live in isolation, moving from one shelter to another, surviving on meager donations and welfare subsistence. Nearly all of them considered suicide at one point and some even attempted to carry it out. Some participants cannot keep a job because their PTSD remains largely uncontrolled.

National statistics on women veterans are just as bleak. The 2019 National Veteran Suicide Prevention Annual Report stated that the number of suicide deaths by women veterans jumped by 16% to nearly 300 in 2017 (<https://bit.ly/39GkOWr>). The Department of Defense estimated that over 12,000 servicewomen experienced sexual assault in fiscal year 2017 (<https://bit.ly/2T1YWyz>). Since 2012, over 65,000 military women have been sexually assaulted while on active duty. According to the Department of Housing and Urban Development, women veterans are the fastest growing segment of homelessness in the U.S. (<https://bit.ly/36nN79Y>). In 2017, nearly 4,000 women were homeless at least one night. The National Center for PTSD stated that 20% of women veterans of the Iraq and Afghanistan campaigns have been diagnosed with PTSD and 27% of female Vietnam veterans suffer from PTSD (<https://bit.ly/35pAt9k>).

Why Hold Regional Conferences?

In Dr. Roberts' 17+ years of experience in the Army chaplain corps, he noticed that there is a lack of knowledge about moral injury in general, and moral injury in women in particular. Also, many civilian pastors ask him for advice on how to connect and minister to veterans. When veterans leave the military, they often lose the tight connections they once had with their fellow soldiers, airmen, Marines, and sailors. Pastors want to help those who bravely served our country, but do not know where to begin.

Dr. Roberts also observed that women tend to be underserved in the chaplain corps. Many chaplains do not recognize that the experiences of women in the military are different than men. Women are still harassed, discriminated against, and minimized by their peers. Chaplains need to understand the unique aspects of military service for women and direct their ministry activities in a way that is supportive of women.

Community health providers, the Veterans Administration (VA), and non-profit organizations also serve a role in caring for veterans. The VA is trying to expand its healthcare offerings to women. Many groups recognize that women need services especially catered to their unique needs.

The regional conferences are a way to contribute to the solutions for these problems by bringing together women veterans, military and VA chaplains, civilian clergy, community health providers, and non-profit organizations to discuss the issue of moral injury in women, collaborate on new solutions, and develop mutually supportive relationships.

Conference Goals

The conference hosts — the Moral Injury Support Network for Servicewomen, Inc., the Women Veterans Social Justice Network, and Leashes of Valor — set several goals for the conferences. The first is that they want to give women an opportunity to voice their experiences and need for better support. The women veterans roundtables, working groups, and other activities will provide venues for that.

The second goal is to educate military and VA chaplains, civilian clergy, community health providers, and researchers on the unique aspects of moral injury in women and discuss ways to provide better support. Conference participants will develop collaborative relationships and new initiatives for pushing forward more research and generating greater support for both veterans and current service members.

Finally, and perhaps most importantly, the workshops and lectures will offer modalities and ideas for helping veterans heal from their soul injuries. There will be workshops on meditation and prayer, expressive arts therapy, journaling, and how to access VA support.