
Police Force Personnel, Moral Injury and the Role of Chaplains: An Exploratory Scoping Review

Cameron R. Jones, BHSc
Lucy Soundias, BHSc
Eutichia Drakopoulos, BHSc, MSpPath, CPSP.
Lindsay B. Carey, MAppSc, PhD

School of Psychology and Public Health
La Trobe University
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PREFACE

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School of Psychology and Public Health
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POC Details:

Dr. Lindsay B. Carey, MAppSc, PhD., Senior Lecturer and Senior Research Fellow, Palliative Care Unit, Department of Public Health School of Psychology and Public Health, La Trobe University, Kingsbury Drive, Bundoora, Victoria, 3084; Phone: + 61 (03) 9479 8808 Email: lindsay.carey@latrobe.edu.au

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Cameron R. Jones, Lucy Soundias
Eutichia Drakopoulos and Lindsay B. Carey

Department of Public Health, School of Psychology and Public Health,
La Trobe University, Melbourne, Victoria, Australia

ABSTRACT

Purpose: To assist the Australian Federal Police (AFP) and police chaplains, a scoping review and thematic analysis was conducted to explore the literature and resources that relate to moral injury within the police force and the role of chaplains. **Method:** To complete this scoping review, key articles were retrieved via the framework established by Arksey and O'Malley (2005). To develop a research question, the PICO (Population, Intervention, Comparison, Outcome) framework was used. The following databases were used to retrieve literature included for review: CINAHL, Medline, Scopus, Google Scholar, and PubMed. **Results:** This scoping review identified four recurring themes. These themes were (1) Moral injury vs PTSD, (2) Rehabilitation techniques and interventions, (3) Religious impacts and (4) Potential causes of moral injury. **Discussion & Conclusion:** Chaplains have been found to play a pivotal role in the initial detection of moral injury. Little is known about the effect moral injury will have on police personnel. However, chaplains may play an important role in the intervention process.

Keywords: Moral injury, Police, Chaplaincy, Spiritual Care, Religion

INTRODUCTION

The study of moral injury first began with research that involved U.S Army personnel and veterans (Shay, 2002). It was subsequently realised that police officers commonly encounter situations that can lead to moral injury (Papazoglou et al., 2019). Moral injury experiences can lead to thoughts about “oneself or others as well as deep feelings of shame, guilt and disgust” (The Conversation, 2020). This literature scoping review aims to investigate existing research pertaining to moral injury (MI) within the police force, and the role of chaplains in providing

care for those have experienced MI. Specifically, this scoping review has been prepared for the Australian Federal Police (AFP), the “national and principal federal law enforcement agency of the Australian Government” with the role of investigating crimes and protecting the national security of the Commonwealth of Australia (AFP, 2020)

The Australian Federal Police (AFP)

The AFP’s role is to enforce law that impacts upon Australia’s national security and to protect Commonwealth interests from criminal activity in Australia and overseas (AFP, 2020). They work closely with a range of law enforcement and governmental agencies at a state, territory, commonwealth and international level (AFP, 2020). There are roughly 6695 members in the Australian Federal Police Force to date (AFP, 2020).

Moral Injury (MI)

Moral injury involves “critical life events” (p. 1) that an individual may encounter if he/she fails to prevent, or witnesses actions aggrieving their deeply held moral beliefs (Papazoglou et al., 2019). Other examples of situations that have been found to lead to moral injury are “death related incidents, witnessing killings, handling human remains or attending to injured people without being able to help” (Papazoglou et al., 2019, p.1). A recent review of definitions indicates that, since Shay’s original definition (2002), there have been 17 or more alternate definitions attempting to describe moral injury (Hodgson & Carey, 2015; refer [Appendix 2](#)). For the purposes of this review, the summation definition by Carey and Hodgson (2018), based upon Shay (2002), Litz et al. (2009) and Jinkerson et al. (2016), will be utilised:

Moral injury is a trauma related syndrome caused by the physical, psychological, social and spiritual impact of grievous moral transgressions, or violations, of an individual's deeply-held moral beliefs and/or ethical standards due to: (i) an individual perpetrating, failing to prevent, bearing witness to, or learning about inhumane acts which result in the pain, suffering or death of others, and which fundamentally challenges the moral integrity of an individual, organization or community, and/or (ii) the subsequent experience and feelings of utter betrayal of what is right caused by trusted individuals who hold legitimate authority.

The violation of deeply-held moral beliefs and ethical standards—irrespective of the actual context of trauma—can lead to considerable moral dissonance, which if unresolved, leads to the development of core and secondary symptoms that often occur concurrently. The core symptoms commonly identifiable are: (a) shame, (b)

guilt, (c) a loss of trust in self, others, and/or transcendental/ultimate beings, and (d) spiritual/existential conflict including an ontological loss of meaning in life. These core symptomatic features, influence the development of secondary indicators such as (a) depression, (b) anxiety, (c) anger, (d) re-experiencing the moral conflict, (e) social problems (e.g., social alienation), (f) relationship issues (e.g., collegial, spousal, family), and ultimately (g) self-harm (i.e., self-sabotage, substance abuse, suicidal ideation and death). (p.2).

As stated by Barnes (2019), the treatment for moral injury remains unclear as most research focuses purely on PTSD as the core problem (Barnes, 2019). Unlike PTSD, moral injury is not classified as a mental illness. Some evidence-based approaches such as cognitive behavioural therapy (CBT) have previously been considered suitable for treating MI, however, this may no longer be the case. Research by Yan (2016) proposes that the utilisation of spiritual care in those with MI may be more productive and that chaplains may help to achieve significantly better outcomes for those who have suffered a morally injurious event. Spiritual care is thought to be superior to the use of CBT, as CBT typically addresses distorted cognition; however, the very nature of MI is not rooted in cognition as much as core morality, understanding of one's place in the world, and for some, their relationship with a "higher power" (Yan, 2016).

This scoping review seeks to understand what evidence exists, if any, with regards to moral injury, police force personnel and the role of chaplains. This is important because those employed in emergency departments (i.e., 'first responders') serve on the front lines of distressing and traumatic events frequently. The need to have a clear understanding about moral injury, alongside the need for more research to distinguish post-traumatic stress disorder (PTSD) and moral injury (as two different conditions that impact on a person's wellbeing) is very important, as MI, like PTSD, can have a long lasting, negative impact.

PURPOSE / AIMS

This scoping review aimed to investigate existing research pertaining to moral injury (MI) within the police force, and the role of chaplains in providing care for those who have experienced MI. By identifying key themes within the literature and examining relevant articles, the effectiveness of spiritual and pastoral care in relation to police force personnel is discussed. Conclusions and recommendations for further research are identified, as are potential benefits to Australian Federal Police or police forces across all jurisdictions.

METHOD

A scoping review framework modified from Arksey and O'Malley (2005) was utilised to map the research area utilising a predetermined process of: (i) identifying the research question, (ii) developing inclusion and exclusion criterion, (iii) identifying relevant studies for study selection, (iv) charting the data, and (v) collating, summarising and reporting the results (p. 22).

(i) *Identifying the research question*

The research question/s was/were developed using the PICO (Population, Intervention, Comparison, Outcome) technique (Fineout-Overholt & Johnston, 2005) (refer to Table 1). The key questions for this research report were:

- (i) Within the Australian Federal Police Force, what role do chaplains play in addressing moral injury and its impacts amongst members?

Table 1

PICO research question development

Population	Intervention/ Exposure	Intervention/ Exposure	Comparison	Outcome
Police personnel	Spiritual care/pastoral care/chaplains	Moral Injury	Police personnel without access to ADF chaplains.	This review of the literature is seeking a record of <i>all</i> outcomes.

(ii) *Inclusion and exclusion criterion for study selection*

This scoping review will only include articles and resources written in English and must include the term “moral injury” or similar in the title or abstract. This scoping review will *not* include resources in languages other than English. No geographic, time or participant age criteria were implemented, as this is a minimally researched topic, and all relevant materials were sought.

(iii) Identifying relevant studies

The PICO strategy (Fineout-Overholt & Johnston, 2005) was utilised to identify specific search elements, synonyms and key database search terms to identify relevant literature (refer to Table 2). All available databases via La Trobe University were used for this search namely: PubMed, Google Scholar, Scopus, Medline and CINAHL.

Table 2

PICO element, related synonyms and database search terms

PICO Element	Synonyms	Database Search Terms
Police personnel	- Police	Police*
	- Policeman	OR
	-	Law enforcement
	- Policewomen	OR
	- Law enforcement	Australian Federal Police
	- Australian Federal Police	OR
Spiritual care/pastoral care/chaplains	- Police Force	Police Force
	- Pastoral care	“Pastoral care*”
	- Spiritual care	OR
	- Spirituality	“Spiritual care*”
	- Chaplain	OR
	- Chaplaincy	Chaplain*
Moral injury	- Counsellor	OR
	- Moral injury	Counsel*
	- Moral harm	Moral injur*
	- Mental harm	OR
		Moral harm
		OR
	Mental harm	

(iv) Charting the data

Through database searching, 35,366 search results were returned. All articles were then screened for duplicates and relevance (See [Appendix 1](#)). Of these, 15 were deemed to be appropriate for inclusion, and 11 were duplicates. Through hand searching, five additional papers were found. CINAHL, Scopus and Medline all yielded no relevant articles. Google Scholar yielded 11 relevant articles and PubMed yielded 12 relevant articles.

During the initial reading of each article, four were found to not be relevant and were removed. [Appendix 1](#) summarises this search strategy and results from each database. Details and abstracts of final articles deemed valid for thematic analysis were combined at [Appendix 2](#). Relevant themes based on the findings of each article were determined by agreement between authors. Each theme is identified and numerically coded in [Appendix 2](#) and described within the results section.

RESULTS

(v) Collating, summarising and reporting the results

There was very little research directly referring to police force personnel and MI. Nevertheless, most of the themes arising from the literature regarding MI was found to be very relevant to the professional practice of police.

Key themes

Four main themes were identified within the literature: (1) moral injury vs PTSD, (2) rehabilitation techniques and interventions, (3) religious impacts, and (4) causes and impacts of moral injury. Table 3 lists the research authors and the associated themes within their work.

Table 3 *Themes identified within the literature*

Author/s (Year)	1	2	3	4
Barnes, Hurley & Taber et al (2019)	✓	✓		
Carey & Hodgson (2018)	✓	✓		
Carey, Hodgson & Krikheli et al. (2016)		✓	✓	
Dentry, Joannou, Besemann et al. (2017)	✓			
Hodgsons & Carey (2017)		✓	✓	✓
Kopacz, Adams & Searle et al. (2018)			✓	
Lancaster & Miller (2019)			✓	
Papazoglou (2017)	✓		✓	✓
Papazoglou & Blumberg (2019)				✓
Papazoglou, Blumberg & Chiogbian et al. (2020)	✓	✓		
Papazoglou, Blumberg & Kamkar (2020)		✓		✓

Papazoglou & Bonanno (2019)	✓	✓		
Papazoglou & Chopko (2017)	✓		✓	✓
Regehr & LeBlanc (2017)	✓			✓
Tuttle, Blumberg & Konstantinos et al (2019)				✓
Tuttle, Stancel, Russo et al (2019)	✓	✓	✓	
Total:	9	8	7	7

Note: Themes are: (1) Moral Injury vs PTSD, (2) Rehabilitation techniques and interventions, (3) Religious impacts, and (4) Causes and impacts of moral injury. Abstracts for each article are provided in Appendix 2.

Summary of Themes

Theme 1: Moral injury vs Post Traumatic Stress Disorder

Post-Traumatic Stress Disorder (PTSD) is a prominent theme within the literature. This could solely be attributed to the fact that many researchers combine both MI and PTSD as one concept, particularly because MI is a relatively new term. Barnes (2019), Carey (2018), Papazoglou (2017) and Tuttle (2019) have discussed the similarities between moral injury and PTSD. Barnes (2019) states that moral injury has “recently emerged in the research literature as a separate aspect of trauma exposure from PTSD (Barnes, 2019, p. 99). “Moral injury is not classified as a mental disorder” (Barnes, 2019, p. 99), however it is seen as a problem that can affect “critical domains of emotional, psychological, behavioural, social and spiritual functioning” (Barnes, 2019, p. 99). Many authors and researchers state that MI often co-occurs with PTSD which is frequently seen as a “fear-based disorder” (Barnes, 2019, p. 99). Whilst most researches combine PTSD and MI, others state that these, in fact, are two distinct concepts, although characteristically influence each other.

Carey et al. (2016) summarise ‘...that some argue MI should not be considered unique from post-traumatic distress disorder (PTSD), while others adamantly disagree or simply accept that while related to PTSD, nevertheless MI is either not fully encompassed under PTSD or sufficiently tangent from PTSD’ (Carey et al., 2016, p.1220). Papazoglou and Chopko (2017) paint a similar picture, citing Nash and Litz (2013), stating that “current post-traumatic stress disorder (PTSD) diagnostic criteria do not efficiently capture the phenomenon of moral suffering in frontline professionals’ exposure to traumatic incidents.” (p.1).

Nevertheless, when considering PTSD and its close relationship with moral injury, it is important when assessing appropriate treatment measures to ensure that a diagnosis of MI is accurate, so as to assist police force members to receive appropriate rehabilitation/intervention.

Theme 2: Rehabilitation Techniques and Interventions

Moral injury is still a relatively new term, with a definition that is still being discerned, however moral injury has evidenced itself to have a number of overlapping characteristics with that of PTSD. Thus far the most effective treatment for moral injury is still being determined. Barnes et al. (2019) states that evidence-based PTSD treatments show promise in providing some reductions in symptoms that may overlap between PTSD and MI like guilt and shame. Carey et al. (2018) explore the involvement of chaplains in being the first port-of-call for screening veterans for MI. This could prove effective in identifying police personnel who are at risk or already suffering from moral injury. Tuttle et al. (2019) also notes moral injury and the importance of early intervention by “introducing new officers to clinicians early in their careers [as during initial agency orientation] and incorporating clinicians as part of frequent in-service training sessions [which] can have a positive impact on compassion fatigue while minimising stigma around seeking mental health support” (pp. 49-50).

Beyond the refereed journal literature, several methodological approaches have been found to be effective for MI which have been noted within specialist monographs. These have included Litz et al.’s (2017) ‘adaptive disclosure’, Lee’s (2018) ‘moral injury reconciliation therapy’ and Evans et al (2020) ‘moral injury acceptance and commitment therapy’, to name a few. While these are proven programs, nevertheless these are not truly holistic, predominantly being psychological in methodology, rather than adopting a bio-psychosocial-spiritual approach. Treatment for MI involves far more than just diagnosing the individual to be ‘at fault’; there are physiological issues, social issues and spiritual well-being issues that are interwoven with moral and ethical beliefs.

Barnes et al. (2019) state that acknowledgement of the past moral/ethical violation as an important step and potentially essential towards the beginning of the healing process. A challenge being faced is recognising that in some cases personal beliefs and judgement about what individuals have experienced are factually correct (Barnes et al., 2019). Following acknowledgement, “self-forgiveness and making amends are key intervention targets to restore spiritual well-being” (Barnes et al. 2019, p. 100).

Carey and Hodgson (2018) propose a newly developing technique for caring for those with MI, which aligns with the World Health Organization's Spiritual Intervention Codings, and the goal of providing a holistic bio-psycho-social-spiritual approach to moral injury; namely 'Pastoral Narrative Disclosure' (PND). Pastoral Narrative Disclosure (PND) is a revised confessional model that is largely utilised by many members of the clergy and has been for centuries in various forms (Carey & Hodgson, 2018). PND is designed as an allied healthcare intervention divided into *eight "R" phases*; rapport, reflection, review, reconstruction, restoration, ritual, renewal and reconnection (refer Carey & Hodgson, 2018, p. 6; Carey & Hodgson, 2020).

Theme 3: Religious Impacts

Religion is often a primary way (directly or indirectly) by which a person makes moral decisions about moral dilemmas in everyday life (Lancaster et al., 2019). Carey et al. (2016) have identified rituals as an essential concept in enabling treatment or interventions for moral injury. They identify rituals provided by chaplains as a key aspect in addressing the dilemmas of guilt and shame that can be associated with suffering from moral injury. Carey et al. (2016) suggest that reading religious scripts can also be a key in helping those with moral injury answer questions about faith and religion and what it means (Carey et al., 2016). Carey et al. (2016) also state that:

... the incorporation of religious, pastoral and spiritual issues helps to ensure that a truly holistic 'bio-psycho-social-spiritual' model is utilised. While some are still resistant about being fully holistic in the application of their care, it is important to note that the deliberate inclusion of religious belief and spirituality with regard to patient-centred health care has long been ratified by the WHO over a considerable number of years and formalised as interventions within the WHO International Classification of Diseases and Health Related Interventions—WHO-ICD-10 (WHO 2002) and the International Classification of Function and Disabilities—WHO-ICF (WHO 2001)(p. 1222).

As noted by Lancaster et al, it is important to understand and examine the role of religious impacts with respect to the relationship between moral appraisals and the symptoms of moral injury (Lancaster et al., 2019). Spiritual conflict has been a recurring component of moral injury in research as noted by Carey et al., (2016); Lancaster et al., (2019) and Papazoglou et al., (2020). Furthermore, Lancaster et al. (2019) suggest that religious beliefs, especially religious strain, can and will contribute to the experiences of distress when law enforcement personnel are faced with a traumatic or stressful event.

Chaplains have been involved with police forces and within law enforcement for centuries with a particular focus upon caring for those suffering during and after traumatic events that have occurred as part of their everyday workload. Carey et al. (2016) suggest that chaplains have a long-established pastoral care practice relating to that of moral injury since the beginning of armed warfare which has now aided the chaplaincy profession to provide specialised support to those dealing with moral injury. Today, the literature shows that chaplains still fulfil the role of assisting with values, beliefs, ethical principles and morality and continue to provide assessments, support, counselling, educational plus rituals and rites of a person (Carey et al., 2016).

Furthermore, many chaplains have previously, as part of their pastoral and spiritual care, used a confessional process where they have encouraged personnel to name their experiences of moral injury and seek forgiveness (Carey et al., 2018). Chaplains could adapt aspects of traditional practices that have been found to help today's law enforcement personnel to address their moral injury (Carey et al., 2018). It has been argued that moral injury may not be a “wound by psychological fear but rather an injury to the soul affected by loss or shame, guilt or regret” (Hodgson et al., 2017, p. 1213).

Theme 4: Causes and Impacts of Moral Injury

There are a wide variety of potential causes of Moral Injury (MI) differing for individuals depending on their morals and beliefs and the situations and experiences they have faced. Rudofossi (2019) states that it is estimated that New York police officers are exposed to between 10 to 900 plus traumatic events throughout their careers, this cumulative exposure to traumatic events can lead to moral injury or a single particularly devastating event may trigger the beginnings of moral injury in police personnel. As noted earlier, MI as defined by Carey and Hodgson (2018), is a “trauma-related syndrome caused by the physical, psychological, social and spiritual impact of grievous moral transgressions, or violations, of an individual's deeply-held moral beliefs and/or ethical standards” (p.1).

There are, in fact, many definitions of moral injury, however, one similarity they all tend to share is that they state that moral injury is a betrayal/violation of an individual's moral beliefs, which is why it is found primarily among those who experience traumatic situations like defence force and police personnel. “Police officers are asked to do what is “right” and to maintain peace and order. When police officers feel that they have not satisfied this mandate, they may experience moral struggles that, in turn, may have several negative outcomes, such

as increased vulnerability to stress, adverse reactions to traumatic incidents, and poorer job performance” (refer for example; Blumberg & Papazoglou, 2019; Morely, 2003; Papazoglou & Chopko, 2017; Papazoglou et al., 2020, pp. 72-73).

Tuttle et al. (2019) suggested that compassion fatigue and MI among law enforcement agents are closely related, and when combined, can lead to a reduction in job satisfaction amongst police officers. Similarly, Papazoglou and Chopko (2017) state that, “police officers are expected to experience moral injury that may be a precursor to compassion fatigue and a risk factor to PTSD” (p.3). Research also suggests that police compassion fatigue (burnout and secondary trauma via emotional exposure) may be closely related to the violation of one’s moral beliefs (Papazoglou & Chopko, 2017). Police officers may suffer from (as a result of moral injury), guilt shame and frustration followed by feelings of despair. In addition, Papazoglou and Chopko (2017) found that, of 60 stressors common to the police profession, killing another person was ranked the most stressful experience. Thus, this leads to increased levels of guilt and shame and it is here where the similarities with military personnel and moral injury can be drawn upon and utilised when studying moral injury among the police force.

DISCUSSION

The literature presented in this review has shown that PTSD and moral injury have often been treated as the same or similar, rather than understanding how these two conditions differ. This is partly due to the newness of the term ‘moral injury’ and the minimal research that has been published to date. Many papers that define PTSD include descriptions of PTSD symptoms that closely mirror those of moral injury (Papazoglou, 2017 & Blumberg, 2019). It is clear that MI needs to be sufficiently differentiated from PTSD, in order for police force personnel to receive appropriate intervention and treatment, to reduce distress and suffering.

This literature provided some insight into the role of chaplains in treating police force personnel with MI, however, again, the research is limited. The literature indicated that chaplains can play a potentially crucial role in current moral injury interventions (Tuttle et al., 2019 & Carey et al., 2018). One such role chaplains can play is providing emotional and spiritual support for police personnel, and with the proper knowledge of, and training in moral injury, chaplains can be the first to detect signs of moral injury in police personnel (Carey et al., 2018). The literature suggests that accepting past events is an important first step, and that

self-forgiveness is an important intervention in reducing the effects of moral injury (Barnes et al., 2019), both of which (acceptance and forgiveness) can be effectively guided by chaplains.

The challenge of this research area has been locating relevant literature specific to police officers, moral injury and chaplains. It is essential that further research regarding moral injury and the role chaplains in assisting police personnel is completed, to help law enforcement with the challenging tasks they have to undertake and the potential negative impacts that MI can have upon the capability of police personnel. Further research will assist in the understanding and development of moral injury and differentiating it to PTSD and therefore a correct diagnosis and treatment. The AFP, and other law enforcement workplaces where moral injury is likely to occur as a result of exposure to traumatic events, can use this review alongside other articles to educate staff regarding the existence and identification of moral injury. Law enforcement workplaces are familiar with PTSD as a mental health condition, but there needs to be greater understanding about moral injury.

CONCLUSIONS AND RECOMMENDATIONS

In conclusion, even given the limited research conducted on moral injury so far, there is evidence that there is a relationship between spirituality and moral injury. It is also evident that chaplains can play an integral role in the initial detection of moral injury among police personnel and the implementation of interventions as described by the WHO (WHO-ICD-10AM).

We recommend evaluating if police and police trainees could benefit from undergoing moral injury awareness training that utilises a holistic bio-psycho-social-spiritual approach. At the very least it would seem valuable to educate all new police recruits on moral injury as a part of their initial training, as well as educating police chaplains about moral injury, plus the potential signs of moral injury and interventions for moral injury. We also recommend introducing new police personnel to a chaplain during initial training, so as to remove any stigma associated with speaking/meeting with a chaplain; this will also enable chaplains to assess for potential signs of moral injury and assist police personnel with regard to their resilience and/or rehabilitation.

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REFERENCES

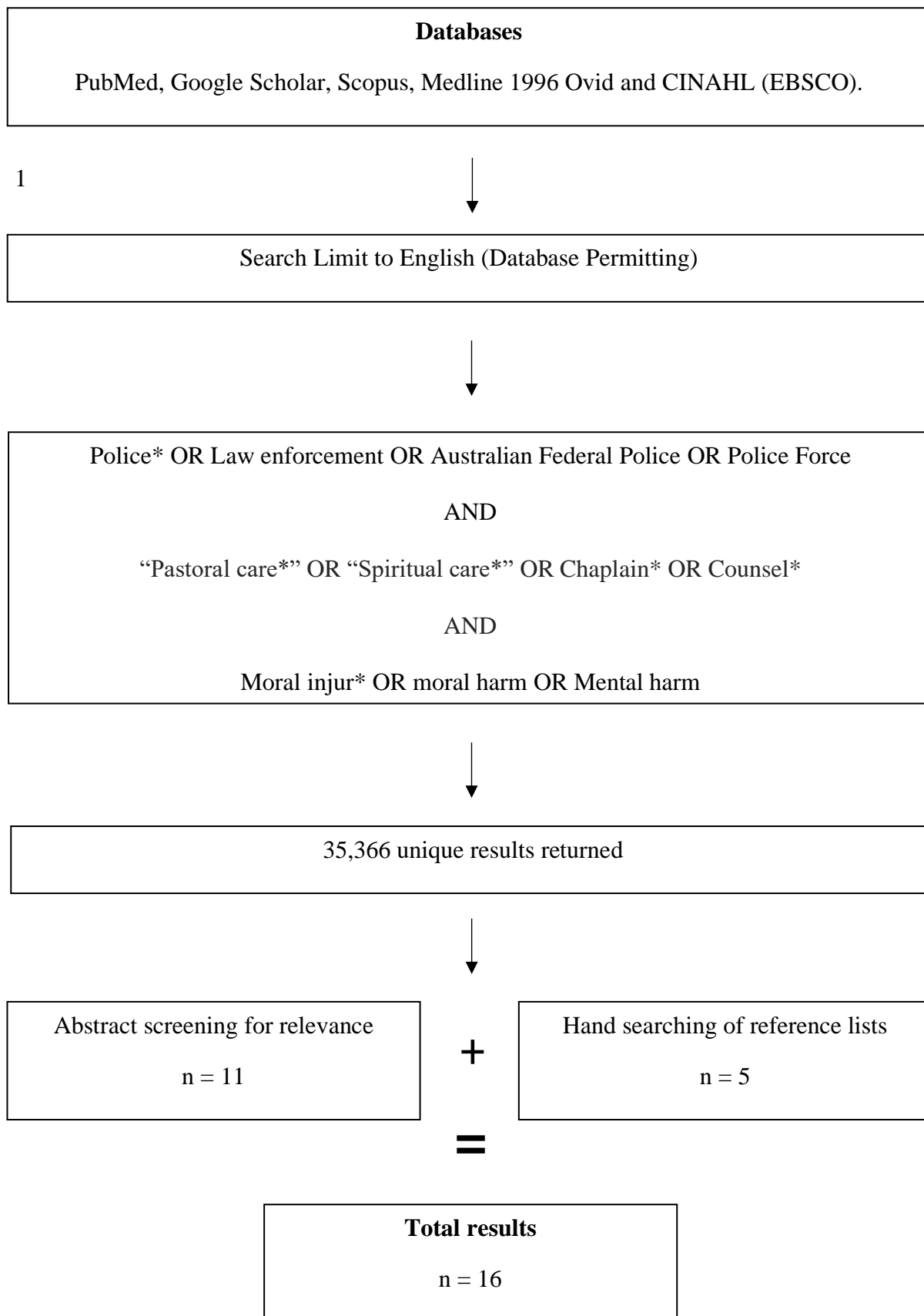
- Arksey, H., & O'Malley, L. (2005). Scoping studies: Towards a methodological framework. *International Journal of Social Research Methodology*, 8(1), 19-32.
<https://doi.org/10.1080/1364557032000119616>
- Barnes, H., R, Hurley & K, Taber (2019). Moral injury and PTSD: Often co-occurring yet mechanistically different. *The Journal of Neuropsychiatry and Clinical Neurosciences*, 31(2), A4-103. <https://neuro.psychiatryonline.org/doi/full/10.1176/appi.neuropsych.19020036>
- Blumberg, D. (2019). Moral injury in police work. FBI Law Enforcement Bulletin September 2019. Retrieved on November 20th 2020. <https://www.researchgate.net/publication/335842788>
- Carey, L. B., & Hodgson, T. J. (2018). Chaplaincy, spiritual care and moral injury: considerations about screening and treatment. *Frontiers in Psychiatry*, 9(619), 1-10.
<https://doi.org/10.3389/fpsy.2018.00619>
- Carey, L. B., Hodgson, T. J., Krikheli, L., Soh, R. Y., Armour, A. R., Singh, T. K., & Impiombato, C. G. (2016). Moral injury, spiritual care and the role of chaplains: An exploratory scoping review of literature and resources. *Journal of Religion and Health*, 55(4), 1218–1245.
<https://doi.org/10.1007/s10943-016-0231-x>
- Carey, L.B. & Hodgson, T.J. (2020). Pastoral Narrative Closure. Wikiversity, Wikimedia: San Francisco. https://en.wikiversity.org/wiki/Pastoral_Narrative_Disclosure
- Evans, W. R., Walser, R. D., Drescher, K. D., & Farnsworth, J. K. (2020). The moral injury workbook: Acceptance and commitment therapy skills for moving beyond shame, anger, and trauma to reclaim your values. New Harbinger Publications.
- Fineout-Overholt, E., & Johnston, L. (2005). Teaching EBP: Asking searchable, answerable clinical questions. *Worldviews on Evidence-Based Nursing*, 2(3), 157-160.
<https://doi.org/10.1111/j.1741-6787.2005.00032.x>
- Hodgson, T. J., & Carey, L. B. (2017). Moral injury and definitional clarity: Betrayal, spirituality and the role of chaplains. *Journal of Religion and Health*, 56(4), 1212-1228. <https://doi.org/10.1007/s10943-017-0407-z>
- Jones, C. R., Soundias, L., Drakopoulos, E., & Carey, L. B. (2020). *Police force personnel, moral injury and the role of chaplains: An exploratory scoping review*. PHE3PFP Internship. Melbourne: La Trobe University: <https://doi.org/10.26181/5fbb4edeca164>

- Jinkerson, J. D. (2016). Defining and assessing moral injury: A syndrome perspective. *Traumatology*, 22(2), 122–130. <https://psycnet.apa.org/doi/10.1037/trm0000069>
- Joannou, M., Besemann, M., S, Dentry & D, Kriellaars (2017). Project trauma support: Addressing moral injury in first responders. *Mental Health in Family Medicine* (2017), 13 418-422. <http://www.mhfmjournal.com/pdf/project-trauma-support-addressing-moral-injury-in-first-responders.pdf>
- Koenig, H. G., Boucher, N. A., Oliver, R. J. P., Currier, J. M., & Pearce, M. (2017). Rationale for spiritually oriented cognitive processing therapy for moral injury in active duty military and veterans with post traumatic stress disorder. *Journal of Nervous and Mental Disease*, 205(2), 147–153. <https://doi.org/10.1097/nmd.0000000000000554>
- Kopacz, M. S., Adams, M. S., Searle, R., Koenig, H. G., & Bryan, C. J. (2019). A preliminary study examining the prevalence and perceived intensity of morally injurious events in a veterans affairs chaplaincy spiritual injury support group. *Journal of Health Care Chaplaincy*, 25(2), 76–88. <https://doi.org/10.1080/08854726.2018.1538655>
- Lancaster, S. L., & Miller, M. (2019). Moral decision making, religious strain, and the experience of moral injury. *Psychological Trauma: Theory, Research, Practice, and Policy*, 12(2), 156-164. <https://doi.org/10.1037/tra0000518>
- Lee, L. J. (2018). *Moral injury reconciliation: A practitioner's guide for treating moral injury, PTSD, grief, and military sexual trauma through spiritual formation strategies*. London: Jessica Kingsley Publishers.
- Litz, B. T., Lebowitz, L., Gray, M. J., & Nash, W. P. (2017). *Adaptive disclosure: A new treatment for military trauma, loss, and moral injury*. Guilford Publications.
- 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. <https://doi.org/10.1016/j.cpr.2009.07.003>
- Nash, W. P., and Litz, B. T. (2013). Moral injury: A mechanism for war-related psychological trauma in military family members. *Clinical Child and Family Psychological Review*, 16(4) 365–375. <https://doi.org/10.1007/s10567-013-0146-y>
- Papazoglou, K. (2017). *The examination of different pathways leading towards police traumatization: Exploring the role of moral injury and personality in police compassion fatigue*. Toronto: PhD Thesis, University of Toronto. <http://hdl.handle.net/1807/80891>
- Papazoglou, K., & Chopko, B. (2017). The role of moral suffering (moral distress and moral injury) in police compassion fatigue and PTSD: An unexplored topic. *Frontiers in Psychology*, 8(1999), 1–5. <https://doi.org/10.3389/fpsyg.2017.01999>
- Papazoglou, K., Blumberg, D. M., Chiongbian, V. B., Tuttle, B. M., Kamkar, K., Chopko, B., Milliard, B., Aukhojee, P., & Koskelainen, M. (2020). The role of moral injury in PTSD among law enforcement officers: A brief report. *Frontiers in Psychology*, 11(310), 1-6. <https://doi.org/10.3389/fpsyg.2020.00310>
- Papazoglou, K., Blumberg, D. M., Kamkar, K., McIntyre-Smith, A., & Koskelainen, M. (2020). Addressing moral suffering in police work: Theoretical conceptualization and counselling
- Jones, C. R., Soundias, L., Drakopoulos, E., & Carey, L. B. (2020). *Police force personnel, moral injury and the role of chaplains: An exploratory scoping review*. PHE3PFP Internship. Melbourne: La Trobe University: <https://doi.org/10.26181/5fbb4edeca164>

- implications. *Canadian Journal of Counselling and Psychotherapy*, 54(1), 71-87.
<http://136.159.200.199/index.php/rcc/article/view/68490>
- Papazoglou, K., Blumberg, D., Briones-Chiongbian, V., Russo, C., & Koskelainen, M. (2019). Exploring the roles of moral injury and personality in police traumatization. *Crisis, Stress, and Human Resilience: An International Journal*, 1(1), 32-56.
<https://www.crisisjournal.org/article/7838.pdf>
- Regehr, C., & Leblanc, V. R. (2017). PTSD, acute stress, performance and decision-making in emergency service workers. *Journal of the American Academy of Psychiatry and the Law*, 45(2), 184–192. <http://jaapl.org/content/jaapl/45/2/184.full.pdf>
- Rudofossi, D. (2009). A cop doc's guide to public-safety complex trauma syndrome: Using five police personality styles. Amityville, NY: Baywood.
- Shay, J. (2002). *Odysseus in America: Combat trauma and the trials of homecoming*. New York: Scribner.
- Tuttle, B. M, Stancel, K., Russo, C., Koskelainen, M., & Papazoglou, K. (2019). Police moral injury, compassion fatigue, and compassion satisfaction: A brief report. *Salus Journal*, 7(1), 42–57.
https://salusjournal.com/wp-content/uploads/2019/04/Tuttle_Salus_Journal_Volume_7_Number_1_2019_pp_42-57.pdf
- Tuttle, B., Blumberg, D. M., & Papazoglou, K. (2019). Critical challenges to police officer wellness. *Oxford Research Encyclopedia of Criminology*, April 2019.
<https://doi.org/10.1093/acrefore/9780190264079.013.538>
- Yan, G. (2016). The invisible wound: Moral injury and its impact on the health of operation enduring freedom/operation Iraqi freedom veterans. *Military Medicine*, 181(5), 451-458.
<https://doi.org/10.7205/MILMED-D-15-00103>
- Jones, C. R., Soundias, L., Drakopoulos, E., & Carey, L. B. (2020). *Police force personnel, moral injury and the role of chaplains: An exploratory scoping review*. PHE3PFP Internship. Melbourne: La Trobe University:
<https://doi.org/10.26181/5fbb4edeca164>

APPENDIX 1

Search Strategy



APPENDIX 2

Literature and Thematic Coding

Article no.	Author/s (Year), Title	Abstract or First Paragraph	Thematic coding
1	Barnes, Hurley & Taber, (2019) Moral injury and PTSD: Often co-occurring yet mechanistically different	The concept of moral injury has recently emerged in the research literature as a separate aspect of trauma exposure, distinct from posttraumatic stress disorder (PTSD). Moral injury is not classified as a mental disorder. It is a dimensional problem that can have profound effects on critical domains of emotional, psychological, behavioural, social, and spiritual functioning.	1,2
2	Carey & Hodgson, (2018) Chaplaincy, spiritual care and moral injury: Considerations regarding screening and treatment	Moral injury is a complex trauma related syndrome involving a correlation of biological, psychological, social, and spiritual symptoms that can have substantial impact upon health and well-being. This paper argues for a holistic bio-psycho-social-spiritual approach to moral injury, by including chaplaincy in the screening and treatment of moral injury among actively serving military members and retired veterans. As part of the moral injury treatment process, and in alignment with the World Health Organization’s Spiritual Intervention Codings, a new technique is proposed, “Pastoral Narrative Disclosure” (PND), as a guide for chaplains and others trained in spiritual care to assist those suffering from moral injury.	1,2
3	Carey, Hodgson, Krikheli, Soh, Armour, Singh & Impiombato, (2016) Moral injury, spiritual care and the role of chaplains: An exploratory scoping review of literature and resources	This scoping review considered the role of chaplains with regard to ‘moral injury’. Moral injury is gaining increasing notoriety. This is due to greater recognition that trauma (in its various forms) can cause much deeper inflictions and afflictions than just physiological or psychological harm, for there may also be wounds affecting the ‘soul’ that are far more difficult to heal—if at all. As part of a larger research program exploring moral injury, a scoping review of literature and other resources was implemented utilising Arksey and O’Malley’s scoping method (Int J Soc Res Methodol 8(1):19–32, 2005) to focus upon moral injury, spirituality (including religion) and chaplaincy. Of the total number of articles and/or resources noting the term ‘moral injury’ in relation to spiritual/ religious issues (n = 482), the results revealed 60 resources that specifically noted moral injury and chaplains (or other similar bestowed title). The majority of these resources were clearly positive about the role (or the potential role)	2,3

		of chaplains with regard to mental health issues and/or moral injury. The World Health Organization International Classification of Diseases: Australian Modification of Health Interventions to the International Statistical Classification of Diseases and related Health problems (10th revision, vol 3—WHO ICD-10-AM, Geneva, 2002), was utilised as a coding framework to classify and identify distinct chaplaincy roles and interventions with regard to assisting people with moral injury. Several recommendations are made concerning moral injury and chaplaincy, most particularly the need for greater research to be conducted.	
4	Dentry, Joannou, Besemann & Kriellaars, (2017) Project trauma support: Addressing moral injury in first responders	Post-traumatic Stress Disorder (PTSD) amongst military, police, Royal Canadian Mounted Police and first responder personnel often includes a moral injury component. The Project Trauma Support (PTS) program is designed to address moral injury in the emergency service personnel population. The Kessler scale of psychological distress (K6) and a new Life Challenges survey (LCS) were administered pre-and post-course to three cohorts undergoing the PTS program, providing a within-subject design examining 8 males and 8 female emergency services personnel, in 2016. All participants were above K6 threshold for distress upon entry into program. Positive improvement was noted in both instruments, and across all K6 subdomains ($p < .001$) and across 8 of the 10 LCS subdomains. The results indicate that the PTS course shows promise to provide a holistic therapy for military veterans, police, Royal Canadian Mounted Police and other emergency personnel suffering from PTSD.	1
5	Hodgson & Carey, (2017) Moral injury and definitional clarity: Betrayal, spirituality and the role of chaplains	This article explores the developing definition of moral injury within the current key literature. Building on the previous literature regarding ‘Moral Injury, Spiritual Care and the role of Chaplains’ (Carey et al. in JORH 55(4):1218–1245, 2016b. doi:10.1007/ s10943-016-0231-x), this article notes the complexity that has developed due to definitional variations regarding moral injury—particularly with respect to the concepts of ‘betrayal’ and ‘spirituality’. Given the increasing recognition of moral injury and noting the relevance and importance of utilizing a bio-psycho-social-spiritual model, this article argues that betrayal and spirituality should be core components for understanding, defining and addressing moral injury. It also supports the role of chaplains being involved in the holistic care and rehabilitation of those affected by moral injury.	2,3,4

6	Kopacz, Adams, Searle, Koenig & Bryan, (2018)	The aim of this descriptive study was to examine the prevalence and perceived intensity of potentially morally injurious events (PMIEs) in a group of VA chaplaincy service users. A secondary aim was to examine the relationship between PMIEs, spiritual injury, and religiosity. A convenience sample of veterans (n=484), participants in a spiritual injury support group, completed the Moral Injury Events Scale (MIES). Most individuals also completed the Duke University Religion Index (as a measure of religiosity) and Spiritual Injury Scale. Results suggest a high prevalence of PMIEs among participants. These PMIEs were also higher in perceived intensity compared to other military and veteran samples. No significant correlations were identified between MIES scores and either religiosity or spiritual injury. These findings draw attention to the engagement of chaplains in supporting veterans affected by PMIEs. Implications for future research are discussed.	3
	A preliminary study examining the prevalence and perceived intensity of morally injurious events in a veterans affairs chaplaincy spiritual injury support group		
7	Lancaster & Miller, (2019)	Objective: Moral injury is the lasting psychological, spiritual, and behavioral effects of having perpetrated acts that transgress moral boundaries. Contemporary models of moral injury in military veterans examine the role of transgressive acts, moral appraisals of these acts, and the symptoms of moral injury. However, little research has examined potential pathways between these elements. The current study examined appraisals of one's acts and religious strain as potential mediators of the link between transgressive acts and symptoms of moral injury. Further, given the inherent importance of moral cognitions in the appraisal process, we tested whether the acts to appraisals link was moderated by altruism in military veterans. Method: An online survey, distributed using crowdsourcing software, was completed by military veterans. The survey included measures of transgressive acts, appraisals of these acts, religious strain, altruism, and self- and other-directed symptoms of moral injury. Mediation and moderated serial mediation were used to test the hypotheses. Results: Our results indicated appraisals and religious strain significantly mediated the acts to symptoms pathway for both self- and other-directed aspects of moral injury. This pathway was significantly moderated by altruism such that a stronger link exists between acts and appraisals at higher levels of altruism. Conclusion: Overall, these findings suggest that religious functioning and moral decision making are important aspects of the experience of moral injury and are worthy of future study.	3
	Moral decision making, religious strain, and the experience of moral injury		
8	Papazoglou, (2017)	Police officers are mandated to respond to critical incidents, and, as the first responders to arrive at a crime scene, they are often tasked with providing support to traumatized victims of crimes. Compassion fatigue is a type of traumatization ("cost of caring") experienced by caregiving professionals who work	1,3,4

<p>The examination of different pathways leading towards police traumatization: Exploring the role of moral injury and personality in police compassion fatigue</p>	<p>with traumatized populations (Figley, 1995). Conversely, compassion satisfaction refers to the sense of fulfillment that first responders feel from helping those who suffer (Stamm, 2002). The current research project is comprised of three studies. In study 1, researchers recruited a national police sample (n=1,351) from the US and Canada and measured the prevalence rates of compassion fatigue and satisfaction. This study found that authoritarianism was significantly associated with compassion fatigue among study participants. In study 2, the researcher further explored the role of negative personality traits (i.e., dark triad—Machiavellianism, narcissism, psychopathy) in a national sample (n=1,173) of police officers serving with the National Police of Finland. Study 2’s findings were consistent with those of Study 1, showing that negative personality traits were significantly associated with compassion fatigue among police officers. Study 3 built on the main findings of the first two studies, and aimed to identify the different pathways that lead to traumatization by examining moral injury’s role in the process. Moral injury refers to unprecedented traumatic life events, which can be understood as events wherein one perpetrates, fails to prevent, or bears witness to actions that “transgress deeply held moral beliefs and expectations” (Litz et al., 2009, p.1). Employing moral injury would enable researchers to examine the different mechanisms that lead to traumatization. To this end, study 3 recruited a sample (n=453) comprised of officers from the National Police of Finland, and the results showed that the dark triad of personality traits significantly predicted “self-focused” and “others-focused” moral injury. In addition, “self-focused” moral injury (and not “others-focused” moral injury) significantly predicted compassion fatigue and PTSD symptoms. Furthermore, it was found that “self-focused” moral injury significantly mediated the pathway between the dark triad personality traits and traumatization (compassion fatigue and PTSD symptoms). Clinical implications and recommendations for future research are discussed.</p>	
<p>9 Papazoglou, Blumberg, Briones-Chiongbian, Russo & Koskelainen, (2019) Exploring the roles of moral injury and personality in police traumatization</p>	<p>Police officers are mandated to respond to critical incidents, and, as the first responders to arrive at a crime scene, they are often tasked with providing support to traumatized victims of crimes. Compassion fatigue is a type of traumatization (“cost of caring”) experienced by caregiving professionals who work with traumatized populations. Conversely, compassion satisfaction refers to the sense of fulfillment that first responders feel from helping those who suffer. Moral injury refers to unprecedented traumatic life events, which can be understood as events wherein one perpetrates, fails to prevent, or bears witness to actions that violate moral beliefs and expectations. Employing moral injury would enable researchers to examine the different mechanisms that lead to traumatization. To this end, the present study recruited a sample (n=453) comprised of officers from the National Police of Finland. Results showed that the dark triad of personality significantly predicted “self-focused” and “others-focused” moral injury. In addition, “self-focused” moral injury (and not “others-focused” moral injury) significantly predicted compassion fatigue and Post-traumatic Stress Disorder (PTSD) symptoms. Furthermore, it was found that “self-</p>	<p>4</p>

		focused” moral injury significantly mediated the pathway between dark triad personality traits (i.e., dark triad—Machiavellianism, narcissism, psychopathy) and traumatization (compassion fatigue and PTSD symptoms). Clinical implications and recommendations for future research are discussed.	
10	Papazoglou, Blumberg, Chiongbian, Tuttle, Kamkar, Chopko, Milliard, Aukhojee & Koskelainen, (2020) The role of moral injury in PTSD among law enforcement officers: A brief report	Exposure to critical incidents and hence potentially traumatic events is endemic in law enforcement. The study of law enforcement officers’ experience of moral injury and their exposure to potentially morally injurious incidents, and research on moral injury’s relationship with different forms of traumatization (e.g. compassion fatigue, post- traumatic stress disorder) are in their infancy. The present study aims to build on prior research and explores the role of moral injury in predicting post-traumatic stress disorder (PTSD) and its clusters thereof. To this end, a sample of law enforcement officers (N = 370) from the National Police of Finland was recruited to participate in the current study. Results showed that moral injury significantly predicted PTSD as well as its diagnostic clusters (i.e., avoidance, hyperarousal, re-experiencing). The aforementioned role of moral injury to significantly predict PTSD and its clusters were unequivocal even when compassion fatigue was incorporated into the path model. Clinical, research, and law enforcement practice implications are discussed.	1,2
11	Papazoglou, Blumberg, Kamkar, McIntyre-Smith & Koskelainen, (2020) Addressing moral suffering in police work: Theoretical conceptualization and counselling implications	Moral distress is a condition affecting police officers who, because of insurmountable circumstances (e.g., not being able to protect a civilian from a violent criminal) or bad judgement (e.g., crossfire between officers), believe that they did not do enough or did not do the “right thing.” Moral injury occurs when police officers perpetrate, fail to prevent, or bear witness to deaths or severe acts of violence that transgress deeply held moral beliefs (e.g., fatally shooting an allegedly armed criminal who is later proved to be unarmed). Considering the multidimensional nature of police work, several authors have maintained that it is imperative to understand the complex nature of police moral suffering (i.e., moral distress and moral injury). This review highlights the importance of assessing and recognizing moral injuries and/or distress among police officers. The data indicate that counsellors should build relevant, empirically validated interventions into their counselling treatment plans. Moreover, researchers have suggested that counsellors employ practice-based and evidence-based techniques with officers who experience moral suffering. Ultimately, recommendations for future research are provided, considering that research in this area is in its infancy.	2,4

12	Papazoglou, Bonanno, Blumberg & Keesee, (2019) Moral injury in police work	The study of moral injury began with research and clinical work involving active U.S. Army personnel and veterans. Moral injury results from extraordinary, critical life events during which a person perpetrates, fails to prevent, or witnesses actions that “transgress deeply held moral beliefs and expectations.” Consequently, exposure to morally injurious experiences can lead individuals to alter what they believe. For instance such an event may cause persons to Abandon their view of the world as a safe and benevolent place or of human beings as trustworthy.	1,2
13	Papazoglou & Chopko, (2017) The role of moral suffering (moral distress and moral injury) in police compassion fatigue and PTSD: A unexplored topic	In the early spring of 2014, the first author was collecting data through a field research study that was conducted during a police special forces tactical training session. In one of the critical incident training scenarios (a hostage situation), the person playing the role of the violent criminal was lying on the ground pretending to be severely injured as a result of being shot by the officers. When the incident had been resolved and the hostages were safe, one of the police officers began to administer first aid care to both the criminal and the wounded hostages. When asked why he chose to treat the criminal as well as the victims, he responded that, “We are cops, we are not killers. We need to take care of everybody injured in the scene.” The author contends that such scenarios (e.g., the attempt to take care of a criminal who tried to kill you, your fellow officers, or civilians) generate moments of moral suffering. Moral suffering’s prominent role toward traumatization has been highlighted by many trauma scholars (e.g., Litz et al., 2009) who suggest that current trauma research has not efficiently investigated the phenomenon of moral suffering in frontline professionals’ exposure to traumatic incidents (Nash and Litz, 2013; Kopacz et al., 2016; Maguen and Litz, 2016). In addition, it is argued that current post-traumatic stress disorder (PTSD) diagnostic criteria do not efficiently capture the phenomenon of moral suffering in frontline professionals’ exposure to traumatic incidents (Nash and Litz, 2013).	1,3,4
14	Regehr & LeBlanc, (2017) PTSD, acute Stress, performance and decision-making in emergency service workers	Despite research identifying high levels of stress and traumatic stress symptoms among those in the emergency services, the impact of these symptoms on performance and hence public safety remains uncertain. This review paper discusses a program of research that has examined the effects of prior critical incident exposure, acute stress, and current post-traumatic symptoms on the performance and decision-making during an acutely stressful event among police officers, police communicators, paramedics and child protection workers. Four studies, using simulation methods involving video simulators, human-patient simulators, and/or standardized patients, examined the performance of emergency workers in typical workplace situations related to their individual profession. Results varied according to level of acuity of stress and the nature of performance and decision-making. There was no evidence that PTSD had a direct impact on global performance on tasks for which emergency responders are highly trained. However, PTSD was associated with assessment of risk in situations that required	1,4

		professional judgement. Further, individuals experiencing PTSD symptoms reported higher levels of acute stress when faced with high acuity situations. Acute stress in these studies was associated with performance deficits on complex cognitive tasks, verbal memory impairment and heightened assessment of risk.	
15	Tuttle, Blumberg & Papazoglou, (2019) Critical challenges to police officer wellness	Police officers face unique challenges in the line of duty that threaten their health and well-being. Officers experience organizational, operational, community-related, and personal stressors ranging from shift work and critical incident response to public pressures related to police-community relations and social media. Exposure to police stress and trauma presents external challenges to wellness which makes officers vulnerable to experiencing compassion fatigue, moral injury, and burnout. Compassion fatigue, resulting from caring for those who suffer, is associated with feelings of anger, anxiety, guilt, hopelessness, and powerlessness. Other symptoms may include emotional instability, diminished self-esteem, self-harm, inability to concentrate, hypervigilance, disorientation, rigidity, apathy, perfectionism, and preoccupation to trauma. Furthermore, moral injury occurs when officers witness or take part in acts that violate their deeply held moral beliefs, which in turn carries implications for psychological and spiritual well-being. The interconnectedness of challenges to officer wellness are detrimental to physical, cognitive, emotional, spiritual, behavioural, and social health. Negative health outcomes include risk for sleep disorders, cardiovascular disease, destructive coping, posttraumatic stress disorder, and suicide. Implications from prior research with police, other frontline professionals, veterans, and military personnel have led to a number of interventions and techniques that can potentially promote wellness and effective stress management for police officers. Training related to stress management and wellness promotion have been found to significantly improve officers' performance in the line of duty and overall health. This includes viewing wellness as a perishable skill, requiring ongoing practice, updated training, and numerous outside resources (e.g., psychological services, post trauma intervention, peer support, and chaplaincy). Stress management techniques, gratitude and appreciation letters, mindfulness, and other community-oriented programs are some examples of effective strategies to promote the health of the law enforcement community. Furthermore, compassion satisfaction, emotional intelligence, and emotional regulation play a significant role in helping officers maintain stability in their personal and professional lives while capably serving their communities.	4

16	Tuttle, Stancel, Russo, Koskelainen & Papazoglou, (2019)	Police compassion fatigue, or the emotional cost of caring associated with police work, can lead to post-traumatic stress disorder, work dissatisfaction, depression, burnout, self-criticism and destructive coping strategies. Similarly, officers may experience moral injury in the line of duty when they witness or become involved in acts that transgress their moral beliefs. The strains of compassion fatigue and moral injury may negatively influence police compassion satisfaction, or the positive feelings and benefits experienced because of caring for others. The purpose of this study was to examine the contributions of compassion fatigue and moral injury on police compassion satisfaction among a sample of police officers from the National Police of Finland (n=454). Results indicated that greater levels of fatigue and moral injury were significantly associated with low levels of compassion satisfaction. Clinical and practical ideas are offered, with the aim of minimizing the effects of compassion fatigue and moral injury while promoting compassion satisfaction for law enforcement officers.	1,2,3
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