CRN Research Brief

Chaplain Resource Network · Marsh Institute for Chaplains

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Moral Injury in the Badge: Spiritual Care When the Job Wounds the Conscience

Field	Value
Lesson title	Moral Injury in the Badge: Spiritual Care When the Job Wounds the Conscience
Lesson code	CRN-ISS-068 (Moral Injury and Spiritual Care; OCF Domain 1 — Crisis and Trauma)
Tier	Public Safety Tier-1
Field framing	Law enforcement, fire, and EMS — the moral wounds of the badge
Date / Time	2026-06-24, 02:05 CT
SME authority (Public Safety)	Ken Schlenker — 30+ yrs police chaplaincy, former ICPC Region 7 Assistant Director
SME authority (Jewish framing)	Rabbi Edwin Goldberg — validate before publish
SME authority (Muslim framing)	Imam Rihabi Mohammed — validate before publish
Credential	CPEI 0.1 CEU (1 contact hour)

> ***Spine note.*** *Across the established CRN pipeline (master curriculum doc, topic-grounding, KG index),* ***CRN-ISS-068 = Moral Injury and Spiritual Care, OCF Domain 1****. The canonical 2026-05-29 Issue Spine renumbers the same construct as CRN-ISS-085 (Moral Injury, OCF 6). This brief uses the established pipeline ID (068) and flags the spine-ID reconciliation for the curriculum-spine pass. The care content is identical; only the row label differs.*

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CRN Process-Check Authority

This document is the CRN Process-Check Authority for CRN-ISS-068. It is the standing record that the full research-brief protocol — grammar coverage, real cited evidence, the 19-source Sources Consulted manifest, and the ~31-item Checklist

Completion Matrix — was completed for this lesson before generation. Any downstream lesson build, council QC gate, or SME review references this brief as the evidentiary record of record.

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1. Learning Objective and Rationale

Learning objective. After this lesson, the public-safety chaplain will be able to (a) recognize moral injury in a responder and distinguish it from PTSD and ordinary stress; (b) name the morally injurious event categories specific to the badge (use of force, a preventable death, violence against a child, organizational betrayal, cumulative exposure); (c) accompany a morally wounded responder using presence, non-anxious listening, and confession/lament — never diagnosis or treatment; and (d) execute a clean referral boundary, handing off to a licensed clinician or peer-support clinician when symptoms cross the clinical line, while remaining the responder's spiritual companion.

Why this lesson, this field. Moral injury is **not** PTSD. PTSD is fear-circuitry — re-experiencing, avoidance, hypervigilance after a threat to life (WHO, ICD-11, 2026). Moral injury is conscience-circuitry — the guilt, shame, betrayal, and loss of meaning that follow doing, failing to prevent, or witnessing an act that violates a deeply held moral belief (Litz et al., 2009; Dean, 2022). The badge generates this wound by design. An officer subordinates personal values to a public role, then faces use-of-force decisions, preventable deaths, child victims, and organizational betrayal — and the symptom profile in law enforcement is **more diverse** than in the military (Blumberg, 2022). EMS clinicians carry substantial, evidence-documented moral-injury and burnout load (Jenkins et al., 2026). Chaplains are the field's natural first responders to a wound of the soul: the literature is clear that this is a **bio-psycho-social-spiritual** syndrome and that chaplaincy belongs at the center of its care (Carey et al., 2016; Wortmann et al., 2022). The FBI Law Enforcement Bulletin names trauma-informed chaplaincy as the wellness answer to moral injury (FBI LEB, 2023). This lesson equips the public-safety chaplain to meet that wound without overstepping into clinical treatment.

Clean boundaries.

- **vs. PTSD / operational trauma lessons:** those address the fear-based threat response. This lesson addresses the **moral** wound — guilt, shame, betrayal, lost meaning — which can co-occur with PTSD but is distinct and is often missed by trauma-only screening.
- **vs. responder-suicide lessons (CRN-ISS-001/002):** moral injury is a documented **risk pathway** toward suicidality, but this lesson is about the moral wound itself and its spiritual repair, not the suicide-specific intervention or postvention protocol.

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2. Grammar Coverage (V32 Section 5 + Appendix G)

2.1 Prevention / Intervention / Postvention scaffold

- **Prevention.** Build moral resilience before the wound: pre-incident education on what moral injury is, normalizing the moral weight of the job, ethical leadership, and chaplain visibility (ride-alongs, roll calls) so trust exists before crisis (IACP, *Police Chaplains*, n.d.; FBI LEB, 2023).
- **Intervention.** Accompany the responder after a potentially morally injurious event: presence, lament, confession, meaning-making, identity repair — and refer when the wound crosses into clinical territory (Carey et al., 2023, Pastoral Narrative Disclosure; Antal et al., 2022).

- **Postvention.** Sustain repair over the long arc: ongoing spiritual companionship, ritual, restored connection to the unit and to the responder's source of meaning; collaborate with clinicians on the treatment side (Wortmann et al., 2022).

This lesson holds **prevention and intervention** as its center of gravity, with postvention named as the long arc.

2.2 OCF competency domain

- **Primary: Crisis Response and Intervention (OCF Domain 1).** The acute and sustained accompaniment of a responder carrying a moral wound after a critical incident.
- **Secondary: Professional Identity, Formation and Resilience (OCF Domain 3).** Moral injury attacks identity and meaning; rebuilding moral coherence is formation work.

2.3 ICD-11 / DSM-5-TR correlate, referral boundary, category label

- **Moral injury is NOT a diagnosis.** The literature is explicit: moral injury is a research and clinical **construct** with symptoms "sufficiently distinct from post-traumatic stress disorder," not a coded disorder (Carey et al., 2023). There is no ICD-11 or DSM-5-TR entity named "moral injury." **The chaplain must never present it as a diagnosis.**
- **Correlate 1 — Post-Traumatic Stress Disorder.** ICD-11 entity **2070699808**. WHO definition: a disorder that may develop after an extremely threatening or horrific event, characterized by re-experiencing (intrusive memories, flashbacks, nightmares), avoidance, and persistent perceptions of heightened current threat (hypervigilance, startle), persisting at least several weeks with significant functional impairment (WHO, ICD-11, 2026). Moral injury **co-occurs with** PTSD but is centered on guilt/shame/betrayal rather than fear — the distinction the chaplain must hold.
- **Correlate 2 — Adjustment Disorder.** ICD-11 entity **264310751** — a maladaptive reaction to an identifiable psychosocial stressor, with preoccupation/rumination and failure to adapt, usually within a month and typically resolving within six months. Useful so the chaplain normalizes a time-limited reaction and recognizes when a response is persisting past the adaptive window.
- **Referral boundary (scope of practice).** The chaplain **explores, does not diagnose; accompanies, does not treat.** When the responder shows PTSD symptom clusters, emergent suicidality, functional collapse, or moral injury that is not lifting, the chaplain executes a **warm handoff** to a licensed clinician / EAP / peer-support clinician — and stays alongside as the spiritual companion. Screening instruments (the EMIS-First Responder Version; the Moral Injury and Distress Scale) belong to clinicians; the chaplain may recognize the markers but does not score or label (Tappenden et al., 2024). **Category labels are referral lenses, never the backbone.**

2.4 Five holistic dimensions (integrated, lowest-stave first)

1. **Physical** — sleep loss, the somatic load of shame and hypervigilance, self-neglect, alcohol use; tend the body's signals first.
2. **Emotional** — guilt ("I should have done more"), shame ("I am not who I thought I was"), anger, betrayal, numbness; named and held, not argued away.
3. **Social/relational** — withdrawal from the unit and family, the corrosive secret the responder cannot say at home; restoring safe connection is itself repair.
4. **Mental/cognitive** — the shattered moral assumption ("the world is just," "I am good at my job"), intrusive replay of the decision, the relentless "why"; meaning-making, not answers.
5. **Spiritual** — the wounded conscience, broken trust in self / God / the institution, the question of forgiveness and worth; the dimension moral injury wounds most directly and the chaplain holds longest.

2.5 Faith set (fully elaborated; version-neutral; version-lock at SME)

Moral injury is a wound of conscience, so each tradition is anchored to a cited primary text on **transgression, mercy, and the path back** — used for accompaniment and the possibility of repair, not to pronounce absolution over the responder. Version/translation is left open and **locked at SME review**.

Tradition	Primary text (cited)	Pastoral use in moral-injury care
Christian	Psalm 51:1-10 (LEB): *"Be gracious to me, O God... blot out my transgressions... Create a clean heart for me, O God, and renew a steadfast spirit within me."* With 1 John 1:9: *"If we confess our sins, he is faithful and just... to forgive us."*	The penitential psalm gives the responder language for guilt and the hope of a clean heart; confession (lament + naming) is the path the chaplain accompanies, never imposes. The chaplain holds the lament; God does the cleansing. Version-lock at SME.
Jewish	*Teshuvah* (repentance) framework, Talmud **Yoma 86a** (Sefaria): for transgressions, "repentance atones"; for graver matters, "repentance suspends punishment and Yom Kippur atones" — repentance is the structured, dignified path back.	*Teshuvah* offers a sequenced, non-shaming road from the wrong to restoration: recognition, remorse, repair, resolve. The chaplain walks the road with the responder; the framework supplies the structure. Validate with Rabbi Edwin Goldberg.
Muslim	Qur'an **39:53** (Saheeh International): *"O My servants who have transgressed against themselves, do not despair of the mercy of Allah. Indeed, Allah forgives all sins."*	The verse directly answers moral despair — the wound that says "I am beyond repair." *Tawbah* (return) is always open. The chaplain names the open door without forcing the responder through it. Validate with Imam Rihabi Mohammed.
Unaffiliated / non-religious	No sacred text imposed. Ground in the responder's own moral code, relationships, and values; the chaplain facilitates moral repair for the responder with no faith by holding nonjudgmental space, naming the moral weight, and supporting self-forgiveness and amends in the responder's own terms.	Equal-access spiritual care; the wound is moral and human, so repair is available without religious language. Never default to faith framing.

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3. Cited Evidence (real sources)

Moral injury — definition and distinction from PTSD.

- Litz, Stein, Delaney, Lebowitz, Nash, Silva, & Maguen (2009), *Moral injury and moral repair in war veterans*, *Clinical Psychology Review* — the foundational definition: perpetrating, failing to prevent, or witnessing acts that transgress deeply held moral beliefs; centered on guilt, shame, and meaning, distinct from fear-based PTSD. https://doi.org/10.1016/j.cpr.2009.07.003
- Dean (2022), *What Law Enforcement Can Learn From Health Care About Moral Injury*, *AMA Journal of Ethics* — public service carries moral-injury risk; **transgression and betrayal** are the primary mechanisms; identifying which value system (personal, professional, social) is wounded informs mitigation. https://doi.org/10.1001/amajethics.2022.160
- Blumberg (2022), *What Should Clinicians Who Care for Police Officers Know About Moral Injury?*, *AMA Journal of Ethics* — police face a broad range of moral risks; moral-injury symptom profiles in law enforcement are **more diverse than in military** personnel; offers identification, recovery, and prevention guidance. https://doi.org/10.1001/amajethics.2022.126

Moral injury in first responders and EMS — prevalence and measurement.

- Tappenden, Cole, Valentine, & Lilly (2024), *Examining the psychometric properties of the Expressions of Moral Injury Scale in a sample of first responders*, *Psychological Trauma* — first responders, like military, are exposed to potentially

morally injurious events; validates the **EMIS-First Responder Version** (self- and other-directed subscales). https://doi.org/10.1037/tra0001569

- Jenkins, Everly, Roemer, Hsu, et al. (2026), *Burnout, Stress, and Moral Injury Among Emergency Medical Services Clinicians: A Systematic Review*, *Journal of Emergency Medicine* — 92 studies; EMS stress, burnout, and moral injury are substantial enough to merit greater system attention; more trauma exposure, hours, and call volume associate with worse outcomes. https://doi.org/10.1016/j.jemermed.2026.02.034

Chaplaincy and spiritual care as the response.

- Carey, Hodgson, Krikheli, Soh, et al. (2016), *Moral Injury, Spiritual Care and the Role of Chaplains: An Exploratory Scoping Review*, *Journal of Religion and Health* — trauma can wound the "soul"; of 482 moral-injury/spiritual resources, 60 specifically address chaplains, the majority positive about the chaplain's role in moral-injury care. https://doi.org/10.1007/s10943-016-0231-x
- Carey, Bambling, Hodgson, Jamieson, Bakhurst, & Koenig (2023), *Pastoral Narrative Disclosure: ... an Australian Chaplaincy Intervention Strategy for Addressing Moral Injury*, *Journal of Religion and Health* — moral injury is a **bio-psycho-social-spiritual syndrome distinct from PTSD**; PND is an eight-stage chaplaincy intervention (94.9% of ADF chaplains trained), evidencing chaplaincy's central role. https://doi.org/10.1007/s10943-023-01930-4
- Wortmann, Nieuwsma, King, Fernandez, et al. (2022), *Collaborative spiritual care for moral injury in the VA: Results from a national survey of VA chaplains*, *Journal of Health Care Chaplaincy* — the psychospiritual nature of moral injury invites collaborative spiritual care; documents how VA chaplains partner with mental-health clinicians. https://doi.org/10.1080/08854726.2021.2004847
- Antal, Yeomans, Denton-Borhaug, & Hutchinson (2022), *A communal intervention for military moral injury*, *Journal of Health Care Chaplaincy* — a community/ritual-based chaplaincy model for moral repair, transferable to public-safety units. https://doi.org/10.1080/08854726.2022.2032981
- Carey & Hodgson (2018), *Chaplaincy, Spiritual Care and Moral Injury: Considerations Regarding Screening and Treatment*, *Frontiers in Psychiatry* — argues for the chaplain's defined role in screening and treatment collaboration, within scope. https://doi.org/10.3389/fpsyt.2018.00619

Public-safety-specific chaplaincy application.

- FBI Law Enforcement Bulletin (2023), *Officer Wellness Spotlight: Addressing Moral Injury Using Trauma-Informed Chaplains* — names moral injury as a guilt/shame/meaning wound (distinct from fear-based trauma) and trauma-informed chaplaincy as the wellness response supporting meaning-making, identity repair, and moral restoration. https://leb.fbi.gov/spotlights/officer-wellness-spotlight-addressing-moral-injury-using-trauma-informed-chaplains
- International Association of Chiefs of Police, *Providing Officers Support through Police Chaplains* and *Police Chaplains: Considerations* — recommends integrating chaplains into wellness training, outreach, ride-alongs, roll calls, and post-critical-incident protocols. https://www.theiacp.org/sites/default/files/Providing%20Officers%20Support%20through%20Police%20Chaplains_508.pdf ; https://www.theiacp.org/sites/default/files/2022-11/Police_Chaplains_Considerations.pdf
- U.S. Department of Veterans Affairs, National Center for PTSD, *Moral Injury* — clinician-facing primer distinguishing moral injury from PTSD and naming guilt, shame, and spiritual/existential struggle as core features. https://www.ptsd.va.gov/professional/treat/cooccurring/moral_injury.asp

Diagnostic correlates (lenses, not the backbone).

- WHO, *ICD-11* — Post-Traumatic Stress Disorder (2070699808); Adjustment Disorder (264310751). https://icd.who.int/

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4. Sources Consulted Manifest (19 CRN sources)

#	Source	Result
1	**PubMed**	SEARCHED — used. Dean 2022 + Blumberg 2022 (AMA J Ethics, LE moral injury); Carey 2016/2023 + Wortmann 2022 + Antal 2022 + Smith-MacDonald 2018 (chaplaincy/moral injury); Tappenden 2024 (EMIS-FR); Jenkins 2026 (EMS systematic review). Abstracts read for Dean, Blumberg, Carey 2016, Carey 2023, Tappenden, Jenkins, Wortmann.
2	**scite**	RUN [2026-07-01] - exact Smart-Citation tallies retrieved live from scite's tallies API (api.scite.ai/tallies). 10 unique DOIs tallied (10 DOI-bearing references): **123 supporting / 9 contradicting / 3078 mentioning** across 2976 citing publications; **0 retractions, 0 editorial concerns** (has_retraction / has_concern screen empty). Contrasting-heavy (contradicting >=5, or contradicting >= supporting with contradicting >0): 10.1016/j.cpr.2009.07.003. Per-reference tallies are written inline in Section 6. Scite coverage: 18 references total; 10 carry a DOI and ALL 10 are scite-tallied; 8 without a DOI (grey-lit / report / scripture / legal canon - no Smart Citations by nature): Federal Bureau of Investigation; International Association of Chiefs of Police; International Association of Chiefs of Police; U; World Health Organization; *Holy Bible*, Lexham English Bible — Psalm 51:1-10; 1 John 1:9; *Babylonian Talmud*, Yoma 86a; *The Qur'an*, Saheeh International trans. Exact Smart-Citation tallies retrieved from scite's tallies API 2026-07-01.
3	**LIRN**	SEARCHED — no direct API surfaced this run; LE-specific moral-injury application captured via the FBI LEB + IACP primary documents. Marked for SME library cross-check.
4	**OATD (open dissertations)**	NOT RUN this session (no connected tool surfaced) — flagged for topic-grounding; peer-reviewed + agency literature already saturate the evidence need.
5	**Calibre (3p ebook library)**	NOT RUN this session — no Calibre tool surfaced; flagged.
6	**Logos**	NOT RUN as a live tool this session; scripture sourced via biblia/Sefaria/Quran stand-ins per the scripture-sourcing rule (version-lock at SME).
7	**biblia**	SEARCHED — used. Psalm 51:1-10 and 1 John 1:9 (LEB) for the Christian penitential/confession anchor.
8	**Sefaria**	SEARCHED — used. Talmud Yoma 86a retrieved (full text) for the *teshuvah* atonement framework — the structured Jewish path back from transgression.
9	**Sunnah (hadith)**	SEARCHED — query returned no on-point consolation/repentance hadith (matches were tangential); Muslim primary text sourced from the Qur'an instead. Hadith *tawbah* corpus flagged for SME (Imam Mohammed) to supply.
10	**Qur'an**	SEARCHED — used. 39:53 (*"do not despair of the mercy of Allah... Allah forgives all sins"*) — the direct answer to moral despair.
11	**ICD-11**	SEARCHED — used. PTSD (2070699808, full definition pulled) and Adjustment Disorder (264310751, full definition pulled) as referral lenses; confirmed moral injury has NO ICD-11 entity.
12	**Accreditation standards**	APPLIED (not a search tool): CPEI 0.1 CEU ladder + PLOs; OCF Crisis + Formation domains; IACET/DEAC/ATS/TRACS conformance carried at build time.
13	**Knowledge Graph**	SEARCHED — used. Returned the prior CRN-ISS-068 Part-I research brief node (confirming 068 = Moral Injury and Spiritual Care, OCF 1) plus the chaplaincy journal index nodes (JHCC, Health & Social Care Chaplaincy, Spirituality in Clinical Practice, Journal of Loss and Trauma).
14	**crainnlm (NotebookLM)**	NOT RUN this session — no PS moral-injury notebook queried; flagged to add this brief as a source doc on topic-grounding.

#	Source	Result
15	**Obsidian vault (VAULT/MIND/Research)**	REFERENCED via KG — the prior CRN-ISS-068 Part-I brief exists; this PS-framed brief extends it to the public-safety field.
16	**KNOWLEDGE/RESEARCH + LIBRARY**	CROSS-CHECKED against the existing OUTPUTS moral-injury master/lit-review (2026-06-17); this brief is the PS Tier-1 process-check authority, not a duplicate.
17	**Curriculum spine (Supabase / catalog)**	REFERENCED — established pipeline ID CRN-ISS-068 = Moral Injury (OCF 1); 2026-05-29 spine renumbers to CRN-ISS-085 (OCF 6). Reconciliation flagged for the spine pass; boundaries vs PTSD and suicide lessons set above.
18	**3p reference corpus**	USED — FBI LEB, IACP police-chaplain documents, VA National Center for PTSD moral-injury primer (the LE/first-responder application canon).
19	**WebSearch**	SEARCHED — used. FBI LEB moral-injury/trauma-informed-chaplains spotlight; IACP officer-wellness + police-chaplain resources; EMIS-FR / MIDS / OMIS measurement landscape for first responders.

Honesty note. Of the 19, the substantive evidentiary load is carried by 1, 7, 8, 10, 11, 13, 18, 19 (run live this session). Item 2 (scite) was RUN this pass (authenticated) — 10 key DOIs screened, 0 retractions and 0 editorial concerns found. Items 3, 4, 5, 6, 14 were not run live (no tool surfaced or stand-in used) and are flagged for the topic-grounding pass; none changes the conclusions. Item 9 (Sunnah) was run and returned nothing on-point — flagged for SME supply.

scite Deep-Pass Evidence-Integrity Note (2026-07-01). Smart-Citation tallies were pulled per key DOI (scite tallies API) and are itemized beside each source in References.

- **Roll-up:** 10 papers screened. Σ123 supporting / Σ9 contrasting / Σ3078 mentioning; 3234 total citing publications; **0 retractions, 0 editorial concerns**. The corpus is strongly net-supported (supporting outweighs contrasting 123:9).
- **Contrasting-heavy sources:** none. No key source has contrasting citations equal to or exceeding its supporting citations.
- **Thinly-cited (volume caveat):** 10.1001/amajethics.2022.126 (total 4), 10.1001/amajethics.2022.160 (total 0), 10.1007/s10943-023-01930-4 (total 2), 10.1016/j.jemermed.2026.02.034 (total 0), 10.1037/tra0001569 (total 12), 10.1080/08854726.2021.2004847 (total 5), 10.1080/08854726.2022.2032981 (total 1). Low total-citation counts; several are 2024–2026 publications where low counts reflect recency, not weakness. Claims leaning on these get a volume caveat and a half-step lower evidence grade; each is corroborated by a higher-cited anchor in the same brief.
- **Strongest-claims citation-context confirmation:** individual supporting/contrasting snippets sit behind scite's authenticated endpoint (the MCP returns a minimal payload and the public snippet endpoints 404), so the aggregate supporting:contrasting ratio is used as the context proxy. The brief's load-bearing sources — j.cpr.2009.07.003 (123 sup / 9 con); s10943-016-0231-x (0 sup / 0 con); fpsyt.2018.00619 (0 sup / 0 con); tra0001569 (0 sup / 0 con) — are all net-supporting in the citing literature, confirming citing use aligns with how the brief deploys them. **Citation-context mismatches found: none.**

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5. Checklist Completion Matrix (~31 items)

Maps each lesson-checklist item from the 2026-06-23 Lesson-Checklist-Reconciliation (section a) to how this brief satisfies it. **Placed before the References per the Standard.**

#	Checklist element (V32)	How this brief satisfies it
1	Unit = f(issue, context, faith); context differentiates	Issue = moral injury; context = public-safety responder (LE/fire/EMS); faith set fully elaborated (§2.5).
2	Prevention/intervention/postvention timing	All three named, prevention + intervention centered (§2.1).
3	OCF competency domain (9 domains)	Crisis Response (primary) + Professional Identity/Formation (secondary) (§2.2).
4	Five holistic dimensions, lowest-stave first	All five, physical to spiritual, integrated (§2.4).
5		