



REVIEW ARTICLE



A scoping review of moral injury in refugees

Natalie Donovan, Goran Lukic and Oliver Mason

School of Psychology, University of Surrey, Guildford, UK

ABSTRACT

Background and Objective: We review the empirical evidence about how moral injury, the experience of a transgression of one's moral framework, can be understood in refugee and asylum seekers.

Method: Systematic search identified 12 studies that utilised a range of methodologies (8 quantitative, one qualitative, one mixed methods, and one case study). Study quality was assessed using critical appraisal tools: studies varied in quality from moderate to high (75–100%) with some having methodological issues or a risk of bias.

Results: Moral injury is suggested to play a major role in psychological distress and mental health outcomes in these populations: refugees are exposed to a wide range of potentially morally injurious events (PMIEs) and suggest that it is the cognitive appraisal of the event that leads to negative psychological outcomes. Specifically, two distinct subtypes of moral injury appraisals appear pertinent to refugees: the appraisal of one's own actions as violating moral beliefs (MI-self) and the appraisal of others' actions as violating moral beliefs (MI-other).

Conclusions: Moral injury may play a key role in understanding the psychological impact of traumatic events and stressful experiences that violate an individual's moral beliefs. Consequently, there is potential benefit in targeting moral injury appraisals in therapeutic interventions for refugee populations.

Una revisión del alcance del daño moral en los refugiados

Antecedentes y objetivo: Revisamos la evidencia empírica sobre cómo se puede comprender el daño moral, la experiencia de transgredir el propio marco moral, en personas refugiadas y asiladas.

Método: Una búsqueda sistemática identificó doce estudios que utilizaron diversas metodologías (ocho cuantitativos, uno cualitativo, uno de métodos mixtos y un estudio de caso). La calidad de los estudios se evaluó mediante herramientas de evaluación crítica: la calidad de los estudios varió de moderada a alta (75–100%), y algunos presentaron problemas metodológicos o riesgo de sesgo.

Resultados: Se sugiere que el daño moral desempeña un papel importante en el malestar psicológico y los problemas de salud mental en estas poblaciones: los refugiados están expuestos a una amplia gama de eventos potencialmente lesivos en el ámbito moral (PMIEs por sus siglas en inglés) y se sugiere que es la evaluación cognitiva del evento la que conduce a resultados psicológicos negativos. Específicamente, dos subtipos distintos de evaluaciones del daño moral parecen pertinentes para los refugiados: la evaluación de las propias acciones como violatorias de las creencias morales (MI-self) y la evaluación de las acciones de los demás como violatorias de las creencias morales (MI-otro).

Conclusiones: El daño moral puede desempeñar un papel clave en la comprensión del impacto psicológico de eventos traumáticos y experiencias estresantes que violan las creencias morales de un individuo. Por consiguiente, existe un beneficio potencial al enfocar las evaluaciones del daño moral en las intervenciones terapéuticas para poblaciones de refugiados.

ARTICLE HISTORY

Received 4 February 2025

Revised 20 April 2025

Accepted 28 April 2025

KEYWORDS

Moral injury; refugees; asylum seekers; appraisal; scoping review

PALABRAS CLAVE

Daño moral; refugiado; trauma; evaluación; revisión

HIGHLIGHTS

- Recognising moral injury as distinct from traumatic events themselves is essential when evaluating refugees' mental health.
- Post-migration living difficulties also have an impact on mental health via their association with moral injury. These include lengthy asylum processes, fear of deportation, lack of integration, as well as social and financial difficulties.
- Studies exploring moral injury within refugee populations are very limited and often share the same authors and come from a few high-income countries. Further research is needed in diverse refugee groups and countries.

1. Introduction

The number of people forcibly displaced from their homes worldwide due to persecution, conflict, human rights violations, or scarce natural resources is growing exponentially each year (UNHCR, 2023). This surge in displacement has led to a significant mental health burden among refugees, making it a

critical public health concern globally. A refugee is defined by the UN Refugee Convention as a person who is unable or unwilling to return to their country of origin due to fear of being persecuted for reasons of race, religion, nationality, membership of a social group, or political opinion (House of Lords Library, 2022). An asylum seeker is an individual who is

CONTACT Oliver Mason o.mason@surrey.ac.uk School of Psychology, University of Surrey, Stag Hill, Guildford, Surrey GU2 7XH, UK

Supplemental data for this article can be accessed online at <https://doi.org/10.1080/20008066.2025.2501369>.

© 2025 The Author(s). Published by Informa UK Limited, trading as Taylor & Francis Group

This is an Open Access article distributed under the terms of the Creative Commons Attribution-NonCommercial License (<http://creativecommons.org/licenses/by-nc/4.0/>), which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited. The terms on which this article has been published allow the posting of the Accepted Manuscript in a repository by the author(s) or with their consent.

seeking international protection and has applied for refugee status under the convention and is yet to receive a decision on their claim (House of Lords Library, 2022). The terms asylum seeker and refugee are used interchangeably in the research and for the purposes of this review the term 'refugee' has been used to encapsulate all.

Refugees often endure traumatic experiences and human rights abuses, leading to higher rates of mental health issues like Post Traumatic Stress Disorder (PTSD), depression, and psychosis compared to the general population (Fazel et al., 2005; Guajardo et al., 2016; Montgomery et al., 2014). Studies show that these problems can worsen over time in the host country due to post-migration difficulties such as social isolation, cultural adjustment, financial struggles, and family separation (Gleeson et al., 2020; Guajardo et al., 2016; Li et al., 2016). Although most psychological research with refugees has focused on the consequences of trauma and rates of PTSD and depression, emerging evidence indicates that *moral injury* may be an important construct for understanding the psychological impact of refugees' experiences (Hoffman et al., 2018; Nickerson et al., 2015). Many refugees experience complex negative emotional responses even when they do not experience direct threat to their life and do not meet criteria for a PTSD diagnosis (Hoffman et al., 2018). Unlike PTSD, which is primarily associated with fear-based trauma, moral injury centres around guilt, shame, and ethical dissonance (Litz et al., 2009).

The idea of moral injury has been widely researched in military settings and was originally conceptualised by Jonathan Shay, an American psychiatrist, based on his research with war veterans (Shay, 2003, 2014). Shay observed that a PTSD diagnosis did not capture all the emotional experiences that he witnessed in military veterans following their exposure to traumatic events. Specifically, he identified the emotions of guilt, shame and anger were important and found that a loss of trust was a characteristic not explained by the PTSD model. He suggested that it was also the veterans' sense of what was morally right that was under threat and defined moral injury as 'a betrayal of what's right, by someone who holds legitimate authority, in a high stakes situation' (Shay, 2003, p. 240). This definition focused on the failures and betrayal of trust of leaders in the military, and thus put the focus of responsibility outside of the individual (Shay, 2003, 2014). Subsequently, the definition of moral injury has evolved to focus on a person's own perception of their own moral failures or those of others. A more recent definition of moral injury is 'the lasting psychological, biological, spiritual, behavioural, and social impact of perpetrating, failing to prevent, or bearing witness to acts that transgress deeply held moral beliefs and expectations' (Litz et al., 2009, p. 697). In contrast, this definition can also

place the individual as the perpetrator of moral transgressions and suggests that moral injury is the violation of what one believes to be 'right' by their own moral and ethical standards. Traumatic events are often in high-stakes situations with a significant moral component and have been referred to as Potentially Morally Injurious Events (PMIEs; Hoffman & Nickerson, 2022). The concept of moral injury has been further expanded in some of the more recent studies in terms of cognitive appraisals; the extent to which a person believes that important moral rules or beliefs have been transgressed during an event (Litz et al., 2009; Litz & Kerig, 2019). Moral injury appraisals are separated into two subtypes as described by Hoffman et al. (2018): *Moral Injury Self*; the appraisal of one's own actions as violating moral beliefs (MI-self), and *Moral Injury Other*; the appraisal of the actions of others as violating moral beliefs (MI-other).

Research in moral injury is growing with the aim of better explaining the psychological consequences of being exposed to experiences that transgress deeply held moral beliefs (Ter Heide & Olf, 2023). The conceptual expansion of moral injury acknowledges that non-military individuals can also experience moral injury, including healthcare workers (Berkhout et al., 2022), veterinary professionals (Williamson et al., 2022), journalists (Feinstein et al., 2018), and refugees (Hoffman et al., 2018). Like military personnel, refugees are vulnerable to moral injury due to their exposure to multiple traumatic and stressful events. This is compounded by the fact that they are often seeking refuge due to religious, political or cultural reasons which relate to deeply held beliefs (Hoffman et al., 2018). Moral injury appears to be a pertinent construct to consider in refugee populations as it can help to explain psychological difficulties that go beyond responses to trauma, such as asylum-related stress and post-migration living difficulties. Moral injury has been associated with higher rates of PTSD, depression, anger, and a lower quality of life, even beyond the effects of trauma in refugees (Hoffman et al., 2018; Nickerson et al., 2015). Addressing moral injury is therefore crucial for supporting the mental health of refugees.

The aim of this scoping review is to explore the literature regarding the concept of moral injury in those that have sought refuge in another country, to understand how moral injury can be understood in this population and the role it may play in psychological distress and mental health outcomes.

2. Method

2.1. Search strategy and data sources

Studies were included from peer-reviewed sources that comprised original data that explicitly explored moral

injury irrespective of study design, setting, patient characteristics or year of publication. A systematic search of published studies was conducted up to 1st May 2024 to identify empirical papers that explored the concept of moral injury in refugees or asylum seeker populations. A comprehensive search strategy was adopted which included variations of the term 'moral injury' – though we acknowledge discussion as to whether these terms measure a range of constructs. The search descriptors used were 'moral injury OR moral distress OR moral trauma' and combined with 'refugees OR asylum seekers'. No filters were placed on publication date, population, subject area or document type, and search terms were located through searching anywhere in the publications. A systematic search was conducted across APA PsycInfo, APA PsycArticles, Psychology and Behavioural Sciences Collection, APA PsycBooks, Cumulative Index to Nursing and Allied Health Literature (CINAHL) and MEDLINE (via EBSCO Psychology Cross Search). An additional search was conducted on PTSDpubs

(via ProQuest) due to its relevance to the topic. The PRISMA flow diagram in Figure 1 outlines the study search and selection strategy (Moher et al., 2009). Duplicate papers were removed from the search results, and then the titles and abstracts of the papers were screened for their relevance to the research question. Selected studies were then read in full and screened against the inclusion and exclusion criteria before they were put forward for the review. The main researcher completed the literature search and screening in consultation with research supervisors. The reference lists of the selected studies were also screened for additional relevant papers: however, none were found. Overall, searches generated 12 studies that met the inclusion criteria and were included in the data extraction and analysis.

2.2. Study characteristics

The 12 included studies were conducted in Australia (7 studies), Switzerland (3 studies) and the

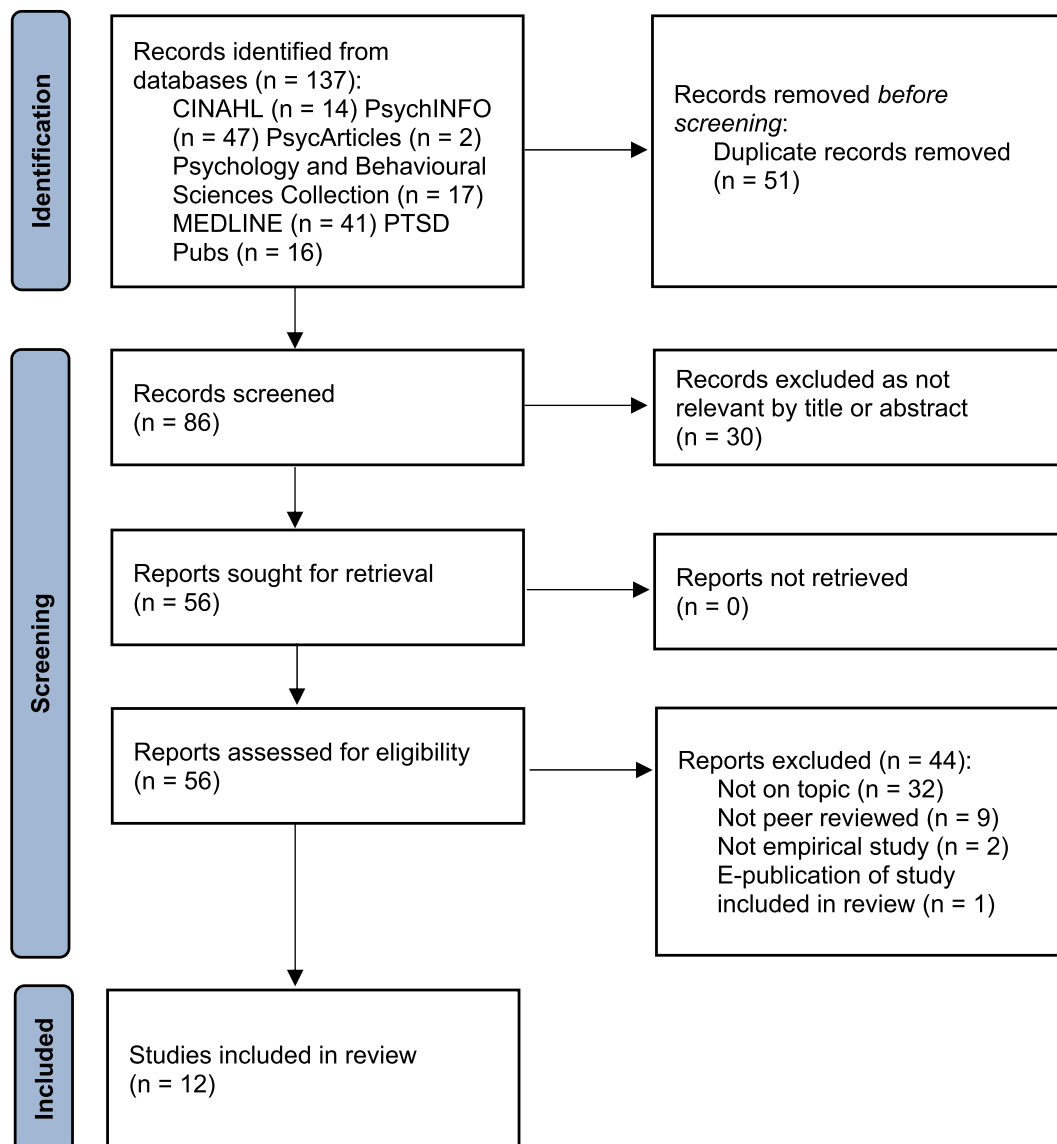


Figure 1. PRISMA flow diagram.

Netherlands (2 studies). Eight studies employed primarily non-experimental quantitative methodologies, and one study had an experimental quantitative design. One study employed a mixed methods design; however, results were principally quantitative with qualitative analysis used only for categorising the events reported by participants. This study has therefore been reviewed alongside the other quantitative papers. Only one study used an entirely qualitative approach. The remaining study was an evaluation of a treatment protocol in a single case study. Please see [Table 1](#) for key characteristics of the studies. The participants' stage of immigration was not always clearly defined in the publications (i.e. if they were awaiting a decision on their claim for asylum or had their asylum claim granted).

2.3. Data extraction and analysis

Data was analysed and synthesised using a narrative synthesis approach (see summary in [Table 1](#)). The researcher followed guidance from Popay et al. (2006) on how to produce a high-quality narrative synthesis by implementing a storytelling approach and exploring relationships within and between studies. The data analysis entailed thoroughly reading and re-reading the articles and extracting key findings into a table. Main themes and concepts were identified by examining areas of commonality and divergence. The findings were then synthesised and structured under each theme heading. The quantitative studies, mixed-methods study, and case study were reviewed together, while the qualitative paper was analysed separately.

2.4. Quality appraisal

Methodological quality was critically appraised using appraisal checklists from the Joanna Briggs Institute (JBI) Manual for Evidence Synthesis (Aromataris & Munn, 2020). The JBI Critical Appraisal Checklist for Analytical Cross-Sectional Studies was used for evaluating quantitative studies with a non-experimental design (Moola et al., 2020), including the mixed-methods study which involved primarily quantitative results. For the one experimental study, the JBI Critical Appraisal Checklist for Quasi-experimental Studies was used (Tufanaru et al., 2020) and the JBI Critical Appraisal Checklist for Case Studies for the one case study (Moola et al., 2020). The JBI Critical Appraisal Checklist for Qualitative Research was used for the study using reflexive thematic methodology (Lockwood et al., 2015). The checklists (see supporting materials) determined the extent to which each study had addressed the possibility of bias in its design and analysis. Each score was converted to a percentage to allow for ease of comparison between the studies. The critical appraisal scores for each study

have been incorporated into [Table 1](#) and the completed checklists can be viewed in supporting materials. Given the limited research in this area, studies were not excluded based on the quality analysis, but the score was considered in the synthesis of the evidence. Ten of the studies scores fell between 75 and 89% where there were some methodological issues or a moderate risk of bias, but the findings are generally considered reliable (de la Rie et al., 2021; Hoffman et al., 2019; Hoffman & McEwen et al., 2022, 2023; Mooren et al., 2022; Nickerson et al., 2015, 2018, 2022; Passardi et al., 2022; Spaaij et al., 2021). Two studies received a 100% score (Hoffman et al., 2018; Nickerson et al., 2022).

3. Results

3.1. Measurement of moral injury

A barrier to conducting quantitative research into moral injury in refugees is the lack of a reliable and validated measure. In the military context, the Moral Injury Events Scale (MIES) developed by Nash et al. (2013) identified two factors: perceived transgressions and perceived betrayals. The studies reviewed here adapted scales from the MIES in quite a wide range of ways. In the earliest paper, the Moral Injury Scale (MIS) was created by adapting the MIES for adult refugees, including six items measuring moral transgressions by others (MI-other) and experiences of betrayal (Nickerson et al., 2015). Following this, Hoffman et al. (2018) developed the Moral Injury Appraisal Scale (MIAS) to explore the relationship between moral injury appraisals, trauma exposure and mental health in adult refugees. The MIAS, an extended version of the MIS, is an 11-item measure including items measuring moral injury self (MI-self) appraisals. Confirmatory factor analysis supported a two-factor model of moral injury comprising a MI-other and a MI-self factor. However, the two items related to betrayal did not correlate strongly with the other items and were removed to improve the scale's accuracy and reliability, leaving nine items. The revised MIAS demonstrated good fit statistics and internal consistency for its two subscales (Hoffman et al., 2018). Five additional studies used the MIAS to investigate moral injury (de la Rie et al., 2021; Hoffman et al., 2019; Hoffman & Nickerson, 2022; McEwen et al., 2022, 2023). The degree to which these adaptations resulted in valid and reliable measurement of moral injury is a point for discussion. Indeed, two of these studies focussed on adolescent refugees, a group for whom the MIAS is not validated, representing a limitation despite adequate internal consistency (McEwen et al., 2022, 2023).

In three studies within this review of the quantitative literature, Spaaij et al. (2021) used only the

Table 1. Key characteristics of included studies.

Authors	Study aims	N	Population characteristics	Study design	Measures	Type of analysis	Score
Hoffman et al. (2018) Australia	To systematically investigate moral injury appraisals in refugees and how they contribute to mental health outcomes.	222	Mean age of 38.07 (SD = 12.91, range 18–76). 102 male (45.9%) and 110 female (49.6%), 10 (4.5%) not specified.	Cross-sectional	MIAS; HTQ; PDS-5; PHQ-9; DAR-5	Confirmatory factor analysis of MIAS. Structural equation modelling of moral injury factors, key predictors and outcome variables.	100%
Hoffman et al. (2019) Australia	To examine typology of appraisals; and events and psychological outcomes associated with appraisal profile.	221	102 male (46.2%), 109 female (49.3%), 10 unspecified (4.5%). Mean age 38.42 (SD = 14.0); age range of 18.4–76.2.	Cross-sectional	MIAS; HTQ; PMLD; PDS-5; PHQ-9; DAR-5	Latent profile analysis of moral injury appraisals. Exploratory factor analyses of traumatic experiences and postmigration stressors.	75%
Hoffman and Nickerson (2022) Australia	To identify profiles of moral injury beliefs and examine impact of moral injury beliefs on emotional and psychological outcomes.	71	34 male, 47.9%; 37 female, 52.1%.	Experimental simulation	MIAS; Blame; PDS-5; CTI-104; HSCL-25; PANAS-X; SRO; IES	Latent class analysis. Moderated hierarchical regressions to investigate the main and interaction effects of moral-injury class and blame appraisals on emotions, intrusive memories, and rumination.	89%
McEwen et al. (2022) Australia	To investigate moderation of relationships between trauma and outcomes by moral injury appraisals.	85	Aged 16–25. 58.80% female; Mean age = 20.78.	Cross-sectional	MIAS; SLE; PMLD; EDS; RATS; HSCL-37A; CYRM-R	Moderation analyses to determine whether moral injury moderated the association between SLE, postmigration stress, discrimination, and psychological outcomes.	88%
McEwen et al. (2023) Australia	To investigate the associations between moral injury, traumatic injury, resilience and mental health in adolescents.	85	Aged 16–25. 58.80% female; Mean age = 20.78.	Cross-sectional	MIAS; SLE; PMLD; EDS; RATS; HSCL-37A; CYRM-R	Multiple regression and mediation models to predict psychological wellbeing from trauma and cognitive variables.	88%
Nickerson et al. (2015) Switzerland	To investigate mental health outcomes and quality of life.	134	78.4% male, 31.6% female; Mean age of 42.4 (SD = 9.8)	Cross-sectional	Moral Injury Scale; HTQ; PMLD; PDS-5; HSCL-25; Explosive Anger Scale; SF-12	Hierarchical regression analyses were used to predict psychological outcomes, anger, and mental health-related quality of life, in relation to moral injury.	75%
Nickerson et al. (2018) Switzerland	To investigate the longitudinal association between moral injury appraisals and PTSD/depression.	134	Two outpatient clinics. At Time 1, 105 males (78.4%), with a mean age of 42.44 years (SD = 9.8%).	Longitudinal (followed up 2–4 years later)	6-items of MIAS; HTQ; PDS-5; PMLD; HSCL-25	Path analyses to investigate the relationship between demographics, refugee experiences, moral injury subscales, and PTSD, and depression symptoms at Time 1 and Time 2.	88%
Nickerson et al. (2018) Switzerland	To investigate the longitudinal impact of moral injury appraisals on a variety of psychological symptoms (fear-related symptoms, anger, sadness and shame) over a period of 6 months.	1085	Community sample of adult refugees living in Australia. Male (57%), mean age = 38.11 (SD = 11.79)	Longitudinal (followed up at 6 months)	18-items of MIAS; HTQ; PMLD; PDS-5; Personal Feelings Questionnaire; DAR-5; PHQ-9	Confirmatory factor analysis to examine the factor structure of the MIAS. Structural equation model of relationships between refugee experiences, moral injury appraisals, and psychological symptoms.	100%
Spaaij et al. (2021) Switzerland	To investigate how embitterment, moral injury, and diminished self-efficacy are related to trauma exposure and post-migration living difficulties.	71	Clinical sample in treatment for victims of torture. Mean age of 47.96 years (SD = 9.08), and the sample comprised 85.9% (n = 61) males.	Cross-sectional	MIAS (other subscale); HTQ; PDS-5; PMLD; General Self Efficacy Scale; Bern Embitterment Inventory.	Multiple hierarchical regression analyses of traumatic experiences, post-migration living difficulties, moral injury appraisals and general self-efficacy as independent variables, and embitterment as the main outcome variable.	88%
Mooren et al. (2022) Netherlands	To examine the nature of Potentially Morally Injurious Events (PMIEs) among refugees. To compare refugees with and without PMIEs in terms of PTSD severity, feelings of guilt, and general mental health symptoms.	183	Trauma clinic referrals. Mean age = 40.68 years (SD = 11.12), and the sample comprised of 67.8% (n = 124) males.	Retrospective; Mixed methods	LEC-5; CAPS-5; BSI	Qualitative analysis using an inductive approach to categorise PMIEs into themes. PMIEs were categorised into MI-self or MI-other types. Statistical tests of differences between moral injury groups on the demographical variables; and to explore the relationship between moral injury and PTSD, psychological symptoms, and guilt.	75%
de la Rie et al. (2021) Netherlands	Single case study of Brief Eclectic Psychotherapy for Moral Trauma (BEP-MT)	1	Anonymous case with diagnosis of PTSD.	Single case study	MIAS; CAPS-5; PTSD Checklist (PCL-5); BSI.	Pre/post comparisons. Session measures of moral emotions	86%

(Continued)

Table 1. Continued.

Authors	Study aims	N	Population characteristics	Study design	Measures	Type of analysis	Score
Passardi et al. (2022) Australia/ Nauru	To explore moral injury in Nauru based refugees.	13	Mean age = 37.9 (SD = 13.5), range 21–60 years. 9 female, 4 male.	Qualitative	Diagnostic interviews	Reflexive thematic analysis of semi-structured interviews	80%

Notes: Harvard Trauma Questionnaire (HTQ); Posttraumatic Diagnostic Scale (PDS-5); Patient Health Questionnaire-9 (PHQ-9); Dimensions of Anger Reactions-5 (DAR-5); Post-migration Living Difficulties Checklist (PMLD); Comprehensive Trauma Inventory (CTI-104); Hopkins Symptom Checklist-25 (HSLC-25); The Positive and Negative Affect Scale – Expanded Form (PANAS-X); State Rumination Questionnaire (SRQ); Impact of Events Scale (IES); Stressful life events checklist (SLE); Everyday Discrimination Scale (EDS); Reaction of Adolescents to Traumatic Stress (RATS); Hopkins Symptom Checklist-37 for Adolescents (HSCL-37A); Child and Youth Resilience Measure (CYRM-R); 12-Item Short Form Survey to assess health-related quality of life (SF-12); Life Events Checklist for DSM-5 (LEC-5); Clinician-Administered PTSD scale for DSM-5 (CAPS 5); Brief Symptom Inventory (BSI)

MI-other subscale of the MIAS to explore the relationship between moral injury, self-efficacy and embitterment in traumatised refugees. Other studies used variations of the MIAS; a shortened 6-item scale for an initial longitudinal investigation (Nickerson et al., 2018) and an expanded 18-item scale incorporating betrayal-related items for a subsequent longitudinal study (Nickerson et al., 2022). The remaining study did not employ a specific measure of moral injury, but categorised participants into moral injury or non-moral injury groups based on qualitative analysis of the events they reported (Mooren et al., 2022). This presents a major limitation due to the lack of a validated measure. Overall, the studies show slight variation in how moral injury is measured and conceptualised.

3.2. Potentially morally injurious events (PMIEs)

Several studies in this review highlighted the importance of distinguishing between potentially morally injurious events, the underlying mechanisms of moral injury (i.e. the appraisal of an event as transgressing a moral framework) and the resulting psychological outcomes (Hoffman et al., 2018, 2019; McEwen et al., 2023). Additionally, all studies indicated that refugees are more likely to be exposed to traumatic experiences and human rights violations, that often act as catalysts for fleeing their home countries. As discussed in the military literature, PMIEs can be events perpetrated by an individual (MI-self), by others (MI-other), or related to a betrayal by an authority (Litz et al., 2009).

In a study by Nickerson et al. (2015), 85% of the treatment-seeking refugee participants had been exposed to torture. The study found that the belief that traumatic events transgressed a moral framework was strongly correlated with negative psychological outcomes. As Nickerson et al. (2015) state, the potential for moral injury after experiencing interpersonal traumas such as torture may be greater as these events are more likely to challenge moral beliefs. Another study using a mixed-methods design, examined the nature of PMIEs among refugees using qualitative analysis (Mooren et al., 2022). The analysis of reported PMIEs, revealed that most participants had experienced situations related to making moral decisions leading to direct or indirect harm to others (e.g. political choices that resulted in risks like arrest or imprisonment) and failing to prevent harm to others (e.g. witnessing extreme violence without intervening).

Several of the papers provided details on the number and type of traumatic events experienced or witnessed by participants in their investigation of moral injury (Hoffman et al., 2018, 2019; Hoffman & Nickerson, 2022; Mooren et al., 2022; Nickerson et al., 2022). These studies suggest that most refugees experience

multiple traumatic events, highlighting the broad range of PMIEs that may encompass their experience. In terms of trauma exposure, a study by Hoffman et al. (2018) found that refugees residing in Australia prior to migration had experienced an average of 4.64 types of traumatic events, including lack of food, water and shelter, being close to death, ill health without access to medical care, and forced separation from family members. Their findings showed a dose-dependent relationship between trauma exposure and moral injury, whereby the greater the number of traumatic events experienced, the higher the reports of moral injury. This finding is also corroborated in other studies with treatment-seeking refugees (Nickerson et al., 2015, 2018). Hoffman et al. (2018) also demonstrated how the trauma event type was related to moral injury subtype. The authors concluded that exposure to forced isolation by others and forced separation from family were significantly associated with MI-other appraisals. In contrast, exposure to forced isolation, forced separation from family, and being close to death were significantly associated with MI-self appraisals (Hoffman et al., 2018). Similarly, two other studies found that different types of traumatic event were associated with MI-self or MI-other subtypes, indicating that the type of trauma event is important when considering its association with moral injury (Hoffman et al., 2019; Hoffman & Nickerson, 2022).

3.3. Post migration living difficulties (PMLD)

Whilst refugees often face traumatic events in their countries of origin pre-migration, many are confronted with ongoing stressors and living difficulties in their host countries that may contribute to moral injury. All the reviewed studies indicated that refugees are impacted by post-migration stressors. This may include lengthy asylum procedures, financial hardship and discrimination. Seven studies used versions of the PMLD Checklist to measure the stressors experienced in the post migration environment (Hoffman et al., 2019; McEwen et al., 2022, 2023; Nickerson et al., 2015, 2018, 2022; Spaaij et al., 2021). In a study investigating moral injury appraisals in refugees living in Australia, exploratory analyses identified subtypes of post-migration stressors that correlated with their experience of moral injury (Hoffman et al., 2019). These subtypes included community and social difficulties, immigration and settlement issues, separation from family, daily living and financial difficulties, and a lack of community or stimulation. This study was the first to demonstrate that PMLD were independently associated with moral injury. Specifically, the authors described how participants may have appraised the post-migration events as forms of betrayal by the host country. Therefore, non-

traumatic events and experiences outside their country of origin may also be appraised as morally injurious and relate to negative psychological outcomes (Hoffman et al., 2019).

Consistent with this research is the finding from a study exploring moral injury appraisals in young refugees (aged 16–25), which concluded that PMLD were strongly correlated with moral injury appraisals (McEwen et al., 2023). Another study by the same researchers found that discrimination specifically within PMLD played a significant role in the relationship between moral injury and psychological symptoms (McEwen et al., 2022). The results indicated that young refugees who had experienced high levels of discrimination and moral injury, had greater PTSD and externalising symptoms. This suggests that discrimination experienced in the host country might be a significant factor in understanding moral injury and psychological outcomes in this population.

Furthermore, in the first longitudinal investigation of moral injury appraisals in treatment seeking refugees, greater exposure to PMLD at time point one was associated with greater MI-other appraisals at time point two (Nickerson et al., 2018). This suggests that the more PMLD an individual experiences, the greater the perception of having their moral framework violated over time. To conclude, it appears that the *appraisal* of an event as morally injurious is key to the outcome, rather than the nature of the event itself. This highlights that events occurring outside of a trauma framework and in the post-migration context are important considerations when investigating the impact of moral injury in refugee populations.

3.4. Moral injury appraisals

All included research has emphasised the importance of distinguishing between the PMIEs, the psychological outcomes, and the underpinning cognitive mechanism of moral injury. The mechanism can be defined as the *appraisal* of an event as challenging internal moral frameworks and belief systems. Hoffman et al. (2018) conducted the first investigation of moral injury appraisal subtypes in refugees, exploring their relationship with trauma exposure and mental health outcomes. They concluded that both MI-self (appraisals about one's own actions) and MI-other appraisals (appraisals about others' actions) were distinct constructs both relevant to the refugee experience. Previous research with refugees had concentrated only on MI-other appraisals (Nickerson et al., 2015). In this study, the betrayal-related items on the MIAS were removed due to weak correlations with the other items on the scale. This unexpected finding will be considered further in the discussion (Hoffman et al., 2018).

A subsequent latent profile analysis provided a deeper insight into the different types of moral injury appraisal and how they relate to psychological outcomes (Hoffman et al., 2019). Interestingly, they found that none of the participants belonged to the group with MI-self appraisals only; instead, they either fell into the MI-other appraisals group, the group representing both appraisals (MI-other and MI-self), or the no moral injury group. In fact, 73% of participants had experienced MI-other appraisals, highlighting them as a distinctive aspect of refugees' experience of moral injury. This is likely due to the nature of human rights violations and persecution that many experience in their pre- and post-migration environments (Hoffman et al., 2019). This finding was replicated in an experimental study by Hoffman and Nickerson (2022), where all participants fell into one of the same three moral injury appraisal profiles, and MI-self appraisals did not occur independently. Furthermore, a longitudinal study found that MI-self and MI-other appraisals were positively correlated over time (Nickerson et al., 2018). This suggests that beliefs about one's own moral transgressions and those about others' moral transgressions reinforce each other and strengthen over time in refugee populations. Conversely, one study with severely traumatised refugees found that 72.7% of participants fell into the group experiencing MI-self appraisals only (Mooren et al., 2022). However, this study did not employ a validated measure of moral injury, such as the MIAS, so results should be interpreted with caution. Additionally, the authors hypothesised that MI-self appraisals related to events like failing to prevent harm to others, likely also included moral transgressions by others. These were not explicitly reported and therefore not reflected in the data.

3.5. Relationship to psychological symptoms, emotions and quality of life

Moral injury is consistently associated with negative psychological outcomes in refugees, including PTSD and depression. In the earliest study by Nickerson et al. (2015), moral injury related to transgressions by others in treatment-seeking refugees was significantly associated with higher levels of depression, PTSD and reduced quality of life. They also found moral injury was associated with higher rates of explosive anger, independently of the other outcomes, aligning with moral injury research in military veterans (Litz et al., 2009). Interestingly, moral injury significantly contributed to psychological outcomes and quality of life, even after controlling for trauma exposure and PMLD (Nickerson et al., 2015). This is further evidence that it the appraisal of an event as transgressing deeply held moral beliefs is more salient to mental health

outcomes, than the amount of trauma or stressors experienced.

Subsequent cross-sectional studies have expanded the research into how moral injury appraisals relate to poorer mental health outcomes in refugees (Hoffman et al., 2018, 2019; McEwen et al., 2022, 2023). Specifically, they have shed light on how the distinct profiles of moral injury, defined by the type of appraisal (MI-self or MI-other), and how these are differentially associated with psychological outcomes. Findings from two studies investigating refugees recently resettled in Australia showed that MI-other appraisals were associated with higher PTSD symptoms, depression, posttraumatic anger, and suicidality beyond the impact of pre-migration trauma (Hoffman et al., 2018, 2019). Therefore, corroborating Nickerson and colleagues' earlier findings (2015). However, MI-self appraisals were positively correlated with depression and posttraumatic anger but showed either no association or a negative association with PTSD symptoms (Hoffman et al., 2018). Specifically, MI-self appraisals were associated with *lower* intrusive PTSD symptoms. The authors suggested that actions committed by others that violate moral frameworks are more likely to be associated with threat and elicit a fear response, whereas actions carried out by oneself might be associated with a greater sense of control and thus not as strongly correlated with fear. Furthermore, individuals with both MI-other and MI-self appraisals were associated with higher rates of anger and depression compared with only MI-other appraisals (Hoffman et al., 2019). This suggests that experiencing both types of moral injury appraisals presents an additional psychological burden. A study exploring moral injury in young refugees aged 16–25, showed that, like adult populations, moral injury appraisals were associated with poorer psychological outcomes (McEwen et al., 2023). Specifically, MI-self and MI-other appraisals were predictors of externalising mental health symptoms, such as anger and substance abuse. Contrary to their hypothesis, moral injury appraisals were not associated with PTSD or internalising mental health symptoms, such as depression and anxiety, which contradicts results from adult refugee studies (Hoffman et al., 2018, 2019; Nickerson et al., 2015, 2018). To explain this, the authors cited research by Barboza et al. (2017) which indicates that PTSD symptoms might manifest as externalising symptoms in young people (McEwen et al., 2023). Alternatively, psychological problems associated with moral injury appraisals may manifest differently in younger refugees. McEwen et al. (2023) also explored the relationship between the PMIE, cognitive appraisal of the event, and psychological outcomes, finding that moral injury appraisals mediated the relationship between traumatic stress and externalising symptoms. Similarly, moral injury appraisals mediated the

relationship between PMLD and internalising symptoms, suggesting that moral injury appraisals play a role in the relationship between traumatic events or PMLD and psychological outcomes. Further research into the mechanisms behind the complex relationship between PMIEs and psychological outcomes would be beneficial.

Interestingly, a retrospective study found no significant difference between the moral injury group and no moral injury group in terms of PTSD severity and general mental health symptoms (Mooren et al., 2022). However, refugees who had experienced moral injury events reported significantly higher rates of guilt. The authors proposed some explanations for this unexpected result. PMIEs might have been underreported at initial intake, which occurred before treatment and the establishment of a trusting therapeutic alliance, leading to some refugees being mistakenly classified as having no moral injury. Additionally, all participants were severely traumatised, possibly leading to ceiling effects. Another factor might be the distinction between moral injury related to oneself and moral injury related to others. In this study, 72.7% of participants reported PMIEs involving their own moral transgressions, which may explain why guilt was more prevalent than fear, resulting in less severe PTSD symptoms than anticipated (Mooren et al., 2022). A major limitation of this research is the lack of a specific measure of moral injury, and the results should be interpreted with caution.

Two studies within this review employed a longitudinal design to investigate the relationship between moral injury appraisals and mental health over time (Nickerson et al., 2018, 2022). Interestingly, both studies found that MI-self appraisals were associated with *lower* PTSD symptoms at a later time point, contrary to their hypotheses. This somewhat aligns with the earlier cross-sectional finding by Hoffman et al. (2018). As discussed, this may suggest MI-self appraisals involve a greater sense of control, resulting in a weaker fear response. Furthermore, experiencing less fear may facilitate the processing of PMIE memories over time, leading to a reduction in intrusive symptoms (Nickerson et al., 2022). Consequently, the relationship between perceived moral transgressions and PTSD symptoms may weaken over time.

In the initial longitudinal study with treatment-seeking refugees, one of the main findings was that higher rates of depression at baseline were correlated with higher rates of MI-self appraisals. The authors proposed that the tendency to ruminate when depressed makes individuals more likely to dwell on their own moral transgressions, increasing the frequency of MI-self appraisals reported over time. Additionally, no significant association was found between MI-other appraisals and psychological outcomes between the two time points (Nickerson et al.,

2018). These results contradict findings from cross-sectional studies reviewed in this paper (Hoffman et al., 2018, 2019; Nickerson et al., 2015). However, it is noteworthy that this study had a relatively small sample size ($N = 134$) and included participants who had been undergoing psychological treatment for an average of 37.67 months and residing in their host country for a mean of 9.01 years at time point one (Nickerson et al., 2018). Considering this context, it is plausible that the psychological symptoms experienced by these participants had already significantly reduced due to the psychological therapy they received, and time spent settling in the country.

The subsequent longitudinal study found that MI-other appraisals were associated with increased PTSD symptoms, anger and feelings of sadness (Nickerson et al., 2022). The inconsistency between the findings of the two longitudinal studies may be due to the stark difference in participants. The later study used a large community sample of refugees ($N = 1085$), not necessarily undergoing treatment, with a mean of 1.98 years living in the host country (Nickerson et al., 2022). This highlights the importance of considering the stage an individual is at in their immigration journey and psychological treatment, when exploring the relationship between moral injury appraisals and psychopathology. Both longitudinal studies support the idea that MI-self and MI-other appraisals represent distinct constructs within the refugee experience, each being differentially associated with mental health outcomes.

The lack of experimental research has prevented inferences regarding the causal impact of moral injury appraisals on psychological outcomes. One experimental study included in this systematic review investigated the impact of moral injury appraisals on psychological outcomes following a simulated PMIE (Hoffman & Nickerson, 2022). The findings indicate that PMIEs may influence psychological outcomes through two distinct mechanisms: beliefs regarding previous moral violations, and appraisals of blame around a specific PMIE. The results suggest that beliefs about past moral violations can significantly impact emotional reactions to new PMIEs, which is crucial for refugees who often experience multiple PMIEs over their lifetime. Interestingly, they found that following a simulated PMIE, it was the interaction of moral injury beliefs and blame appraisals that was associated with psychological outcomes. In the group experiencing both MI-other and MI-self appraisals, those who *blamed others* for the simulated PMIE reported greater fear, intrusions, and rumination than participants in the MI-self group. Conversely, those who *blamed themselves* reported greater anger only. However, this experimental research rather lacked ecological validity due to the PMIE being simulated using mental imagery, rather than actually

experienced by the participants. The results therefore may not be generalisable to real-life experiences of moral injury.

The cross-sectional study by Spaaij et al. (2021) found that embitterment, (a deep sense of injustice, disappointment, and an inability to defend oneself) was reported by 68% of participants and was associated with greater moral injury appraisals and lower self-efficacy were significantly associated with higher levels of embitterment. Further investigation into how moral injury appraisals relate to embitterment and subsequent mental health outcomes would be an interesting avenue for future research.

From all the studies reviewed, there is clear evidence that moral injury appraisals may be one of the core mechanisms contributing to negative psychological outcomes in refugees. However, findings across the studies are inconsistent, which may be due to variations in sample size, participant demographics and the lack of a valid measure of moral injury for all cultural groups.

3.6. Buffers against the effects of moral injury

One unique finding from McEwen et al. (2022) indicated that resilience might buffer some of the negative effects of moral injury. This study, conducted with adolescent refugees, measured resilience through both internal factors (i.e. self-efficacy and sense of agency) and external factors (i.e. community connections and family support). The results showed that resilience significantly moderated the relationship between moral injury and mental health outcomes (McEwen et al., 2022). Specifically in participants with higher levels of resilience, high moral injury was not associated internalising psychological symptoms, suggesting that resilience might serve as a protective factor against psychological distress linked to moral injury. This underscores the potential benefits of fostering resilience through therapeutic interventions to alleviate the psychological burden of moral injury. Notably, a later study by the same researchers seemingly in the same dataset found no significant association between moral injury and resilience (McEwen et al., 2023). The later report, however, did find that resilience was significantly negatively correlated with PMLD, discrimination, and psychological symptoms.

3.7. Treatment of moral injury in refugees

All evidence is consistent with the conclusion that addressing moral injury in tailored, evidence-based interventions may enhance psychological outcomes in refugee populations. However, only one study (de la Rie et al., 2021), addressed the therapeutic treatment of moral injury. Brief Eclectic Psychotherapy for

Moral Trauma (BEP-MT) integrates cognitive-behavioural, psychodynamic, and systemic psychotherapy components. Evaluated in a single case study with a male adult refugee who had not fully benefited from PTSD therapy, BEP-MT was implemented to target moral emotions such as anger, guilt, and shame. The participant, who reported intense guilt and shame from actions taken during military service in his home country, was experiencing symptoms of self-isolation, depression, and intrusive memories associated with high levels of moral injury. The intervention focused on the distorted cognitions underlying his moral emotions, using core techniques like imaginal exposure and cognitive restructuring. While results were promising, there is a clear need for further research into the efficacy of BEP-MT in addressing moral injury in refugees.

3.8. Qualitative findings: moral injury related to immigration detention

The single qualitative study delved into the lived experiences 13 individuals who had been detained in an offshore detention centre on Nauru after seeking asylum in Australia (Passardi et al., 2022). The findings add depth to this review by offering a deeper understanding of moral injury through the voices of the participants, which is absent from other studies. Using reflexive thematic analysis of semi-structured interviews, the researchers developed themes that are summarised in Table 2.

The participants' experiences in immigration detention revealed a stark contrast between their expectations and lived reality. While they anticipated Australia to be a place of safety, they instead faced deprivation, lack of agency, loss of dignity, and dehumanisation. The Australian government was viewed as the authority responsible for these conditions, leading to beliefs that its actions had violated moral principles. Additionally, the individuals reported feeling irreparably damaged by their detention experiences. The study highlighted that experiencing multiple transgressions of one's moral framework in the post-migration environment contributes to psychological distress. Participants reported losing trust, changes in identity, suicidality, and feelings of hopelessness. Additionally, they described moral injury in the context of institutional betrayal, where their expectations of protection and safety from the Australian government were met with rejection, hostility, and violence. The findings suggest that moral injury is a mechanism through which immigration detention may cause harm. Overall, the study provides valuable insights into the impact of post-migration experiences on refugees and their association with moral injury and is consistent with the quantitative studies: it also highlights the association between MI-other appraisals

Table 2. Themes derived from reflexive thematic analysis.

Theme	Illustrative quote
'In my country they torture your body' – Risking one's life to find safety in Australia	'I'm from [. . .] They don't let you talk; you can't choose what you want to be. You can't choose your religion. You can't be a feminist. We decided that we didn't have another way and we came by boat. And that's not an easy way to travel. It's very dangerous. So we made the decision to live in a jail or to die to get freedom. We choose to have freedom.' (p6)
'In Australia they kill your mind' – Material Deprivation, Lack of Agency, Dehumanisation, and Violence	'I blame the Australian government instead of the Nauruan government. So, when they attacked [raped] us, who can we blame? Australia. Because Australia they promised us that they will give us a safe place. But it was not. Instead of giving us a safe place they gave us mental sickness, physical sickness. They put us somewhere where we will lose our hope, we will lose our dreams, we will lose our families.' (p7)
The result: 'I'm completely destroyed – inside and outside'	'Now I don't know, who am I? I lost myself. Because I'm not that person I was, that person who came to Australia. I was healthy. I was active. I had a hard time but I was happy. But now I can't laugh, I can't cry, I can't work. I can't study. I'm living in very dark place.' (p8)

and negative psychological outcomes (Hoffman et al., 2018, 2019; Nickerson et al., 2015).

4. Discussion

The most significant conclusion from this review is perhaps not surprising: moral injury is very consistently associated with enduring mental health disorders and distress in refugee populations. This also aligns with research in military populations where perceived moral transgressions are associated with psychological distress and long-term mental health problems (Litz et al., 2009; Nash et al., 2013). Collectively, the quantitative findings illustrate that the subtypes of moral injury appraisals are differentially associated with psychological outcomes. Cross-sectional findings showed that MI-other appraisals were associated with higher rates of PTSD, depression, suicidality and anger, whereas MI-self appraisals were associated with higher rates of depression and anger. Furthermore, longitudinal findings suggest that the negative psychological symptoms associated with moral injury persist over time. Interestingly, the longitudinal findings suggest that MI-self appraisals are less likely to be associated with PTSD symptoms. This indicates that perceived moral violations enacted by oneself provide a greater sense of control, resulting in a reduced fear response. There were inconsistencies in the findings between the two longitudinal studies with regards to psychological outcomes associated with MI-other appraisals, which might be due to major differences in participant groups in terms of immigration stage and time in treatment. There were also inconsistent findings in the study with adolescent refugees (aged 16–25), which may suggest that moral injury is experienced differently in younger populations.

At a more detailed level of analysis there is consistent evidence that moral injury appraisals play a mediating role in the relationship between PMIEs and subsequent psychological outcomes. Interestingly, in the one experimental investigation, two separate

mechanisms were identified by which PMIEs affect moral-injury related psychological outcomes: (1) pre-existing beliefs about moral violations that occurred in the past, and (2) situation-specific blame appraisals (i.e. who the participant blamed for a simulated PMIE). This highlighted how the perception of blame moderated the relationship between moral injury beliefs and psychological outcomes, and how beliefs about past moral violations can impact reactions to subsequent PMIEs. This is vital when considering how refugees might experience multiple PMIEs across their displacement and immigration journey. Overall, the review findings highlight the significance of cognitive appraisals as the underlying mechanism between PMIEs and moral injury-related psychological outcomes in refugees, and thus the potential benefit of targeting these cognitions in therapeutic interventions.

While qualitative research is sparse, it illuminated the experience of moral transgressions in immigration detention and their connection to ongoing psychological distress. The qualitative results underscored how individuals appraised the morally injurious events as forms of betrayal by the host country and a violation of what is morally right. This corroborates research in refugees highlighting the role institutional betrayal can play in psychological harm (Meffert et al., 2010) and in qualitative research with war veterans that illustrates how multiple experiences of being betrayed by individuals and institutions contribute to moral distress (Hollis et al., 2023).

Finally, one study highlighted the *potential* effectiveness of BEP-MT as a therapeutic intervention targeting moral emotions. Although findings in the case study were promising, further research is needed to evaluate its effectiveness and those of other therapeutic interventions in treating moral injury in refugees. Refugees are a vulnerable group of people with unique mental health needs. The insights from this review have conceptualised moral injury as a complex and multifaceted phenomenon within the refugee population, emphasising its importance in understanding the psychological

impact of traumatic events and stressful experiences that violate an individual's moral beliefs.

4.1. Limitations

There was some variation in how moral injury was measured and conceptualised across the studies. Most used a version of the MIAS, limiting this review to viewing moral injury solely through the lens of this scale. Interestingly, in most quantitative studies included in this review, the version of the MIAS employed did not include items related to betrayal. The concept of moral injury is likely broader, and the removal of betrayal-related items has narrowed its measurement, except in one longitudinal study (Nickerson et al., 2022). Additionally, the MIAS is not validated in all cultural groups represented in these studies, providing another point of critique and limiting the reliability of the findings. While diversity of race, ethnicity, age and culture is certainly present in the current evidence base, explicit study of differences are not focussed upon; indeed many aspects of diversity are not reported or studied in relation to moral injury at all.

As most of the research reviewed was cross-sectional in design, it was not possible to draw conclusions about the causal impact of moral injury appraisals on mental health outcomes despite statistical mediation.

4.2. Implications for practice and policy

Recognising moral injury as distinct from trauma exposure is crucial when evaluating refugees' mental health. Research underscores the importance of cognitive appraisals as a key mechanism linking PMIEs and moral injury-related psychological outcomes in refugees. Evidence-based psychological treatments tailored to target moral injury are needed to reduce the mental health burden in this population. Treatments that target specific cognitions may be beneficial in reducing psychological distress associated with moral injury. Current treatments for PTSD are not fit for purpose, as they primarily target threat-based symptoms and are not specifically developed for refugees. Addressing the different moral injury appraisal subtypes in therapeutic interventions, along with moral emotions such as anger, could enhance the effectiveness of treatment for this population.

There is some evidence to suggest that the construct of embitterment (deep sense of perceived injustice) may be relevant to moral injury. Specifically, higher rates of moral injury and low self-efficacy, were significantly associated with embitterment (Spaaij et al., 2021). Other evidence indicated that resilience might play a protective role in the relationship between moral injury and mental health outcomes in

adolescents (McEwen et al., 2022). Therefore, therapeutic interventions that bolster self-efficacy and resilience or target cognitions associated with perceived injustice might also add therapeutic benefits to refugees who have experienced moral injury.

Disclosure statement

No potential conflict of interest was reported by the author(s).

ORCID

Oliver Mason  <http://orcid.org/0000-0002-4529-8029>

References

- Aromataris, E., & Munn, Z. (Eds.). (2020). *JB I manual for evidence synthesis*. JBI. <https://synthesismanual.jbi.global>
- Barboza, G. E., Dominguez, S., & Pinder, J. (2017). Trajectories of post traumatic stress and externalizing psychopathology among maltreated foster care youth: A parallel process latent growth curve model. *Child Abuse & Neglect: The International Journal*, 72, 370–382. <https://doi.org/10.1016/j.chiabu.2017.09.007>
- Berkhout, S. G., Billings, J., Abou Seif, N., Singleton, D., Stein, H., Hegarty, S., Ondruskova, T., Soulios, E., Bloomfield, M. A. P., Greene, T., Seto, A., Abbey, S., & Sheehan, K. (2022). Shared sources and mechanisms of healthcare worker distress in COVID-19: A comparative qualitative study in Canada and the UK. *European Journal of Psychotraumatology*, 13(2), 2107810. <https://doi.org/10.1080/20008066.2022.2107810>
- de la Rie, S. M., van Sint Fiet, A., Bos, J. B., Mooren, N., Smid, G., & Gersons, B. P. (2021). Brief Eclectic Psychotherapy for Moral Trauma (BEP-MT): Treatment protocol description and a case study. *European Journal of Psychotraumatology*, 12(1), Article 1929026. <https://doi.org/10.1080/20008198.2021.1929026>
- Fazel, M., Wheeler, J., & Danesh, J. (2005). Prevalence of serious mental disorder in 7000 refugees resettled in western countries: A systematic review. *The Lancet*, 365(9467), 1309–1314. [https://doi.org/10.1016/S0140-6736\(05\)61027-6](https://doi.org/10.1016/S0140-6736(05)61027-6)
- Feinstein, A., Pavisian, B., & Storm, H. (2018). Journalists covering the refugee and migration crisis are affected by moral injury not PTSD. *JRSM Open*, 9(3), 2054270418759010. <https://doi.org/10.1177/2054270418759010>
- Gleeson, C., Frost, R., Sherwood, L., Shevlin, M., Hyland, P., Halpin, R., Murphy, J., Vallières, F., & Silove, D. (2020). Post-migration factors and mental health outcomes in asylum-seeking and refugee populations: A systematic review. *European Journal of Psychotraumatology*, 11(1), 1793567. <https://doi.org/10.1080/20008198.2020.1793567>
- Guajardo, M. G., Slewa-Younan, S., Smith, M., Eagar, S., & Stone, G. (2016). Psychological distress is influenced by length of stay in resettled Iraqi refugees in Australia. *International Journal of Mental Health Systems*, 10(1), 1–7. <https://doi.org/10.1186/s13033-016-0036-z>
- Hoffman, J., Liddell, B., Bryant, R. A., & Nickerson, A. (2018). The relationship between moral injury appraisals, trauma exposure, and mental health in refugees. *Depression and Anxiety*, 35(11), 1030–1039. <https://doi.org/10.1002/da.22787>

- Hoffman, J., Liddell, B., Bryant, R. A., & Nickerson, A. (2019). A latent profile analysis of moral injury appraisals in refugees. *European Journal of Psychotraumatology*, 10(1), Article 1686805. <https://doi.org/10.1080/20008198.2019.1686805>
- Hoffman, J., & Nickerson, A. (2022). The impact of moral-injury cognitions on psychological outcomes in refugees: An experimental investigation. *Clinical Psychological Science*, 10(4), 603–621. <https://doi.org/10.1177/21677026211039516>
- Hollis, J., Hanna, P., & Perman, G. (2023). The shaping of moral injury among UK military veterans of the wars in Afghanistan and Iraq. *Psychology and Psychotherapy: Theory, Research and Practice*, 96(1), 209–222. <https://doi.org/10.1111/papt.12434>
- House of Lords Library. (2022, December 01). *Refugees and asylum-seekers: UK policy*. UK Parliament. <https://lordslibrary.parliament.uk/refugees-and-asylum-seekers-uk-policy/>
- Li, S. S., Liddell, B. J., & Nickerson, A. (2016). The relationship between post-migration stress and psychological disorders in refugees and asylum seekers. *Current Psychiatry Reports*, 18(9), 82. <https://doi.org/10.1007/s11920-016-0723-0>
- Litz, B. T., & Kerig, P. K. (2019). Introduction to the special issue on moral injury: Conceptual challenges, methodological issues, and clinical applications. *Journal of Traumatic Stress*, 32(3), 341–349. <https://doi.org/10.1002/jts.22405>
- Litz, B. T., Stein, N., Delaney, E., Lebowitz, L., Nash, W. P., Silva, C., & Maguen, S. (2009). Moral injury and moral repair in war veterans: A preliminary model and intervention strategy. *Clinical Psychology Review*, 29(8), 695–706. <https://doi.org/10.1016/j.cpr.2009.07.003>
- Lockwood, C., Munn, Z., & Porritt, K. (2015). Qualitative research synthesis: Methodological guidance for systematic reviewers utilizing meta-aggregation. *JB1 Evidence Implementation*, 13(3), 179–187. <https://doi.org/10.1097/XEB.0000000000000062>
- McEwen, C., Alisic, E., & Jobson, L. (2022). Moderating role of moral injury in the mental health of adolescent refugees. *Journal of Clinical Psychology*, 78(7), 1478–1490. <https://doi.org/10.1002/jclp.23306>
- McEwen, C., Alisic, E., & Jobson, L. (2023). Moral injury appraisals in young people from refugee backgrounds in Melbourne, Australia. *Psychological Trauma: Theory, Research, Practice, and Policy*, 15(1), 153–162. <https://doi.org/10.1037/tra0001214>
- Meffer, S. M., Musalo, K., Abdo, A. O., Abd Alla, O. A., Elmakki, Y. O. M., Omer, A. A., Yousif, S., Metzler, T. J., & Marmar, C. R. (2010). Feelings of betrayal by the United Nations High Commissioner for Refugees and emotionally distressed Sudanese refugees in Cairo. *Medicine, Conflict and Survival*, 26(2), 160–172. <https://doi.org/10.1080/13623699.2010.491395>
- Moher, D., Liberati, A., Tetzlaff, J., Altman, D. G., & PRISMA Group. (2009). Preferred reporting items for systematic reviews and meta-analyses: The PRISMA statement. *Annals of Internal Medicine*, 151(4), 264–269. <https://doi.org/10.7326/0003-4819-151-4-200908180-00135>
- Montgomery, M. A., Jackson, C. T., & Kelvin, E. A. (2014). Premigration harm and depression: Findings from the New Immigrant Survey, 2003. *Journal of Immigrant and Minority Health*, 16(5), 773–780. <https://doi.org/10.1007/s10903-013-9810-z>
- Moola, S., Munn, Z., Tufanaru, C., Aromataris, E., Sears, K., Sfetcu, R., Currie, M., Qureshi, R., Mattis, P., Lisy, K., & Mu, P.-F. (2020). Chapter 7: Systematic reviews of etiology and risk. In E. Aromataris & Z. Munn (Eds.), *JB1 manual for evidence synthesis* (pp. 217–69). JBI. <https://synthesismanual.jbi.global>
- Mooren, N., Boelen, P. A., & de la Rie, S. M. (2022). The impact of morally injurious events in a refugee sample: A quantitative and qualitative study. *Frontiers in Psychiatry*, 13, Article 904808. <https://doi.org/10.3389/fpsy.2022.904808>
- Nash, W. P., Marino Carper, T. L., Mills, M. A., Au, T., Goldsmith, A., & Litz, B. T. (2013). Psychometric evaluation of the moral injury events scale. *Military Medicine*, 178(6), 646–652. <https://doi.org/10.7205/MILMED-D-13-00017>
- Nickerson, A., Byrow, Y., Hoffman, J., O'Donnell, M., Bryant, R. A., Mastrogianni, N., McMahon, T., Benson, G., Mau, V., & Liddell, B. J. (2022). The longitudinal association between moral injury appraisals and psychological outcomes in refugees. *Psychological Medicine*, 52(12), 2352–2364. <https://doi.org/10.1017/S0033291720004262>
- Nickerson, A., Hoffman, J., Schick, M., Schnyder, U., Bryant, R. A., & Morina, N. (2018). A longitudinal investigation of moral injury appraisals amongst treatment-seeking refugees. *Frontiers in Psychiatry*, 9, Article 667. <https://doi.org/10.3389/fpsy.2018.00667>
- Nickerson, A., Schnyder, U., Bryant, R. A., Schick, M., Mueller, J., & Morina, N. (2015). Moral injury in traumatized refugees. *Psychotherapy and Psychosomatics*, 84(2), 122–123. <https://doi.org/10.1159/000369353>
- Passardi, S., Hocking, D. C., Morina, N., Sundram, S., & Alisic, E. (2022). Moral injury related to immigration detention on Nauru: A qualitative study. *European Journal of Psychotraumatology*, 13(1), Article 2029042. <https://doi.org/10.1080/20008198.2022.2029042>
- Popay, J., Roberts, H., Sowden, A., Petticrew, M., Arai, L., Rodgers, M., Britten, N., Roen, K., & Duffy, S. (2006). *Guidance on the conduct of narrative synthesis in systematic reviews. A product from the ESRC methods programme*. Version, 1(1), b92. <https://doi.org/10.13140/RG.2.1.1018.4643>
- Shay, J. (2003). *Odysseus in America: Combat trauma and the trials of homecoming*. Simon and Schuster.
- Shay, J. (2014). Moral injury. *Psychoanalytic Psychology*, 31(2), 182–191. <https://doi.org/10.1037/a0036090>
- Spaaij, J., Schick, M., Bryant, R. A., Schnyder, U., Znoj, H., Nickerson, A., & Morina, N. (2021). An exploratory study of embitterment in traumatized refugees. *BMC Psychology*, 9(1), 96. <https://doi.org/10.1186/s40359-021-00599-2>
- Ter Heide, F. J. J., & Olff, M. (2023). Widening the scope: Defining and treating moral injury in diverse populations. *European Journal of psychotraumatology*, 14(2), 2196899. <https://doi.org/10.1080/20008198.2023.2196899>
- Tufanaru, C., Munn, Z., Aromataris, E., Campbell, J., & Hopp, L. (2020). Chapter 3: Systematic reviews of effectiveness. In E. Aromataris & Z. Munn (Eds.), *JB1 manual for evidence synthesis* (pp. 56–68). JBI. <https://synthesismanual.jbi.global>
- United Nations High Commissioner for Refugees. (2023). *Global trends: Forced displacement in 2023*. <https://www.unhcr.org/sites/default/files/2024-06/global-trends-report-2023.pdf>
- Williamson, V., Murphy, D., & Greenberg, N. (2022). Experiences and impact of moral injury in U.K. veterinary professional wellbeing. *European Journal of Psychotraumatology*, 13(1), 2051351. <https://doi.org/10.1080/20008198.2022.2051351>