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# Moral Injury in the Badge

## *Lesson Handout & Field Packet*

Chaplain Resource Network · Marsh Institute for Chaplains

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## Spiritual Care When the Job Wounds the Conscience

Chaplain Resource Network | CRN-ISS-068 (Moral Injury and Spiritual Care) | OCF Domain 1, Crisis and Trauma | Edition 2026-06-28 (v2)

This packet equips a chaplain to recognize moral injury, accompany repair within the care receiver's own tradition, and stay inside the refer-not-treat boundary. It is a field tool and a teaching tool. The chaplain's role is **compassionate presence, curious listening, and safe accompaniment — never to fix, direct, diagnose, persuade, or treat.**

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## 1. What Moral Injury Is

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Moral injury is the lasting damage that follows acts, failures to act, or betrayals that violate a person's deepest moral convictions. A wound to the conscience is not the same as a wound to the nervous system. Where PTSD is organized around fear and threat, moral injury is organized around guilt, shame, betrayal, and the collapse of moral and spiritual meaning. The two can co-occur, but they are empirically distinct, and the distinction changes the care. Offering stress-management tools to someone in moral injury minimizes the wound; offering spiritual counsel to someone in an acute PTSD crisis delays critical care. The chaplain's first task is to listen for which wound is speaking.

Moral injury is a **syndrome / construct, not a DSM diagnosis**. No chaplain assigns it as a diagnosis. It is also distinct from **moral distress** — knowing the right action and being blocked from taking it. Unresolved moral distress can accrue over time as "moral residue" and harden into moral injury. Because the sharpest edge of the wound is frequently spiritual — guilt, shame, "beyond forgiveness," and meaning collapse — it sits squarely in the chaplain's domain, alongside (never instead of) mental-health care.

The wound shows in the body, the emotions, relationships, the spirit, and the mind at once. It does not stay in one lane. To accompany the whole person, the chaplain looks past the presenting symptom to the human being carrying it.

### Moral-injury categories in public safety

A single incident can carry all three at once.

Category	What happened	What the chaplain hears	The wound
<b>Use of force</b>	The act was within policy and law, and the review cleared it — but something inside the responder marks it as wrong. A question of moral coherence, not legality.	"I did everything right. So why does it feel like I did something wrong?" / "I keep seeing his face."	Guilt over causing harm even when justified; loss of the helper/protector identity.
<b>Preventable death</b>	Arrived too late; did everything right and the patient still died; could not reach the person in time. The responder replays the timeline searching for the moment they could have changed it — even when none exists.	"If I had gotten there sixty seconds sooner..." / "I keep asking what I missed."	Shame and self-blame for failing the core promise of the job: <i>I exist to save lives.</i>
<b>Betrayal by leadership</b>	The responder did the job, then command, administration, or the institution failed them — policy left them exposed, leadership stayed silent, the review felt punitive.	"They hung me out to dry." / "Nobody had my back."	Broken trust in the institution and the moral contract of the badge; often rage, withdrawal, disillusionment.

## 2. The Five Holistic Dimensions

Moral injury touches the whole person. For each dimension: what to notice in the field, and one open, non-leading question that lets the responder name their own experience (the chaplain reflects only after they name it).

Dimension	What to notice	One reflective question
<b>Physical</b>	Sleep disruption, nightmares, chronic tension, headaches, GI distress, fatigue or agitation, withdrawal from routine, self-medicating (alcohol/nicotine), neglected meals/exercise/medical care.	"How has your body been carrying this since it happened?"
<b>Emotional</b>	Guilt ( <i>I did something wrong</i> ) vs. shame ( <i>I am something wrong</i> ); grief for the person they were; rage, often at the institution; moral distress; emotional numbing that can look like "fine."	"When you sit with it, what's the feeling that's hardest to put down?"
<b>Social</b>	Pulling away from family, isolation from peers, eroded trust (acute in betrayal MI), role confusion at home, disconnection from civic life ("I can't watch the news").	"Who, if anyone, have you been able to let near this — and who have you pulled away from?"
<b>Spiritual</b>	Loss of meaning, faith crisis ("Where was God?"), a broken framework for understanding suffering and justice, loss of vocation/calling, sacred anger at injustice. This is the chaplain's primary domain.	"Has what happened changed how you make sense of any of it — what matters, or what you believe?"
<b>Intellectual</b>	The ruminative loop: compulsive timeline replay, counterfactual "if I had done X," identity questioning, philosophical doubt about moral absolutes, meaning-making disruption.	"You keep returning to that moment — what is it holding for you?"

**Holistic assessment reminder:** This is not a five-domain clinical intake. Listen for where the wound is loudest today. A responder who arrives physically depleted may not be ready to name the spiritual question yet. Follow their lead, and the whole person comes into view across encounters.

### 3. The CARE Method

CRN's four-step spine for a moral-repair encounter: **Connect** → **Assess** → **Respond** → **Empower**. It is presence work, not a procedure run on the person.

Step	What the chaplain does
<b>Connect</b>	Meet the person with non-anxious presence and earn the right to be there. Enter and sit only with permission ("I can sit, or give you room — your call"). Tolerate silence; do not push. The first goal is that the responder knows the chaplain genuinely wants to hear them and truly wants to help.
<b>Assess</b>	Listen the person inward. Open questions invite the telling; the mask softens; the core surfaces. Notice which wound is speaking (moral injury vs. PTSD vs. moral distress), where it lives across the five dimensions, and any safety cue. Name the moral weight without condemning — let the person name their own emotion first. This is spiritual assessment, never clinical diagnosis.
<b>Respond</b>	Respond to the core need, not the presenting symptom. Accompany ONE repair move in the receiver's own tradition — honest confession/lament, self-forgiveness, or meaning reconstruction. Stay with the hard parts without flinching, fixing, or rushing. If a safety trigger surfaces, run the safety protocol and make a warm handoff to a clinician.
<b>Empower</b>	Help the person carry their own load in a healthier way — identify existing supports, name a next step they choose, move them from maladaptive toward adaptive processing. Walk with them for a bounded season, end the encounter so they are not left abandoned, then hand off and let go. The chaplain accompanies; the person continues on their own journey.

### 4. The CRN Encounter Model — See / Hear / Sense / Learn

Before responding, the chaplain takes in four lenses at first contact (the intake that feeds Connect and Assess). The chaplain never jumps to the response.

Lens	What it gathers
<b>See</b>	The observable: posture, body language, affect, the setting/department, visible signs of fatigue or distress.
<b>Hear</b>	The spoken: words and tone, what is said and how, the silences, the story as the person tells it.
<b>Sense</b>	The intuited: the emotional atmosphere, what the presenting feeling masks, tension, the gut read, the unspoken.
<b>Learn</b>	The gathered: context and facts — who they are, what happened, what peers or supervisors report, the background.

**Emotion moves outside-in.** The chaplain meets the presenting feeling (the outer mask) and discerns inward to the core feeling and the unmet need. The gap between presenting and core is the skill.

## 5. Chaplain Do / Never — Quick Card

A chaplain DOES	A chaplain NEVER
Is curiously inquisitive about the person's welfare; looks at the pain, pressure, and loss they show.	Lectures, advises, fixes, or judges.
Listens beneath the facts — for emotions, values, losses, hopes, fears, sources of meaning.	Argues theology, morality, politics, or worldview.
Asks so the person names their OWN emotion; validates/reflects only after they name it.	Quotes scripture unsolicited.
Uses open-ended questions throughout to draw out the story.	Talks more than the person, or makes the conversation about themselves (no self-disclosure).
Tolerates silence; does not rush to fill the space.	Minimizes, reframes, or silver-lines suffering ("Everything happens for a reason").
Holds a sacred, nonjudgmental space; respects beliefs, culture, and language.	Rushes grief, healing, forgiveness, reconciliation, or acceptance.
Follows the person's STORY wherever it goes; seeks permission before sensitive topics.	Uses leading questions to steer the person's conclusions.
Walks with them in crisis; presence is posture and attention, not contact.	Introduces or plants a crisis the person did not raise.
Keeps facial expression fit to the moment; stays emotionally regulated and grounded.	Smiles in a grief/crisis scene; embraces or uses unsolicited touch.
Assesses for safety when cues emerge; if a crisis surfaces, deals with it directly, then connects to a human/emergency resource (refer-not-treat, warm handoff).	Diagnoses or treats; leaves a credible safety concern unaddressed.
Maintains confidentiality within legal, ethical, and safety limits; helps identify existing supports; ends encounters thoughtfully.	Breaks confidentiality except as required by safety, law, or policy; carries the person forever or loses themselves in the other's pain.

*The chaplain's primary intervention is **presence, not expertise**: understand before being understood, accompany before directing, and connect to appropriate help when needs exceed the chaplain's role.*

## 6. Multi-Faith Quick Reference

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Present every framing as a resource matched to the care receiver's OWN tradition. Never advocate one over another. Always include the unaffiliated. **The governing principle: follow the person's framework.** Meet the person in their own language of meaning; the chaplain's job is to accompany repair the way the person's tradition (or their own values) already understands it.

Tradition	How moral injury is framed	What the chaplain follows
<b>Christian</b>	The wound of conscience met by grace that is not earned; honest confession answered by cleansing, not condemnation; lament that names the wound before God and turns toward hope; forgiveness extended from forgiveness received.	Psalm 51 (confession and a clean heart), Isaiah 43:1-5 (worth conferred by God), Lamentations (lament toward hope); grace-based, non-condemning accompaniment.
<b>Jewish</b>	<i>Teshuvah</i> — repentance as return through acknowledgment, remorse, repair, and changed action; the person is restored to right relationship rather than fixed at the moment of failure.	The teshuvah pattern (Days of Awe / Yom Kippur framework): name the wrong honestly, make repair, return; identity is not frozen at the failure.
<b>Islamic</b>	<i>Tawbah</i> — turning back to God in repentance; the despair at the center of moral injury directly answered by the promise that God's mercy is not exhausted.	Qur'an 39:53 (do not despair of the mercy of Allah); accompany the turn to repentance without coercion.