Australian and New Zealand Moral Injury Conference (ANZMIC 2026)
Perspectives from both sides of the Aussie-Kiwi 'Ditch'

Lindsay B. Carey; Anthony Hawes; Timothy J. Hodgson; Minette Forder; Robert Capizzi; Debbie Cromie; Dan Johnson; Raharuhi Koia; Paula O'Connor; Nandini Prasad and Katie Buckley

Abstract

Moral injury continues to increasingly be recognised internationally as a bio-psycho-social-spiritual syndrome progressively challenging a range of occupational disciplines and organisations – but in particular military forces and their veterans. While moral injury remains a contested concept in some quarters, growing numbers of researchers, clinicians, and organisations have recognised the limitations of viewing these experiences solely through traditional mental health frameworks. As a result, greater attention is being directed towards understanding and addressing the biological, psychological, social, moral, and spiritual impacts of potentially morally injurious events upon affected personnel and clients. This review, co-authored by those associated with military forces or engaged in veteran services from Australia and New Zealand, considers core content from ANZMIC Key-Note speaker presentations, as well as research by those from Aotearoa - New Zealand.

Key Words: Bio-psycho-social-spiritual, Chaplains, Moral Injury, PTSD, Suicide, Veterans,

Introduction

The inaugural Australian and New Zealand Moral Injury Conference (ANZMIC 2026) was opened by the Australian Federal Minister for the Department of Veteran Affairs and Defence Personnel, the Honourable Matthew Keogh, MP. His speech, highlighted a number of points regarding moral injury (MI):

> *"I have no doubt moral injury plays a key role in the mental health and wellbeing of the Defence and Veteran Community ... when you think about moral injury through the lens of the ADF but also through the lens of front-line workers and first responders, this is a real issue of true significance"* (Keogh, 2026).

The Minister's speech was pertinent for clinicians, allied health practitioners, researchers, chaplains and veterans for two main reasons; firstly the Minister's presence at ANZMIC clearly signalled the Australian Government's 'in principle' recognition of MI. The Minister noted:

(i) the long-term mental health lessons gained post the Vietnam war;

(ii) the military behavioural challenges identified by the Afghanistan War inquiry (2020);

(iii) the disturbing number of suicides among current and former-military personnel. (e.g., see Jamieson et al, 2025);

(iv) international and Australian research findings substantiating MI among veterans (e.g., see Hodgson & Carey, 2019; Jamieson, et al, 2021), and

(v) several key testimonies given at the Royal Commission into Defence and Veteran Suicide (e.g., see Jamieson, 2023) — all of which contributed to MI attaining its own recommendation within the final report of the Australian Royal Commission into Defence and Veteran Suicide: *"to prevent, minimise, and treat moral injury"* (RCDVS, 2024: Recommendation 78).

Secondly the Minister's speech affirmed the value of the ANZMIC conference and the delegates attending:

> *"To all of you who join us today, whether defence and veteran focused, or looking at first responders, or health and support settings, education and so many other areas, I'm really interested in the work you're doing, and we will all benefit from it"* (Keogh 2026a, 2026b).

Keynote Speakers

ANZMIC 2026 proved to be largest international moral injury conference to date with a total of 306 delegates and 70 of these (22.8%) contributing as speakers, exploring a wide range of topics (see Appendix A). The keynote speakers are listed below with a brief resume as to their presentational content.

Mr. Dean Yates *(Former War Correspondent; Bureau Chief for Reuters International News Agency)*
The first ANZMIC Key Note presentation outlined Yates's moral injury biography *"From Baghdad to the Ward 17 Psych Unit"*, which was based upon his book: *'Line in the Sand: A life Changing Journey through Body and Mind'* (Yates, 2023). Yates experienced a moral injury following the deaths of two of his Iraqi staff in Baghdad in 2007, killed not by terrorists or insurgents, but accidentally by a U.S. helicopter strike which eventually shocked the world when Wiki-leaks published footage of the attack a few years later (ABC, 2023). Yates was the Reuters Bureau Chief, responsible for the men's safety. His team were killed on his watch. This event led to the unravelling of his mental health bringing him to the brink of suicide, and his first admission to the Ward 17 Psych Unit Austin Repatriation Hospital in Melbourne.

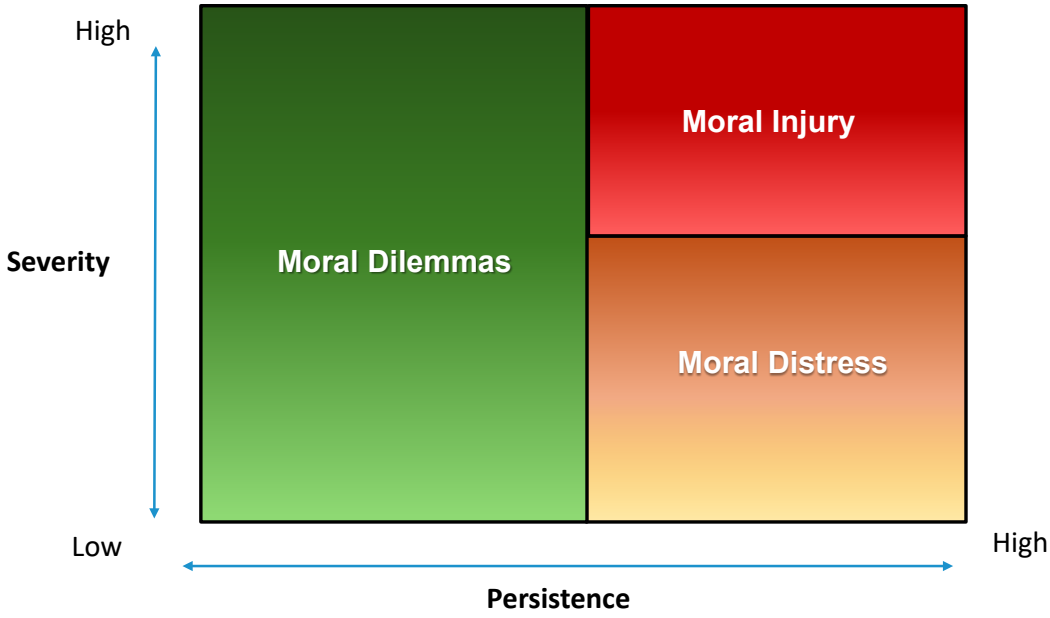
Not long after his first psych ward admission, Reuters saw Dean as damaged goods and tried to force him out of an organisation he'd served loyally for 23 years. That betrayal was harder to deal with for Yates than anything he had previously experienced such as covering the Bali Bombings (2002), Boxing Day Tsunami (2004/2005), Iraq wars (2003-2004 & 2007-2008) and even the deaths of his own Iraqi staff. Interestingly during three admissions to Ward 17 (2016-2018), he met dozens of first responders and ADF veterans who all said organisational betrayal was more harmful than the occupational trauma they ever experienced in the field. Being abandoned by their bosses and their workers' compensation was worse than anything they had endured on the front lines. It was in Ward 17 with the assistance of the psychologist and hospital chaplain that Yates began assessing his actions and inactions, culminating in a healing ritual where he sought the forgiveness of his dead staff and unexpectedly forgave himself. Eventually his last role at Reuters was to create and roll out a mental health strategy for the company's 2,500 journalists (2017-2019). He is now a workplace mediator and trainer.

Dr. Nikki Jamieson *(ADF and Macquarie University)*
Presented her topic on *"Moral Injury, Suicide, and the Path to Collective Recovery"*. Initiated by the tragic suicide of Jamieson's son while serving in the Australian Army (Jamieson, 2023), this keynote drew on lived experiences, clinical expertise, and contemporary research to explore the complex intersection between moral injury and suicide. Moving beyond diagnostic frameworks, Jamieson's presentation centred upon the human experience of moral injury— experience of moral injury - guilt, anger, betrayal, loss of meaning, combined with moral dissonance, enduring shame and existential despair - and how these experiences can culminate in suicidal thoughts and behaviours when individuals feel unseen, unsupported, silenced and unloved. One key phrase of Jamieson's radiated across the room: ***"If it 'hits' you in the head, it is PTSD, but if it 'hits' you in the heart, it's moral injury".***

Through personal narrative and professional insight, Jamieson's keynote illuminated how moral injury is often misinterpreted as being individual weakness or mental illness, obscuring the organisational, cultural, and systemic conditions that give rise to moral harm. Jamieson's conference address (published within this issue; Jamieson, 2026) and her book *Darkest Before Dawn* (2023) offers a message of hope grounded in accountability: that when moral injury is acknowledged and addressed collectively, recovery becomes possible—not only for individuals, but for the systems in which they serve (for greater detail see this *AACJ 2026* issue, Jamieson, 2026).

Professor Harold Koenig *(Department of Psychiatry, Duke University, USA)* Spoke on the topic of 'Moral Injury, Treatment & Recovery' focusing on the conceptual distinctions between post-traumatic stress disorder (PTSD) and moral injury, plus the measurable differences in terms of symptoms and treatment; hence the importance of MI being acknowledged within the DSM (APA, 2025). Koenig noted the recent addition of the criteria 'Moral Problems' within the DSM, based on the work of an international tertiary and clinical consortium (see Mattson et al, 2025). The subsequent modified DSM category of 'Moral, Religious or Spiritual Problems' (DSM-5-TR-Z Code 65.8) defined moral problems to "…include experiences that disrupt one's understanding of right and wrong, or sense of goodness of oneself, others or institutions" (APA, 202). 'Moral problems' includes the sub-categories of 'moral dilemma', 'moral distress' and 'moral injury'. These can be envisaged along a spectrum, which eventually (due to increasing research and clinical evidence) is anticipated to include 'moral injury disorder' for those experiencing prolonged or enduring moral injury (see Figure 1).

Figure 1: Moral Trauma and Moral Problems: Persistence and Severity Spectrum.



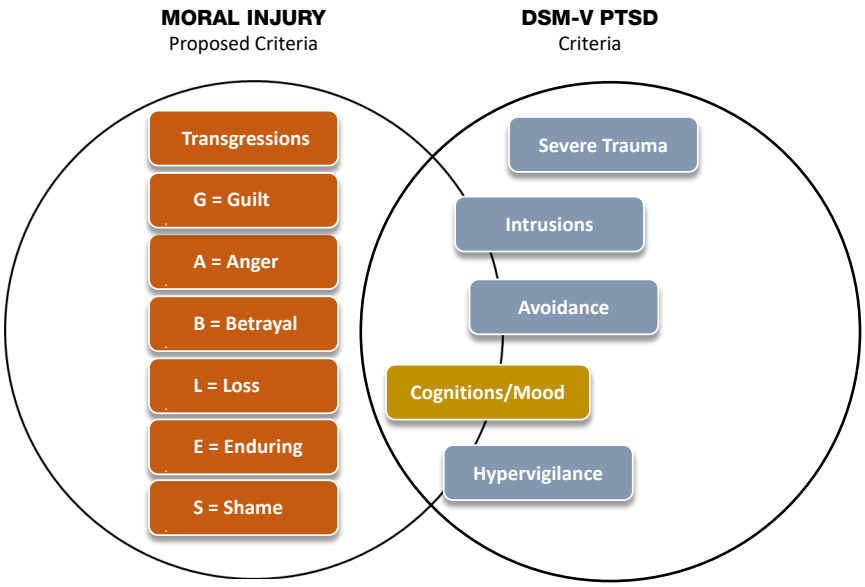
Moral Trauma and Moral Problems: Persistence and Severity Spectrum (Koenig, Carey & Wortham, 2026)
Permission granted EIC, *Journal of Religion and Health*, 11AUG2026.

Koenig affirmed that moral injury is currently recognised as a syndrome involving a broad range of bio-psycho-social and, rather importantly, spiritual dynamics, yet some fear that codification could marginalise pastoral expertise. Koenig reiterated that, in fact, formal recognition of MI may strengthen rather than weaken the role of chaplains and clergy.

> *"Diagnostic codification enhances legitimacy within healthcare systems, supports interdisciplinary collaboration, and creates pathways for documentation, research, and reimbursement. Rather than displacing pastoral care, inclusion in psychiatric nomenclature may protect it, by validating moral and spiritual distress as clinically relevant and ensuring that spiritually integrated interventions are recognized as essential components of comprehensive care"* (Koenig et al, 2026, p. 1215).

Chaplain (WGCDR) Associate Professor Lindsay Carey *(RAAF and La Trobe University, AU)* and Chaplain (WGCDR) Dr. Timothy Hodgson *(RAAF and University of Queensland, AU)* Presented an overview and bibliometric analysis of MI literature and research from 1995 – 2025. Following on from their earlier MI literature reviews (Carey et al, 2016; Hodgson & Carey, 2017), they pointed out that over 1,650 peer reviewed journal publications relating to MI had been identified utilising the SCOPUS database, and that in one year alone (2025), over 350 peered reviewed journal articles on MI were published (Hassan et al 2026). Hodgson presented the various psychometric MI scales available and those specifically utilised within Australia – the most commonly referred to scales being the 'Moral Injury Outcome Scale' (MIOS; utilised by Australian DVA 'Open Arms'), the 'Moral Injury Symptom Scale' (MISS), and the 'Moral Injury Events Scale' (MIES; utilised by ADF Chaplaincy). Finally they noted the various resources and strategies which the ADF Mental Health and Wellbeing Branch were utilising to address MI (see Carey, Vesely et al, 2025) and concluded with a simple acronym to help remember the MI core symptoms, namely: G.A.B.L.E.S. (see Figure 2).

Figure 2: Moral Injury and PTSD Symptom Criteria Overlap (DSM-5)



Reference: Modified by Buckley et al (2026) based upon Koenig, H.G., Carey, L.B., Wortham, J.S. (2026). Moral Injury II: An Update for Military Chaplains, VA Chaplains & Military Leaders. New York: Amazon Books.

Dr. Victoria Thomas *(Australian National University)*
Presented a newly emerging Australian scale called the 'Occupational Moral Injury Scale' (OMIS) developed to assess moral injury across diverse civilian occupational settings, and thus applicable to retired veterans (Thomas et al, 2023). The OMIS is a 20-item scale designed to capture both exposure to potentially morally injurious experiences and the associated bio-psycho-social-spiritual impact within a single framework.

The scale assesses five forms of morally injurious exposure –

(i) commission with agency,
(ii) commission under duress,
(iii) omission,
(iv) witnessing, and
(v) betrayal - alongside a general factor of moral injury symptoms, including guilt, anger, loss of trust (including existential conflict) and shame.

Across multiple studies involving more than 2,800 high-risk workers, the OMIS demonstrated strong reliability, validity, and factor structure, with subsequent research establishing measurement invariance across all occupations and genders. Findings also highlighted important differences in how MI may present across occupational groups, including differential relationships between symptom burden and functional impairment. Since its development, the OMIS has begun to be translated internationally and adopted within emerging research, clinical, organisational, and policy contexts to support the identification of moral risk and thus assist with prevention, minimization and treatment intervention efforts as specified by RCDVS (2024) Recommendation 78.

WGCDR (Professor) Matt Bambling *(RAAF and University of Queensland)*
Discussed 'Neural Signatures of Moral Injury: Distinguishing Moral Injury from PTSD in High Stakes Environments'. Bambling argued that MI and PTSD frequently co-occur in military, emergency, and high-stakes civilian contexts, yet they represent fundamentally different forms of psychological injury. While PTSD is well established as a fear based disorder, organised around threat detection and survival systems, MI arises from violations of deeply held moral beliefs, leading to guilt, shame, identity disruption, and existential distress.

Drawing on emerging neuro-imaging research, (see: Figure 3) Bambling noted that PTSD is conceptualised as a dominant state 'salience network' (SN) characterised by hyperactive threat detection and impaired top down cognitive regulation. In contrast, MI is associated with over-activation of the 'default mode network' (DMN), reflecting persistent self-referential processing, moral evaluation, and disruption to identity and meaning systems. Perhaps of greatest interest to ANZMIC delegates was Bambling's point when MI and PTSD co-occur; a 'hybrid' PTSD-MI network pattern emerges involving dysregulated interaction between the DMN, SN, and sensorimotor systems. This can result in issues with autobiographical memory, moral appraisal, and embodied experience, contributing to persistent and treatment resistant presentations.

So, *'Why is this important'?*, you may ask. Bambling was at pains to point out that conventional PTSD treatments targeting fear extinction, are *"unlikely to adequately address"* the moral and identity based dimensions of distress. Effective intervention for MI requires a broader, network informed bio-psycho-social-spiritual approach incorporating moral repair, meaning making, and integration of cognitive and somatic processes for understanding trauma related disorders beyond fear based models, supporting a shift toward precision, systematic and holistic informed care for both military and civilian populations.

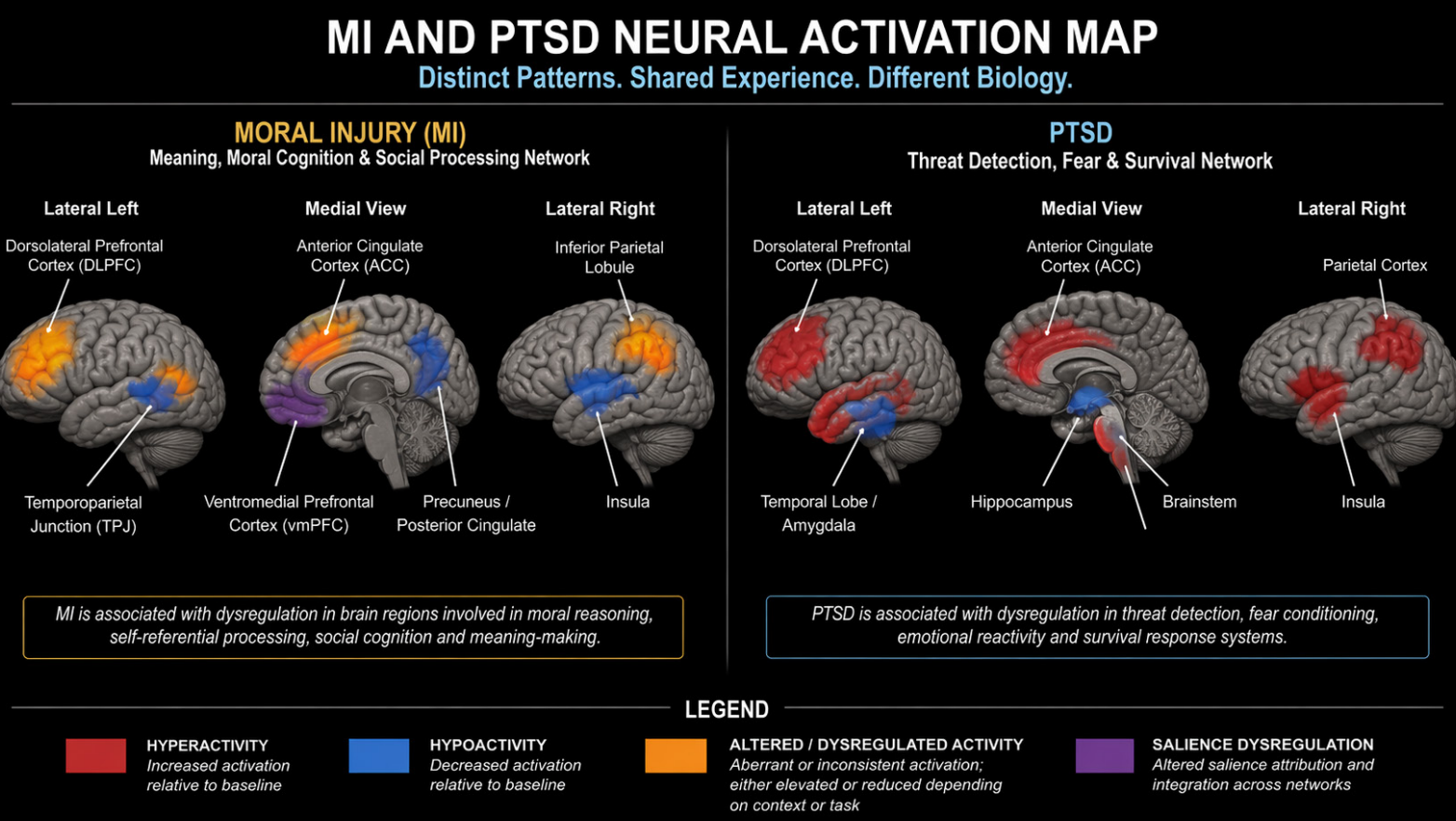


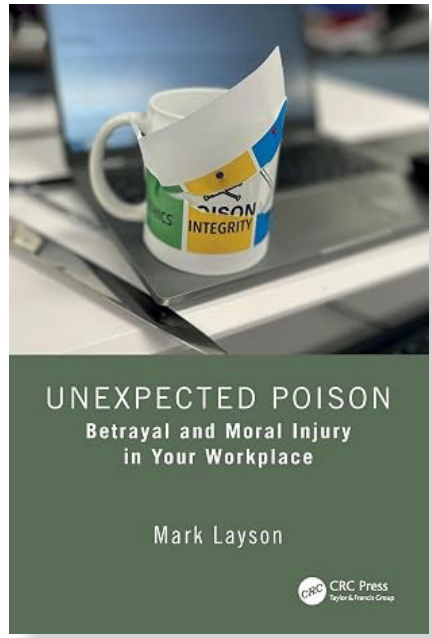
Figure 3: Moral Injury and PTSD Neural Activation Map

(1) Moral Injury: Measurable Altered/Dysregulated Activity (orange) and Salience Dysregulation (purple), plus Hypoactivity (blue).

(2) PTSD: Measurable Hyperactivity (red) and Hypoactivity (blue).

Bambling, M. (2026). Neural Signatures of Moral Injury Distinguishing Moral Injury from PTSD. Australian and New Zealand Moral Injury Conference, Launceston, Tasmania, 20-22nd May 2026.

Rev. Dr. Mark Layson
(Emergency and Disaster Network Chaplain)
was the final Keynote Speaker who spoke on Bio-Psycho-Social-Spiritual Risk: Organisational Leadership and Recovery. Based on his book *Unexpected Poison: Betrayal and Moral Injury in Your Workplace*, Layson argued that most current approaches often focus on the individual, with insufficient attention to workplace environments, leadership practices, and cultures that can contribute to moral harm (Layson, 2026),



Layson expressed concern that the formalisation of MI within diagnostic and regulatory frameworks can present a risk by focusing upon the individual for being at fault and that workplace spiritual and existential dimensions may be diminished or excluded. Drawing on workplace health and safety (WHS) principles, Layson outlined, that institutional moral hazards need to be identified and addressed through organisational design, leadership support, and systemic interventions. Finally, Layson gave attention to the fact that meaning, values, and moral coherence needs to be explicitly supported within organisational settings, and that leadership and workplace practices should integrate organisational and spiritual perspectives and thus provide holistic approaches for leaders, clinicians, and organisations to understand and mitigate moral injury.

Aotearoa – New Zealand Speakers

Of the 306 delegates attending ANZMIC, 17 conference delegates attended from New Zealand (n = 17/305: 5.5%). Two topics from ANZ related specifically to military veterans.

Mr. Dan Johnson *(Rehabilitation Advisor, NZ Veterans' Affairs)*
Rev. Raharuhi Koia *(Maori Veteran Counsellor; former New Zealand Defence Force Chaplain)*
Dr Peter Yeomans, *(Clinical Director at the VA centre in Philadelphia)*
Provided a presentation with two examples about *"How Socio-cultural Contexts Can Inform Models for Addressing Moral Injury"*. The authors commenced with an acknowledgement that MI is increasingly recognized as an important concept and framework for understanding and responding to veteran mental health and that an increasing amount of literature confirms the association of MI with critical mental health priorities, including suicidal behaviour.

Their workshop provided an overview of MI to explore why and how socio-cultural contexts can inform pathways for veteran recovery from MI. They presented two unique models – the first was a collective therapy model appropriate for US social and cultural dynamics called 'Moral Engagement Group' (MEG – previously known as the Moral Injury Group; Antel, 2026). MEG is a 12-week group meeting co-facilitated by a chaplain and a psychotherapist with a community healing ceremony on the 10th week. The second model drew on indigenous Maori perspectives, 'Te Ao Māori' (The Maori World), which ensures a holistic approach to health, namely: 'Te Whare Tapa Wha' (The Four Sided House; comprising five elements; physical, mental and emotional, family and social, spiritual, plus the land and roots). (see Figure 4)

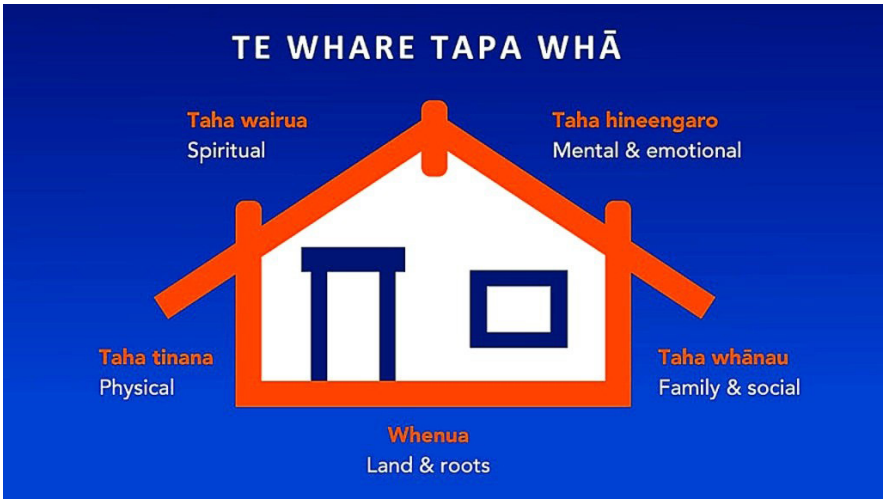


Figure 4: Te Whare Tapa Wha (The Four Sided House)

"Should one of the dimensions be missing or in some way damaged, a person, or a collective may become 'unbalanced' and subsequently unwell."

The Maori moral engagement community model helped to address the shame that sits with MI in a spiritual and community sense. While culturally unique both programs contained themes of forgiveness and of social responsibility. Participants had the opportunity to observe and experience some of the existing rituals drawn from the two models. Their presentation included opportunities for considering how cultural dynamics associated with participants' social environment can inform their own efforts to engage MI. The consideration of cultural contexts and rituals is particularly important for the mental health practitioners and chaplains who may find themselves caring for others beyond their own cultural background.

Mr. Allister Baker *(School of Psychology, Speech and Hearing, University of Canterbury)* presented on the importance of *"Reconsidering the Sacredness of Human Life: Moral Identity Shifts and Moral Injury during the Transition from Military to Civilian Life"*. Baker commenced his presentation by affirming that MI is increasingly understood as arising when exposure to potentially morally injurious events disrupts an individual's moral identity, resulting in persistent moral distress. Baker acknowledged that conceptual developments frame MI within a broader category of 'moral problems', emphasising the interaction between moral events, moral identity, moral symptoms and, fundamentally, moral values (Mattson et al., 2025).

Baker argued that one key moral value central to military-related MI, is the sanctity of human life. Baker's study examined how killing is understood differently in military and civilian contexts and how moral identity shapes moral appraisal and perceived MI. In Baker's research, active military personnel, retired veterans, and civilians from the Five Eyes nations completed vignette-based measures assessing the perceived sacredness of human life through willingness to engage in taboo trade-offs involving killing in military versus civilian contexts. Participants also reported perceived moral injury symptoms associated with these scenarios.

Baker's results revealed significant group differences in both moral valuation and moral injury appraisal. Active military personnel attributed lower sacredness to human life and reported fewer moral injury symptoms in military contexts compared to retired veterans and civilians.

In contrast, veterans reported greater perceived moral injury than active military personnel, indicating that post-service changes in moral identity may lead to the reappraisal of past military actions through civilian moral frameworks.

It can be argued that these findings support a moral identity-based account of MI, suggesting that MI vulnerability may increase following military transition to civilian life, as moral identities evolve and sacred values change. By empirically situating the sanctity of human life within a 'moral event-moral identity-moral-symptom' framework (Mattson et al., 2025), Baker's research highlights the importance of contextual and identity-sensitive approaches to assessment, transition support, and moral repair among military veterans.

Conclusion

The collection of ANZMIC papers from keynote speakers summarised in this review, highlight a number of fundamental points. Most assuredly is the unique distinction between PTSD and MI. Second is the recognition of MI currently as a syndrome, moving beyond the commonly accepted *'bio-psycho-social'* model (BPS), to a more holistic *'bio-psycho-social-spiritual'* paradigm (BPSS). Third is the noteworthy recognition and inclusion of 'moral problems' within the DSM, which includes the spectrum: moral dilemmas, moral distress and moral injury—and possibly in the future moral injury disorder.

Fourth is the concern of MI simply being seen as an idiosyncratic phenomena requiring the treatment and moral repair of individuals; whereas, organisations and institutions need to recognise their potential culpability in producing workplace environments, that actually cause moral harm and/or fail to address MI; indeed it is sometimes said that, *"It's the wounds of our employers and supervisors that cut the deepest"*. Fifth is the increasing number of context appropriate scales to measure MI which are progressively being developed to aid clinicians, nurses, allied health practitioners and chaplains with MI assessments.

Sixth is the recognition that MI, irrespective of the cultural context, can lead to mental health issues and potential suicidal behaviour, and that the role of rituals (appropriate to the cultural context) should not be underestimated for assisting individuals with MI – hence one could argue for the important role of mental health practitioners and chaplains in facilitating ritual ceremonies, not only for the pastoral care of individuals but also assisting the moral repair of entire communities (Pitama, et al. 2017). Indeed rituals are often reflected in formal ceremonies such as Remembrance Day (11th November) and ANZAC Day (25th April) which one could argue are collaborative acts of moral repair, lest we forget the atrocities committed and the sacrifices made during war. This leads to a seventh point in addressing MI. Given the multi-dimensionality nature of MI across biological, psychological, spiritual, social, and occupational domains, a 'whole-of-system' approach may be required, involving co-ordinated support from leadership, chaplaincy, psychiatrists, psychologists, mental health nurses, social workers and other clinicians working in a collaborative and culturally responsive manner. A similar point was raised by Keogh, namely the importance of collaboration:

> *"In my view, if our combined efforts can see MI better understood, its antecedents and consequence better recognised — recognising its distinct causes and treatments, despite it sharing symptomatic presentations to other conditions — then we would be contributing a great deal to increased and more effective prevention, mitigation and treatment, in particular at the Moral Injury Disorder end of the trauma spectrum"* (Keogh, 2026).





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Maj. Minette Forder is a Senior Psychologist for the New Zealand Defence Force.
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Raharuhi Koia is a Specialist Veteran Counsellor and former Army Chaplain with the New Zealand Defence Force.
Paula O'Connor and **Nandini Prasad** are Regional Psychologist with the New Zealand Defence Force.
Katie Buckley is a Research Fellow at the Faculty of Medicine, Dentistry and Health Sciences, Melbourne University

NB: Two additional New Zealand presentations unrelated to military or veteran services were presented at ANZMIC; namely (1) **Kevin Denholm**: Behind the Lens: Exploring Moral Injury and Pathways to Healing in Aotearoa New Zealand's Film Industry and (2) **Matthew Hawkins**: Moral Injury in Elite Sport: Trauma in the Failure of the Athlete's Quest (refer to Hawkins, 2026).

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Photographs:

Page 164: One of the key note speakers at the ANZMIC 2026 conference was Chaplain Lindsay B. Carey, PhD, CSM, Assistant Director of the Directorate of Spiritual Health and Meaning, Mental Health and Wellbeing Branch, Australian Defence Force, Canberra, Australia

Page 174: Above: *Conference Delegates who completed the Moral Injury Skill Training (MIST) workshop at the Australian and New Zealand Moral Injury Conference 2026 in Launceston, Tasmania.* Below: *A group photograph of the ANZMIC 2026 conference delegates.*



Keynote Presentations

First Author	Paper Title
Keogh, Matt. MP	Moral Injury: Opening Address
Bambling, Matthew	Neural Signatures of Moral Injury: Distinguishing Moral Injury from PTSD in High Stakes Environments
Carey, Lindsay	Moral Injury Bibliometric Analysis I
Hodgson, Tim	Moral Injury Bibliometric Analysis II (MI Scales)
Jamieson, Nikki	Darkest Before Dawn: Moral Injury, Suicide, and the Path to Collective Recovery
Koenig, Harold	Moral Injury, Treatment & Recovery
Layson, Mark	BPSS Risk, Organisational Leadership and Recovery
Thomas, Victoria	Occupation Moral Injury Scale
Yates, Dean	Line in the Sand: My Moral Injuries

Guest Speakers

Asser, Liz	Going Against the Grain - Moral Injury and the Authentic Self
Baker, Allister	Reconsidering the Sacredness of Human Life: Moral Identity Shifts / Moral Injury During the Transition from Military to Civilian Life
Brown, Lisa	Mindfulness-Based Trauma Recovery /Prevention: A Mindfulness–Somatic Approach Healing Moral Injury in Front-line Populations
Buckley, Katie L	Why we don't talk about Moral Injury: A missing occupational domain among Speech Pathologists
Carleton, Frances	Moral Injury in Wildlife Workers and Volunteers
Cecha, Pawel	Historical / Sociological Roots - Spiritual Fitness Policies / Moral Injury - Military Contexts / Ukraine / Belgium: Comparative Study
Connolly, Caitlin	From Individual Distress to System Responsibility: Re-framing Moral Injury in Workplaces
Courtney, Lee-anne	The Fierce Compassion of Moral Injury
Cullen, Andrew	Peer-Led Recovery Pathways: Harnessing Lived Experience to Heal Moral Injury
Dale, Megan	The straw that breaks the camel's back: Micro trauma and its moral injury implications
Dawson, Rachelle	Working with Moral Injury in Psychotherapy: A Clinical Skills Workshop
Dawson, Rachelle	How IV Ketamine with adjunctive psychotherapy can help veterans with moral injury
Denholm, Kevin	Behind the Lens: Exploring Moral Injury and Pathways to Healing in Aotearoa New Zealand's Film Industry
El Ali, Mandy	Truth, Lies, and Moral Injury
Feely, Timothy	From Recognition to Recovery: Treating Systemic Moral Injury within the Workers' Compensation Process in Tasmania.
Fisher, Miriam	When the Culture Betrays the Mission: Moral injury in values-driven workplaces
Foley, Christine	Moral Injuries in Police Cohorts: The known and unknowns.
Frail, Nicola	Conceptual Awareness of Moral Injury in the British Army: A Chaplaincy Review
Griffin, Kristina	Ethical Conflicts and Moral Injury in Australian Defence Force Medics and Nurses
Grimes, Andrea	Silent struggles: Nurses experience of moral distress
Guest, Malinda	Let's Talk TACTICS. The 'How to' of communication to address Moral Injury in the workplace.
Halpern, Naomi	Whistle-blowing and Moral Injury: From Personal Leadership to Institutional Leadership
Hamilton, Jo	The Neurocorrelates of Morality and the Implications for Moral Injury
Hawkins, Matthew	Moral Injury in Elite Sport: Trauma in the Failure of the Athlete's Quest
Hilbrink, Dominic	Deeply Personal Wounds: An Integrative Approach to Treating Trauma, Moral Injury and Loss
Houghton, Chris	Moral Injury and its Cousins: a contextual provocation regarding family and the incongruence of care.
Hynes, Daniel	Responding to Moral Injury in a Military Maritime Crisis
Jacob, Alycia	Working Together to Prevent Moral Injury: Role of Higher Education / Clinical Placement Providers Protecting Healthcare Students
Jakimowicz, Samantha	Moral Injury /Organisational Influences on ICU Nurse Wellbeing: Insights from Patient-Centred Nursing and Compassion Research
James, Kari	Fractured Selves: An Exploration of The Relationship Between Self-Identity and Moral Injury
Jamieson, Nikki	Addressing and responding to moral injury in the workplace - A systems based organisational framework
Johnson, Dan	How Socio-cultural Contexts Can Inform Models for Addressing Moral Injury: Two Examples.
Kallane, Yvonne	Moral Injury in the Workplace: The Missing Link in Psychosocial Wellbeing Frameworks
Kallane, Yvonne	The Vulnerable Researcher: Compassion Fatigue, Moral Injury, and the Ethics of Human Rights Fieldwork in Fragile Contexts
Koh, Benjamin	"Whistle-blowers and Moral Injury: Rehabilitating Moral component though peers - A pilot project"
Lane, Jonathan	Moral Injury: Organisational and Clinical Challenges in the Veteran Space
Macintosh, Libby	Exploring the intersection of moral injury and perceived injustice in workers compensation organisations
May, Karen	Intergenerational moral injury impacts in children of service parents: Implications for theory, policy and practice
McConnell, Harry	Treatment of Moral Injury in Veterans
McFarlane, Paul	When the Helpers Are Harmed: Managing Moral Injury Risk in Frontline and Organisational Contexts
McGregor, Leanne	Differences and similarities between PTSD and moral injury in police officers and the impact this has on treatment
Nixon, Andrew	Introduction to Official Opening Speaker - Chap Andrew Nixon
Oberg, Glenys	Moral Injury in Teaching: The Systemic Roots of Ethical Conflict and Emotional Burnout in Education
O'Neill George, Jennifer	Expectation-Informed Care / Army Veterans: Psychological Contract Violation / Moral Injury Across the Army Service Life Cycle
Pretorius, Christopher	Spiritual health as a framework for intervention and prevention of moral injury
Rebeiro, Geraldine	Moral Injury: Organisational Contributors to Moral Harm in Nurse Academia
Saugh, Daniel	Beyond PTSD: Moral Injury Awareness & Implications Among Police Officers and Trauma Informed Interventions
Shearer, Brook	Moral Injury: An Interdisciplinary Approach to Support Recovery
Simes-Phillipps, Julie	Moral Injury on an in-patient unit for First Responders - Rapid Fire Optimisation of Treatment Approaches
Singleton, Alana	From Recognition to Recovery: A lived-and-learnt panel on moral injury across frontline contexts
Smith, David	Moral Injury: Exploring a Conceptual Aporia
Stace, Courtney	When recovery hurts – using a moral injury framework to better understand injured worker distress
Stephenson, Jeff	Moral Injury in current conflict – War in Ukraine and perfidious warfare
Sutton, Clare	"If I Don't Go, Who Will?" Organisational Drivers of Moral Injury in Paramedics Experiencing Fatigue
Turton, Michelle	From the Frontline to the Fire: A Doctor's Journey Through Moral Injury and Recovery
Vesely, Charles	"Moral Injury: Addressing Recommendation 78 of the Royal Commission into Defence and Veteran Suicide"
Villeneuve-Smith, Suzi	Moral Injury: Recognition / effect of moral injury on nurse managers / its impact on their approach to management / staff wellbeing
Warner, Rachelle	Public Service in the Shadows: Vicarious Trauma and Moral Injury in Government Workers
Wheatley, Peter	Moral injury and the ADF deployment to Rwanda.
Williams, Rhiân	"Reflection - A Key Assist between Recognition of, and Recovery from, Moral Injury"
Winter, Jesse	Recognition to Resilience: An Interdisciplinary Moral Injury Approach Integrating Psychology / Chaplaincy / Emergency Services
Yesberg, Barrie	Returned and Services League Australia, Chaplaincy and Moral Injury: The connection between Recognition and Recovery.