

MORAL INJURY IN POLICE OFFICERS OF COLOR

by

Samantha Thornton

Liberty University

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ABSTRACT

The purpose of this research is to explore the possibility of moral injury (MI) in police officers of color. This is a topic that is steeped in stigma and cultural dynamics, both for the community of police and communities of color. The aim is to add to the existing research on MI and how it may impact those who occupy dual special populations. The study approached targeted police advocacy organizations of color for recruitment nationwide. This study recruited 10 police officers of color from multiple states and explored their personal stories. This study used video recordings to capture qualitative data and surveys to evaluate potential trauma conditions. The use of phenomenological analysis with this population adds to existing research and presents a novel angle for further understanding MI as a mental health construct. While MI in police officers has been explored in other nations, the topic is just emerging in the United States. In addition, no known studies have been done isolating race in MI. This study sheds light on race, adversity, MI, health disparity, the impact of trauma on police officers, and people they serve. The implications could prove to yield better understanding of MI in Black officers, police and MI. It could also lead to better understanding of trauma in the workplace and the role of faith and resiliency. The study found consistencies and similarities between participant narratives and MI. The study also found evidence of strong resiliency worthy of further study.

Keywords: Moral Injury, PTSD, Race, Trauma, Public Health, Mental Health

Dedication

This work is dedicated to my mother, Karen Thornton, who always encouraged me to do this even though it was against all odds. While she did not live to see me start, I believe she knows I did it. I dedicate it as well to my father, Charles Thornton who supported me through this process tirelessly. I dedicate this especially to the 10 brave officers and their organizations who participated, I am forever in your debt, as we all are. John 15:13.

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CHAPTER 1: INTRODUCTION TO THE STUDY

Throughout history human beings have bonded in social groups, most often for the survival and protection of the individual and the group. Warrior classes have been formed for the protection of tribal collectives. These groups still exist today in many forms. There are very few, if any, studies looking into how moral and ethical conflict could arise if the same individual belonged to two potentially opposing groups. As groups can have a strong and distinct culture, it would stand to reason that identity crisis, emotional injury, and psychological injury could occur if an individual posed a threat to a group they belong to, due to belonging to another. An example playing out in the nightly news is the race and the occupation of police officers. Recently, the mental health trauma field has identified a potential trauma condition that may prove to describe moral and ethical injury that might occur in instances like this, among others. While this condition is still understudied, it is gaining development and definition. The purpose of this study is to explore moral injury (MI) as it applies to police, who also belong to a potentially opposing group due to race. An example is protestors have recently identified police as a systemic threat and potentially based in white supremacy (Castle et al., 2019). Yet not all police are white, and not all protestors are people of color.

The perception of police in the community plays a role in self-evaluation for police of color. This could create cultural, identity, or moral crisis. There are no studies that explore MI in police officers of color, and exploration of trauma conditions in police and people of color are clouded in stigma. However, several studies have been conducted highlighting the high risk of ethical and moral dilemma in policing, in general. Qualitative studies have been successful in providing voice to these experiences and the possible traumatic consequences for participants. Participants of other qualitative studies describe MI with quotes such as: "I lost the whole what's

right and what's wrong thing" (Currier et al., 2015, p.109). Another description describes changes in personality and quality of life brought on by facing Potentially Morally Injurious Events (PMIE): "Before joining the police, I enjoyed people's company, had empathy for others; actually, liked people. After being in the job for a number of years, I became very cynical, have a general dislike for people, a complete lack of empathy and would prefer my own company to spending time with others" (McCormack & Riley, 2016).

In addition to current evidence for the manifestation of MI, the Bible provides distinct examples of potential MI phenomenon in ancient history with similar expressions of moral suffering and possible MI in biblical heroes. A reflection of evidence of MI exists in Saul and David in the book 1 Samuel of the Bible (*English Standard Version Bible*, 2001). Moral problems may exist between a leader and subject when the leader leads with decisions that cause a subject to question their values. This is one of the foundations of MI. One aspect of this trauma is being ordered by a leader to do things that violate moral foundations. There are also events that reflect modern times with this type of trauma, such as civil unrest and personal moral conflict, as in the case of Saul and David. In addition to providing information about MI, the Bible also provides possible avenues of repair and resilience through scripture such as the outline of cognitive behavioral strategies (Philippians 4:8).

This study looks at specific types of PMIE that involve actions against the community by police, actions against the police by those who belong to racial minorities in the community and workplace, or police of color witnessing these actions. The term PMIE is used rather than MI, as it is uncertain if officers will identify more with actions against fellow officers, actions against communities of color, or both. Furthermore, it was uncertain if PMIE would result in MI manifestation. A qualitative study allows for nuanced information for complex experiences and

potentially describes PMIE and MI for this population. The secondary result would be to forward and enrich research in the emergent topic of PMIE and MI, as a whole.

This study will seek to explore this topic through the following:

Research Questions

Research Questions

RQ 1: What is the possible prevalence of PTSD in the population of police officers of color?

RQ 2: What is the prevalence of MI in police officers of color?

RQ 3: Are police of color impacted by MI, when faced with workplace violence, or workplace conditions?

RQ 4: Do police officers of color identify more with the police officers or their community of color?

RQ 5: Can MI be explored from a uniquely Black officer voice?

RQ 6: Are there distinct protective factors for this population?

Background

As cited by Coady et al. (2020), the concept of moral injury (MI) was first crafted by Jonathan Shay, a doctor, researcher, and clinical psychiatrist, as a subcategory of posttraumatic stress disorder (PTSD) in 1994 among combat veterans. He explored a specific phenomenon in Vietnam veterans that he equated to the challenges of Achilles, where feelings of betrayal led to suffering, moral conflict, and identity conflict. Since then, there has been emerging science on the term, as applied to occupational roles that experience atrocity, conflicted feelings of responsibility and damage to moral self-concept and personal values (Griffin et al., 2019). Examples of these occupational roles would be health care workers, firefighters, and law

enforcement, in addition to combat veterans. Recent developments in the research of MI have also led to defining it as a condition of its own distinct from PTSD and other like trauma conditions, such as burnout (BO). The rationale for researchers moving away from classifying MI as a subset of PTSD was the identification of significant differences between the core emotional, physiological, and psychological experiences between the two conditions. The core emotional and psychological experience of PTSD is almost exclusively fear-based as opposed to MI being based in the core emotional and psychological experiences of shame, guilt, rage, and betrayal (Frankfurt et al., 2017). While both PTSD and MI may have some similarities and some experiences in common, it is suspected that MI is specifically the result of PMIE. It is important to note that the same experience could be perceived as morally injurious, or experienced as fear and horror in different individuals, as with PTSD. MI is defined as:

“...(a) moral failure, or the failure to adhere to a virtue as prescribed by a group or institution, (b) suffering or death as a direct result of moral failure, (c) unethical marking on a person’s character, and (d) experience of identity negotiation between the real self and the undesired self” (Atuel et al., 2021, p.1).

While MI has been explored in other nations, the topic is just emerging in the United States. No known studies have been conducted isolating race as a factor in MI in general, or in its relationship to police officers of color. This study explores existing literature through the lens of five key concepts. First the study defines MI through its association with like conditions, such as PTSD and BO. It then looks at MI specific to policing, the role of race in policing, potential predisposition and symptomology in officers, and prevention and interventions specific to policing as a profession. The overarching goal is to capture the voices of the subject’s experiences with MI, through the isolation and illustration of specific potentially morally

injurious events (PMIE) and the possible moral confusion transposed in the dual group membership of race and policing, through a qualitative research design.

Problem Statement

The conceptualization of moral injury (MI) is still in its infancy. Since there has been little study exploring specific populations in order to add to the research about what is known about MI, the emerging understanding of MI through the manifestation of personal voice with police of color who have faced adversity proves to be particularly important. For example, a good portion of the studies have been conducted with military members or veterans who are white, middle aged, and in a middle-income bracket. Like previous studies, this sample population is also isolated by geography and conducted with a few, or even only one, local police organization. This would be something to be explored by further research. There is also the concern that potentially morally injurious events (PMIE) are not necessarily uniform. A few studies have sought to apply them to workplace culture, workplace hazard, and occupational role, but that might result in phenomenon specific to those subjects.

Few if any studies have looked at value system risk and resiliency that is often presented by cultural and familial parameters. The necessity of this exploration is profound given how entrenched morality is in this context, yet the current research does not necessarily address this aspect. This study looks at police culture and socio-cultural racial norms to address this gap, as well as the gap existing in demographic diversity. The study also explores the clash of moral and value conditions that might be one of the next steps in research direction for this topic. Since culture and subculture clashes are inevitable given the very nature of how people perceive morals and moral conflict, exploring how differing moral perceptions interplay with one another will be crucial in understanding MI, PMIE, and developing solutions for those who experience moral

distress. However, this is larger than the individuals experiencing moral conflict. As can be seen in this study, the moral conflict can be seen in community impacts and in society as a whole. Lastly, this research serves to address the gap in a novel biosocial psychological discovery to integrate and unify a collective understanding of MI distinct from other trauma conditions.

The method and design will afford for specific feedback from officers with lived experience. This research collected and coded experiential knowledge from semi-structured interviews with the selected officers to create insight into MI phenomenon through the lens of this population (Creswell, 2017, pp. 208-214). The semi-structured interview uses interpretive phenomenological research. “Meaning making” will be cornerstone to this study through a double hermeneutic process; then the data will be clustered for themes in participant dialog (Creswell, 2017, pp. 208-214).

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Purpose of the Study

While moral injury (MI) can be associated with other trauma conditions, it is still proving to be a condition of its own. MI is not yet recognized as a formal diagnosis. MI is shame-based, posttraumatic stress disorder (PTSD) fear-based, and exhibited in emotional and psychological exhaustion highlighting a need for more robust information on MI (Frankfurt et al., 2017). In contrast to medical and diagnostic exploration, this study sheds light on the human experience. However, from the lens of biological and medical perspectives, experts theorize different parts of the brain are affected, such as MI being located in moral processing centers of the brain and PTSD originating in the parts of the brain that deal with fear (Koenig & Al Zaben, 2021). These findings are not strictly provable with neurological advances. They are also emotional and social constructs that tell the story of this novel trauma experience through this study.

This study narrows a perspective on MI through qualitative means to answer a select core set of research questions based on what is known so far about MI. This research examines the exposure to racially charged dynamics and potential workplace injury in police officers of color. It will explore symptoms of MI and whether they occur differently in officers of color. The prevalence of MI in police officers of color is previously unknown. There may be distinct protective factors for this population that could be discovered through this research. These questions could prove important to building understanding of MI. The element of race in these questions appears unstudied and could add to the growing body of research on MI in specific populations.

Assumptions and Limitations of the Study

This study has many challenges and limitations. Much of the research has been conducted in countries other than the United States. Culture and faith may confound results, as morality is

impacted by differences across value systems and traditions (Molendijk, 2019). Also, much of the research has been developed and focused on military and nurses. While this study does vet police experiences, this research is still in its infancy. Another limitation of the study is concern with overgeneralization of race and police populations (Onoye, et al. 2017). The information may not be generalized. Another limitation is that this study is exploring multiple police organizations in different states. This may impact values and concise experiences of location. Police cultures and experience may vary across states. Since the study was conducted predominantly with specific police organizations, there may be certain attitudes, or cultural norms within these organizations. Only one participant was not affiliated with the organizations represented in this study, as they joined by word of mouth. Also, this study does not separate demographics such as gender, nationality, religion, or police roles in a way quantitative studies might. This could impact the experience of moral injury (MI). Another limitation is that it is unknown how other races compare. The study does not explore the same experience with white police officers and MI, for instance. It is possible race is not related to MI even though race is the subject of police experiences. There is limited research on the prevalence of this condition in police or specifically police of color (Whealin et al., 2022). This would also be a challenge of generalization as the results may be isolated to this study. Politics may play a role in the police interaction with communities of color (Molendijk, 2019). If MI is present, it may be more complex than communities of color themselves. It may be based or compounded in complex social pressure and media/social media exposure (Doyle et al., 2022). The role of organizational factors is unknown. Queirós et al. (2020) found high operational stress was associated with burnout. This could prove a preexisting condition of trauma in organizations of high operational

stress. Finally, the use of self-report in many of the articles cited and the proposed study impact validity, social desirability, and human error.

The qualitative method offers unique limitations of method given small sample sizes and how they are justified (Malterud et al., 2016). However, they provide different information than biomedical explanations that have only to do with functions of the body and quantitative studies that focus on general information and population norms. Those of qualitative voice offer individual psychosocial answers. The biomedical and quantitative lens offers different information in the exploration of MI, than the exploration of organic voice. While all three offer vital information of MI, this study does not explore biomedical efforts in pursuit of diagnosis and neurological evidence of MI, or the benefits of a quantitative study, such as exploring a larger group of people for norms.

Theoretical Foundations of the Study

Phenomenological research would seem to be the ideal approach to explore the phenomenon of moral injury (MI). This is particularly true with this population given there is little or no information on the role of race in the phenomenon of MI. MI is a potentially unique trauma subtopic and a culture of its own. Police experiencing MI represent a subculture within a subculture (Griffin et al., 2019). Police of color experiencing MI represent a subculture, of a subculture, of a subculture. This illustration could seem to be awkwardly redundant, but it reflects the complexity of morally traumatic experiences that can only be legitimately captured by qualitative means. The research utilizes interpretive phenomenological analysis (IPA) to illuminate these complex layers of experience and potentially culture bound MI (police, first responder, a person of color), or distinct culture bound resilience (Creswell, 2017, pp. 208-214). IPA gives a platform for articulating personal significance, worldview, personal moral structure,

and relational/social perspective. The relational analysis will be processed through a double hermeneutic lens in “meaning making” for MI and may shed significance for both populations of participant membership (Griffin et al., 2019). As evident, race may also play no significant role at all depending on the strength of abstract concepts of affiliation. However, IPA highlights the interplay between what is universal versus what is encapsulated in specific culture membership. The results may give authenticity to experiences of police of color and their unique experiences with potentially morally injurious events (PMIE) whether traumatic, or resilient.

In addition to theoretical precepts above, biblical frames are also important to review. Theory of the Bible offers a dynamic lens of MI which provides a lens to theory in MI phenomenon and moral repair. MI is evident in events, peer relations and biblical heroes. The Bible illustrates significant frameworks for this study and provides vital information about the phenomenological experiences in the human condition from a perspective of faith.

Definition of Terms

These definitions are designed to provide clarity and context within the dissertation. The specific language of trauma and workplace conditions is meant to construct a foundation for the complex topic MI and related factors. The key operational definitions are as follows:

Moral Injury (MI)- US Department of Veterans Affairs, National Center for PTSD defines MI as “unprecedented traumatic events, wherein one perpetuates, fails to prevent, or witness’s actions that transgress deeply held moral beliefs and expectations” (Norman & Maguen, p. 1).

Moral Repair (MR)- Litz, et al. (2009) defines MR (Moral Repair) as “ (a) psychological- and emotional-processing of the memory of the moral transgression, its meaning and significance, and the implication for the service member, and (b) exposure to corrective life experience.

Posttraumatic Stress Disorder (PTSD)- The American Psychiatric Association. (2013) defines PTSD as:

a mental health condition that develops after some individuals experience or witness traumatic or life-threatening events. It is determined using eight criteria for diagnosis. All eight criteria must be met in order to diagnose PTSD. “ Criterion A (one required): The person was exposed to: death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence, in the following way(s): Direct exposure, witnessing the trauma, learning that a relative or close friend was exposed to a trauma, indirect exposure to aversive details of the trauma, usually in the course of professional duties (e.g., first responders, medics). Criterion B (one required): The traumatic event is persistently re-experienced, in the following way(s): Unwanted upsetting memories, nightmares, flashbacks, emotional distress after exposure to traumatic reminders, physical reactivity after exposure to traumatic reminders. Criterion C (one required): Avoidance of trauma-related stimuli after the trauma, in the following way(s): Trauma-related thoughts or feelings, Trauma-related reminders. Criterion D (two required): Negative thoughts or feelings that began or worsened after the trauma, in the following way(s): Inability to recall key features of the trauma, overly negative thoughts and assumptions about oneself or the world, exaggerated blame of self or others for causing the trauma, negative affect, decreased interest in activities, feeling isolated, difficulty experiencing positive affect. Criterion E (two required): Trauma-related arousal and reactivity that began or worsened after the trauma, in the following way(s): Irritability or aggression, risky or destructive behavior, hypervigilance, heightened startle reaction, difficulty concentrating, difficulty sleeping. Criterion F (required): Symptoms last for more than 1 month. Criterion G

(required): Symptoms create distress or functional impairment (e.g., social, occupational).

Criterion H (required): Symptoms are not due to medication, substance use, or other illness.

Potentially Morally Injurious Events (PMIE)- Coady et al. (2020) offers the simple definition of PMIE as events that could compromise or ethically shock witnesses and result in moral conflict. PMIE's are typically classified by three types of events that closely mirror MI: transgression committed by self, transgressions committed by others, and acts of betrayal (Wisco et al., 2017).

Significance of the Study

Given moral injury (MI) is an emerging topic in research and mental health communities, this research adds to the growing body of research on MI as a condition. It is not currently recognized as a formal diagnosis but is being developed for establishment as a traumatic condition. This study aids in providing further evidence for its legitimacy and therefore forwards treatment tailored to its distinct symptomology and specific population, such as Black police officers. The added aspect of profession and race furthers understanding of MI. Police have a unique role, and race could provide a sociopsychological voice to experiences of MI targeted to race and this specific occupation.

This research also furthers studies how race and police culture play into traumatic conditions and MI as a phenomenon. The study of Black officers experiencing trauma will be a contribution to existing knowledge. Further, these populations provide information on prevalence, social conditions and health. Lastly, this study provides needed information for specialized treatment. This study presents direction for treatment providers in evidence-based settings known to be effective with trauma to ask specific questions about MI (Borges et al.,

2020). The study could provide insight into solution for Black officers and police in general. Finally, it provides data for interventions for MI based on faith in line with the concept of morality (Drescher et al., 2018).

Summary

The concept of moral injury (MI) is still underdeveloped, making further research necessary to identify concise and unified definitions, manifestations, precipitating factors, differences from population to population, interventions, and preventions. MI was discovered as a co-occurrent but distinct condition like posttraumatic stress disorder (PTSD) and burnout (BO). Qualitative research serves to define the parameters of this condition and provide insight into key responses to novel trauma. While some similarities exist among PTSD, BO, and MI, there are key differences. PTSD tends to be fear-based and MI based on shame, feelings of betrayal, and loss of “good” self. BO has its origin in emotional and psychological exhaustion. Qualitative research brings real life experiences to light by giving witness to the complex and unique emotions and emotional expression specific to MI. MI appears to develop most frequently in police, soldiers, and other first responders due to the potential for repeated exposure to moral dilemma and traumatic conditions. The narrowing of focus by race and potentially morally injurious events (PMIE) type through the qualitative analytic approach of IPA provides critical details that allow others to enter the world of the participants and better understand the potential consequences of morally confusing events for police officers. This approach accomplishes this by the direct testimony of those impacted by these conditions and phenomenon. The nature and consequence of differing moral understanding will also be illuminated, through this research. Lastly, MI explored through qualitative research proves to ultimately be seen from a public health perspective, both for the officer and the people they serve, making this critical research.

MI could soon be a valuable diagnostic criterion critical to public health, first responders and police officers of color. While a few studies have explored police in America, there are no known studies exploring police of color with respect to MI. But there is growing evidence the topic is in need of further study. The public concern with police, race and the conditions in which police serve beg for new insights into interventions and understanding of how MI impacts police of color and the community. Literature suggests from studies of like professions, such as military, healthcare providers, CPS workers, and veterans that the topic of this study is a foundational for further study in MI.

CHAPTER 2: LITERATURE REVIEW

Overview

A study in England estimated 91% of police officers experienced trauma related symptoms and low mood (Foley & Massey, 2021). There are very few, if any, studies looking into how trauma, moral conflict, and ethical conflict could arise if the same individual belongs to two potentially opposing groups. For example, race protests regarding George Floyd's death involved multiracial representation on the side of police and protesters (Barbot, 2020). The role of politics may be a driving factor. Politics could shape public opinion of police covertly, particularly police of color, while police of all colors may be focused on individual events and providing public safety (Molendijk, 2019). Questions have arisen as to whether police of color experience symptoms of MI when exposed to racially charged/violent protests and whether preconception is a factor contributing to MI. Protestors have recently identified police as a systemic threat and potentially driven by white supremacy (Castle et al., 2019). Gau and Paoline (2021) offered an alternative view in police self-assessment of their own authority as a possible consideration, regardless of other assessments of police behavior and public perception. They may see themselves as police supremacy despite race. Police may align with their own occupational authority, rather than their racial identity. To illustrate fear driven views of the police, gunshot victims in the White et al. (2021) study were unlikely to cooperate with law enforcement despite having been shot before by other citizens. This is important in assessing the climate surrounding police and their interactions with communities where protests and unrest occur and could contribute to cognitive dissonance/moral injury (MI) in police of color. Yet, this was not the result of this study. It is important to note that protesters exposed to police violence

also may experience trauma conditions and add to the need for further research (Çelebi et al., 2020).

Description of Search Strategy

The literature search involved searching peer-reviewed articles, websites, and books retrieved from the Jerry Fallwell Library, Google Scholar, and Google search. The literature was vetted and categorized by subject matter from combined key concepts involving moral injury (MI), posttraumatic stress disorder (PTSD), burnout (BO), police, race, protest, trauma, and style of research. The searchers for these terms in isolation rendered an extremely large search result. The search was narrowed by searching articles and books published within the last 5 years and combining terms specific to this research topic. The term combinations used for this study and search results were MI and police (25, 811); PTSD and police (39, 118); BO and police (19, 435); race tension (267, 792); race and mental health (332, 973); race and protest (299, 872); protest violence (621, 460); race and police (557, 197); police and trauma (255, 939); qualitative research and police (82,951).

In addition to the peer-reviewed article searches above, searches were done for scriptural support and police organizations that may be helpful with the study. The American Psychological Association (2013) website was used for diagnostic material using a Google search. The government website for PTSD was utilized and The Literal Word website was used to access the English Standard Version of the Bible for scriptural references.

Review of Literature

MI as a Concept

The history of moral injury (MI) as a concept is evolving. The research is just now beginning to define it as the result of specific types of traumas (Wisco et al., 2017). Those

traumas involve perceived transgressions that injure the moral identity of the subject. Most of the modern literature looks at MI from 3 types of perceived transgressions (Wisco et al., 2017). The first type of transgressions are those committed by self where the individual commits a perceived transgression against their core values. The second type of transgressions are those committed by others, where an individual witnesses acts that violate their moral and value code. Lastly, acts of betrayal by authority figures and co-workers are transgressions that can also impact the individual and are thought to be precursors to MI. In the last two examples, a person can feel complacent to acts of moral violation in their failure to act or acting at the direction of authoritative cohorts. MI as a concept was first recognized in modern times as a possible subtype of posttraumatic stress disorder (PTSD) seen in combat veterans, but the current perspective is MI is a condition distinct from other trauma conditions. They discovered some soldiers and veterans seemed to have traumas directly related to moral conflict. MI was seen as an existential crisis born of the death of war and atrocities committed by themselves and others. MI was seen to result in significant mental health outcomes. One striking internal conflict expressed by many experiencing MI includes finding themselves struggling to retain or regain the concept of being a good, or decent, person. Many may have entered their professions altruistically to find they were called to commit potential atrocity or participate in it as a witness (Frankfurt et al., 2017).

According to Coady (2020), the development of a definition of MI by Shay in 1994 indicates that the existence of MI may be much older than it seems, as he equated it to the Struggles of Achilles. Koenig and Al Zaben (2021) illustrated the concept of MI from ancient literature, as well:

Euripides had originally described the syndrome using the term ‘miasma,’ signifying the ancient Greek concept of moral defilement, or pollution often resulting from unjust

killing, but applicable to any transgression of moral values, whether applied to the perpetrator, the victim, or even the observer (p. 2989).

Lastly, the Bible as an ancient text describes MI consistently in scripture. The Bible will be covered more thoroughly later in this literature review.

Despite the more general operational definition of MI used in this paper, one of the leading thought leaders in the exploration of MI in law enforcement personnel wrote a series of comprehensive material on MI as a framework for the field (Papazoglou et al., 2020). This review serves as a steppingstone for comprehensive work in the field of trauma studies. Under the umbrella term of moral suffering, he defined two types of moral malaise: MI and moral distress. While this paper will not be deeply examining moral distress, or these terms separately, it is important to mention the existing hierarchy of moral damage according to one of the leading global leaders in MI research. Moral distress as a partner term, refers specifically to an officer believing he should have done more, or they failed to act when necessary. They may have been witness to an event or neglected action in a crisis. MI refers to an officer perpetrating or perceiving they have perpetrated an act against their core values. Much of the research presented in this review uses the term MI to describe both experiences and manifestations of symptoms. There has been some controversy about defining MI and its therapeutic solutions based on nuance and disagreement. One of the drafting researchers for the Moral Injury Events Scale (MIES) stressed that MI and morality itself was extremely hard to define and therefore hard to qualify (Nash et al., 2013).

Recent social unrest involving race relations has brought the trauma field conditions similar to those who have seen combat in war time; only it is often police on the front line instead of soldiers of war. Several highlights to consider are threats to safety, split second

judgments that lead to tragedy, vilification by the public (reminiscent of the Vietnam war), high pressure, professional power hierarchy, and unusually stressful physical demands placed on police officers. Also reminiscent of the Vietnam era conflicts, the officers are not always able to tell friend from foe, or innocent from violent. Part of the difficulty of definition and study of MI lies in defining what is challenging, virtuous, American, dangerous, or traumatic (Griffin et al., 2019). In this way, what is true of behavioral science complications in research is especially so in exploring this population and the elusive nature of what is morality. On one hand, law enforcement members are highly trained in dealing with conflict. Yet the manner in which they deal with conflict can be seen as threatening and anti-prosocial (Hirschtick et al., 2019; 2020). This can cause a rift between those the officers serve and their potential self-concept of being called to serve and protect. For example, if an officer enters the force to be a hero and a protector, they may be conflicted when they realize they are ill received, feared, or even hated. In the field, they may encounter times they are required to use force on those for which they are uncertain of their innocence and feel conflicted. Unmitigated stress may cause hostility, anxiety, and sleeplessness (DeVylder et al., 2019).

While the modern concept was first observed in military members and veterans, it has since been applied to other professions of high risk, like first responders and police (Koenig & Al Zaben, 2021). Currently, studies are emerging across the globe to look at how law enforcement distress might fit the model paved by studies on MI conducted with combat veterans (Griffin et al., 2019). Griffin et al. provided another comprehensive review, further tying the concept of MI to PTSD and other trauma conditions. The presence of MI appears connected to workplaces of high moral stress, such as health care and law enforcement. Researchers have

begun to see parallels to combat conditions in some police work settings that may complicate trauma and ethics for the officer.

Moral Injury, Posttraumatic Stress Disorder (PTSD), and Burn Out

Moral injury (MI) is distinct from like conditions such as posttraumatic stress disorder (PTSD), burnout (BO), and other related trauma disorders. The main hallmark of MI as mentioned before is shame and guilt leading to pervasive injury to self-concept, spiritual injury, emotional injury, and psychological injury in addition to poor health and biological outcomes (Wisco et al., 2017). Much of the research in MI looks at links to substance abuse, risk-taking, and suicidality (Frankfurt et al., 2017). There has even been a link found in poor perinatal outcomes in discharged female veterans as far out as 3 years (Nillni et al., 2020). The question would be how this may be distinctly linked to policing and affiliation with race outcomes.

In exploring the topic of MI, it is necessary to address the topic of PTSD and the military comparison to police work, particularly in today's volatile social climate. As many experts initially referred to MI as a sub-category of PTSD, its origins in phenomenon were identified in combat veterans that either had to violate their moral values for survival, at the command of a superior or were unable to correct the events of a tragedy (Zepeda Méndez et al., 2018). While having distinctly different psychological constructs, one of the first precursors to MI and PTSD to be identified was the common experience of prescribed killing (Litz et al., 2009). This is at the heart of the first identifications of MI and PTSD as common and potentially intertwined. Linz et al. (2009) explored military trauma with a battery of assessments aimed at exploring the root self-concept of post 911 US war veterans. What makes this particular study important to the research is its focus on PTSD symptoms that more closely resemble MI. A key difference between the parent condition of PTSD and MI is the nature and origin of symptomology. PTSD

is hallmarked by perceived threat and adrenaline response. The foundation is perceived threat, or shock arousal. Danger and horror lie at the root of PTSD and even in prescribed killing, many are psychologically and emotionally injured by danger and horror, rather than core personal value violations that fracture the person from their sense of “right” self. The sense of extreme moral conflict and dissonance creates an identity vacuum that can provoke emotional crisis and psychological injury (Litz et al., 2009). This study broke down each cluster of symptoms of focusing on non-arousal manifestations such as guilt, shame, depersonalization, and difficulty with self-forgiveness to begin a proposal for comprehensive treatment, that will be mentioned later in this paper (Litz et al., 2009).

While distinct from one another, studies are showing that PTSD, BO, compassion fatigue and MI can be predictors of each other as co-occurring conditions (Frankfurt et al., 2017). Compassion fatigue will not be addressed here, as many definitions are very closely related to PTSD and used interchangeably. BO is a type of work-related stress that is hallmarked by extreme emotional exhaustion, loss of productivity and sense of purpose and self. Increased workloads, increased hours, uncertainty, and workplace conflict can contribute to BO. BO is critical because it impacts organizations in significant ways, leading to loss of organizational success (Shin et al., 2021).

As an example of a connection between PTSD and MI, “Results showed that moral injury significantly predicted PTSD as well as its diagnostic clusters (i.e., avoidance, hyperarousal, re-experiencing)” (Papazoglou et al., 2020). MI involves many of the same symptoms as PTSD and BO, but involves other complex stressors, such as difficulty with self-forgiveness and compassion; guilt, alienation, shame, isolation, rage, and detachment (Zepeda Méndez et al., 2018).

In exploring the topic of MI, it is necessary to address the topic of PTSD and military comparison to police work, particularly in today's volatile social climate. As many experts initially referred to MI as a sub-category of PTSD, MI has its origins in phenomena identified in combat veterans who either had to violate their moral values for survival, at the command of a superior or were unable to correct the events of a tragedy (Zepeda Méndez et al., 2018). While having distinctly different psychological constructs, one of the first precursors to MI and PTSD to be identified in common was the experience of prescribed killing (Litz et al., 2009). This is at the heart of the first identification of MI and PTSD as common but different and potentially intertwined conditions. Linz et al. (2009) explored military trauma with a battery of assessments aimed at exploring the root self-concept of post 9/11 US war veterans. What makes this particular study important to this early research is its focus on PTSD symptoms that more closely resemble MI. A key difference between the parent condition of PTSD and MI is the nature and origin of symptomology. PTSD is hallmarked by perceived threat and adrenaline response. The foundation is perceived threat, or shock arousal. Danger and horror lie at the root of PTSD and even in prescribed killing, many are psychologically and emotionally injured by danger and horror, rather than core personal value violations that fracture the person from their sense of "right" self. The sense of extreme moral conflict and dissonance creates an identity vacuum that can provoke emotional crisis and psychological injury (Litz et al., 2009). This study by Litz et al. (2009) breaks down each cluster of symptoms focusing on non-arousal manifestations such as guilt, shame, depersonalization, and difficulty with self-forgiveness.

Often police work can require an officer to perform beyond their capacity or moral comfort level (Papazoglou et al., 2020). These experiences can cause confusion, depersonalization, detachment, and anxiety. Given these feelings and experiences, even physical

ones are related to the foundation of the officer's identity and personal self-concept. These symptoms and cognitions can be pervasive (Zepeda Méndez et al., 2018). MI appears to affect the whole person and research suggests workplace conditions can trigger the condition or exacerbate existing symptoms.

While MI can be associated with other conditions in this manner, it is still proving to be a condition of its own, while not yet recognized as a formal diagnosis. MI is shame based, PTSD fear based, and BO exhibited as emotional and psychological exhaustion highlighting a need for formal diagnostic criteria and diagnosis for MI and BO, as they may confound diagnosis across PTSD and other like trauma conditions (Frankfurt et al., 2017). From this lens, experts even theorize different parts of the brain are affected, such as MI being located in moral processing centers of the brain and PTSD originating in the parts of the brain that deal with fear (Koenig & Al Zaben, 2021). These symptoms are not strictly emotional and social constructs, but biomedical outcomes potentially provable with neurological advances.

Other advancements are the development of psychometrics, such as the Moral Injury Events Scale (MIES), which had been recently validated as a reliable assessment of MI and shows promise in predicting PTSD as well (Wisco et al., 2017). The current study could add to current research by highlighting the need for further exploration in assessments and psychometrics isolating race as a direction for further research in MI and other trauma conditions. There are studies to assess PTSD in people of color, such as the study conducted by Onoye et al. (2017). However, Onoye et al. (2017) cautioned against generalizing a diverse group even within a specific race as it may be both inappropriate and potentially inaccurate.

Many researchers believe much of the answer to development of a coherent description of the condition of MI lies in the sources of potentially morally injurious events (PMIE) and how

they are perceived by individuals experiencing injury to their moral foundations (Schorr et al., 2018). While much of the research has been conducted with military personnel, other studies like one conducted by Williamson et al. (2018) look at trauma exposure type to shed insight into the specific distinctions between MI and PTSD and other like conditions. This could help research integrate existing knowledge and provide research field cohesion. The current proposed research would add to the body of research on MI as distinct and provide information on how these conditions are different but connected.

The emerging topic of MI in law enforcement members of color, who have been exposed to protest violence and civil unrest can be complex, but important to understanding trauma conditions, workplace hazard, and public safety. Given the current socio-political climate, this topic is particularly relevant and timely. Utilizing the lived experiences and personal stories of police officers from a qualitative perspective could aid in understanding trauma and race-bound conditions, as they relate to the emerging topic of MI, and separate them from other like trauma conditions.

MI and Police

The topic of moral injury (MI) in law enforcement personnel of color needs to be explored as a possible concern for the public interest and creating safe work environments for police of color. This forwards a story that has been largely unheard by the general public. The conditions of police work may qualify as a workplace hazard. The trauma exposure in the field and the stress of workplace politics and bullying may contribute to MI (Reynolds & Helfers, 2018; Violanti, 2015; 2016). Studies seem to suggest that administrative and bureaucratic complications in police departments are cited by law enforcement members as nearly as stressful and traumatic, as threats to safety and moral dilemma making police work one of the most

stressful occupations (Violanti, 2015; 2016). A qualitative approach would highlight the personal stories of law enforcement personnel and give the research field better insight into police life, trauma, and MI. Further, the study could provide insight into workplace stressors and public health results. It could shed insight into detailed state of the art interventions for this condition to better serve police officers and the community.

First Responders

Existing literature suggests that first responders are more vulnerable to moral injury (MI), given they are often called to make rapid life or death decisions for which they may perceive they have great personal responsibility (Wisico et al., 2017). They are also witness to co-workers and superiors making such decisions with which they may disagree morally and/or ethically. To view MI in police it is important to explore what is known or suspected about the condition. Many studies cite three types of transgressions that represent PMIE: transgression committed by self, transgressions committed by others, and acts of betrayal. Wisico et al. (2017) found that of the three types of transgression defining MI vulnerability, transgression committed by others had the highest mean. Considering that this is the primary function of front-line police officers, it would stand to reason that like soldiers, police officers would be at significant risk of MI and research in this direction would be warranted. Most of the existing literature on MI in police has been conducted in other nations leaving a significant research gap on MI in police officers in the United States. The existing studies in other nations have found significant evidence of MI in police officers (Papazoglou et al., 2020).

Studies have found correlations with posttraumatic stress disorder (PTSD) and MI in police who have killed or seriously injured someone in the line of duty (Papazoglou et al., 2020). Studies have also shown that police officers and first responders are exposed to trauma and

violence at high rates and often obsess about what they could have done differently (rumination), as well as taking personal responsibility for things that may have been beyond their control (Bravo et al., 2020). This can lead to moral, emotional, spiritual, and psychological despair (Koenig & Al Zaben, 2021). Papazoglou et al. (2021) found that police officers who had killed or seriously injured someone in the line of duty had key trauma assessment scores similar to combat veterans. Further, he found that that threats to self were more closely related to hyperarousal and reexperiencing found in PTSD, while witnessing traumatic events was more closely related to avoidance symptoms found in officers with MI.

Critical Safety Incidents

The role of critical and/or safety incidents (CI) is connected to moral injury (MI) symptomology and can be seen across first responders including police. Some of the research in this area of MI explores these occurrences in certain nursing professional roles. Stovall et al. (2020) proposed safety (CI) incidents in nurses be classified as potentially morally injurious events (PMIE), therefore putting them at high risk for MI. The study suggested that the nursing field uses similar language as the military to describe high stress and high stakes conditions in the workplace. They highlight the role of unethical supervisors, poor organizational support, poor staffing, and unsafe working conditions as contributors to MI.

While much of the research on critical incidents has been conducted with military and medical personnel, promising research has been conducted with non-medical and non-military. While Gaitens et al. (2021) explored the specific topic of the relationship between MI and Covid 19 among non-medical first responders, they cited the connection between MI and CI's, in general. They stated that often non-medical workers are of lower income, may not be provided the same protection and safety measures, and represent a more diverse population to include

race. This study is important to setting a foundation in the study here proposed. They recognize that current work conditions also include poor staffing leading to significantly increased workloads and exhausted workers. This may contribute to CI and unethical decisions on the part of the organizational leadership and employees. This study includes police officers as members of non-medical essential workers. These concerns are cited by the Gaitens et al. (2021) study as contributors to high risk for MI and other trauma conditions.

Lastly, studies like Wagner et al. (2020) do look specifically at the police force and CI and cite trauma (PTSD) as a workplace hazard in support of the approach of this proposed study. They found that while demographic information did not have significant impact on incidents of PTSD in police, both CI's and poor organizational support did.

Workplace Attitudes and Personality

Another perspective exists in workplace attitudes and personality. It is possible workplace attitudes and individual personality may influence moral injury (MI), its moral health driven counterpart. The aspect of organizational justice (OJ) seems to play a role in mental health and policing (Reynolds and Helfers, 2018). Reynolds and Helfers (2018) found in an empirical study that frontline officers may have felt devalued and expendable by superiors. This spoke to perceptions among field officers of OJ. This workplace attitude seems to be one of the most significant to police workplace attitudes. It is possible frontline officers may be experiencing a sense of low worth and compromised sense of justice and morality.

Personality is at its root interactive with the workplace itself. The two are interactive in the case of MI and other trauma conditions. This predisposition has mixed results. Many studies look at the workplace gold standard of personality, often in reference to the big five personality model (FFM). This was explored by Madamet et al. (2018), with significant findings on both

resilience and injury, suggesting that personality may play a significant role in police officer mental health.

Work Conditions in the Office

Lack of organizational support, bullying, systemic racism, lack of adequate staffing, long hours, and essential supplies can influence moral injury (MI) (Lawrence et al., 2021). While Madamet et al. (2018) found no connection to race specifically, more studies need to be done, as evident in the Lawrence et al. (2021) study. As mentioned before, many front-line officers cite the workplace as a primary source of stress and trauma. Research suggests that police officers experience more than 3 severe traumatic events in a 6-month period with about 35% developing symptoms of posttraumatic stress disorder (PTSD) and other trauma related conditions such as MI (DeVylder et al., 2019).

Yet the culture of police work might be a barrier to protective measures in the absence of personality. The role of stigma plays a role in accountability and healing. This is countered by the role of stigma with protesters of color (DeFreitas, et al. 2018). The African American community has the same shyness to mental health, as the police culture potentially creating a crucible for conflict and moral dilemma.

The one thing that might validate police behavior is the use of cameras in the course of their daily workplace routines, yet there has been resistance with the police force according to Lawshe et al. (2019). The police acceptance of cameras is directly related to security and effectiveness and the role of healthy supervisors, further highlighting building organizational support as an intervention (Todak & Gaub, 2019).

MI and Race

Race may play an important part in moral injury (MI), but more research is needed to establish a clear association between race and this condition. Burnout (BO) and MI appear to be experienced at higher rates in minority first responders even in the absence of managing racial conflict explored in this proposed study (Lawrence et al., 2021). While no known studies isolate police of color as the focus of MI research, race has been studied in healthcare and in larger groups of first responders with race appearing to play a role in developing MI (Lawrence et al., 2021). As mentioned before, current literature demonstrates non-violent forms of transgressions are emerging as another workplace hazard for people of color (Lawrence et al., 2021). Racism, bullying, cultural insensitivity, and discrimination in the workplace are added burdens on minority first responders, as recipients, perpetrators, and witnesses (Lawrence et al., 2021). Witnessing transgression has been shown to have the highest mean in MI (Wisco et al., 2017). Similar results to those found with other first responders may be observed in police of color compared with other first responders. The public concern with perceived systemic racism within police departments not only effects people of color in the community, but potentially police of color existing within the system, putting them at extensive high risk for understudied MI within their population. The potential is that morally and culturally charged decisions would lead officers to affiliate between two wounded and pervasively trauma exposed cultures that historically have significant stigma in recognizing and addressing mental health concerns (police and race of color). The added potential of stockholm syndrome type conditions with aggressive policing of communities of color beg for current and future research direction for affected officers. To this end, there may be some connection with trauma conditions such as posttraumatic stress disorder (PTSD) resulting in abusive policing within current research literature (DeVylder et al., 2019). While PTSD has been established as a separate distinct

condition, the current research may discover similar results for MI within the participants in the current study. Some possible secondary outcomes of this research might be to come closer to understanding critical escalation between protesters and police, as well police violence visited disproportionately toward people of color if current societal narratives are correct.

Some studies, such as one conducted by Asnaani and Hall-Clark (2017), further highlight a potential for different racial groups to experience trauma symptoms differently than others. An example would be white veterans tended to experience numbness and detachment at higher rates than other races. Wisco et al. (2017) states, “moral injury also includes a number of other potentially detrimental reactions, such as moral outrage, anger, feelings of betrayal, loss of faith, and grief.” Numbness and dissociation are also implicated in MI, as well as PTSD. The current study may add to recent studies on this subject. Research is also developing for better assessments of trauma conditions within racial and ethnic groups to better define differences (Onoye et al., 2017).

The paradox for the discussion on race and policing is that MI may exist on both sides of the trauma equation, which is the foundation of the current study. MI may not be mutually exclusive between police and race. Police of color may experience MI related to race and police membership simultaneously in racially charged situations. This element of dual membership and dual trauma adds valuable information on MI to the current research. These experiences create a possible confusing moral and ethical circle perpetuating MI as a condition and potentially a public health concern, given connections between aggressive policing and trauma-based anger (Worthen & Ahern, 2014).

Establishing that racially based MI may be existing mutually between suspects and the police, the subject of abusive policing is revisited. Because police experiencing MI may be more

likely to engage in abusive policing, study in this area on workplace hazards for MI has become more urgent, both for the police and the communities they serve (Worthen & Ahern, 2014).

The issue of systemic racism must be explored in context of the role of race in police officers. Studies have shown that white, college educated, and higher income military have fewer MI responses to the same events (Wisco et al., 2017). This seems to validate the possibility of minority police officers being at higher risk for MI than their white peers. This illustrates a possibility of racial disparity along MI lines among police. The current research could shed light on this component of MI in minorities.

Systemic racism has been presented as a critical phenomenon in police departments in the United States and in the governing systems at large (Castle et al., 2019). Deep rooted history has come to the forefront. It is unknown how these factors may affect policing by police of color and their white counterparts. However, the potential for anger and abusive policing to affect communities of color has been widely publicized. Intense nationwide protests have sprung up around the subject, and public demand for understanding and intervention is at an all-time high. The question of how this affects officers of color, and their white peers, is a compelling one. Future research would provide insight into racial norms between officers of color and white officers facing racial civil unrest, perceived profiling, and the safety of marginalized groups, who may also have trauma leading to potentially impaired, or conflicted officers. This is important from both the race of those interacting with the police and the race of the police themselves.

As forementioned, one of the most striking findings in exploring trauma related conditions in police officers is the growing evidence that PTSD and conditions like MI and burnout (BO) are significantly associated with abusive policing (DeVylder et al., 2019). It is estimated that approximately 10% of the officers having killed or seriously injured someone in

the line of duty were exhibiting signs of PTSD or other trauma related conditions like MI (DeVylder et al., 2019). This could have powerful implications in the current climate of community distrust of police, social and political leveraging of high-profile police shootings, and pressures on general public safety, including police department funding. Likewise, BO is also an associated condition to MI with similar features (Lawrence et al., 2021). One of them is depersonalizing and treating others as objects, due to emotional exhaustion. Future research could explore these topics in police to better understand how they may affect safe policing. In the current study, the race of the officers may prove essential in understanding officer response, police of color responses, and the potential MI interplay between police and protesters with similar racial backgrounds. The study of child protective officers may give insight into the present study as it looked at the multiple roles and affiliations child protective officers occupy (Haight et al., 2017). The study identified high risk in this occupation for MI, cognitive dissonance, and value confusion. To frame this result, the participants cited being called by their profession to bond with children, parents, and justice officials equally creating split and opposing relationships that the study believed either created or exacerbated potentially morally injurious events (PMIE) and MI conditions, when conflict between these bonds arose. The racial and police bonds in the current proposal may generalize to perceived PMIE and MI in this manner. The exposure to injustice and human transgressions in justice roles such as police and child protective workers may be similar, particularly in orders from superiors who do harm and occupational decisions that result in harm. These could be potentially similar and generalized. To this point, another study found similar moral distress and suffering often leading to MI in corrections officers who work in child sex trafficking (Tapson et al., 2021). There is potential for needing to make decisions about subjects that result in harm to individuals they strongly identify

with personally. An example would be actions or inaction regarding children that result in harm. As parents themselves, they may feel they have made grave errors or betrayed the child. Whether perceived, or in the act of duty making difficult decisions based on parents, or other justice providers officers, officers working in sex trafficking of children may experience moral conflict rising to symptoms of MI.

Tapson et al. (2021) provides a clear example of the benefits of studying this subject through qualitative means. They used a semi-structured interview qualitative design to explore evidence of MI due to graphic repeated exposure to child sex crimes. Much like this study, the proposed research will recognize cumulative PMIE exposure in protest engagement by the police and graphic imagery in popular media of police peers killing or seriously injuring men of color. This speaks to both cumulative damage and severity exposure. The resulting nationwide protest and possible MI in officer witnesses could be vital in understanding high profile first responders. The participants for the proposed research may also be exposed to moral conflict and trauma based on threats and abuse of fellow officers by protesters of color. Threatening chants such as “roasting pigs in a blanket” and threats of strangled resources such as “defund the police” may result in being torn in half morally, psychologically, and emotionally for police officers, who also share affiliation with the protesters by virtue of race. The research team for the Tapson (2021) study provided information on race and police. They utilized online communication resources to collect data, due to impacts of Covid 19. Construction of an interview schedule and open-ended questions ranged from basic to specific based on existing peer reviewed scholarly literature involving this particular specialty in law enforcement investigation, MI, trauma, and resilience. The researchers conducted debriefing sessions after each interview. The researchers read the transcripts aloud to identify common themes and familiarize themselves with the data.

The coding process involved labeling and indexing those themes. The final sample was 11 participants.

Tapson et al. (2021) was grounded research. The interpretive frameworks are social constructivism and transformative, as are many of the studies in this topic, due to the mental health aspect of MI. The goal of social constructivism is to give voice to the experiences of those who suffer this condition. This study utilized semi-structured interviews to define the unique culture of interagency case assessment team (ICAT) members with the goal of transforming systems and finding solutions for individual lives impacted by PMIE. This research could be helpful in exploring similar outcomes.

The investigators identified 4 main themes: impact of organizational role and environment; influences of investigative role on identity; coping mechanisms to manage distress; and influences of trauma on personality, self, and wellbeing (Tapson et al., 2021). These were further divided to more specific subthemes: psychological review and professional support; workplace environment, identity, morality, and MI; searching for meaning and detachment; peer and familial support; adaptive and maladaptive coping; breaking point and BO; two worlds: balancing darkness and light, personality traits and posttraumatic depreciation, trauma and effects; and parent and family role. These categorical identifications are used to draft like categories for the current study.

Some limitations in this research were that rapport and trust building proved difficult due to dependence on online communication resources (Tapson et al., 2021). The sample size was small, and the trauma exposure type limited to an isolated group making results hard to generalize. In the Tapson study, a number of the participants had pre-existing sexual trauma

before becoming an investigator, leaving question to other factors contributing to symptomology. Lastly, severity and frequency of these issues has yet to be explored.

Some of the strengths are the narrative style produces nuanced details about symptom origin, progression, and association with the traumatic material (Tapson et al., 2021). It also demonstrated protective factors against MI and PTSD. The researchers mentioned that the study had potentially defied the police archetype, which may lead to exploration about the public image of law enforcement. This would also be likely with this research.

MI can be experienced as a non-violent event, such as discrimination, emotional bullying, toxic polices, slurs, threats, and neglect (DeVylder et al., 2019). Police as a group cite workplace toxicity in the office as a primary stressor to include discrimination as a factor. This would be a moral concern for protesters, as they may be experiencing similar racial injustice to those they oppose in protest conditions. It is possible this would inflame trauma conditions in both groups.

Predisposition Factors

Predispositions to moral injury (MI) in police include job roles, preexisting trauma, adverse childhood events, cognitive factors, workplace stressors, identification with those they interact with, systemic toxicity, mutual trauma expressions with suspects, poor work/life balance, and poor policy decisions by departments. This study provides additional information about race and predisposition factors for MI. This study highlights risks for MI for the participant based on race and occupation combined. This will need to be explored as both a strength in the current study and a possible confound, due to possible difficulties in isolating race and factors based on policing in general.

There is little doubt that the job being performed has a significant impact on the risk of developing MI, though this might not be an exclusive factor. Further studies may explore MI in

co-occurring substance abuse, suicidal ideology, and sexual and domestic violence to name a few. The future is wide open for research. This study has already touched on the predispositions of trauma exposure in the workplace, as well as the potential for colliding MI between officers, their peers, and the public they interact with in the line of duty. It has also explored racism in the workplace and in the public at large as a predisposition for MI.

Some compelling pioneer research has explored adverse childhood events scores (ACES) in predicting MI in the military, though this is also often ruled out as a possible confound in many studies on MI due to the two conditions being distinct from one another (Battaglia et al., 2019). It is likely studies will explore this as a likely predisposition for MI in the future. Other studies have connected ACES to trauma responses, though not with MI itself.

Research has also suggested that the tendency to ruminate and obsess may contribute to full manifestation of MI, when subjects are exposed to potentially morally injurious events (PMIE). This personality trait might contribute to flashbacks associated with trauma. Subjects with MI may be more prone to visualization and reliving of PMIE and in turn more likely to develop MI. An example might be a police officer of color mentally and emotionally reliving racial injustice visited upon themselves, or critical riot events in the past that shape the moral perception and psychological imagery of their duties in racially charged protests. Also, it is important to explore the role of anger in acting out on MI and posttraumatic stress disorder (PTSD). This could have impact on officers who respond to protest calls and could lead to behavior they find morally violating to their values (Worthen & Ahern, 2014). Another approach in current literature has been to explore the sources of PMIE. Schorr et al. (2018) suggested previous studies have failed to explore a full range of trauma responses that could be defined as morally injurious. They identified eight types of trauma experiences that were identified through

a grounded study founded on six focus groups describing their experiences in the military. They found robust data on these eight categories. This helped define the origin of moral dilemma that might result in MI consequences. They presented that there were existing cultural and familial experiences from childhood that impacted their perception of PMIE, much like the early childhood influence regarding ACES. This would stand up to logic in that moral and ethical constructs are often fluid between cultures and social groups. This type of research could provide a view of worldview predisposition. Along the same lines, types of PMIE such as killing and serious injury of others have been explored in research in military members (Jensen & Simpson, 2014). The severity and accumulation found in certain first responder roles may drive the development of MI in dose-to-dose ratio. Lesser PMIE may not result in MI. This combined with race may be predictive of development of MI in the target population for this study.

McCormack and Riley (2016) conducted a study of medically discharged police officers on the grounds of disabling trauma conditions. This study revealed the embedded identity of being a police officer and banished from the “family” of police officers. The study demonstrates the deep-rooted sense of identity, loyalty and belonging born of the profession. This literature would be important in understanding police officers of all races, who might have a stronger affiliation with police rather than race. This could prove to predict MI based on injury to fellow police officers, feelings of racial disenfranchisement, identity confusion, and feelings of betrayal if fellow officers act outside police social code.

Police training that is militarized may have some role in the predisposition for MI development as an environmental factor. Li et al. (2021) found significant results with police departments that used non-stress models in police interventions, though more research needs to be done in this area. They found that police departments that used non-stress models had fewer

cases of critical incidents and use of excessive force by the police (Li et al., 2021). This is in line with public suggestions on police reform, though this research is still in its infancy. The use of more historical models of police training may be correlated with higher exposure to PMIE, for instance, and may in turn result in higher incidence of MI.

The Role of Intervention and Prevention

For the police officer, one of the key outcomes of moral injury (MI) and posttraumatic stress disorder (PTSD) is the potential for suicide (Frankfurt et al., 2017). While some studies suggest this is an indirect outcome, there appears to be a link between suicide and MI, with police showing high suicide rates among first responders before considering increased risk with trauma conditions including MI (Frankfurt et al., 2017). MI has been linked with suicidal ideation as well as other poor mental health outcomes such as PTSD, depression, anxiety, and psychosis to name a few (DeVylder et al., 2019). With the resulting data from this proposed study, there may be benefit for exploring mental health interventions that seem effective for other trauma and mental health conditions. There have been several studies that have targeted evidence-based therapies that are currently being used effectively with military that might be useful insights into treating injured and impaired police officers, but the results for PTSD and MI remain mixed. Research in this area may prove to address treatment barriers and access, which appear to be at the heart of possible treatment failures. However, qualitative measures give detailed and specific information about what has worked for the subjects and what could be improved upon for future research, prevention, and intervention. For instance, a study by Doran et al. (2021) explored barriers to therapeutic engagement. If the barriers can be identified, better interventions may be designed. Some barrier statements were *“I don’t like talking about the trauma,”* *“I guess I am worried what she (therapist) will think of me, if she knows what*

happened,” “I am absolutely afraid I will get depressed again. In fact, I expect it,” “Travel is long; I drive an hour here and then have to drive an hour back,” and “there are some external things, some family things.” These statements represent the value of using qualitative methods, as this approach presents possible solutions to barrier experiences.

While poor perinatal outcomes were studied in the military, similar results may be found with female officers as a negative health outcome with the condition of MI (Nillni et al., 2020). One key aspect to this study was a robust sample size and its longitudinal design. With adverse outcomes happening at three years post exposure to morally injurious events, this study sets the foundation for MI to be recognized as a chronic and medically complicated condition. From this perspective, interventions could be designed and tailored from existing approaches to serve special populations, such as police of color and other specific demographics. Also, police of color may not have equitable access to health care quality according to some studies (Castle et al., 2019).

Finally, policies and departments that do not recognize MI and racial impacts may put the public and the officers at risk, making studies in this area vital to public safety and welfare. MI will need to be explored both from the individual health perspective and the health of communities. Policy setting research is of equal importance, as evidence suggests environments play a strong role in MI in police.

Biblical Foundations of the Study

The Bible provides a comprehensive framework for moral injury (MI), its characters' MI experiences, its examples of MI transgressions, and solutions to MI. While other spiritual paths also detail MI, the Bible has some of the strongest profiles of MI and solution. Biblical applications of MI can be examined from the three types of perceived transgressions: those

committed by others, acts of betrayal by authority figures and co-workers, and acts committed by self.

Civil Unrest

The Temple Mount was on fire, there was widespread civil unrest, and there was an actual plague that has dominated the daily lives of people all over the world for years. Researchers after exploring what the scripture says find information about times such as these in the Bible. Mark 3:10 states, “For he had healed many, so that all who had diseases pressed around him to touch him” (*English Standard Version Bible*, 2001). When fear, oppression, pestilence, and plague surround Christians a solution is drawing nearer to Christ and being an example of Christ-like comfort for those who are suffering. Much of the current research on MI connects the stressors of these times to the development of MI. The police force experiences the full force of troubled times. The current studies highlight the trauma exposure of first responders. The Bible offers resiliency information that may insulate first responders. One way to walk in Christ in this instance is to look for new ways to provide ministry to those negatively impacted by social distress. The current research will focus on interventions and the influence of spiritual resiliency in developing better outcomes in the future.

Bible Heroes

Perceived morally injurious acts committed by others can leave morally sensitive witnesses left with confusion and guilt. The issue of strong faith in the face of PMIE’s may be associated with the development of MI and its severity, in some individuals (Frankfurt et al., 2017). In the spirit of conscientious objectors in the military, other occupational roles may be at high risk of MI, particularly vicariously. Frankfurt et al. (2017) have listed clergy and faith leaders as occupational roles of high risk of MI vicariously. Based on these findings, people of

faith in general may be of higher risk for MI than those without spiritual connection, including police officers of color.

Kelle (2020) explored postwar rituals, including the practice of lament in the psalms, as they apply to biblical heroes such as Saul in 1 Sam. Kelle (2020) suggests Saul was a morally wounded warrior whose toxic actions later in his story can be seen as a result of his earlier experiences with Samuel. There is evidence of MI in Saul according to this perspective. There are insights evident from the Bible applicable for both the origins of MI and moral resiliency and repair. In another chapter, Kelle (2020) inquires if biblical texts of war can result in MI their contemporary readers related to biblical violence. This speaks to vicarious witness to PMIE's. In turn, it could be argued that David was impacted by Saul and repeated exposure to PMIE's. David's example in the Bible may be one of the best examples of all three types of transgressions outlined in MI. David was witness to PMIE's. His supervisor Saul betrayed him repeatedly, and his actions with Bathsheba and Uriah are clearly in violation to his value system and commitment to God (Brock et al., 2017). Police officers often cite supervisory transgressions as part of job stressors and possible moral trauma (Violanti, 2015; 2016).

David is not the only biblical figure to demonstrate concepts of MI in the Bible. Brock et al. (2017) discusses other biblical characters such as Lot. He was both witness and participant in transgression, as were his daughters. The environment they had been subject to could have eroded their moral fabric and resulted in decisions that violated their moral integrity. This may provide an example of how modern people, such as the police in this study, may be impacted by moral erosion and MI, through environmental moral decay around them. Both Peter and Judas betrayed Jesus. This would be an example of a transgression committed by the individual. As subordinates of Jesus, they both made decisions based on internal conflict. In the case of Judas,

this resulted in his suicide highlighting the gravity of MI. Yet, Peter's story spoke of recovery and resiliency through faith. The concept of recovery through faith is further validated through the story of Saul/Paul. He had committed significant morally injurious acts against Christians but was redeemed through his relationship with Christ. This provides foundation biblically for the importance of faith in MI recovery.

Community, Peers, and Relationships.

Brock et al. (2017) states that most research on MI cites the benefit of community support in recovery from MI. It is further emphasized that religion and spiritual practice supports and develops community and moral conscience. The Bible has many references to the concept of justice. It appears to be foundational to God's expectations of Christians. Mic 6:8 states, "He has told you, O man, what is good; and what does the LORD require of you but to do justice, and to love kindness, and to walk humbly with your God?" (*English Standard Version Bible*, 2001). This scripture highlights the importance of justice in one's endeavors.

Christians are called to observe their brotherhood/sisterhood. There is evidence of a Revelation type of world now, and Christ will be the tie that binds as the following verses indicate: "After this I looked, and behold, a great multitude that no one could number, from every nation, from all tribes and peoples and languages, standing before the throne and before the Lamb, clothed in white robes, with palm branches in their hands, and crying out with a loud voice, 'Salvation belongs to our God who sits on the throne, and to the Lamb!'" Rev 7:9-10 (*English Standard Version*, 2001).

The Bible has a great deal to say about communication, but one significant mediation verses is: "Let your speech always be gracious, seasoned with salt, so that you may know how

you ought to answer each person” (*English Standard Version Bible*, 2001, Col 4:6). This verse provides distinct instruction on communication, especially in speech.

Organizational Justice in the Bible and Modern Applications

God calls Christians to be the best citizens they can be at home, in church, and in the workplace. “They said, ‘Caesar's.’ Then he said to them, ‘Therefore render to Caesar the things that are Caesar's, and to God the things that are God's.’” (*English Standard Version*, 2001, Matt 22:21). Faith provides the unique perspective of Organizational Justice (OJ) as he is the ruler in all our life roles. The better one knows about OJ the better one can reflect the perspective of Christ information transparency impact workplace success and OJ? Scripture says in Eccl 3:17, “I said in my heart, God will judge the righteous and the wicked, for there is a time for every matter and for every work” (*English Standard Version Bible*, 2001). Whether it be overall justice, or looking at the specific work at hand, Christians are called to follow the lead of God.

MI, Resilience, Moral Growth and Moral Repair

Some studies speak to the resiliency of faith and spiritual paths in the recovery from MI. Litz et al. (2009) introduced the idea of moral repair (MR) in response to MI. Spirituality and Christianity can also be a vehicle for recovery. It is possible that the paradox between potential predisposition and resiliency lies between sin, forgiveness, and redemption. Jas 1:5 states, “If any of you lacks wisdom, let him ask God, who gives generously to all without reproach, and it will be given him” (*English Standard Version*, 2001). The scripture provides solution to transgression, while warning of the inevitability of sin and moral transgression. Scripture offers resiliency tools for burnout and MI in the word. “Come to me, all who labor and are heavy laden, and I will give you rest” (*English Standard Version*, 2001, Matt 11:28). Personal time with the Lord can be compromised, when stressed and distressed. Immersion in community, scripture,

and devotion are a wellspring of healing along with listening to that still small voice (*English Standard Version*, 2001, 1 Kgs 19:12). Christian principles may be able to help those with MI find solution.

In nearly every industry, employer and employee agility are necessary survival skills, as nearly every industry and organization are facing continuous and rapidly changing industrial progress and social dynamic. Faith provides confidence and ever truthful material on agility and resilience, through the Word. The Gospel of John 16:33 states: “I have said these things to you, that in me you may have peace. In the world you will have tribulation. But take heart; I have overcome the world” (*English Standard Version Bible*, 2001). The concept of overcoming the world gives answers for believers recovering from MI. When adversity is experienced, it is the reference to tribulation and its solution that is addressed in the Bible. “And it is my prayer that your love may abound more and more, with knowledge and all discernment, so that you may approve what is excellent, and so be pure and blameless for the day of Christ” (*English Standard Version Bible*, 2001, Phil 1:9).

To explore morality is to explore moral education. Moral education is at the root of self-identification of morality. Yet while moral education literature is being published more than in previous times, it is still showing low citation in trending articles (Julia, et al., 2020). Research in moral studies needs to be conducted, cited, and published in order to build research in MI and other concerns of moral research. Christian parenting methods have remained more structured through time in terms of parenting as a Christian value system. An example in scripture is Prov 22.6: “Train up a child in the way he should go; even when he is old, he will not depart from it” (*English Standard Version Bible*, 2001). This scripture raises the question of how Christians will ultimately fit in without compromising foundational principles of faith.

Other Spiritual Paths

Rahman et al. (2019) found that spirituality provided protective elements in other ways such as in organizational success, organizational commitment, and positive social climates.

While this study is of a predominately Muslim workforce, the study suggests and demonstrates a benefit to spirituality to include Christian foundations. Given the struggles of police workplaces represented in this proposed study, there may be a benefit to spiritually friendly work climates in preventing MI and building resilience.

Brock et al. (2017) included other examples of MI and MR in alternate spiritual literature, such as texts in the Qur'an and in Buddhist faith. This provides support for the power of spiritual repair within the Christian faith.

CHAPTER 3: RESEARCH METHOD

Overview

There is a deep need to explore the lived experience of police who have been on the frontline of policing in American communities. The narrative is complex and well suited for a research approach that collects lived experience stories. This approach captures nuance in the complicated questions illustrated in modern research. Using phenomenological research, this study recruited police officers of color who have had exposure and may have trauma symptoms. This research screened for trauma and mental health concerns using known tools available and drafted semi-structured interview questions based on current research.

Research Questions

RQ 1: What is the possible prevalence of PTSD in the population of police officers of color?

RQ 2: What is the prevalence of MI in police officers of color?

RQ 3: Are police of color impacted by MI, when faced with workplace violence, or workplace conditions?

RQ 4: Do police officers of color identify more with the police officers or their community of color?

RQ 5: Can MI be explored from a uniquely Black officer voice?

RQ 6: Are there distinct protective factors for this population?

Participants

This research conducted a nationwide search of police departments, police unions, and police advocacy organizations by e-mail and phone outreach. Two police advocacy organizations expressed interest in distributing information and sharing the details of the study to their

members. The IRB approved invitation material invited officers to join the study if they had experienced a traumatic event that matched a brief definition of moral injury (MI), as well as other eligibility criteria. Nine police officers of color who had frontline experience as a police officer offered to participate from these two advocacy organizations. The other officer had heard of the study and expressed interest independently. As a part of the screening process participants identified at least one or more potentially morally injurious events (PMIE) associated with race. PMIE have been associated with MI. These participants were between the ages of 21 to 65. The earliest age of appointment to police departments is 21 years old. The age of mandatory retirement is 65. The mean age of the participants was 44.3 years of age. The specific roles, rank, and titles of the officers were determined upon recruitment. Inclusion criteria included active duty, retired, and disabled discharged officers of color. The participants were of varied gender with 7 males and 3 females. The participants represented varied states and roles within departments. The participants were: 1 from Wisconsin, 1 from Texas, 1 from Florida, 3 from New York, and 4 from Virginia. There were 9 participants who identified as of Christian faith and 1 who identified as Muslim. All identified as straight and of their birth gender.

Study Procedures

Upon IRB approval from Liberty University, the study approached police organizations that serve police officers with special focus on officers with front line experience. Permission from the sample pool was presented and vetted. The researcher reached out by email with an attached invitation for their members, should the police departments, unions or advocacy organizations wish to support the interest. The recommendation of the researcher to the organizational contacts was to distribute the participant invitation on their website, in

newsletters, and/or researcher-provided templates. The templates were for use in brochures and handouts as appropriate to the organization.

Once recruitment relationships had been established with host organizations, the researcher vetted 10 participants for the study. The participants were instructed to contact the researcher via email for a brief screening for eligibility. The inclusion criteria included current, or prior experience as a police officer (earliest age of recruitment is 21); identifying as African American; frontline experience; and at least one work-related potentially morally injurious event (PMIE). The justification for those selected came from how recruitment was conducted. Each participant had knowledge of moral injury and the aim of the study from the research recruitment information and other members of their parent advocacy organizations who referred them with the exception of the one officer who came forward on recruitment information they had received from a peer. The sample size was determined by narrative saturation and participant availability. Once eligibility of the participants was established, the participants were given study details and an interview schedule. The participants received a brief survey of their experiences and demographic information. The participants were then assigned to a semi-structured individual interview of approximately 1.5 hours via a secure Zoom platform. The interviews were recorded, transcribed verbatim, de-identified, and coded for analysis using Lumivero (2024) *NVivo* (Version 14). The semi-structured interview schedule was drafted using the four-phase “funneling” technique typical of interpretive phenomenological research (Creswell, 2017, pp. 208-214). “Meaning making” was restated and verified through a double hermeneutic process; then the data were clustered for themes in participant dialog (Creswell, 2017, pp. 208-214). The comments, themes, and stories were organized and fused into a researcher presentation

with researcher perspective to illustrate the lived experience phenomenon of moral injury through quotes and personal stories of participants (Creswell, 2017, pp. 208-214).

Instrumentation and Measurement

The study used video recordings and transcription to capture qualitative data. The initial screening consisted of specific questions to determine eligibility, demographics, and the presence of at least one PMIE associated with policing (see Appendix A, B, and D). This information was added to information gathered in the semi-structured interviews (see Appendix D). The researcher provided participants with education on what is currently believed of moral injury (MI) and were presented a prepared list of examples of possible potentially morally injurious events (PMIE) present in policing in the context of the semi-structured interview. The content of the interviews were questions and answers related to MI and PMIE. The participants were encouraged to give personal examples in the form of quotes and short narratives.

The participants shared their experiences and specific details of workplace events, as well as how they understand them and cope with them. The interview included a set of preprepared questions concerning common emotions and thoughts associated with MI such as the presence or absence of guilt, shame, betrayal, outrage, and cognitive dissonance. The participants were encouraged to share other personalized emotional and cognitive experiences associated with PMIE exposure and their response. The interview included questions concerning workplace stress, racial collective trauma, and group identification with race and police force membership.

The study explored whether there may be conflict directly associated with group membership as a person of color, or a police force member, as the participants were members of the two opposing groups in this study. The qualitative question was does this impact how the participants may experience PMIE and MI, or why they believe it does not. An example question

was: “Do you feel a sense of conflict as a police officer engaging in crowd control and arrests of members of your own race protesting over justice for your race?” Do police officers of color feel they are betraying members of their race in crowd control situations? Do they feel more protective of the police force family of officers in light of protester aggression on police? Part of the research question was to explore the participant lived experience around this dual group membership and if it contributes to, or fails to contribute to, PMIE and MI.

Data Analysis

Phenomenological research would seem to be the ideal approach to explore the phenomenon of moral injury (MI). This is particularly true with this population given there is little or no information on the role of race in the phenomenon of MI. MI is a potentially unique trauma subtopic and a culture of its own. Police experiencing MI represent a subculture within a subculture (Griffin et al., 2019). Police of color experiencing MI represent a subculture, of a subculture, of a subculture. This illustration could seem to be awkwardly redundant, but it reflects the complexity of morally traumatic experiences that can only be legitimately captured by qualitative means. The research utilizes interpretive phenomenological analysis (IPA) to illuminate these complex layers of experience and potentially culture bound MI (police, first responder, a person of color), or distinct culture bound resilience (Creswell, 2017, pp.208-214). IPA gives a platform for articulating personal significance, worldview, personal moral structure, and relational/social perspective (Creswell, 2017, pp.208-214). The relational analysis is processed through a double hermeneutic lens in “meaning making” for MI and sheds significance for both populations of participant membership (Griffin et al., 2019). Race may also play no significant role in aspects of policing depending on the strength of abstract concepts of affiliation. IPA helps highlight the interplay between what is universal versus what is

encapsulated in specific culture membership (Creswell, 2017, pp.208-214). The results may give authenticity to experiences generated by PMIEs whether traumatic, or resilient.

Delimitations, Assumptions, and Limitations

A key limitation of the study is the study method and design. Qualitative studies have small samples sizes that do not lead to generalization and predictability. There is also some controversy over how sample sizes are determined, particularly in terms of how saturation is determined (Malterudet al., 2016).

One limitation to current studies on moral injury (MI) is that while moral education literature is being published more often, it still is not a popular topic in trending literature (Julia et al., 2020). This study would add to current literature on this subject. Until recently the research has been primarily conducted in countries other than the United States.

Other limitations involve the definition of morality. Things such as faith, tradition, cultural values, and personal experiences may influence perceptions of morality (Molendijk, 2019). This could prove to confound results in the study, but may be mitigated by a qualitative approach, as this approach may expose these differences and find common denominators to better define directions in morality perception.

The target population may be another limit. Military personnel and nurses have historically been the focus of MI research. While this study does vet police experiences, this research is still in its infancy. It could contribute to the growing body of information on MI.

Overgeneralization of race may lead to confounds and confirmation bias in this population of police (Onoye et al., 2017). Generalization across demographic material may lead to false positives and presumptions. Separation of other demographics such as gender,

nationality, religion, or police roles are not often separated for evaluation and may be sparse in the current study, as it is not the focus of the current research.

Exploring one state's police department leads to a number of limitations. Police in other states may not have the same work cultures, protest experience, racial tension, and procedures. This is also a small sample size leading to concerns of bias and reliability. For instance, the New York Police Department (NYPD) is a specific culture, as is New York itself with a unique culture.

The comparison between races has not been explored in MI, and the current study is focused only on the experience of police of color and does not vet the experience of police as a whole. Race may not play a role in MI, as much as being an officer or experiencing PMIE in the line of duty.

Politics and media may influence MI in the case of protests, police, and public opinion (Doyle et al., 2022; Molendijk, 2019). This could influence MI in police prior to protest or act as a preexisting factor to MI.

Lastly as mentioned, there remains controversy among researchers as to what falls under the category of MI and what should be included in its symptom range (Koenig & Al Zaben, 2021). More research needs to be conducted to establish MI as a formal diagnosis.

Summary

The use of phenomenology addresses many of the limitations of current research and addresses gaps in the current research on moral injury (MI). The information gathered from the organic voices of the subjects themselves may contribute to future pursuit of a formal diagnosis of MI in the future. The use of structured interviews allows for details about the experience of police of color exposed to the adversities of policing and how they may result in symptoms of

MI. The selection of multi-state officers provides a focal point of black rights in communities and protections directly aimed at the police who manage them. This research provides needed insight into the crossroads between the police and communities of color, to include prevention, intervention, and better understanding of MI. Qualitative research provides a format that could benefit in better understanding MI, MI in police, MI in police of color, and MI in people of color, in general.

CHAPTER 4: RESULTS

Overview

The problem addressed in this study was the conceptualization of moral injury (MI) in police of color. There has been little study exploring specific populations in order to add to the research about what is known about the emerging understanding of MI through the manifestation of personal voice with police of color who have faced adversity. While MI can be associated with other trauma conditions, it is still proving to be a condition of its own. MI is not yet recognized as a formal diagnosis. MI is shame-based, posttraumatic stress disorder (PTSD) fear-based, and burnout (BO) exhibited emotional and psychological exhaustion, highlighting a need for more robust information on MI (Frankfurt et al., 2017). In contrast to medical and diagnostic exploration, this study sheds light on human experience.

To conduct this study, there were six research questions that guided the results. The research questions included:

RQ 1: What is the possible prevalence of PTSD in the population of police officers of color?

RQ 2: What is the prevalence of MI in police officers of color?

RQ 3: Are police of color impacted by MI, when faced with workplace violence, or workplace conditions?

RQ 4: Do police officers of color identify more with the police officers or their community of color?

RQ 5: Can MI be explored from a uniquely Black officer voice?

RQ 6: Are there distinct protective factors for this population?

Descriptive Results

This research utilized interpretive phenomenological analysis (IPA) to illuminate the complex layers of experience and potentially culture-bound MI (police, first responder, a person of color), or distinct culture-bound resilience (Creswell, 2017, pp. 208-214). IPA gives a platform for articulating personal significance, worldview, personal moral structure, and relational/social perspective. The relational analysis was processed through a double hermeneutic lens in “meaning making” for MI and sheds significance on both populations of participant membership (Griffin et al., 2019). Race can also play no significant role in aspects of policing depending on the strength of abstract concepts of affiliation. IPA helped highlight the interplay between what is universal versus what is encapsulated in specific culture membership. The results gave authenticity to experiences generated by PMIEs whether traumatic or resilient.

Study Findings

Once recruitment relationships had been established with host organizations, the researcher vetted 10 participants for the study. The participants were instructed to contact the researcher via email for a brief screening for eligibility. Once the eligibility of the participants was established, the participants were given study guidelines and an interview schedule. The participants received a brief survey of their experiences and demographic information. The participants were then assigned to a semi-structured individual interview of approximately 1.5 hours via a secure Zoom platform. The interviews were recorded, transcribed verbatim, de-identified, and coded for analysis. Table 1 below shows the demographic of the participants.

Table 1

Participant Demographics

Participant	Age	Gender	Race	Employment Status	Religion
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Participant 1	53	Female	African American	Full Time	Christian
Participant 2	45	Male	African American	Full Time	Christian
Participant 3	37	Male	African American	Full Time	Christian
Participant 4	40	Male	African American	Full Time	Muslim
Participant 5	68	Male	African American	Retired	Christian
Participant 6	39	Female	African American	Full Time	Christian
Participant 7	43	Male	African American	Full Time	Christian
Participant 8	47	Male	African American	Full Time	Christian
Participant 9	40	Female	African American	Full Time	Christian
Participant 10	42	Male	African American	Full Time	Christian

Note. Table showing the participants demographics

Research Question 1

Research question 1 stated: What is the possible prevalence of PTSD in the population of police officers of color? In this research question, the study aimed at finding out if there are indicators to the prevalence of trauma in officers of color. The study used a known trauma inventory, *The PTSD Checklist for DSM-5 (PCL-5) – Standard* matched against the testimonies of the participants to highlight consistencies in trauma and determine suitability of participants (Weathers et al., 2013). This inventory is one of the most common short inventories to screen for the possible presence of posttraumatic stress disorder (PTSD). The 20-item inventory yielded four out of 10 participants screened positive for possible PTSD, but even experts state that human experience is hard to validate. The highest reliabilities with the participants in order were for the question “Blaming yourself or someone else for the stressful experience or what happened after it?” While participants rated this high in the inventory, only one reported blaming themselves. Even in this case, the participant’s dialog was more related to accountability and responsibility feelings as an officer and leader rather than significant self-blame. The second reliable theme was “Avoiding external reminders of the stressful experience (for example, people, places, conversations, activities, objects, or situations)?” This theme was in line with the qualitative analysis in RQ3. Lastly, the highest reliability was for “Being ‘super alert’ or watchful or on guard?” All of the officers graded this idea as high but did not attribute this to trauma. They all attributed this to skills as an officer and not hypervigilance associated with the traumatic response. All the officers shared about the value of this trait.

The least reliable items had the same score. Question 14 “Trouble experiencing positive feelings (for example, being unable to feel happiness or have loving feelings for people close to you)?” This question sparked in depth dialog with the majority of the participants about faith, family, and valued activities consistent with other research

questions. Many mentioned resiliency in this area as a combatant to trauma responses.

Question 16 “Taking too many risks or doing things that could cause you harm?” was also cited as unrelatable as felt they were not significant risk takers.

Research Question 2

Research question 2 stated: What is the prevalence of MI in police officers of color? In this research question, the study aimed at finding out if there were indicators for the prevalence of moral injury (MI) in the officers participating in the study. The study used a known MI inventory, *The Moral Injury Outcome Scale* (MIOS) (Litz, et al., 2021) matched against the testimonies of the participants to highlight consistencies in MI and determine suitability of participants for the study. This inventory is one of the most common short inventories to screen for the possible presence of MI. The MIOS uses a yes or no question to determine if a trauma has occurred. It then uses a three-question check box as to the three primary indicators of MI (A: doing something or failing to do something, B: observing someone else acting or failing to act, or C: being directly impacted by someone else [or people] acting or failing to act). Only one item is necessary to indicate MI. This primary screening is followed by a 14-question screening that is divided into two subsets of seven. Seven questions were based on shame and the other seven based on trust and betrayal.

Participant 6 answered three to question 14: “I cannot be honest with other people.” To this point, she reports this had to do with specific aspects of traumatic events and in no way in other areas of her life. The other participants stressed the extreme importance of honesty, both on the job and in their personal lives. The highest relatable item in the MIOS was question six “I am disgusted by what happened.” This question was consistent with all of the officers and in line with their trauma stories about moral dilemma. Other relatable items were “I have lost faith in

humanity,” “I lost trust in others” and “I have trouble seeing goodness in others.” The participants all commented they felt this was temporary and a part of their on-going recovery from their traumatic events. Most were clear this did not apply to family and close friends.

The lowest relatable items were “People would hate me if they really knew me” and “People don’t deserve second chances.” Most of the officers felt these were absolutely false and even stated these were contrary to their character. The first was associated with the strong responses of the officers for honesty and the second in the strong theme of community commitment in the body of their stories. “I feel like I don’t deserve a good life” and “I have lost pride in myself” were rejected in the inventory and refuted in the stories of officers in their resiliency dialog. They all expressed great pride in themselves and their role as an officer. “I cannot be honest with other people” as mentioned in the introduction of RQ2 was rated as not relatable. None of the shame-based subscale questions had overall relatability. Three officers tested positive for possible MI and were consistent with their narratives.

Research Question 3

In this research question, the study aimed to find out whether police of color were impacted by moral injury (MI) when faced with workplace violence or workplace conditions. After analysis of the interview transcripts, two themes were generated that helped to answer research question 1. The themes were: Impact of trauma on behavior and relationships and coping and resilience strategies. Table 2 below shows the codes, categories, and the themes generated.

Table 2

Codes, Categories, and Themes for RQ3

Codes	Categories	Themes
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Affected by Traumas	Officers experience trauma	Theme 1: Impact of Trauma
Affecting their Relationships with Family and Workers	affecting relationships, avoid stress triggers, friendships,	on Behavior and Relationships
Avoiding External Reminders to Stress	face stress, and risk addiction issues.	
Avoiding Friendships		
Getting A lot of Stressful Experiences		
Getting into Addictions		
Being More Empathetic with Others	Officers exhibit increased empathy, work diligently,	Theme 2: Coping and Resilience Strategies
Having to Work Extra Hard	neglect mental health, and	
Not taking Care of One's Mental Health	struggle to recognize positive aspects in others.	
Police Not Seeing the Good in Others		

Note. Table showing codes, categories, and themes for RQ3

Theme 1: Impact of Trauma on Behavior and Relationships.

Theme 1 described how trauma has affected the behavior and relationships of police of color in their workplace. Participants mentioned that they were affected by traumatic experiences and others even ended up getting into different kinds of addictions. Family and friendship relationships were also affected by moral injury (MI) among police of color while in active duty. Regarding the effect of trauma on police officers of color, Participant 4 gave a narration of how

two of his subordinates had threatened to shoot him while they were doing their work.

Participant 4 was also part of a fatal shooting incidence just after getting out of Field Training Officer (FTO). Participant 4 said:

I definitely experienced trauma. I would say, two bouts of trauma. Then unfortunately, they kind of ended up running into each other. I had a fatal shooting. (..) Three days after getting cut from FTO. When I was with, the Virginia Beach Police Department. (4) November 12th, 2007. (...) And, But. When I was federal. I had a subordinate. Threatened to shoot me. And then I had another subordinate. Threaten me on duty. Those especially the, the second, the third, the second subordinate that that did far more damage for me because as a supervisor I couldn't respond.

Participant 7 explained how getting exposed to children who have been involved in accidents and are now dead brought a great deal of trauma. Participant 7 also said that he had experienced people killing themselves and the worst thing about it is that police officers never get someone to talk to about such experiences. Participant 7 said:

So, I responded to the World Trade Center. So that's a very traumatic experience... You know, all the stuff you see as a police officer, when you go to a scene, whether it's dead kids in an accident, it's someone shot, killed themselves. That stuff you never talk to anyone about as a police officer. So that becomes internal trauma, right? And as police officer, we're not taught how to deal with internal trauma. We're just taught, hey, get back to your job and tough it out.

Participant 9 also shared that he experienced trauma in many ways. Participant 9 gave the example of seeing children who are wayward and said these kids always end up in jail. These

children also end up in abusive situations which Participant 9 said that he is unable to help them.

Participant 9 said:

I do think I've experienced trauma. And in a lot of ways, like just things that I've seen, things that I've had to, you know, deal with and handle. You know. (..) And mostly a lot of times it'll be like with the people you couldn't help, you know what I mean? Like, we get a lot of kids who are like wayward kids, and it's just like. (...) They'll end up in jail or, you know, they'll end up or you know, that they're in some kind of abusive situation and, you know, the system just isn't working the way you would like to see it work.

Participant 3 emphasized that being in a law enforcement career, one should recognize that there are biases within the police force. Police officers should realize that while in active duty, one will get triggers and there are things that they can find very upsetting. Participant 3 said that those triggers are caused by traumatic experiences. Participant 3 said:

And I think that what comes with that is biases. I think that it's important to recognize them and to not act on them but recognize that they're there and do the best you can to work through them. As you go through your law enforcement career, you're going to have triggers, you're going to have things that upset you. I have a few. Definitely just find those triggers and know and recognizing that it's one. Whether it's your body language changes or just you start feeling your body overheating or you start shaking a little bit or trembling, just identifying those signs within your body that you know that that trigger is going off, and just get through it.

Theme 1 described the profound impact of trauma on police officers of color with respect to their behavior and relations. Participants shared scary stories of the traumatic experiences they had faced on the job, like fatal shootings, threats by juniors, and horrific scenes that involved

children. Traumatic events reaching this far had a great impact, whereby some of these officers' developed addictions from those events that also affected their family or personal relationships. The theme provides evidence of a lack of support and resources given to police officers to help them overcome and cope with the internal trauma they are exposed to.

Theme 2: Coping and Resilience Strategies

Theme 2 described the coping strategies that police officers of color had to embrace due to the effect of traumatic experiences caused by moral injury (MI) and trauma. One effect of MI on police officers was that some of them said that they stopped seeing the good in other people. Other police officers also found themselves not being too keen on taking care of their mental health. Part of the coping strategies of police of color was having to work extra hard so that they get recognition and be more empathetic with other police of color.

Participant 10 explained how they never took any days off of work because they took shifts every day. Participant 10 found themselves not getting sleep since they were reliving the traumatic experiences over their head. These traumatic experiences made them develop some unhealthy habits, and at that time it was drinking. Participant 10 said:

But I never took any days off from work. I was on shift the very next day. I was not sleeping well. I was reliving the incident over and over in my head. Developed some unhealthy habits at that time of drinking.

Participant 2 mentioned that his experiences in the police force had an impact on his work ethic because he had to work extra hard to prove his value. Participant 2 was motivated to work hard since his goal was to make sure that society remained a better place for everyone.

Participant 2 said:

It didn't impact my work ethic because it made me work harder. Because sometimes you want to continuously show your worth value. So you work at such a high level, you know. And in retrospect, because it's a good system, you say, I'm gonna just work a lot harder because ultimately the goal is to enforce the law and help society be a better society by locking up the bad guys and girls. So it becomes a conflict because you cannot, stop doing your job. Because if you stop doing your job, then the bad guys and the bad girls win. So it just you get lost in there. You really get lost in there.

Participant 5 mentioned that MI among police officers made some of them become more sympathetic toward other people. If one does not watch themselves, then the stressful experiences can make police officers have a fragile view of life where there are so many people who are living. Participant 5 said that he learnt to be more empathetic toward people and also appreciate and understand friendships. Participant 5 said:

But when it hits close to you, you go from empathy to sympathy and almost a pity if you don't watch yourself, because it gives you such a fragile view of life when there are so many people living. And I'm one of the ones that's glad to be living. But then when that happens, you go, "Man, oh what the difference a day could make." So yeah, for the same reasons, it made me appreciate friendships and understand them, and actually to be able to empathize with people who have been hurt.

Theme 2 elaborated on ways in which police officers of color had to develop coping mechanisms from traumatic experiences MI arising from the job. According to participants, incidents such as fatal shootings, exposure to horrific scenes, etc. affected the psyche of some officers, who started indulging in alcoholism, while others reacted to this by working more hours and becoming focused on proving themselves. The theme also, however, highlighted resilience

in that some of the officers became more sensitive and appreciative of personal relationships as a way of self-processing from the trauma. Overall, this theme has been able to point out that there is a need for improved support and resources on mental health to help police officers of color healthily deal with the deep manifestations of MI and trauma in their line of duty.

Research Question 4

In this research question, the study wanted to find out whether police officers of color identified more with other police officers or their community of color. After data analysis, one theme was found. The theme stated: Solidarity and community engagement among black police officers. This theme described how police of color engaged with other police officers and the community. Table 3 below shows the codes, categories and theme that helped to answer research question 4.

Table 3

Codes, Categories, and Theme for RQ4

Codes	Categories	Themes
Black Officers offered Mentorship to People in the Community	Black officers mentor community members, empathize with peers, shift perceptions, foster	Theme 3: Solidarity and Community Engagement Among Black Police Officers
Black Officers Understand what Other Black officers Face	community support, combat discrimination, advocate for	
Changing Peoples Perspective about Police in Community	representation, and support each other.	

Community Embracing on of
 their Own
 Discrimination Against Black
 People
 Lack of Representation of
 Black People
 Police have Each other Back

Note. Table showing codes, categories, and theme for RQ4

Theme 3: Solidarity and Community Engagement among Black Police Officers

Theme 3 described how Black officers could offer mentorship to the young people in the community and influence them to join law enforcement. Participants mentioned that Black officers could relate with the challenges that other Black people were facing in the community. Police officers also mentioned that even though they faced discrimination in the workplace, they could have each other's back from officer to officer, but not necessarily with black management.

Participant 10 explained how a police officer from Baltimore would take some time to talk to him about joining law enforcement. When the police officer came into their community, he could stop by Participants' 10 home and spend time together. Participant 10 said:

A Baltimore City police officer who had responded to my home, who looked like me.

Who showed. Genuine interest over a period of time, and I didn't know why. (..) Who showed me that you can make a difference. But in order to make a difference, you have to first establish trust. And the way that he established trust was that he spent time. Not only did he come when he was called, but he also showed up when he wasn't called. (..)

And spent time, and he would come in the community and he would see me on the street

corner, and he would stop and he would talk to me, and he would put me in his car and drive me around.

Participant 6 mentioned that Black police officers could relate with the challenges of both Black police officers and the Black people in the community. Participant 6 said, “And then there's all this unravel behind the scene, you know, because I know what the black officers face. And by the way, all officers face it. Just black people face it a lot differently. Very hard inside.” Participant 6 said that Black police officers had a duty to change the paradigm of their community members from seeing police officers as enemies but as people who are there to fight injustices in the community. Participant 6 said:

And so I am of the belief that any change of a paradigm cannot just be a top down idea, idea, or ideal that it's communicated, but it has to be something that's lived out daily, something that people see from the top down, from the bottom up, from the middle, up from the middle, down at every level, from the frontline to the senior manager or executive. It has to be something that is demonstrated and not just spoken. We have to ensure that our priorities are reflective of our shared values. And we need to take every opportunity that we can to remind the people whom we have the privilege to serve, that that is our duty. (..) To create safe spaces. To be able to speak out against any injustice. (..) Because again, his doctor, King said also. An injustice anywhere is an injustice everywhere

Regarding police of color having each other's back, Participant 2 highlighted that when they are on the field working and action starts, they ensure that they protect each other because they do not judge others based on their race. Participant 2 stated that judging others based on their race was part of the old system. Participant 2 said:

So, when you're working with, when you're on this side of the field as far as law enforcement and when action starts, for the most part, we're all we all have each other's back, you know? Because like I said, it's not so much all the time that the individual is, quote unquote someone who's racist, who's judging you based on their race, more or less is the old system that was put into play that promotes that. And then, the people who will benefit from it, they just keep it going.

Theme 3 explored how far Black police officers can go toward cementing solidarity and community involvement in their communities. According to the participants, some Black police officers who have won the trust of young people and developed relationships with them sometimes guide them and urge them to join the force as law enforcers. In so doing, these officers could have served as very important bridges by relating themselves to some of the unique struggles faced by both Black officers and the broader Black community and shifting the perception of police as adversaries before positioning them as allies in injustice. It brought forth a sense of brotherhood and protective instincts Black officers shared with one another on the job, whereby racial biases or the "old system" when it divided them in times that really mattered.

Research Question 5

Research question 5 stated: Can MI be explored from a uniquely Black officer voice? The study, through research question 5, aimed to find out if moral injury (MI) could be observed as a phenomenon in Black officers. After the data analysis process, two themes were generated. The themes were: Experiences of discrimination and prejudice, and impact on professional and interpersonal dynamics. Table 4 below shows the codes, categories, and themes that emerged.

Table 4*Codes, Categories, and Themes for RQ5*

Codes	Categories	Themes
Black Officers Seen as Traitors	Challenges faced by black police officers: seen as	Theme 4: Experiences of Discrimination and Prejudice
Justice is Slow on People of Color	traitors, slower justice, differential treatment,	
Police are Treated Differently Because of their Color	constant justification, prejudice, and limited	
Police of Color Have to Justify Every Action they Take	promotion opportunities.	
Prejudice on Black Police Officers		
Promotions Given to Only White Police Officers		
Fear of One Taking your Job	Police face job insecurity,	Theme 5: Impact on Professional and Interpersonal Dynamics
Not Caring about People's Perception of You	racial empathy, white colleague resentment, biased	
Police Relating to the Problems of People based on Race	reporting, racial biases, and empathy deficits.	

Resentment from Whites in
the Workplace
White Officers give Untrue
Reports about Black Officers
White Officers have
Ingrained Mindsets
White Officers not Able to
Relate to Blacks' Problems

Note. Table showing codes, categories, and themes for RQ5

Theme 4: Experiences of Discrimination and Prejudice

Theme 4 described the experiences of police officers of color. Participants mentioned that they faced discrimination and prejudice while they were on active duty. Some participants commented on community members possibly seeing Black officers as traitors to the Black community. Participants mentioned that they would be treated differently based on the color. When it came to issues of promotions, White officers would be prioritized and given opportunities in law enforcement even when they did not have the right qualifications.

Four participants highlighted that they were seen as traitors by their own community members. For example, Participant 10 said that communities that were predominantly Black and Latino treated Participant 10 as a traitor. White officers would then be given more respect than they would give their fellow member. Participant 10 said:

Communities that were predominantly. Black and Latino is that they saw me as. They saw me as a traitor to my own people and would tell me so... And so they would actually

give the white officer more respect than they would give me because they saw me as a traitor. That was very hurtful.

Participant 10 also emphasized the point about members of the Black community viewing police of color as traitors. Participant 10 was hurt by this treatment because his goal was to protect Black people from external threats even though he did not express this openly.

Participant 10 said:

They saw me as a traitor to my own people and would tell me so. They had this idea that if I was a black officer, then I was there to protect the black people. To protect the Latino people. (..) And that was though I didn't express it openly, privately, it was very hurtful. And impactful. (..) That I was viewed in that way. And I would say the only black and white I see is the black and white on this codebook, which is the law... And so they would actually give the white officer more respect than they would give me because they saw me as a traitor.

Police of color experienced prejudice and saw White police officers being given promotions even when police of color had better qualifications for the role. Participant 4 said that he was viewed as a violent and aggressive person just because of his color. There were many stereotypes among the Black community, and this affected police in the execution of their role.

Participant 4 said:

People look at me as a black male, completely different than they look at my white counterparts, and it's because of racist stereotypes. There's a belief that I could be, or I am inherently more violent and more aggressive than my white counterparts. And I will use every opportunity, every everything to my power. If you think I because I'm a black, I'm a black man with a gun in the badge, I will use that. Its not true.

Regarding promotions, Participant 2 said that there was a major disparity between people who were of the same race and people of different color and gender. Participant 2 said that most of the time, White males would be treated in a better way than their counterparts. When it came to promotions, police of color would not be considered fit for certain roles and could only be relegated to roles such as undercover work or customer service. Participant 10 said:

And unfortunately, in our society, as well as the field of law enforcement, there's a major disparity of, people who are the same race as me or the color or gender, female, gender also, who don't get treated the same way as their counterparts, which are unfortunately a lot of times white males. So what would be bothersome to me is that I would, you know, we would be we would consider ourselves brothers and sisters in arms and we would do the same type of work. But when it came, when it came time for promotions or, you know, specialty details, for some reason, myself and a lot of people who look like me, they would not get those particular, promotions or those gigs we would usually be relegated to just like undercover work or, you know, customer service.

Theme 4 captured the plight of police officers of color, who suffered discrimination and prejudice from the communities they were serving and from within the structures of law enforcement itself. Participants described being viewed as "traitors" by members from predominantly Black and Latino communities, wherein people feel that officers of color are not truly representing them. Furthermore, participants pointed out inequalities in promotion opportunities, where White officers would be considered before more qualified officers of color. This theme emphasized the structural barriers and biases police officers of color had to deal with in their daily functioning and how these significantly hindered their opportunities for professional growth by denying them a sense of belonging.

Theme 5: Impact on Professional and Interpersonal Dynamics

Theme 5 described the professional and interpersonal dynamics that police of color faced while in their workstations. Participants explained how White officers had ingrained mindsets and that they could also not relate with the challenges that Black officers face. Police of color also faced a great deal of fear of other officers taking over their job positions just because they were from a different race. Participants also mentioned that police of color faced a great deal of resentment from White officers in the workplace.

When Participant 2 was asked if he can approach his supervisor, he said no because the supervisor had an ingrained mindset. Participant 2 could then make the necessary changes without involving the supervisor. Participant 2 said:

No. Because my supervisor's mindset. It's so deeply ingrained. (4) And. (..) And so what I do is. I make change where I can. I attempt to have impacts where I can. And invest time in spaces that I think I can be most impactful.

Participant 10 was asked the same question, and he said that the supervisors have ingrained mindsets and so Participant 10 decided to be spending time in spaces that were more impactful to him. Participant 10 also decided to change things where he could without involving his supervisor. Participant 10 said:

No. Because my supervisor's mindset. It's so deeply ingrained. (4) And. (..) And so what I do is. I make change where I can. I attempt to have impacts where I can. And invest time in spaces that I think I can be most impactful. And so, as I shared just the other day with someone, (..) I said, if you stop feeding something, it will eventually die.

Participant 1 was asked the same question, and she also said that the supervisors have ingrained mindsets. She explained that both gender and race combined to create a racially hostile environment. Participant 1 said:

If you don't uphold the Patriarchy, you are a threat. Black women should be happy to be here. I was one of the only few black women.(..) Stares and looks. Like a unicorn. Even academy people didn't want you there. You took someone's spot. Every time prove you're not a stereotype.

Police of color also face a great deal of resentment from White officers as asserted by participants during the interviews. White officers could also give untrue reports about Black officers. Participant 7 mentioned that sometimes he felt people did not like him when he went to certain organizations. Participant 7 said that some people were in some spaces only after the organization was sued to allow people of color. Participant 7 said:

You going to an organization where most of the people don't look like you, and it wasn't designed for you? You're there because people had to sue to be there, and everything about that organization was set up for people who don't look like you from the beginning of the time, where they're slave patrol, where there's people who forced Jim Crow or civil rights, like. That's what we'll set up for those people. So when you go into there, you're not really wanted there.

Participant 6 narrated an incident where police of color witnessed some shootings, and when they later watched the news, they saw White officers giving a false report against Black officers on what had happened. Participant 6 said:

Oh, that was one I know that you know, you're probably aware of all of the things that happened with the African American community and cops. A couple of situations where,

you know. Cops were shooting unarmed black people. When you take a break and you go into a to our break room where there's, you know, news on, you get a lot of your white coworkers saying things that may or may not be true, but I still feel like you don't give me credit. The person, the opportunity, or you don't give yourself the opportunity to know the full story.

Theme 5 represented great frustration and resentment in the workplace against police officers of color. Participants described how White officers often held such deep-seated biases and mindsets that made any understanding or relating of experiences and daily struggles for their Black colleagues impossible. This dynamic established an atmosphere built on distrust and lack of support, placing police officers of color in an isolated position where they did not believe they could approach their White supervisors for guidance or change. In fact, participants described incidents where White officers filed false or misleading reports on incidents involving Black officers, further increasing the tension and resentment in the workplace. This was the overall theme: how systemic racism and unconscious biases have turned police departments into hostile and unsupportive organizations for officers of color.

Research Question 6

Research question 6 stated: Are there distinct protective factors for this population? In this research question, the study aimed at finding out the protective factors for police of color. After the data analysis was completed, one theme was generated that answered this research question. The theme stated: Support systems and strategies for resilience in Black police officers. Table 5 below shows codes, categories and themes that emerged.

Table 5

Codes, Categories and Theme for RQ6

Codes	Categories	Themes
Employees Assistance Programs	Formal structures like Employee Assistance Programs (EAPs), mental health training, and counseling sessions, as well as personal beliefs such as faith in a supernatural being.	Theme 6: Support Systems and Strategies for Resilience in Black Police Officers
Faith in a Supernatural Being		
Gaining Knowledge and Understanding		
Getting Counselling Sessions		
Mental Health Training		
Restoring Trust with People		

Note. Table showing codes, categories and theme for RQ6

Theme 6: Support Systems and Strategies for Resilience in Black Police Officers

Theme 6 described the systems and strategies that police of color have embraced as protective factors. Study participants mentioned that they prioritized going for counseling sessions. Participants also appreciated that there were mental health trainings and organization of employee assistant programs that could help police of color who were affected by trauma. Four participants also said that their belief in God also helped them navigate stressful experiences.

Participant 5 mentioned that he was part of the Concerns of Police Survivors which became part of his healing process. Participant 5 appreciated the organization since it had a lot of mental health professionals who would help victims in their healing journey. Participant 5 said:

I'm a member of Concerns of Police Survivors, and that was part of my healing process with the in line of duty death. It's called COPS... But it's a national organization and then they have local chapters and they have a lot of mental health professionals that are assigned to it. There are some that are bi-vocational, like myself with ministry and law

enforcement. They're on counseling and mental health side in law enforcement. Some of them are from the fire service, some of them are from public entities and even private ones. And they get together and it's more of a consortium. They give training and they have outreach groups that I sat in the first couple after, especially after going to the law enforcement memorial and going to that.

Participant 6 admitted that she goes for counselling sessions. When she felt like some things were falling apart, Participant 6 sought professional help from counselors. Participant 6 understood that she could not heal herself and so, she sought help. Participant 6 said:

Well, I go to counseling. Okay. So we discuss, mental health there... This is going through like some issues, some like personal issues, and I felt like my work was contributing to the issues that I was having. So I just I don't want to fall apart. So. And I went and got professional help... Every single person that wears a uniform is CIT certified. And then for myself, I mean, I know I can't heal myself, so I leave that up to my counselor and my faith. I mean, there's really not much more that I can do than to choose those things. I try to have, you know, a health life.

Eight participants mentioned that they could go for mental health training. Participant 10 said that every officer should undergo mental health training as it was important for one to have some level of awareness. Participant 10 suggested that before one tries to fix or solve anything, they should have mental health first aid. Participant 10 said:

So, A mental health training. So mental health first aid, is one. That comes to mind, which I think is. Really important, because you first have to have a level of awareness that you even have an injury. Before you can work towards trying to solve, fix or treat

anything. And so. That stress. First aid is very impactful and help us to be aware. That we have something that's not right.

Participant 8 also said that he has had a great deal of mental health training in the past when he was at the academy. Participant 8 said that he has been a champion for health and wellness for quite some time. Participant 8 said:

So I've had a lot of mental health training. I used to teach, when I was at the Academy. I taught the, suicide class for the new recruits. I revamped it, brought in a clinical technician or a clinical therapist and her co, teach with me. So, you know, I've been a big fan of, of wellness, mental health, wellness. I've had an officer under me directly another traumatic, which I didn't even think of at the time that, shot and killed himself.

Regarding religion as a protective factor, four participants mentioned that their faith in God helped them to navigate through traumatic situations. For example, Participant 8 admitted that faith was his foundation. Participant 8 said that some situations are not so easy to go through and sometimes you would find other people who are worse than you. In all this, Participant 8 said that Christian values would encourage people to be strong. Participant 8 said:

Oh, man, I, I, I believe that faith is the foundation, right? But at the end of the day, I just believe that, you know, life hasn't been easy for me and, for. And I think that a lot of people that come from, the streets that I did, life has presented different things for them and that you, you just have to be. You got to be strong. You got to you got to go through it, people. You know your situation. There's always someone in a in a more worse off situation. And, you just keep going through those things. And I think at some point you all, believe it or not, you'll be motivating for somebody else and you won't even know it.

You know, you just it is what you do. And I think that it's the right way to do it, which kind of falls under Christian values.

Participant 10 also emphasized that faith gives him some restraints on doing things that would hurt other people. Participant 10 adds that his faith helps him to view all police officers with a different perspective. Viewing employees as people who have certain problems and not as problem employees. Participant 10 said:

A part of me was saying, Dear God, please don't let them attempt to break through this line because a lot of people are going to get hurt unnecessarily. (..) But a decision was made to appeal to their humanity and everybody was not in agreement. Some people said no, they'll be able to use that as potential weapons to throw back at us and cause injury to our staff... My faith helps me to understand that, you know? But for instance, in the workplace, I tell my staff, we don't have problem employees. We have employees with problems. (..) A lot of that comes from my from my faith. And so we have to remember. From a biblical perspective that our enemy is not people.

The major elements under Theme 6 included the support mechanisms and resilience strategies used by the Black police officers as a means to survive their difficult experiences. The participants emphasized how professional counseling, mental health, drawing strength from religious faith, being part of supportive organizations such as Concerns of Police Survivors influence, and undergoing mental health training to equip one with the capacity to identify and deal with mental health issues and help in combating their struggles. These multi-dimensional support systems and coping mechanisms that were developed gave the Black police officers a solid foundation for building resilience and maintaining well-being within the face of different challenges encountered in their law enforcement careers.

Summary

The problem addressed in this study was the conceptualization of MI in police of color. There has been a dearth in literature exploring specific populations in order to add to the research about what is known about the emerging understanding of Moral Injury (MI) through the manifestation of personal voice with police of color who have faced adversity. While MI can be associated with other trauma conditions, it is still proving to be a condition of its own. MI is not yet recognized as a formal diagnosis.

Six research questions guided this study. A total of six themes were also generated that helped to answer the research questions. Research questions 1 and 2 used several inventories to show comparison and consistency with common understanding in MI and the participant stories. They also proved prompts for the narratives of the officers. Research question 3 had two themes, which were impact of trauma on behavior and relationships, and coping and resilience strategies. Research question 4 also had one theme, solidarity and community engagement among Black police officers. Research question 5 had two themes that helped to answer the research question. The themes were: experiences of discrimination and prejudice, and impact on professional and interpersonal dynamics. One theme was generated to answer research question 6: support systems and strategies for resilience in Black police officers.

CHAPTER 5: DISCUSSION

Overview

There is a deep need to explore the lived experience of police who have been on the frontline of policing in American communities. The narrative is complex and well suited for a research approach that collects lived experience stories. This approach captures nuance in the complicated questions illustrated in modern research. Using phenomenological research, this study recruited police officers of color who have had exposure and may have trauma symptoms. This research screened for trauma and mental health concerns using known inventory tools available and drafted semi-structured interview questions based on current research. The screening tools provided not only for screening, but the opportunity for the participants to expand on their answers in narrative and evaluate the questions from the standpoint of being an officer and being Black.

Summary of Findings

The problem addressed in this study was the conceptualization of moral injury (MI) in police of color. There has been a dearth in literature exploring specific populations in order to add to the research about what is known about the emerging understanding of MI through the manifestation of personal voice with police of color who have faced adversity. While MI can be associated with other trauma conditions, it is still proving to be a condition of its own. MI is not yet recognized as a formal diagnosis.

It is important to note that demographic information was taken at the time of the interview. Neither age, nor religious preference was a part of the screening and recruitment phase. Being over the age of 21 was presumed, as that is the youngest age of recruitment for the

police department. Religion was added to demographics but was a natural result of the participants who were selected and was unknown prior to the interview.

Six research questions guided this study. A total of six themes were also generated that helped to answer the research questions. Research question 1 represented the *The PTSD Checklist for DSM-5 (PCL-5) – Standard* and discovered four officers screening positive for possible posttraumatic stress disorder (PTSD). Research question 2 represented the *The Moral Injury Outcome Scale (MIOS)* and discovered three officers screening positive for possible MI. Research questions 1 and found evidence of co-occurring PTSD and MI in three officers as possible distinct conditions. One theme was generated to answer research question. Research question 3 had two themes, which were impact of trauma on behavior and relationships, and coping and resilience strategies. Research question 4 also had one theme, solidarity and community engagement among Black police officers. Research question 5 had two themes that helped to answer the research question. The themes were: experiences of discrimination and prejudice, and impact on professional and interpersonal dynamics. Research question 6 had one theme, support systems and strategies for resilience in Black police officers.

Discussion of Findings

The PTSD Checklist for DSM-5 (PCL-5) – Standard and *The Moral Injury Outcome Scale (MIOS)* provided an opportunity for participants to discuss experiences consistent with what is known about trauma and moral injury (MI) (Litz, et al., 2021; Weathers et al., 2013). The questions naturally turned into Qualitative prompts for disclosure. Particularly, MIOS was commented upon (Litz, et al., 2021). However, a number of officers felt certain items may be phrased in a way that might not be suitable for the black community allowing for their unique voice rather than quantitative data.

The participant sample was small and diverse in demographics highlighting a cultural difference between states and population size in the Black experience and policing, much like the Qualitative Tapson et al. study (2021). This was more evident in the full-length interviews and more implied in the selected quotes. This appeared evident in screening scoring with spikes and polarization on perception in full interview discussion and qualitative narrative. The study was originally to be isolated to state, but during recruitment it became difficult to get participants due to lack of response from departments and police unions even in a broad nationwide search. All but one officer came from referral of two police advocacy organizations and the one came from local word of mouth. This impacted results in terms of cultural norms and overall results. While a qualitative study and not designed to be mixed methodology, the tools found evidence of MI in three officers. This cannot be generalized, but forges curiosity for future research.

The nature of the specific traumas the officers experienced cannot be detailed, however there were three themes: Workplace bullying and discrimination, critical incidents (CI), and the influence of prior disaster response. Only two spoke of negative protest experience. In long interviews many reported their experience with that topic positively and felt supported by their communities.

Workplace trauma was the most prevalent. For example, Participant 1 said: “Some Black officers think they need to treat other black people badly. Boot on the neck. That is an outright assault on all I represent and what a black woman should be.” Participant 10 highlighted chronic hazing in police culture and the backlash he received for refusing to participate. Others spoke of regular racial slurs and slow, or non-existent promotion by superiors with certain mindsets. This theme was both strongly supported in the literature review. Reynolds and Helfers (2018) found

in an empirical study that frontline officers may have felt devalued and expendable by superiors. However, this may be true of police in general.

CI's were the second dominant theme in the officer's stories. This is in line with prior literature, but also may be true of officers in general even if the racial tones in the details are not. MI was found in combat veterans who either had to violate their moral values for survival, at the command of a superior or were unable to correct the events of a tragedy (Zepeda Méndez et al., 2018).

The study found despite these experiences they were able to communicate strong resiliency and social bonding with other black officers. Many reported strong mental health skills, though access and quality varied. The officers all reported strong faith and family ties and described in detail coping skills and local community pride if not always overall community support, such as being perceived as being a traitor to the Black community. The role of faith as a resiliency factor was highlighted in prior literature. Drescher et al. (2018) reports data for interventions for MI based on faith in line with the concept of morality. Most of the officers cited faith as a foundational part of their healing. Others reported addiction problems and fractured or suffering relationships shortly after their traumatic experiences.

The interviews indicated strong faith ties and pride in being an officer despite their experience and there were extensive descriptions on faith and family, as it applied to healing and overall resilience. Most of the officers mentioned being involved in mentoring young black people in their communities and providing example to those they serve. The long interviews were as strong in overall resiliency as they were in the impact of trauma.

Implications

While moral injury (MI) can be associated with other trauma conditions, it is still proving to be a condition of its own. MI is not yet recognized as a formal diagnosis. One of the drafting researchers for the Moral Injury Events Scale (MIES), another MI scale stressed that MI and morality itself were extremely hard to define and therefore hard to qualify (Nash et al., 2013). This gives strength to the concise and detailed contribution of qualitative studies in building more information on MI.

MI has been considered shame-based, posttraumatic stress disorder (PTSD) fear-based, and burnout (BO) exhibited in emotional and psychological exhaustion highlighting a need for more robust information on MI (Frankfurt et al., 2017). This study found significantly low shame dialog in the experiences of the participants. They also had low ratings of the shame subset in *The Moral Injury Outcome Scale* (MIOS) in this population suggesting more research needs to be done on both MI and in relation to this population (Litz, et al., 2021). However, the dialog of the narratives did suggest strong indication of the other criteria for MI: rage, and betrayal. All rated positive on items B and C, indicating a need to explore both the inventory and the population. MI being based in the core emotional and psychological experiences of shame, guilt, rage, and betrayal (Frankfurt et al., 2017). While in contrast to medical and diagnostic exploration, this study sheds light on the human experience. However, from the lens of biological and medical perspectives, experts theorize different parts of the brain are affected, such as MI being located in moral processing centers of the brain and PTSD originating in the parts of the brain that deal with fear (Koenig & Al Zaben, 2021). These findings are not strictly provable with neurological advances. They are also emotional and social constructs that tell the story of this novel trauma experience through this study.

This study narrows a perspective on MI through qualitative means to answer a select core set of research questions based on what is known so far about MI. This research examines the exposure to racially charged dynamics and potential workplace injury in police officers of color. The aspect of organizational justice (OJ) seems to play a role in mental health and policing. (Reynolds and Helfers, 2018). Concerns with OJ seemed to be a thread in all of the narratives. This study could add to the research on OJ, overall. It is important to note that MI can be experienced as a non-violent event, such as discrimination, emotional bullying, toxic polices, slurs, threats, and neglect showing similarities with the results of this study (DeVylder et al., 2019). The concept of MI and trauma could even be recognized as a valid workplace hazard giving way to better approaches for a healthy workplace.

The study explored symptoms of MI and how they manifest in police and people of color. Female officers included gender bias in their relationship to other officers associated with workplace trauma and discrimination. The prevalence of MI in police officers of color is previously unknown. There may be distinct protective factors for this population that could be discovered through research that was strongly implicated in this study. These questions could prove important to building understanding of MI. The element of race in these questions appears unstudied and could add to the growing body of research on MI in specific populations.

The study provided a foundation for comparison studies with police of different races both from qualitative and quantitative means. This could provide a better perspective on norms and how MI manifests in all police officers. It is possible the finding in this study may generalize to police work. This could be explored with larger sample sizes more effectively.

More could be learned about MI's comparison to PTSD and BO with this population. This could also have value to better understanding of all three conditions. There is a possibility of crossover symptoms and co-occurring condition between these three trauma types.

The method and design afforded for specific feedback from officers with lived experience. This research collected and coded experiential knowledge from semi-structured interviews with the selected officers to create insight into MI phenomenon through the lens of this population (Creswell, 2017, pp. 208-214). The semi-structured interview uses interpretive phenomenological research. "Meaning making" will be cornerstone to further study (Creswell, 2017, pp. 208-214). The successful marriage of the screening tool and the opportunity of participants being able to flesh out answers could provide guidance to further qualitative studies.

Limitations

The first limitation was with the scales used as prompts, comparison and potential eligibility. They cannot be used to predict or be used for quantitative data, as the sample size was too small for this this sort of use. This is room for future direction in research.

Another key limitation of the study is the study method and design. Qualitative studies have small samples sizes that do not lead to generalization and predictability. There is also some controversy over how sample sizes are determined, particularly in terms of how saturation is determined (Malterudet al., 2016).

Another limitation to current studies on moral injury (MI) is that while moral education literature is being published more often, it still is not a popular topic in trending literature (Julia, et al., 2020). This study would add to current literature on this subject. Until recently the research has been primarily conducted in countries other than the United States.

Other limitations involve the definition of morality. Things such as faith, tradition, cultural values, and personal experiences may influence perceptions of morality (Molendijk, 2019). This could prove to confound results in the study, but may be mitigated by a qualitative approach, as this approach may expose these differences and find common denominators to better define directions in morality perception.

The target population may be another limit. Military personnel and nurses have historically been the focus of MI research. While this study does vet police experiences, this research is still in its infancy. It could contribute to the growing body of information on MI.

Overgeneralization of race may lead to confounds and confirmation bias in this population of police (Onoye, et al. 2017). Generalization across demographic material may lead to false positives and presumptions. Separation of other demographics such as gender, nationality, religion, or police roles are not often separated for evaluation and may be sparse in the current study, as it is not the focus of the current research.

Exploring one state's police department leads to a number of limitations. Police in other states may not have the same work cultures, protest experience, racial tension, and procedures. This is also a small sample size leading to concerns of bias and reliability. For instance, the New York Police Department (NYPD) is a specific culture, as is New York itself with a unique culture.

The comparison between races has not been explored in MI, and the current study is focused only on the experience of police of color and does not vet the experience of police as a whole. Race may not play a role in MI, as much as being an officer or experiencing PMIE in the line of duty.

Politics and media may influence MI in the case of protests, police, and public opinion (Doyle et al., 2022; Molendijk, 2019). This could influence MI in police prior to protest or act as a preexisting factor to MI.

Lastly as mentioned, there remains controversy among researchers as to what falls under the category of MI and what should be included in its symptom range (Koenig & Al Zaben, 2021). More research needs to be conducted to establish MI as a formal diagnosis.

Recommendations for Future Research

The exploration of moral injury (MI) is needed, as it grows from infancy. Topics such as its comparison to posttraumatic stress disorder (PTSD) and burnout (BO) and exploring individual experience could be vital in future research. The need to explore and hone inventory assessments could serve in improved results with distinct populations. There is a need to explore comparison between Black police officers and White police officers to isolate what characteristics of MI are in police overall as well as isolating by demographics. Studies to further police workplace trauma hazards are needed as well as exploring barriers to correction and evaluation of trauma experiences, as this was a strong topic within this study, not just for Black officers, but the police force in general. The access to internal mental health assistance varied widely between participants in this study. Studies are needed to evaluate resilience in police officers, as this was also a significant result of this study, Black officers in particular. Quantitative studies with larger samples are needed to complement studies such as this one to evaluate the strength of concise empirical evaluation and further future research.

Summary

The problem addressed in this study was the conceptualization of moral injury (MI) in police of color. There has been a dearth in literature exploring specific populations in order to

add to the research about what is known about the emerging understanding of MI through the manifestation of personal voice with police of color who have faced adversity. While MI can be associated with other trauma conditions, it is still proving to be a condition of its own. MI is not yet recognized as a formal diagnosis.

Six research questions guided this study. A total of six themes were also generated that helped to answer the research questions. Research questions 1 and 2 used several inventories to show comparison and consistency with common understanding in MI and the participant stories. They also proved prompts for the narratives of the officers. Research question 3 had two themes, which were impact of trauma on behavior and relationships, and coping and resilience strategies. Research question 4 also had one theme, solidarity and community engagement among Black police officers. Research question 5 had two themes that helped to answer the research question. The themes were: experiences of discrimination and prejudice, and impact on professional and interpersonal dynamics. One theme was generated to answer research question 6: support systems and strategies for resilience in Black police officers.

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APPENDIX A: MORAL INJURY OUTCOME SCALE

Moral Injury Outcome Scale*

This questionnaire asks about experiences you may have had after a very stressful experience in which you: (A) did something (or failed to do something) that went against your moral code or values; or (B) you saw someone (or people) do something or fail to do something that went against your moral code or values; or (C) you were directly affected by someone doing something or failing to do something that went against your moral code or values (e.g., being betrayed by someone you trusted).

Have you had at least one experience like this that troubles you currently? Yes No

If yes, please check the type of experience that is most currently distressing: A B C If more than one, check all that apply.

Keeping this experience in mind, please indicate how much you agree with the following statements in terms of the impact of this experience in the last month (circle one number for each item below).

	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Neither Agree or Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>
1. I blame myself.	0	1	2	3	4
2. I have lost faith in humanity.	0	1	2	3	4
3. People would hate me if they really knew me.	0	1	2	3	4
4. I have trouble seeing goodness in others.	0	1	2	3	4
5. People don't deserve second chances.	0	1	2	3	4
6. I am disgusted by what happened.	0	1	2	3	4
7. I feel like I don't deserve a good life.	0	1	2	3	4
8. I keep myself from having success.	0	1	2	3	4
9. I no longer believe there is a higher power.	0	1	2	3	4
10. I lost trust in others.	0	1	2	3	4
11. I am angry all the time.	0	1	2	3	4
12. I am not the good person I thought I was.	0	1	2	3	4
13. I have lost pride in myself.	0	1	2	3	4
14. I cannot be honest with other people.	0	1	2	3	4

How much has this experience made it hard for you to function in each of the following areas (circle one number for each item below)? If an area is not applicable, circle N/A**:

	<i>Not at all</i>		<i>Somewhat</i>			<i>Extremely</i>			
1. Romantic relationships with spouse or partner	0	1	2	3	4	5	6	N/A	
2. Relationships with your children	0	1	2	3	4	5	6	N/A	
3. Relationships with other family members	0	1	2	3	4	5	6	N/A	

4. Friendships or socializing	0	1	2	3	4	5	6	N/A
5. Work	0	1	2	3	4	5	6	N/A
6. Training or education	0	1	2	3	4	5	6	N/A
7. Day to day activities, such as chores, errands, managing medical care	0	1	2	3	4	5	6	N/A
8. Religious faith/spirituality	0	1	2	3	4	5	6	N/A

**The Moral Injury Outcome Scale* (2021). Litz, B.T., Phelps, A., Frankfurt, S., Murphy, D. Nazarov, A. Houle, S., Levi-Belz, Y., Zerach, G., Dell, L., Hosseiny, F., and the members of the *Moral Injury Outcome Scale (MIOS) Consortium*. MIOS consortium activities were supported in part by VA Cooperative Studies Program, Office of Research and Development, US Department of Veterans Affairs; Department of Veterans' Affairs Australia, Phoenix Australia - Centre for Posttraumatic Mental Health; and the Canadian Centre of Excellence on PTSD and Related Mental Health Conditions.

**The Brief Inventory of Psychosocial Functioning (Kleiman et al., 2020).

(This survey is dedicated public domain)

PTSD Checklist for *DSM-5* (PCL-5)

Version date: 11 April 2018

Reference: Weathers, F. W., Litz, B. T., Keane, T. M., Palmieri, P. A., Marx, B. P., & Schnurr, P. P. (2013). *The PTSD Checklist for DSM-5 (PCL-5) – Standard* [Measurement instrument]. Available from <https://www.ptsd.va.gov/>

URL:
<https://www.ptsd.va.gov/professional/assessment/adult-sr/ptsd-checklist.asp>

PCL-5

Instructions: Below is a list of problems that people sometimes have in response to a very stressful experience. Please read each problem carefully and then circle one of the numbers to the right to indicate how much you have been bothered by that problem in the past month.

In the past month, how much were you bothered by:	Not at all	A little bit	Moderately	Quite a bit	Extremely
1. Repeated, disturbing, and unwanted memories of the stressful experience?	0	1	2	3	4
2. Repeated, disturbing dreams of the stressful experience?	0	1	2	3	4
3. Suddenly feeling or acting as if the stressful experience were actually happening again (as if you were actually back there reliving it)?	0	1	2	3	4
4. Feeling very upset when something reminded you of the stressful experience?	0	1	2	3	4
5. Having strong physical reactions when something reminded you of the stressful experience (for example, heart pounding, trouble breathing, sweating)?	0	1	2	3	4
6. Avoiding memories, thoughts, or feelings related to the stressful experience?	0	1	2	3	4
7. Avoiding external reminders of the stressful experience (for example, people, places, conversations, activities, objects, or situations)?	0	1	2	3	4
8. Trouble remembering important parts of the stressful experience?	0	1	2	3	4
9. Having strong negative beliefs about yourself, other people, or the world (for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous)?	0	1	2	3	4
10. Blaming yourself or someone else for the stressful experience or what happened after it?	0	1	2	3	4
11. Having strong negative feelings such as fear, horror, anger, guilt, or shame?	0	1	2	3	4
12. Loss of interest in activities that you used to enjoy?	0	1	2	3	4
13. Feeling distant or cut off from other people?	0	1	2	3	4
14. Trouble experiencing positive feelings (for example, being unable to feel happiness or have loving feelings for people close to you)?	0	1	2	3	4
15. Irritable behavior, angry outbursts, or acting aggressively?	0	1	2	3	4
16. Taking too many risks or doing things that could cause you harm?	0	1	2	3	4
17. Being "superalert" or watchful or on guard?	0	1	2	3	4

18. Feeling jumpy or easily startled?	0	1	2	3	4
19. Having difficulty concentrating?	0	1	2	3	4
20. Trouble falling or staying asleep?	0	1	2	3	4

(This survey is dedicated public domain)

APPENDIX C: CODE BOOK

<i>Codes</i>	<i>Research Questions</i>	<i>Themes</i>	<i>Files</i>	<i>References</i>
Codes	RQ1 Are Police Impacted by Moral Injury	Are Police Impacted by Moral Injury?	10	0
Codes	RQ1 Are Police Impacted by Moral Injury\Affected by Traumas	Affected by Traumas	9	19
Codes	RQ1 Are Police Impacted by Moral Injury\Affecting their Relationships with Family and Workers	Affecting their Relationships with Family and Workers	7	12
Codes	RQ1 Are Police Impacted by Moral Injury\Avoiding External Reminders to Stress	Avoiding External Reminders to Stress	4	4
Codes	RQ1 Are Police Impacted by Moral Injury\Avoiding Friendships	Avoiding Friendships	6	7
Codes	RQ1 Are Police Impacted by Moral Injury\Being More Empathetic with Others	Being More Empathetic with Others	2	3
Codes	RQ1 Are Police Impacted by Moral Injury\Getting A lot of Stressful Experiences	Getting A lot of Stressful Experiences	9	10
Codes	RQ1 Are Police Impacted by Moral	Getting into Addictions like drinking	1	2

	Injury\Getting into Addictions			
Codes	RQ1 Are Police Impacted by Moral Injury\Having to Work Extra Hard	Having to Work Extra Hard	2	4
Codes	RQ1 Are Police Impacted by Moral Injury\Keen to Take Care of their Mental Health	Keen to Take Care of their Mental Health	4	5
Codes	RQ1 Are Police Impacted by Moral Injury\Not taking Care of One's Mental Health	Not taking Care of One's Mental Health	1	2
Codes	RQ1 Are Police Impacted by Moral Injury\Police Not Seeing the Good in Others	Police Not Seeing the Good in Others	1	1
Codes	RQ2 Do Police Identify with Other Police of Color	Do Police Identify with Other Police of Color?	9	0
Codes	RQ2 Do Police Identify with Other Police of Color\Black Officers offered Mentorship to People in the Community	Black Officers offered Mentorship to People in the Community	1	1
Codes	RQ2 Do Police Identify with Other Police of Color\Black Officers Understand what Other Black officers Face	Black Officers Understand what Other Black officers Face	1	1

Codes	RQ2 Do Police Identify with Other Police of Color\Changing Peoples Perspective about Police in Community	Trying to Change Peoples Perspective about Police in Community since they understood them	2	2
Codes	RQ2 Do Police Identify with Other Police of Color\Community Embracing on of their Own	Community Embracing on of their Own	4	4
Codes	RQ2 Do Police Identify with Other Police of Color\Discrimination Against Black People	Discrimination Against Black People	5	7
Codes	RQ2 Do Police Identify with Other Police of Color\Lack of Representation of Black People	Lack of Representation of Black People	1	2
Codes	RQ2 Do Police Identify with Other Police of Color\Police have Each other Back	Police have Each other Back	2	2
Codes	RQ3 Does Moral Injury Manifest Differently with Race	RQ3 Does Moral Injury Manifest Differently with Race?	10	0
Codes	RQ3 Does Moral Injury Manifest Differently with Race\Black Officers Seen as Traitors	Black Officers Seen as Traitors in their communities	4	6

Codes	RQ3 Does Moral Injury Manifest Differently with Race\Fear of One Taking your Job	Fear of One Taking your Job	1	1
Codes	RQ3 Does Moral Injury Manifest Differently with Race\Justice is Slow on People of Color	Justice is Slow on People of Color	1	2
Codes	RQ3 Does Moral Injury Manifest Differently with Race\Not Caring about People's Perception of You	Not Caring about People's Perception of You	1	1
Codes	RQ3 Does Moral Injury Manifest Differently with Race\Police are Treated Differently Because of their Color	Police are Treated Differently Because of their Color	2	2
Codes	RQ3 Does Moral Injury Manifest Differently with Race\Police of Color Have to Justify Every Action they Take	Police of Color Have to Justify Every Action they Take	1	1
Codes	RQ3 Does Moral Injury Manifest Differently with Race\Police Relating to the Problems of People based on Race	Police Relating to the Problems of People based on Race	5	6
Codes	RQ3 Does Moral Injury Manifest Differently with Race\Prejudice on Black Police Officers	Prejudice on Black Police Officers	4	5

Codes	RQ3 Does Moral Injury Manifest Differently with Race\Promotions Given to Only White Police Officers	Promotions Given to Only White Police Officers	5	7
Codes	RQ3 Does Moral Injury Manifest Differently with Race\Resentment from Whites in the Workplace	Resentment from Whites in the Workplace	1	1
Codes	RQ3 Does Moral Injury Manifest Differently with Race\White Officers give Untrue Reports about Black Officers	White Officers give Untrue Reports about Black Officers	1	1
Codes	RQ3 Does Moral Injury Manifest Differently with Race\White Officers have Ingrained Mindsets	White Officers have Ingrained Mindsets	2	2
Codes	RQ3 Does Moral Injury Manifest Differently with Race\White Officers not Able to Relate to Blacks' Problems	White Officers not Able to Relate to Blacks' Problems	2	3
Codes	RQ4 Prevalence of Moral Injury to Police Officers	RQ4 Prevalence of Moral Injury to Police Officers?	0	0
Codes	RQ5 Prevalence of Moral Injury in Police of Color	RQ5 Prevalence of Moral Injury in	0	0

		Police of Color?		
Codes	RQ6 Distinct Protective Factors for this Population	District Protective Factors for this Population	10	0
Codes	RQ6 Distinct Protective Factors for this Population\Employees Assistance Programs	Employees Assistance Programs	3	3
Codes	RQ6 Distinct Protective Factors for this Population\Faith in a Supernatural Being	Faith in a Supernatural Being	4	6
Codes	RQ6 Distinct Protective Factors for this Population\Gaining Knowledge and Understanding	Gaining Knowledge and Understanding	4	4
Codes	RQ6 Distinct Protective Factors for this Population\Getting Counselling Sessions	Getting Counselling Sessions	8	15
Codes	RQ6 Distinct Protective Factors for this Population\Mental Health Training	Mental Health Training	8	11
Codes	RQ6 Distinct Protective Factors for this Population\Restoring Trust with People	Restoring Trust with People	4	6

APPENDIX D: SEMISTRUCTURED INTERVIEW

Demographics

Age

Biological Gender (Male, Female)

Gender Identification

Race (Black, African American, multiracial)

Sexual Orientation

Employment Status (FT, PT, retired, disabled, unemployed)

Role/Rank

State of Police experience

Previous Interventions (peer support, therapy, addiction recovery, treatment inpatient, none)

Faith Identification (Ex. Christian, Islam, Jewish, Buddhist, Atheist, Agnostic, other, none)

Interview Questions

1. What factors contributed to your decision to take part in the study?
2. Are you familiar with the term Moral Injury, or Potentially Morally Injurious Events? If so, what is your knowledge?
3. Has anyone discussed Mental Health with you in the workplace (Supervisors, Human Resources, Coworkers, Outside Presenters)? If so, describe.
4. Has anyone mentioned Moral Injury?
5. Do you feel you have experienced trauma? If so, describe.
6. What is/was your experience with racially themed protest?
7. What is your experience with being a police officer of color? Is your race significant as a police officer and in what manner?
8. What is your general experience as a person of color in the community?
9. Why did you become a police officer? Are you proud of this and if so, how?
10. What do you think your community thinks of your role as a police officer?
11. Is your work at the office more stressful, or on the street? How?
12. Do you feel you can reach out to your supervisor? Why, or why not?
13. Describe what training do you have in mental health protocols for yourself and/or those you serve in the community?
14. Do these measures work in your opinion? If so why, or why not?
15. What would you like to see to help your community? And/or fellow officers?
16. Do you think your gender/identification plays a role in your experiences as an officer?
17. What does your family feel about your role as a police officer?
18. Do you think your faith, or lack of faith plays a role in your experiences as a police officer, and/or a person of color? If so, in what manner?
19. Do you feel guilty, ashamed, or damaged by your duties/activities as a police officer? If so describe.

20. How do you feel about white officers, white people, and/or the system where you serve?
Describe.
21. What do you want them to know?
22. Did Covid 19 impact any of the above? How?
23. Is there anything else you would like your researcher to know about you?