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**Moral Injury in Sexual Brokenness: Using Military Models of MI to Address Civilian  
Issues**

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### **Abstract**

Moral injury (MI) has long been an emotional and psychological wound carried by military servicemembers in response to their experiences during war or active duty. Since the conception of moral injury in the late 20th century, dedication toward researching the topic has increased to provide better psychological treatment to veterans and active-duty military. As a result of an increased understanding of MI, researchers have begun to explore the application of MI models to civilian experiences and traumas. This paper seeks to join the conversation through exploring the occurrence of moral injury throughout a unique state of sexual distress labeled by Stringer as “sexual brokenness.” In this state of brokenness, this paper hypothesizes that individuals who have experienced sexual traumas, perpetrated sex crimes, or participated in personally distressing sexual behavior are at-risk for developing and experiencing the signs and symptoms of moral injury. Through exploring current research, this paper argues in support of the hypothesis and suggests how the application of current MI models can benefit these individuals. The paper concludes through advocating for further research in this area of human sexuality.

*Keywords:* moral injury, sexual brokenness, sexual abuse, unwanted sexual behavior trauma, addiction, pornography

### **Moral Injury in Sexual Brokenness: Using Military Models of MI to Address Civilian Issues**

For many years, attention has been given to the soul wounds experienced by service men and women who – often to the detriment of their health – serve their country. Essential to this cause is the study of moral injuries (MI) within military arenas and their subsequent effect upon the person’s mental, emotional, and physical well-being. Uniquely, moral injury seems to address the deep inner pains experienced by veterans who have gone to war and committed or experienced a plethora of inhumane actions. Because of the success of the paradigm, proponents suggest the application of moral injury models to other professions and issues faced throughout society.

Based upon observation and research, it is hypothesized that those who struggle with “sexual brokenness” are also at-risk for developing moral injuries; moreover, they may also experience the same symptoms and cognitions as those suffering from moral injury in military contexts (Stringer, 2018, pp. xvi). Thus, the purpose of this paper is twofold. The first purpose is to explore what moral injury is and how its models conceptualize moral wounds. The second purpose is to explore if moral injury occurs in those experiencing sexual brokenness and if current models can be used to treat clients in this context. It is not expected that the wounds of sexual brokenness will fit perfectly into the realm of current MI models, but it is expected that concept of moral injury will address some of the deep inner pains of those who are experiencing sexual brokenness.

#### **What is Moral Injury?**

Moral injury is a new term which addresses an age-old problem experienced by military veterans (Shay, 2012). Moral injury is not physical, but it is a wound to a person’s soul which

plagues a person's life with emotional and psychological pain (Larson & Zust, 2017). Moral injury is defined as a "complex 'soul' wound...from a person's inability to resolve the difference between one's idealized values and one's perceived experiences (Larson & Zust, 2017, Chapter 2, para. 1). Thus, moral injury begins from interpreting one's actions or experiences as contradictory to one's morals.

For example, before going into the military, someone may believe that killing children is immoral; however, if a teenager in the military zone shoots at U.S. troops as an enemy, then that soldier must choose between protecting the lives of the unit or the life of the child (Larson & Zust, 2017). If the soldier chooses to kill the minor, he or she may experience intense feelings of shame or guilt because their actions violated their moral belief. If their guilt is not resolved, their emotions may be exacerbated causing harm to their mental health, relationships, and daily functioning. This, in short, is the formation of a moral injury.

### **The History of Moral Injury**

While the experience of MI is not a new human experience, the term and concept of moral injury is quite new to the worlds of psychology and military research. In fact, in 1994 Shay was one of the first people to speak on the topic of MI when the book *Achilles in Vietnam* was released (Richardson & Lamson, 2021). In this book, Shay relates Vietnam veteran narratives to the plot of *The Iliad* to display how soul wounds arise in the battlefield because of "betrayals of trust" which can "undo" a soldier's character (Blucher, 2003, pp. 160-161; Jason, 1995). For instance, in *The Iliad*, betrayal of trust occurs when Achilles is "outrage[d] and disoriented[ed]" upon Agamemnon stealing his war prize; Shay parallels this with the U.S. government betraying soldiers through giving short supplies, novice leaders, and faulty equipment, to those who "offered their loyalty" (Jason, 1995, para. 3). The author addresses

moral injury more distinctly in the book, *Odysseus in America: Combat Trauma and the Trials of Homecoming*, when it is said that on the battlefield, “Every atrocity... potentially disables the service member who commit(ed) it...they are good people who will be seared by knowing themselves to be murders” (Blucher, 2003, p. 165). Thus, in these two formative works, the concept of moral injury was born to address soul wounds cause by experiencing moral dilemmas.

As a result of Shay’s research, many books and articles have been written on the now recognized and attested experience of moral injury in military populations. Research on the topic has expanded to address moral injury in other vocations such as healthcare workers in the Covid-19 pandemic and border agents. It is even talked about amongst veterinarians who, at the command of the owners, are responsible for euthanizing animals (WBUR CitySpace, 2020). Additionally, research over moral injury has contributed to – yet is not limited to – better understandings of PTSD and suicide among military populations, psychological treatments for veterans, and resiliency in healthcare. Importantly, moral injury is not just researched and spoken about in the context of the United States, but also in China, the United Kingdom, Israel, the Netherlands, and other nations.

### **The Effects of Moral Injury**

Research shows when a person is morally injured, they are likely to experience emotional/psychological disturbances such as: “guilt, shame, loss of meaning, difficulties with forgiveness, and spiritual/existential crisis” (Battles et al., 2021, p. 1). Moreover, “depression, anxiety, suicidal thoughts and behavior, and hazardous substance abuse” are considered secondary symptoms of an unresolved moral injury (Battles et al., 2021, p. 1). Importantly, as will be seen below, most MI models outline their own organization of MI’s presenting symptoms which are more extensive than the above description.

When recounting his struggle with MI, one veteran stated his experiences in war have “a disproportionate claim” on his identity (Brock & Lettini, 2012, p. 76). Pertinent to this claim is a unique article written by Boska and Capron (2021) in which they conducted a study over maladaptive cognitions resulting from moral injury. They theorized that just as those with PTSD hold distorted perceptions of the world around them, so do those with a MI. The results of their study showed that there were distinctive maladaptive cognitions that occurred in those with a moral injury; These cognitions were distortions of: “self-worth and justice,” “reliability and trustworthiness,” “atonement,” and “forgiveness of others” (Boska & Capron, 2021, pp. 5-6). Interestingly, while self-forgiveness is a key component of moral injury treatment, the study did not find self-forgiveness to be an active cognitive distortion in those with moral injury; however, they did find that self-forgiveness was “significantly correlated” with self-worth and justice (Boska & Capron, 2021, pp. 5-6). Therefore, this suggests that maladaptive cognitions regarding self-forgiveness may not be a symptom of moral injury, but the status of forgivability ascribed to oneself is largely affected by the interaction of other MI symptoms and cognitions. Hence, - returning to the beginning narrative – while the veteran’s actions may not have literally affected the meaning of his character, it is likely that his maladaptive cognitions and beliefs from a moral injury have made it feel as if his identity is compromised.

### **Current Models of MI**

As the above sections demonstrate, the term and concept of moral injury is new and still being explored by researchers and clinicians. Because of this, there are many different models of moral injury; however, there is a consensus on the notion that a person must be exposed to a “potentially morally injurious event[s] (PMIEs)” for a moral injury to occur (Litz & Kerig, 2019, p. 342). PMIEs are identified as “moral transgressions that entail people doing or failing to do

things” or “being exposed directly or indirectly to others’ transgressions” (Litz & Kerig, 2019, p. 342). Nevertheless, it is not guaranteed that exposure to a PMIE will result in a MI and this issue is what causes moral injury models to diverge. Generally, proposed models communicate the same ideology of moral injuries; however, they differ on diagnosis standards. Thus, a couple models will be highlighted to display different theories available in the field. These models are the “Heuristic Continuum Model of Moral Stressors” and the “Two-Mirror Model of Moral Injury (TMM)” (Litz & Kerig, 2017, pp. 344-345; Larson & Zust, 2017, Chapter 2).

### *Heuristic Continuum Model of Moral Stressors*

The Heuristic Continuum Model of Moral Stressors (HCM) is proposed by Litz and Kerig (2017) as a model which may improve understanding of the nature of MIs. This model presents an inverse relationship between the frequency of morally distressing events and the degree of “psychological, social, and spiritual harm” to the individual (Litz & Kerig, 2017, p. 345). To clarify, they suggest that due to the nature of morally distressing events that happen less frequently, more harm is generally caused to the individual experiencing it. Thus, for a PMIE to cause an MI, it would have to be a very rare experience that causes significant harm to the individual experiencing it.

For instance, people commonly experience “moral challenges” and therefore “moral frustration”, yet these events cause little harm (Litz & Kerig, 2017, p. 345). These experiences are things like political disagreements. Following this, people may more rarely experience “moral stressors” which cause “moral distress” (Litz & Kerig, 2017, p. 345). These events are things like cheating on a test or committing adultery. Because these events are classified by either perpetrating or personally experiencing the moral stressor, the individual will typically experience higher levels of negative emotional impact compared to moral challenges. A person



may experience fear and anxiety or more serious psychological symptoms such as intrusive thoughts, sleep issues, or feeling the need for atonement; however, their identity is likely not impacted. Alternatively, experiencing a PMIE is very rare and its effects upon one's mental and emotional state are more severe and pathological than moral stressors. The effects of moral injuries are severe impacts on one's "personal integrity", identity, and emotional state which can lead to chronic issues (Litz & Kerig, 2017, p. 345). Litz and Kerig (2017) clarify that people make negative "enduring self-attributions" to the identity of the perpetrator – either oneself or someone else –, when experiencing moral injury (p. 345). For example, people experiencing moral injury will focus on their shame and identify themselves as "bad" (Litz & Kerig, 2017, p. 346). In sum, this model portrays MI to include all the experiences of moral stress but on a much greater scale, including the deconstruction of one's identity. Before moving on, it is important to emphasize that this model has standards for MI diagnosis.

### ***The Two-Mirror Model of Moral Injury***

The Two-Mirror Model of Moral Injury is proposed by Larson and Züst (2017) to address the lack of a unified understanding of MI. Their model is centered around the experiences and contexts of military persons and would need interpretation to be applied to other populations. Even so, the TMM has valuable insights and a unique opinion on the development of MI that should be considered for future application. The foundation of the TMM is a formula created to clarify the development of moral injury. Their formula is this: "MIE + MP [=] MD" and "MD [=] MI" (Larson & Züst, 2017, Chapter 2). To clarify, in their model of moral injury, a person experiences a "morally injurious event (MIE)" and experiences "moral pain (MP)" because of it; the result of the event and pain is called "moral dissonance (MD)" which can result in moral injury if unhealed (Larson & Züst, 2017, Chapter 2). Terms will now be further defined. First,

the MIE in the TMM is equivalent to the PMIE in the previously discussed model. Second, moral pain is the “audible and visible expression of moral dissonance... [such as] grief, anger, shame, [etc]” (Larson & Zust, 2017, Chapter 2). Second, moral dissonance is best understood as an encompassing term for a person’s reaction to the MIE and the pain experienced; moreover, within this dissonance are “judgements and perceptions” that target their identity (Larson & Zust, 2017, Chapter 2).

Additionally, the two-mirror model contains four elements. There are two mirrors with one representing the soldier’s “Idealized Moral Voice” and the other their “Judgment of Perceived Moral Agency” (Larson & Zust, 2017, Chapter 2). In-between is the cloud of moral dissonance, which represents the soldier’s self-judgments according to the values of “Fidelity, Responsibility, Accountability, Maturity, and Efficacy [(FRAME)]” (Larson & Zust, 2017, Chapter 2). Below these elements is the formation of moral injury as the result of the self judgements becoming a pathology. Compared to the last model, the TMM does not require an event to meet a certain frequency or severity standard. It relies on the personal stories of soldiers to identify the presence of a MI. Because of this, the five values add structure to the model to help the clinician to identify where a person’s morals might be wounded. Fidelity is specific to the narratives of soldiers as it represents their commitment to the belief systems of military branches. Responsibility and accountability are similar terms and represent a soldier’s claim on their actions and faults. Lastly, Maturity and Efficacy both represent a soldier’s capability for exercising their morals according to their level of wisdom and environment.

The TMM agrees with most research regarding the presenting symptoms associated with moral injury. These symptoms are largely emotional distress, conflict with self, destruction of relationships, and destruction of one’s identity (Larson & Zust, 2017). While the TMM is

focused heavily on military contexts, the flexibility of the model through its narrative approach would enable it to be easily applied in other areas. Moreover, the values chosen at the center of the model are appropriate to evaluate any behavior if fidelity was altered to represent one's loyalty to the morals of their context.

### **Sexual Brokenness and Moral Injury**

Sexual brokenness was a term coined by Stringer (2018) to describe those whose current sexuality and/or behavior was out of line with their desired sexuality. Those experiencing sexual brokenness in Stringer's study were wounded because of their behaviors such as pornography use and addiction, buying sex, shameful sexual fantasies, or experiences of sexual abuse occurring while being unwanted. Within this disconnection between their desired and real state, was a host of emotional stress and harm to their self-esteem and identity. For this paper, the term sexual brokenness seemed appropriate because it can encompass a wide variety of sexual wounding while highlighting their unique experiences of emotional pain and tension. Moreover, unlike terms such as sexual sin, it places no judgements on the rightness or wrongness of a person's behavior. Whereas Stringer's use of sexual brokenness assumes that sexual wholeness is found in adhering to a Christian standard of sexual morals; this essay assumes that a person's sexual wholeness is judged according to its adherence to their own moral system. In sum, through using the term sexual brokenness, this research aims to include anyone whose sexuality and emotions have been wounded by traumatic or unwanted sexual experiences.

### **Hypothesis of MI in Sexual Brokenness**

This paper hypothesizes that those experiencing sexual brokenness are also at-risk for the development of moral injury. Hence, those who commit sexual acts which are perceived to be immoral may experience similar emotional and guilt symptoms as expressed by soldiers when

attempting to resolve their perceived moral violations. For example, those whose pornography usage spirals into increasingly graphic and degrading themes, may feel deep pain and guilt or feel their identity is marred because of their behavior (Stringer, 2018). Moreover, they may feel as if they have violated the moral code of society and would be judged or shunned by others if exposed and/or feel as if they must atone for their behavior. Additionally, those who experience sexual betrayal, such as abuse or infidelity, may also develop a MI. For example, if they experienced pleasure during the abuse or having lingering arousal triggers which are associated with past themes of abuse (Stringer, 2018). In any instance of violation, it is hypothesized that a person experiencing sexual brokenness may develop moral injury if they perceive their behavior or experience to be morally divergent and cannot resolve this dissonance.

### **Instances of MI in Sexual Brokenness**

Research on moral injury within military populations began with listening to testimonials, and so must the research on moral injury within populations experiencing sexual brokenness. It is unlikely that a client could identify that the source of their emotional and psychological pain is a wounded moral consciousness, yet through listening to their stories, a therapist may hear context clues which suggest that their client is struggling with a moral injury. Accordingly, much research on this topic centers on testimonial evidence suggesting that those experiencing sexual brokenness do possess moral injuries.

While the topic is new, researchers have begun to examine the occurrence of MI in sexual experiences. For example, a study seeking to categorize traumatic military experiences in military populations included “military sexual trauma (MST)” as a “noncombat betrayal-based [experience]” (Frankfurt et al., 2018, Introduction section; Stein et al., 2012). Specifically, the study categorized military sexual trauma as a “Moral Injury by Others” and, through

interviewing service men and women, were able to show support for the validity of their proposed category of experience (Stein et al., 2012, Notes section). Thus, this formative study began revealing the presence of moral injury in those who have experienced sexual trauma. Furthermore, a study completed by Frankfurt et al. (2018), verified that MST was a “prototypical example... of both institutional betrayal and moral injury betrayal” (Betrayal section). In their research, they found that MIs resulting from betrayal, such as MST, evoked feelings of anger and self-disgust and not shame or guilt. This research echoes the findings of Shay when describing the formation of MI after victimization or better understood as a morally injury caused by others. Moreover, Frankfurt et al. (2018) proposed that moral injury would be a fitting result of being an instigator of sexual trauma and would represent a “perpetration-based” MIE (Perpetration section).

The sexually traumatic experiences documented in Frankfurt et al.’s (2018) study were instances of “offensive sexual remarks,” “negative rumors,” and instances of coercion and threats made by authority figures to encourage sexual cooperation (Results section). Undoubtedly, these events and traumas are not unique to military contexts, but they also pervade civilian life in both men and women. Therefore, it may be inferred that not only do military populations experience moral injury resulting from these sexual traumas, but so do civilians. Conclusively, the authors contended that their findings revealed “a largely unexplored” area which needs further exploration “to deepen understanding of and treatment for MST” (Frankfurt et al., 2018, Betrayal section). Another study which affirms the presence of MI after sexual victimization was completed by Otte (2015), who determined moral injury could occur in civilian female populations who experience intimate partner violence. Her study clarified that among many forms of intimate partner violence are incidences of sexual abuse. In her survey, the participants

identified psychological trauma symptoms such as: “changes in meaning,” “guilt and shame,” and “changes to worldview” which correspond to MI symptoms (Otte, 2015, p. 53).

Additionally, the results of the study revealed that “all eight participants... identified themes of moral injury on one or more occasions” (Otte, 2015, p. 54). Thus, these studies reveal that those experiencing sexual brokenness because of sexual abuse or as victims of perceived sexually immoral behaviors are likely also experiencing moral injury.

It is easier to explore the moral harms of sexual victimization than perpetration, because views on what is sexually moral and stances on their potential harmfulness are widely varied and often religiously biased (Grubbs & Perry, 2019). Nevertheless, there is growing research on the harms of sexual behaviors when they are considered immoral based upon personal standards.

One such source is the research of Grubbs and Perry (2019) who explored the relationship between “moral incongruence and pornography use” (p. 29). Their study found that the likelihood of experiencing negative psychological, emotional, and relational problems increased with those who believed their usage of pornography was immoral. The relationships of those who were married, using pornography, and believed it to be immoral were significantly more negatively affected than those in the same category who did not believe pornography to be immoral. Studies also showed that men who experience moral incongruence regarding their pornography use were more likely to experience depression because of their inner conflict.

Furthermore, the authors argue, “moral incongruence is likely a key factor in predicting perceived addiction” (Grubbs & Perry, 2019, p. 33). This means that those who are experiencing a moral incongruence with their behavior are more likely to perceive themselves as addicted to pornography or as “hyper-sexual” (Grubbs & Perry, 2019, p. 33). Moral incongruence regarding one’s behavior and its resulting symptoms are the essence of moral injury. Furthermore, because

of their moral incongruence, these men are experiencing negative effects on their emotional, relational, and psychological health. Thus, the evidence outlined by Grubbs and Perry displays that moral injury is also likely occurring in those who have perpetrated sexual behaviors.

### **Possible Benefits of MI models**

Moral injury seems to be occurring in populations and instances that are outside of the typical combat narrative. Specifically, moral injury is occurring in populations who are experiencing sexual brokenness, because of self-perpetrated actions, personal traumas, or other unresolved emotional wounds. To show the application of moral injury models to sexual brokenness, this section will explore how the Two-Mirror Model of MI and the Heuristic continuum Model of Moral Stressors could benefit those involved in the process of healing sexual brokenness. Importantly, these models do not attempt to explain how to heal moral injury, they merely conceptualize what moral injury is and how it presents itself in the life of the individual. Therefore, the benefits of these models are in their ability to help the client and the counselor to reconceptualize and understand the client's experiences. Because self-awareness is a vital step in one's ability to produce change in one's life, these benefits should not be devalued.

### ***Application of the TMM of MI***

In a study researching group therapy for sex addictions and its benefits, researchers found that the top things' participants enjoyed the most were realizing that they were not alone in their struggles and that they had a group they could openly speak to about their problems (Hall & Larkin, 2020). One participant said, "coming out of shame and isolation was a powerful experience" (Hall & Larkin, 2020, p. 7). For those who have committed sexual behaviors or had sexual experiences which violate social norms and morals, sharing one's story and experiences can be an impossible task; however, this very act is where healing begins. Therefore, the

narrative style of the Two-Mirror Model of MI may be ideal for helping those experiencing sexual brokenness to feel comfortable enough to share their stories. Its structure has no value judgements regarding the validity of the person's moral injury, rather it accepts the person's narrative and organizes it into a coherent explanation of how the MI was formed. Furthermore, the guiding FRAME values can help the storyteller explain how their experiences violated their morals and highlight the contextual factors which influenced their experience. For example, if a woman blames herself for a sexual abuse she has experienced because she did not prevent it from occurring, the values of maturity and efficacy can expose illogical or harsh self-judgments placed on herself. Through the value of maturity, the counselor may discover that she was only a child when the abuse occurred and therefore did not have the capacity to exercise the self-protection and boundaries needed to stop the abuse. Furthermore, the value of efficacy could reveal that she was further unable to prevent the abuse because it was done by a significant figure in her community or family; therefore, her context did not empower her to speak up or defend herself. Thus, this model would be ideal for revealing aspects and plot lines of a client's story which are contributing to their moral injury and need to be resolved or reconceptualized.

### ***Application of the Heuristic Continuum Model of Moral Stressors***

As in military contexts, not all negative sexual experiences or traumas are equal in severity. Therefore, the Heuristic Continuum Model of Moral Stressors may be a more appropriate model to organize the wide variety of experiences and corresponding depths of moral wounds. This is because the HCM does have perimeters and standards for what qualifies as a moral injury and what may more simply be a moral frustration or moral distress. These distinctions might particularly benefit clinicians because they can analyze where their client is along the spectrum of moral stress. From this point, they can then understand which specific



areas they need to work on with their client. For example, a client may feel morally wounded because they recently, and uncharacteristically, had a one-night stand following a breakup; however, upon further listening, the therapist sees that the client's self-concept is still relatively positive, and the client simply seems stuck in the shock of her experience. According to the HCM, the client is likely only experiencing moral distress, and so the therapeutic process can focus on acceptance, moving forward, and coping with anxiety or intrusive thoughts. Importantly, the HCM protects the distinctions that lie between smaller distressful events or traumas and larger traumas. It does not disrespect the client's feelings or experiences, but properly categorizes them to ensure the proper level of attention is given. It also ensures that the experiences of those who have endured significant traumas are respected and treated accordingly. Therefore, this model would particularly be good for counselors during the assessment and treatment planning process.

### **Future Research**

This essay has demonstrated that moral injuries seem to be present in those who are experiencing sexual brokenness; however, it is unclear if MI's cause additional emotional distress to the person or if it is responsible for the perceived experience of being sexually broken. Future research should focus on studying those who have experienced sexual trauma and their degree of identification with the definition and label of sexual brokenness. From there, the correlation between positive identification with sexual brokenness and the presence of a MI should be studied. This could explain why some people suffer more from sexual issues and traumas than others, because a key component could be whether they have been morally injured. Particularly, this is where the HCM model of MI would be helpful, because it could contrast those who have typical feelings of pain and betrayal resulting from sexual trauma and those who seem to be experiencing additional non-typical pathological symptoms. The research conducted

by Grubbs and Perry (2019) suggests that those presenting with a moral injury regarding their sexual behavior are more likely to perceive themselves as experiencing sexual brokenness. Thus, creating treatments for sexual moral injuries may create a new avenue for helping people heal from sexual addictions and issues, because it could target the source of their shame which often reinforces unwanted behavior (Stringer, 2018). Additionally, research should also focus on the experience and term of sexual brokenness. While the term highlights the unique pain experienced by some who view their sexuality with disdain or have sexual wounding, the negative connotation of “brokenness” may be problematic. Some clients may not desire to be regarded as “broken,” yet this term may also help other clients identify how they are feeling. Nevertheless, despite controversy surrounding what is sexually moral and immoral, this research has preliminarily found that there are people who suffer because of the negative perception of their behavior or experience. Therefore, more research needs to be dedicated to the topic regardless of societal beliefs about what is acceptable.

### **Conclusion**

In summary, it was the purpose of this paper to explore the concept and models of moral injury and to apply them to the experience of sexual brokenness. Moral injury is a complex interaction of self-judgements created by either a perpetrator or a victim in reaction to a behavior which is perceived to violate one’s moral system. When the self-judgements and maladaptive cognitions of a moral injury are not resolved, then one may also experience a host of emotional and psychological secondary symptoms. Once established, this moral injury can produce isolation, harm to relationships, and limit one’s ability to function in daily life. Until recently, moral injury was primarily only conceptualized in military populations, but now researchers are beginning to look for it in many other vocations and civilian traumas. Specifically, sexual

traumas and addictions are new areas of experience where researchers are beginning to find evidence of moral injury. Thus, those experiencing sexual brokenness are likely also experiencing moral injuries which further harm their mental, emotional, and relational health while reinforcing their brokenness. Fortunately, current models of moral injury seem to offer counselors a helpful understanding of MI which can teach them how to organize client stories and to discover what pieces of these stories need resolution or reconceptualization. While these models must be refined to better fit the needs of sexual brokenness, the brief application of models in this essay shows promise that it can be done. Therefore, further research on the application of moral injury to civilian issues is vital as it could create new pathways of healing to clients who are experiencing a moral injury. Moreover, popularizing literature about moral injury, could reconceptualize how clinicians and the public view trauma, betrayal, and failure. This reconceptualization could not only transform how society views those who have perpetrated wrongs, but it could also help universalize the difficulties faced in living a human life.

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