CIPSRT
Canadian Institute for Public Safety Research and Treatment

ICRTSP
Institut canadien de recherche et de traitement en sécurité publique

Moral Injury Guide

For
Public Safety Personnel and Leaders

in collaboration with

ATLAS INSTITUTE FOR VETERANS AND FAMILIES

HiMARC
Heroes in Mind Advocacy & Research Consortium

KING'S
Western University · Canada

UNIVERSITY OF ALBERTA

THOMPSON RIVERS UNIVERSITY

Contents

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Executive Summary

A moral injury (MI) can arise from circumstances where a person does, or fails to do, something that violates their morals, ethics, or deeply held personal values. An MI can also arise when a person feels betrayed or witnesses others behaving in ways perceived to be morally wrong. Exposures to potentially morally injurious events (PMIEs) can impact psychological, emotional, social, and spiritual domains of health possibly resulting in substantial harm. There are numerous PMIEs, any of which can be associated with negative outcomes (e.g., mental health challenges) or positive outcomes (e.g., moral growth). Public safety personnel (PSP), their leaders, and their clinicians all share critical roles and responsibilities for mitigating the impacts of PMIEs on PSP.

The community, media, and policy makers all share responsibility for how PSP are perceived and supported. By serving during challenging and potentially psychologically traumatic events, PSP serve on the frontline of social problems that may not be seen or addressed otherwise. We collectively share in the causes and consequences of PSP exposure to PMIEs and owe meaningful care to all PSP. We express our gratitude for the service and dedication of PSP, and we hope to motivate increased support for PSP and our communities.

What PSP leaders can do:

Acknowledge the moral and ethical components inherent to PSP service;

Promote an ethical and psychologically safe workplace culture; [a]

Arrange access to diverse support services for addressing psychological impact of PMIEs;

Establish and support evidence-based policies to guide morally and ethically difficult decision making;

Prepare PSP to make difficult moral and ethical decisions by developing and implementing explicit training and support focused on moral-ethical decision-making that includes skills for accepting the inevitability of imperfect solutions;

Support time for team building and decompression, particularly after PMIE exposures; and,

If possible, rotate staff between vocational roles to mitigate the impact of potential prolonged PMIE exposure(s).

[a] A shared belief that a team or work group is safe for interpersonal risk taking based on mutual respect and trust where there is a collective sense of confidence that someone will not be embarrassed, rejected, or punished for speaking up (Edmondson, 1999).

What formal and informal supporters of PSP can do:

Learn about PMIEs and MI;

Be curious and open to exploring whether PSP presenting with distress or impairment may be reacting to a PMIE or experiencing MI;

Mental health professionals can develop assessment skills and learn evidence-informed and evidence-based interventions to address the impacts of PMIEs;

Engage spiritual, religious, or faith-leaders as appropriate to participate adjunctively in the provision of holistic care;

Encourage PSP to engage in meaningful and pleasurable activities or hobbies outside of their work; and,

Recognize that those close to PSP may have insight into changes in behaviours that may indicate an MI; indeed, families can be an important source of support and meaning following a PMIE exposure.

What PSP teams can do:

Be present with your team, know your people, and focus on developing trusting relationships with team members;

Provide positive and transparent leadership to promote team cohesion and high morale;

Be prepared to recognize and discuss moral and ethical challenges;

Help team members to reflect on how their own value orientations fit with organizational ethics;

Model positive coping and encourage self-care and help-seeking as required;

Celebrate all successes, large and small;

Arrange regular check-ins with team members to monitor wellbeing; and,

Facilitate referrals for further support as appropriate and required.

What individual PSP can do:

Work to understand your own morals, ethics, and values so that you can better understand yourself and your role as a PSP;

Reflect on aspects of your service that provide your life with meaning;

Make regular use of activities that effectively reduce your stress (e.g., relaxation techniques, mindfulness, exercise);

Make regular use of self-care activities (e.g., healthy eating, exercising, maintaining social connections, getting sufficient rest);

Engage in self-reflective and spiritual practices that fit with you and your values to help acknowledge and process the impacts that PMIEs have had on you;

Engage in meaningful activities that you find rejuvenating; and,

Seek professional support early if you are feeling bothered or distressed by your experiences.

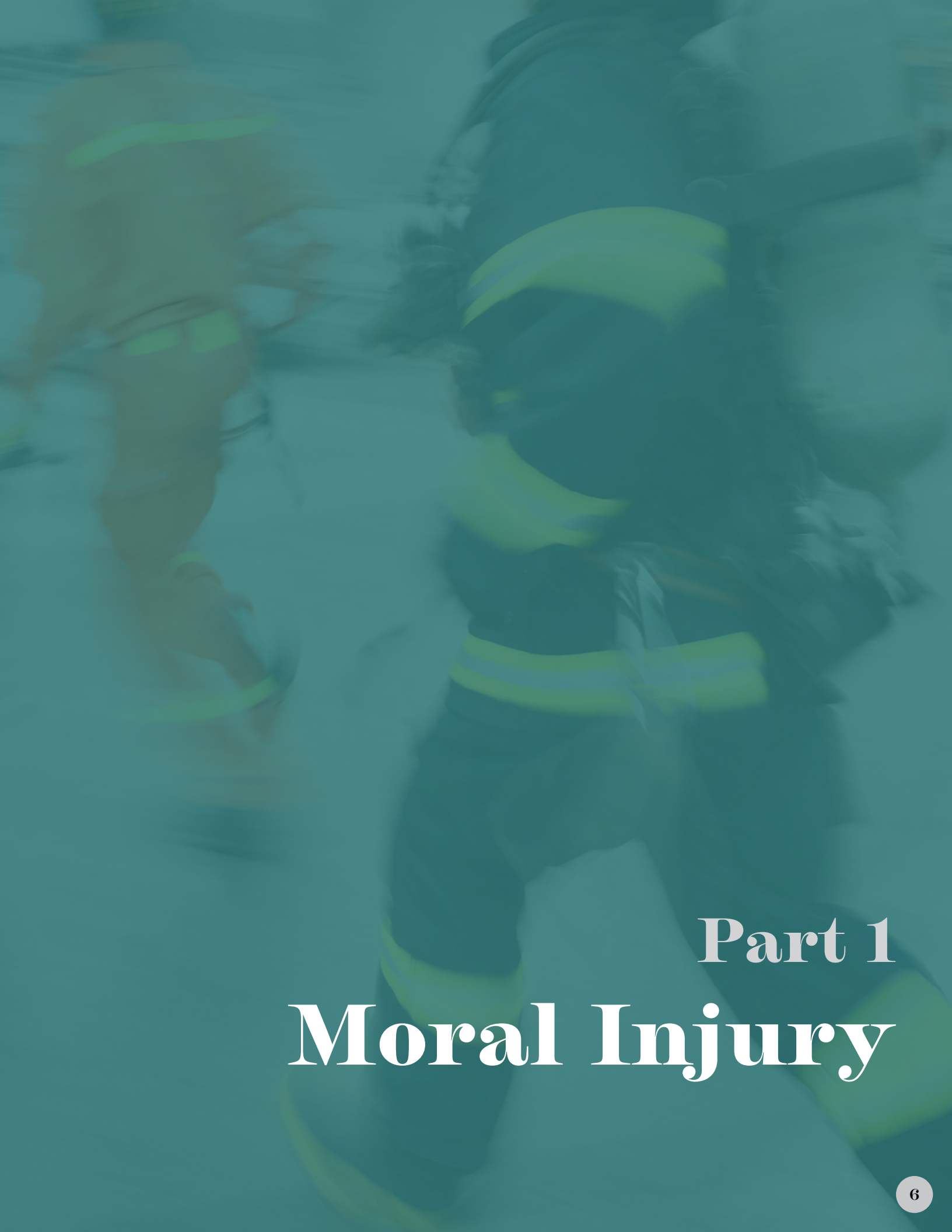
Introduction

The current moral injury (MI) guide was developed as a practical resource for **public safety personnel (PSP)**, their organizations, and their support systems. PSP is a broad term meant to be inclusive of diverse personnel who ensure the safety and security of the public. PSP include, but are not limited to, border services officers, serving Canadian Armed forces members and Veterans, correctional services and parole officers, firefighters (career and volunteer), Indigenous emergency managers, operational intelligence personnel, paramedics, police officers, public safety communicators (e.g., 911 dispatchers), and search and rescue personnel.[2] PSP undergo rigorous training designed to develop the skills and physical capacities necessary to handle a diverse set of duties and responsibilities; however, PSP receive relatively less training designed to manage the moral challenges related to their service.

PSP are regularly required to make rapid decisions during complex crises that often involve multiple conflicting responsibilities, uncertainty, and ambiguity, which can have profound moral implications. Morally challenging situations can be particularly poignant when associated with one or more **potentially psychologically traumatic event (PPTE)**. A PPTE is a stressful event that involves actual, perceived, or threatened death, serious injury, or sexual violence, and may cause psychological trauma that may be consistent with one or more posttraumatic mental health conditions (e.g. posttraumatic stress disorder, panic disorder).[2] The definition of **potentially morally injurious events (PMIEs)** is currently evolving, but typically involves exposure to actions, inactions, or events that violate a person's moral, ethics, or values through acts of commission, omission, and betrayal. PMIEs can be acute, chronic, or cumulative.

A growing body of knowledge indicates that PSP work involves substantially more frequent, intense, and diverse PPTE exposures than experienced by the general population.[3] Such exposures can result in **mental health challenge**, which can be collectively referred to as **posttraumatic stress injury (PTSIs)**. A PTSI may be consistent with one or more mental health disorders, including but not limited to substance misuse disorder, major depressive disorder (MDD), generalized anxiety disorder (GAD), and posttraumatic stress disorder (PTSD).[2] Similarly, exposure to one or more PMIEs can result in an MI that may be associated with mental health challenges consistent with one or more **mental disorders**. An event does not have to be potentially psychologically traumatic to be potentially morally injurious, but events can involve elements of both. A PTSI that occurs as a function of PSP service can also be described as an **operational stress injury (OSI)**[2].

The current guide was designed to inform organizational, team, and individual moral awareness, promote resilience, and to provide guidance regarding proactive efforts that could help to safeguard the wellbeing of PSP at risk of exposure to PMIEs. We hope the guide will help readers to better understand and mitigate the impacts of PMIEs. Part One of the guide provides information to explain the moral, ethical, and value landscape in which PSP engage and showcases opportunities to explore the roles, responsibilities, and capacities of individuals and organizations with respect to PMIEs and MI. Part Two presents a moral framework for organizations, leaders, and individuals showing the impacts PMIEs may have on PSP and what might be done to manage or mitigate the effects of PMIE exposure in this population.



Part 1
Moral Injury

What is
Moral Injury?

A moral injury describes the psychological, emotional, social, and spiritual harm or impairment that results from experiencing a violation of deeply held morals, ethics, or values.[2]

The concept of **Moral Injury** was developed in military settings where soldiers reported experiencing enduring psychological, social, and/or spiritual distress, harm, or impairment that was not always focused on PPTE exposures. Symptoms reported by military personnel were qualitatively different from symptoms of PTSD. Examples of events that prompted such distress have included being unable to intervene to protect civilians from harm due to rules of engagement, or being endangered because their organization did not provide sufficient resources for an assigned duty.[4–7] In all cases, such events involved aspects that went against what soldiers deemed to be "right". The aftermath of such events included descriptions of damage done to a person's character, along with emotions of extreme grief, shame, guilt, and anger.[8]

There have been several definitions offered to comprehensively describe MI and researchers, scholars, and clinicians continue to work towards a consensus. The following examples may provide a useful framework:

MI Definitions

Anguish that can result from "perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs and expectations"[9]

"...A particular trauma syndrome including psychological, existential, behavioral, and interpersonal issues that emerge following perceived violations of deep moral beliefs by oneself or trusted individuals"[10]

"A betrayal of what's right by someone who holds legitimate authority (e.g., in the military—a leader) in a high stakes situation."[11]

"A disruption in an individual's confidence and expectations about one's own or others' motivation or capacity to behave in a just and ethical manner... This injury is brought about by bearing witness to perceived immoral acts, failure to stop such actions, or perpetration of immoral acts, in particular actions that are inhumane, cruel, depraved, or violent, bringing about pain, suffering, or death of others."[12]

"...Expanded additional psychological, social, and spiritual suffering stemming from costly dysfunctional and or unworkable attempts to manage, control, or cope with the experience of moral pain."[13]

"A deep sense of transgression including feelings of shame, grief, meaninglessness, and remorse from having violated core moral belief,"[14]

"...[T]he consequence of a challenge to moral belief systems that exceeds the information-processing capacity of the person at their current stage of development, given available social and spiritual resources."[15]

What are morals and why are they important?

We want to start by ensuring a shared understanding of definitions used in the current guide. Morals, ethics, and values are beliefs that inform and guide a person's choices and behaviours. When events lead to beliefs being challenged or compromised, negative impacts on their mental health and wellbeing may occur. Protecting and aiding the public requires PSP to engage with diverse circumstances wherein people may act (behave) in ways that can challenge the person's moral, ethical, or value orientations (i.e., sense of self).

Morals, according to Aristotle [16] and Aquinas [17], emerge from our innate capacity to reason as humans[b]. Aristotle and Aquinas argued that reasoning allows for a common understanding of the "good" that is possible in a broad conceptual way (e.g., good is to be done and evil is to be avoided). As people seek the 'good' in more precise context, they may be influenced more readily by ethics and/or values (see below). Morals are then universally derived duties, that set the foundation for how societies, organizations, professions, and individuals behave regardless of any individual person's characteristics (e.g., ethnicity, gender, age).[18] Morals help us to determine what is "right" and what is "wrong". Some examples of foundational morals include:

1. Preservation of life
2. Seeking truth
3. Living in society (law and order)

Morals are linked to how each person relates to themselves, other people, animals, the environment, future generations, and other elements of their surroundings and existence. Morals have been described as guardians of social order.[19,20] If unable to express their morals through their values and behaviours, a person may experience a form of broken trust that impacts not only their relationship with themselves but also others.[21] As such, morals are not just private or individual matters but are inherently social, which means that any breach to a person's morals could impact the individual, their social relationships, spiritual relationships, and their communities.

Ethics are specific, context-driven codes of behaviour that are based upon morals. An ethical code is the expression of moral rules.[16,17] For example, the Ontario Provincial Police Promise states, "Our Relationships: [to] Engage in and strengthen our relationships and trust with the people we serve, our Justice sector partners and our stakeholders"[22]. The promise specifies instructions for behaviours of Ontario Provincial Police officers based on an ethical code rooted in the moral law "living in society". Another example is from the ethics code for the Paramedics of Manitoba which states, "The paramedic shall regard their responsibility to the patient as paramount and strive to preserve human life, alleviate suffering, and adhere to the principles of beneficence. The paramedic must have respect for their patient's autonomy and ensure quality and equal availability of care to all."[23]. The context-driven basis of ethics means that ethical codes will have different specifications in different contexts or situations that inform how people should behave to support the good of people and society. For example, the code of ethics for paramedics may be different than other PSP organizations. Each code of ethics reflects the good or right that each profession is attempting to obtain for society.

Being confronted with ethical dilemmas is inevitable in the course of our lives, which underscores the need to understand our own Moral, Ethical, and Values (MEV) framework and how that framework informs our decision-making behaviour. Ethical dilemmas are situations in which a 'complete' or 'holistically' MEV outcome cannot be achieved – something has to be sacrificed. When the framework of MEV align, there is no dilemma; when MEV are in conflict, there is a struggle. For example, when a paramedic withholds patient care because of a "Do not Resuscitate" order (i.e., an ethical code of the organization - to respect personal autonomy), the paramedic may be at odds with his, her, or their personal value to be a 'life-preserver'. Their organizational obligation is in conflict with the obligation felt to abide by a personal value, which can create a dilemma.

Values are concepts based on morals and ethics that a person can freely choose, and which guide a person's beliefs and actions.[24] Morals and ethics are external to individuals (i.e., how I ought or am supposed to live), whereas values are internal to individuals and are based on individual priorities (i.e., how I actually behave). Our values can originate from internal or external sources (e.g., we can learn them ourselves or from family, society, or even our PSP organizations). Regardless of the origins, values reflect who a person is as an individual and are demonstrated to others through behaviours. Examples of some common values include:

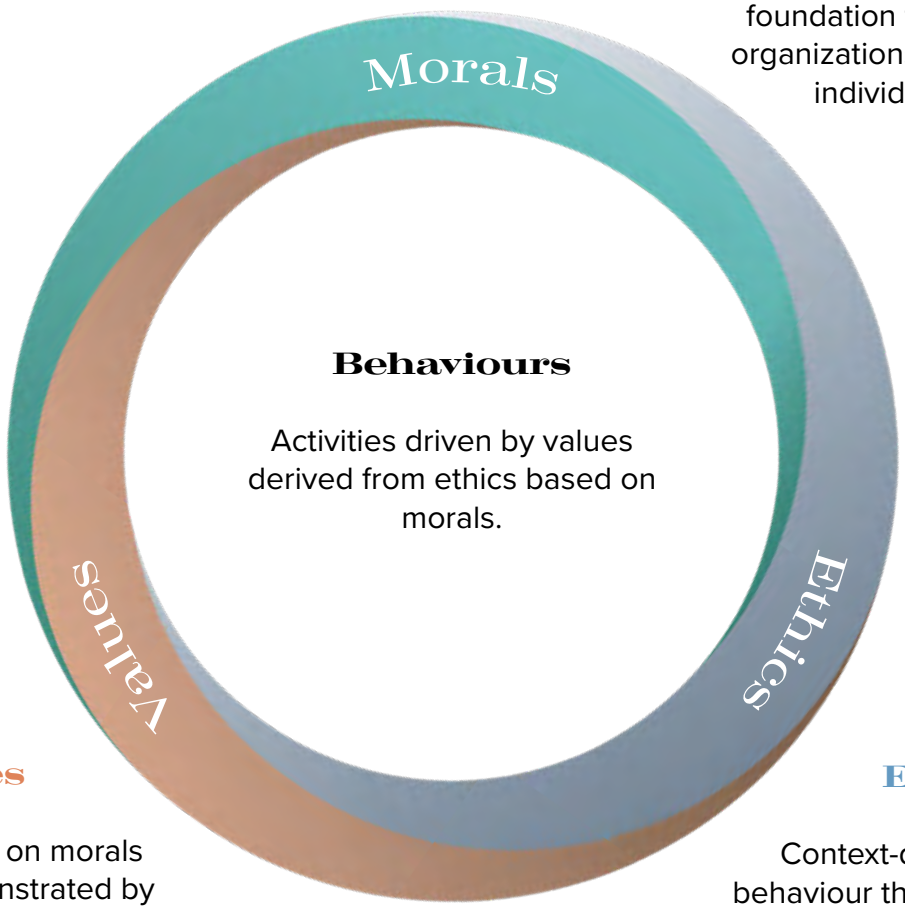
- authenticity;
- compassion;
- curiosity;
- determination;
- fairness;
- justice;
- kindness;
- loyalty;
- optimism;
- respect; and,
- trustworthiness.

Our values drive our behaviours. **Behaviours** are actions done in response to external or internal stimuli.[25] How, when, where, and why a person chooses to respond to stimuli are driven, in part, by judgements based on their values. People can share many values, but everyone's degree of commitment to any given value can vary greatly. The current guide focuses on core values – the fundamental values for a person's sense of self – what some people call the essence of the person. As such these morals and core values cannot be transgressed without risking substantial personal and existential (i.e., who I think I am – my essential self) harm.

[b] The universality of morals is based on the perspectives of Aristotle, Aquinas, and Kant who based universality upon our capacity to reason. The view has been challenged by, in particular moral relativists, who would argue that notions of right and wrong are culturally and individually constructed. In this document we contend that relativism begins at the level of ethics and then values not morals

Morals

Universal laws that set the foundation for how societies, organizations, professions, and individuals behave.



Values

Concepts based on morals and ethics, demonstrated by behaviours.

Ethics

Context-driven codes of behaviour that are based upon morals.

Figure 1. Morals, Ethics, Values, and Behaviours

Who am *I*?

MI has been described as damage suffered to one's character, identity, and deepest sense of self. The damage includes changes to perceptions of who we are, the goodness of the world, the meaning of life, and the way others perceive our roles and the expression of our values in how we act over time (e.g., a kind-hearted person that always listens to others). Core values that consistently guide behaviours across situations become self-reinforcing and eventually become **virtues**[16] The virtues then become a part of a person's character and identity (i.e., a consistent way of being and acting in the world). Accordingly, a person required to transgress their morals or core values may feel as though they are betraying their character, identity, and deepest sense of self. As such, some people have described the incongruency in terms feeling they *"have lost themself", "are broken", "are not who they used to be"*, or *"do not know who they are any more"*.

Potentially Morally Injurious Events (PMIEs)

PMIEs involve exposure to actions, omission of actions, or events that transgress a person's morals, ethics, or core values.[9] PMIEs can be obvious, like being exposed to an event where a child has been assaulted, or subtle such as passively witnessing a colleague transgress an ethical standard on the job which then puts a patient at risk for harm.

There appear to be at least three broad categories of PMIEs,[11,26] each of which can be acute, chronic or cumulative:

- **Self-oriented moral transgressions** involve doing or failing to do something in line with your MEV framework (i.e., making an error that causes a negative or unwanted outcome);
- **Other-oriented moral transgressions** involve being exposed to MEV transgressions committed by someone else (i.e., bearing witness to someone else's actions); and,
- **Betrayal** involves MEV transgression committed by a trusted person or group of people.

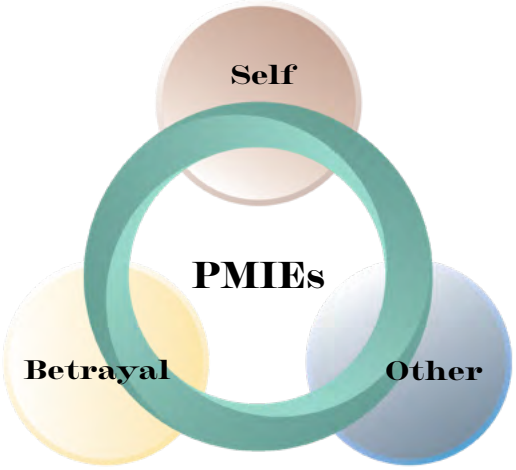


Figure 2. Self, Betrayal, Others, and PMIEs

The three types of PMIEs can happen in at least two different ways:

- **Acts of Commission** involve purposeful behaviors undertaken by a person (i.e., something that was done); and,
- **Acts of Omission** involve purposeful behaviors that were not undertaken by a person (i.e., something that was not done).

Different people can respond differently to the same PMIE. Whether someone becomes morally injured or not may depend on interactions of at least five elements:

1. the number, level, and intensity of PMIE exposures;
2. the role played by a person regarding the PMIE;
3. the perceived agency a person has regarding the PMIE;
4. the perceptions a person has of his, her, or their own morals, ethics, and values; and,
5. the possibility to repair the violation that has occurred.

PSP and other people employed in front-line emergency response occupations may be at particularly high risk for frequent and/or high-intensity PMIE exposures.[27] PSP groups have different roles, responsibilities, levels of discretion, and personal histories so the impacts of the same PMIE will likely vary between people according to these factors. PMIE research with PSP is currently very limited; nevertheless, the available information suggests the following PMIE exposure examples may place PSP at increased risk for MI:

- Witnessing, or failing to prevent harm or death;
- Witnessing suffering because of a lack of resourcing or capacity;
- Being blamed or blaming yourself for uncontrollable situational factors leading to a negative or unanticipated outcomes;
- Being unable to act;
- Perceiving an act as futile (e.g., knowing a patient will die);
- Appeasing family members and or bystanders to avoid complaints;
- Perceiving insufficient support from leadership, the organization, and/or the community;
- Perceiving having received insufficient training;
- Failure to meet patient or complainant needs;
- Chronic exposure to societal problems that have no resolution (e.g., addictions, homelessness, family violence);
- Perceiving bad things happening to good people; conversely, experiencing people engaging in antisocial acts for which there is little to no punishment;
- Perceiving injustices regarding resource allocations (e.g., leaving an elderly person to wait on the floor because of other calls perceived as more important or more worthy of attention);
- Witnessing unnatural or gruesome deaths;
- Extreme emotional responses from bystanders or family members;
- Lack of closure regarding an event;
- Perceiving having disappointed or failed to sufficiently support colleagues; and,
- Incidents involving children.

The types of MEV conflicts PSP likely experience during PMIEs may include conflicts between

1. acting in ways that risk their own safety to help others (morals and core values); and
2. being limited in their behaviours by concerns of potential external consequences (ethics).

The MEV conflicts highlight the social and complex fact that morality is not only an intra-individual matter but also is present on different social levels and contexts. How a person lives and acts is often driven by MEVs that simultaneously correspond and contradict.[28]

Military researchers have documented evidence that unsupportive homecoming, or judgment from civilians, and a lack of understanding by close family and friends, can also create PMIEs and intensify the risk of MI.[4–7] PSP roles, responsibilities, or capacities are often similarly misunderstood or mis-contextualized by the general public, which can bring about hostility and aggression toward PSP particularly during the COVID-19 pandemic. [29–31] Perceiving hostility and aggression from the public can also be a PMIE that can generate feelings of anger, betrayal, shame, or social alienation, all of which can be associated with MI.

How Moral Injury Can Occur

PSP are regularly exposed to stressors that may cause mental health challenges. An **MI can occur when a person violates, or witnesses others violate, their morals, ethics, or values.** After the transgression MI symptoms manifest the pain, suffering, struggle, distress, or impairment a person can experience due to an MI. Further PMIE exposures can result in reflexively exacerbating MI and MI symptoms.

The range of MI symptoms can vary widely in experience and severity, impacting diverse domains of life, health, and wellbeing (e.g., occupational, psychological, emotional, social, spiritual; see Figure 4). For example, PSP may experience decreased work engagement and challenges like burnout, compassion fatigue, numbing/cynicism, or absenteeism. Symptoms may include experiencing intrusive thoughts or imagery (e.g., preoccupation, disruptive recurring memories, dreams, feelings of being "haunted"). A person with MI may also experience symptoms related to mental health disorders such as GAD, panic disorder, MDD, or PTSD. A person with MI may also experience extreme negative moral emotions,[9,32] such as guilt, shame, anger, disgust, or contempt. A person with MI may also report feeling broken, fractured, or shattered and report or demonstrate shame, cynicism, relationship difficulties, loss of purpose, loss of meaning, or hopelessness. If the symptoms last long enough and are intense enough, the symptoms may warrant assistance from a mental health professional.

Not every person exposed to one or more PMIEs will respond the same way; accordingly, MI may lead to various outcomes over time, including meeting criteria for one or more mental disorders. Positive impacts, such as post-exposure growth, are also possible (see Figure 3).

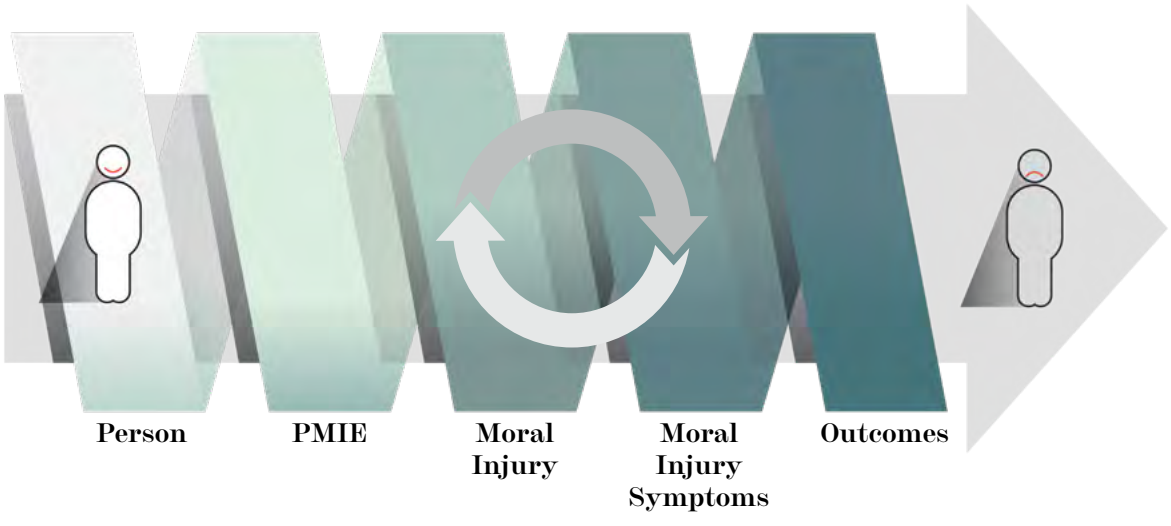


Figure 3, Development of MI

1. **Person/Self:**[33] MI involves a person – a self – with a unique combination of individual difference variables that can be biological (e.g., genetics), developmental (e.g., adverse childhood events), psychological (e.g., personality, cognitive flexibility, emotionality, identity), social (e.g., relationships, attachments), spiritual (e.g., belief in a higher power), or religious (e.g., organized religion). Each individual difference variable, alone or in combination, appears to be associated with how a person is impacted by a PMIE.

2. **Potentially Morally Injurious Event (PMIE):** Direct or indirect exposure to one or more events that involve actions, or omission of actions that transgress a person's morals, ethics, or core values.

3. **Moral Injury (MI):** Describes the psychological, social, and spiritual distress, harm, or impairment that results from experiencing a violation of deeply held morals, ethics, or values. The result of a transgression of morals, ethics, or core values can vary in severity based on perceptions during and after exposure to a PMIE.

4. **MI Symptoms:** An MI can manifest in a wide variety of symptoms and symptom severity, all of which can impact various domains of life, health, and wellbeing (see Figure 4):

- Occupational domain: MI symptoms may present as vocational difficulties including, but not limited to:
    - occupational stressors or problems with authority figures;
    - burnout;
    - compassion fatigue; and,
    - reduced capacities at work.[34,35]

- Psychological domain: MI symptoms may present as difficulties consistent with mental health disorders including, but not limited to:
    - symptoms described by several mental disorders including, but not limited to, PTSD, Major Depressive Disorder, Generalized Anxiety Disorder, and Substance Use Disorder, suicidal behaviours (e.g., ideation, planning, attempts); [36–39]
    - self-destructive behaviours;
    - intensive harsh self and other-oriented criticisms; and,
    - cognitive rigidity (e.g., "all-or-nothing" thinking).

- Emotional domain: MI symptoms may present as intense experiences of moral emotions[9,32] including, but not limited to:
    - guilt;
    - shame;
    - anger;
    - contempt;
    - despair; and,
    - hopelessness.

MI symptoms may involve decreases in experiencing emotions including, but not limited to:

- awe;
- joy;
- pleasure;
- compassion;
- gratitude; and,
- love.

A PMIE involving injustices and systemic failures may produce an MI with symptoms that involve increases in experiencing emotions including, but not limited to:

- outrage;
- blame;
- disparaging thoughts about others;
- feelings of betrayal; and,
- loss of trust.

- Social domain: MI symptoms may present as a person becoming socially withdrawn and avoidant.[40,41] People with an MI may experience many social difficulties[42] including, but not limited to:
    - relationship challenges;
    - feeling disconnected from important other people;
    - feeling disconnected from important relationships;
    - guardedness around other people;
    - actively avoiding intimate relationships (e.g., spouse, partners, close friends); and,
    - isolating themselves; possibly characterized by feeling cut off and alone even when in the company of other people.

- Spiritual[c] Domain: MI symptoms may present as spiritual challenges (e.g., loss of purpose or motivation) including, but not limited to questioning: 1) pre-existing spiritual/religious beliefs; 2) beliefs about the nature of humanity and the world; and, 3) the meaning of life, which may involve[43,44]:
    - a loss of faith or previous spiritual or religious beliefs;
    - confusion or dissonance surrounding one's spiritual or religious beliefs;
    - perceived alienation from a Higher Power;
    - believing one is a bad person deserving punishment;
    - fractured world-beliefs;
    - questioned sense of self and identity;
    - no longer believing in any sense of goodness or hope;
    - loss of meaning and purpose;
    - difficulty forgiving or becoming stuck in unforgiveness;[45,46] and,
    - existential (i.e., questions of ultimate meaning) doubt.

5. **Outcomes:** Not everyone who experiences an MI will have MI symptoms sufficiently distressing or impairing to warrant a diagnosis or a formal intervention. There are many possible outcomes of PMIE exposures, with MI and MI recovery being potentially complex, multifactorial, and nonlinear.

- **Negative Outcomes:** People who experience an MI may present with symptoms consistent with one or more mental health disorder diagnoses (e.g., PTSD, MDD, GAD, Substance Use Disorder), difficulties with suicidal thoughts and behaviours (e.g., ideation, planning, attempts), or physical challenges (e.g., chronic pain). Left unaddressed, an MI can result in sustained distress and impairment.

- **Positive Outcomes:** People who experience an MI and who have or develop effective support and resources to process and integrate their experience(s), and to address any associated symptoms, may experience positive outcomes (e.g., fortitude, recovery, growth).

[c]Spiritual does not equate to religion in the current guide; instead, spirituality is considered a sense of whatever is animating and held sacred by a person. The overlap between religious and spiritual may be very different from person to person. Existential components may not require spirituality at all, but may address larger questions of life outside of any preordained belief system; however, for the current guide spirituality and existentialism have also been combined into a single domain.

Moral Injury Symptoms

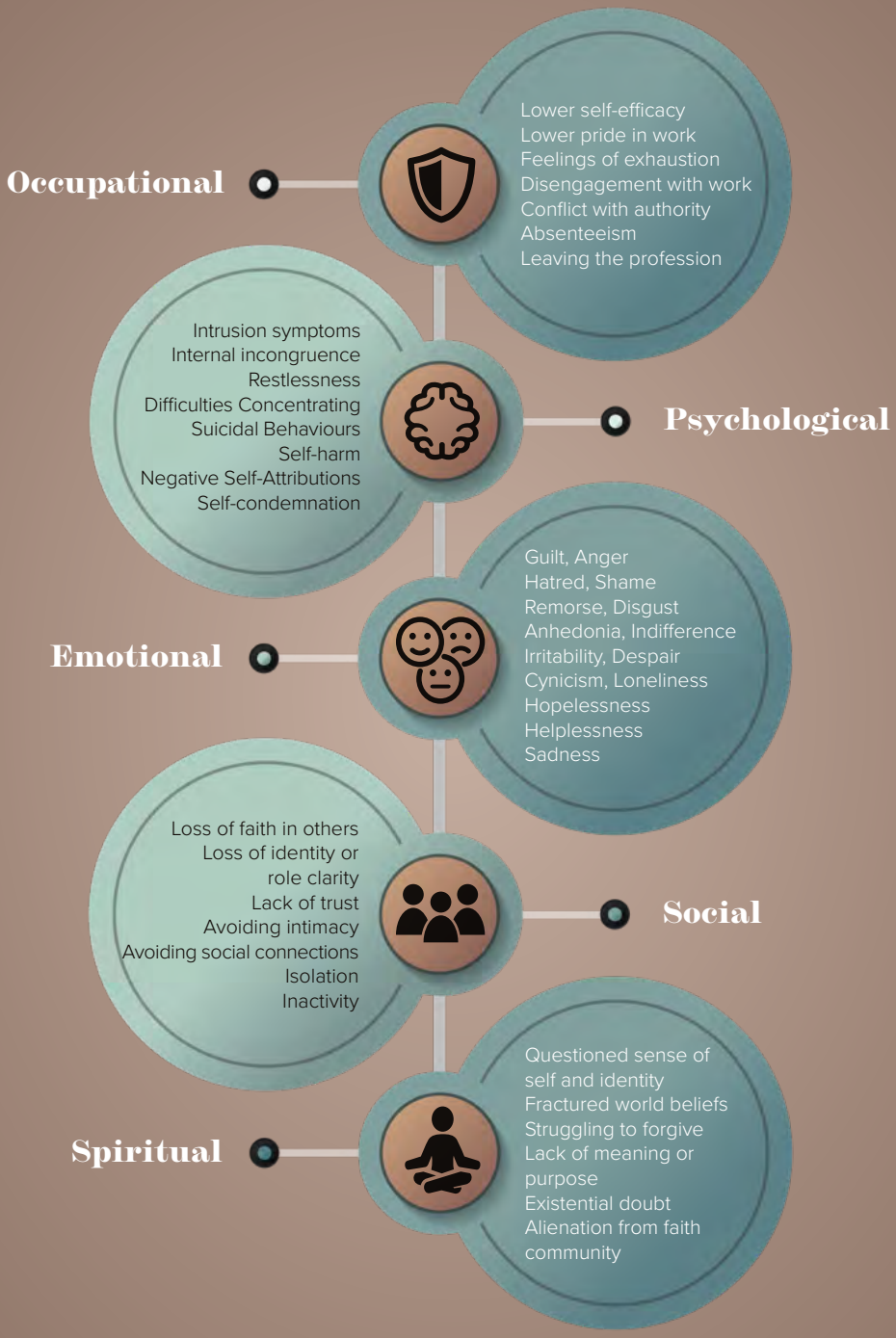


Figure 4. Moral Injury Symptoms

MI and PTSIs

An MI differs from a PTSI because the mechanism of injury is different. A PTSI results from exposure to a substantial threat of physical harm to one's self or others (i.e., PPTE); in contrast, an MI results from exposure to a transgression of morals, ethics, or values (i.e., PMIE). There is no singular PTSI "disorder"; instead, a PTSI may or may not be consistent with one or more specific diagnoses (e.g., PTSD, MDD, GAD, Substance Use Disorder). There is currently no MI disorder (e.g., "Moral Injury Disorder"), per se, that is identified within diagnostic systems (i.e., DSM-5-TR; ICD-10). There may be a Moral Injury Disorder in the future, but irrespective of whether there ever is a Moral Injury Disorder, an MI may or may not have symptoms that overlap with one or more specific diagnoses (e.g., PTSD, MDD, GAD, Substance Use Disorder). Like with a PTSI, identifying a specific diagnosis that describes the associated symptoms may help clinicians with providing evidence-based treatment that can support recovery (e.g., treatment of self-condemning thoughts). Irrespective of the diagnosis used to describe symptoms and inform treatment directions, understanding the mechanism of injury can be a critical component to effectively applying evidence-based solutions to help individuals cope with MI. PTSI and MI are not mutually exclusive. At any given time, a person can have neither, either, or both a PTSI and an MI.

The Flip Side: Moral Growth

Responses to PMIE exposures can vary greatly across individuals, contexts, and time, such that one person may experience MI symptoms (e.g., moral pain, moral suffering, moral struggle, distress, or impairment), whereas another person experiences increased resilience, self-compassion, and work engagement. So far we have focused on MI; however, moral emotions that support human flourishing can also be positive (e.g., pride, gratitude, compassion, empathy, love).[20,47]

PSP share several common pro-social characteristics across their diverse professions, including a sense of purpose focused on service and helping, as well as an emphasis on morality (e.g., justice, good, right), ethical codes, and personal core values.[48–50] Shared pro-social characteristics can support PSP resilience despite adversity. PMIE exposures may be inevitable for PSP; nevertheless, various appropriately sustained supports can help PSP to leverage their skills, morals, ethics, and core values to facilitate fortitude, recovery, and growth.

Moral resilience is a concept that describes an ability to adapt, resolve, and overcome the adversity associated with a PMIE exposure, ultimately regaining a sense of identity, purpose, and wholeness.[51] People may be better able to integrate PMIE exposures when trying to address and accept their personal limitations, identify their own moral compass, and then constructively address, when possible, systemic or personal variables that led to the PMIE (e.g., organizational failures, relationship betrayals, acts of commission).[51] **Moral strength** describes a person's capacity, motivation, and willingness to take moral action.[52] While serving their communities, PSP may need to exercise moral strength by pervasively acting in ways that are personally congruent even during a PMIE exposure.

The **posttraumatic growth**[53] literature includes suggestions that engaging with existential questions of life and meaning may support personal growth, strengthen spiritual, philosophical or religious beliefs, deepen appreciation of relationships, and increase perceptions of meaning and purpose in life. The process of recovery from an MI may parallel the concept of posttraumatic growth as part of recovery from an PTSI after a PPTE exposure and could be similarly conceptualized as **moral growth**.

Equity, Diversity, and Inclusion

People hold ethics and values that may differ based on factors like sex, gender, ethnicity, culture, socioeconomics, religion, spirituality, neurodiversity, and disabilities. The same diverse factors can have a substantial impact on individual experiences; for example, sex and gender identity may be associated with different mental health symptoms and outcomes.[3,54] Certain characteristics may also present increased risk of exposure to PMIEs, such as events involving discrimination or injustice. Each person has a unique combination of lived experiences that influences how they perceive themselves, others, and the world, as well as influencing their values and behaviours.

There are historical and societal events that have disproportionately harmed different groups of people, and which may impact their exposures and responses to PMIEs and possibly exacerbate their risk for MI.[55] For example, PSP of Indigenous or African heritage may experience PMIEs because of factors such as systemic racism[d] and intergenerational trauma.[56,57] Similarly, female PSP may experience PMIEs working in both organizational cultures and societies that accept and reinforce gender inequities.[58] Cultural, religious, or spiritual-orientations may also interact positively and negatively with perceived organizational or societal ethics, which can all have negative interactions that may increase risk of MI.[43,59,60]

PSP from minority groups may experience moral stressors in ways influenced by experiences including, but not limited to:

- racism (including microaggressions);
- skepticism about their training;
- belittling of how they speak, work, or dress;
- questions about their ethnic or racial background;
- denigration of their religious beliefs or cultural practices;
- their communities being disproportionately impacted by or associated with poverty or criminal activities; and,
- sexual harassment, belittlement, or assault.

Recent research has also evidenced associations between gender and MI where women appear to report more witnessing and betrayal-based MI while perpetration was most consistently associated with functional impairment for men.[61] Military and PSP organizations are often heteronormative and hyper-masculinized[58,62,] which may exacerbate gender based PMIEs for people who serve. For example, sexual misconduct in the workplace or line of duty can also exacerbate mental health challenges, PTSIs, and MI.[63,64] Accordingly, academics, researchers, clinicians, and policy makers should pay close attention to how equity, inclusion, and diversity principles interact with organizational ethics and behaviours, because the interactions can influence mental health challenges, PTSIs, and MI.

[d] Systemic racism means that even if there were no racist persons a group or system, there would still be groups of people within that system who would still experience discrimination because of the structures (e.g., polices, rules, practices, historical influences, external influences) associated with the system.

Part 2
Help For Moral Injury

Framework
for the Management of Moral Injuries in the Workplace

Strategy Development

1. Psychologically and Ethically Safe Workplaces; and
2. Moral Resilience Training.

Formal and Informal Supports

1. Formal Support – Mental Health Professionals; and
2. Informal support – Social, family, and trained peer supports.

Considerations for Leaders

1. Building psychologically and ethically safe and healthy cultures; and
2. Longer-term strategies (e.g., additional training, expanded occupational resources, and exposure management processes).

Considerations for Teams

Facilitate psychologically safe environments that support open communication, cohesion, and morale, while also having dedicated transparent discussions about PMIE and MI.

Considerations for Individuals

1. Actively increasing self-awareness, especially by working to explicitly understand personal and professional morals, ethics, and values;
2. Accessing psychoeducation about PMIEs and MI to gain insights and develop proactive plans for addressing PMIEs;
3. Learning to recognize moral symptoms such as avoidance, emotional numbing, ruminating, loss of trust, loss of meaning/purpose, guilt, anger, or shame;
4. Distinguishing “who one is” from “what one has done or has not done” to offset internalizing negative beliefs caused by PMIEs;
5. Regularly engaging in activities that promote self-reflection and expression (e.g., expressive arts, journaling);
6. Regularly engaging in activities that support positive spirituality (e.g., hope, gratitude, mindfulness, prayer, meditation, guided imagery, communal rituals, time in nature); and,
7. Regularly engaging in activities perceived as animating and meaningful.

Framework for the Management of Moral Injuries in the Workplace: Strategy Development

1. Psychologically and Ethically Safe Workplaces

PSP encounter diverse occupational stressors including physical strain and extreme fatigue, regular threat vigilance, procedural pressures, and conflicting personal or professional demands, all of which can influence the risk impact of PMIE exposures. Despite the dearth of PSP-specific research, the cumulative impacts from PMIE exposures are likely to be mitigated in several ways including, but not limited to:[65,66]

- beginning with recognition that issues regarding diversity, equity, and inclusion continue to persist;
- organizations establishing actionable policies and procedures focused on enhancing the psychological safety of their workplaces, including interpersonal and emotional intelligence training for leaders;
- supporting empathic leaders who are identified as such during promotional processes;
- identifying positive role models and mental health champions;
- encouraging supportive teams that can receive demonstrable appreciation from all levels of the organization;
- encouraging camaraderie by allowing time for team building activities;
- promoting feelings of effectiveness and pride when overcoming adversities; and,
- allowing for decompression time between exposures to stressors.

Activities designed to mitigate PMIE may also be supported by having a psychologically safe workplace. A psychologically safe workplace exists when the people involved hold a shared belief that the workplace or team is supported in interpersonal risk taking and employees can voice their opinions or concerns without fear of embarrassment, rejection, or punishment.[67] Psychologically safe workplaces may allow for PMIEs to be more readily discussed and acknowledged.

The Canadian Mental Health Commission has created a national standard the describes workplace psychological health and safety (PHS) that is available online: https://www.mentalhealthcommission.ca/English/what-we-do/workplace/national-standard

A paramedic-specific PHS has been developed and is available online: https://www.csagroup.org/store/product/Z1003.1-18/

There are also free resources designed to help assess and address workplace PHS that are available online: https://www.workplacestrategiesformentalhealth.com

2. Moral Resilience Training

The frequent PMIE exposures PSP experience may prompt changes in their values during their career. Exposures uncommon to members of the general public (e.g., death, violence, anti-social behaviour) are commonplace for PSP. Changes in morals, ethics, and values for PSP may be normal and adaptive; however, PSP who are not properly prepared with the skills and capacities to manage PMIE exposures may develop decreased ability to adapt in positive ways. Increasing PSP awareness of how the interaction of their occupational experiences and morals, ethics, and core values can impact them, and of how to identify when they may need help, is likely to foster resilience in the face of PMIEs, and expedite access to evidence-based support for their mental health when appropriate.

Occupational skills training that provides PSP with sufficient knowledge and confidence to perform their duties can increase self-efficacy and reduce decision-making stress,[68,69] particularly in volatile, unpredictable, complex, and ambiguous work environments.[70] Knowledge of hard skills (e.g., specific occupational tasks), soft skills (e.g., empathic communication), organizational ethics, policies or guidelines, and personal values may help to mitigate stress for PSP navigating a PMIE within their unique work environments. The dynamic and often threatening nature of PSP work environments means highly realistic PMIE scenario training may help PSP. The training might involve safe exposures with planned debriefings that help PSP to increase their sense of moral agency, moral decision-making, and confidence.[71] Scenario training may also lessen the impact of PMIEs. Partnering inexperienced and experienced PSP may also help everyone to better navigate PMIE exposures and mitigate potential impacts.

Framework for the Management of Moral Injuries in the Workplace: Formal and Informal Supports

There are several formal and informal support recommendations for MI including, but not limited to: 1) providing timely and easily accessible philosophical, psychological, and spiritual support for frontline workers; and, 2) establishing peer support programs by individuals familiar with identifying MI and who can provide bridging into formal or professional support (e.g., meetings with supervisors and high-ranking leaders in organizations; mediated conversations with professional supports).

Like military and Veteran services, PSP organizations may benefit from a range of mental health supports to mitigate PTSIs among PSP.[72–74] Furthermore, social support – both internal and external to the work environment – appears to be a consistently protective factor for good mental health.[75–77]

1. Formal Support – Mental Health Professionals

Clinicians providing services and supports to PSP can play an important role in identifying MI. PSP presenting with feelings of guilt, shame, anger, or regret, in addition to symptoms including suicidal ideation, self-harm, anhedonia, hopelessness, social isolation, spiritual struggles, loss of trust, or loss of meaning may have experienced an MI.[39] Like other PTSI, MI symptom presentations may be delayed, so clinician sensitivity regarding MI is critical, even for past PMIE exposures. Clinicians should also be aware that chronic PMIE exposures may produce PTSI symptom presentations paralleling acute (e.g., PTSD) or chronic PPTE exposures (e.g., Complex PTSD).[78,79]

Some frontline clinicians may be familiar with how to recognize, assess, and effectively treat MI.[80,81] Clinicians who are new to working with MI, and who employ traditional trauma-oriented screening and treatment approaches, may find that such approaches are insufficient for assessing and treating core features of MI such as guilt and shame.[82]

Therapies specifically designed for addressing MI are being developed, but there is currently relatively limited evidence regarding effectiveness. Therapies for MI may include Acceptance and Commitment Therapy (ACT)[83,84], Adaptive Disclosure[85], or a spiritually-oriented Cognitive Processing Therapy[86]. When MI is associated with PTSD, current evidence-based treatments for PTSD (e.g., Prolonged Exposure, Cognitive Processing Therapy) may help to address the PTSD symptoms, but the PMIE may still need to be explicitly addressed as a distinct part of treatment.[87,88] The same approach to treatment may also be warranted when MI is associated with other mental health disorders (e.g., MDD, GAD). There is evidence to suggest that empirically-supported and manualized treatments for PTSD (e.g., Prolonged Exposure) are potentially less effective when chronic MI is present for clients.[9]

The social nature of MI and lack of research targeting specific maintenance and mechanisms of MI means clinicians may need to rely heavily on interpersonal and foundation therapeutic techniques (e.g., alliance building) when working with individuals confronting MI.[89] Clinicians may also benefit from reflecting on their own morals, ethics, and values particularly when hearing difficult or troubling MI stories, and seek their own support when necessary.

Existential, spiritual, or religious struggles can be core features of an MI[15,43,90]. Studies examining experiences of military personnel find that spiritual or religious struggles and/or existential concerns are commonly reported following exposure to PMIEs.[7,91] Accordingly, religious or spiritual guidance from chaplains or spiritual leaders may be helpful for managing moral symptoms resulting from some types of PMIE.[92,93] For example, chaplains could promote, support, and provide services that enhance evidence-based spiritual coping strategies (i.e., mediation, prayer, self-compassion, forgiveness) alongside other mental health professionals.[94,95] Chaplain expertise in addressing spiritual and existential concerns in a non-religious context may be critical for creating a more holistic MI treatment plan, regardless of a patient's specific religion.[96]

2. Informal support – Social, family, and trained peer supports

There is an increasing focus on social, family, and trained peer supports as opportunities to enhance PSP mental health and wellbeing.[97] Despite the limited research on informal supports for MI specifically, informal supports can reasonably be expected to help mitigate the impact of PMIEs. People experiencing an MI may frequently avoid social connections; as such, engaging in meaningful social activities, such as volunteering, pursuing or maintaining personal relationships, and engaging in leisure activities may help with MI recovery by engaging a social network, avoiding isolation, avoiding negative thoughts, and experiencing positive emotions.[98–100] MI-related avoidance symptoms should be considered as specific potential treatment targets for PSP who have experienced MI. PSP with an MI may need to be encouraged to focus specifically on MI-related avoidance symptoms to reconnect with the values that contribute to positive function.

Peer support can positively impact mental health[101–103] by allowing people to draw on shared experiences, supports, and strengths. Family members and close friends can provide safe spaces for people to discuss a PMIE as part of first steps towards recovery. Peers, family, and friends can support MI recovery just by listening and acknowledging moral symptoms and may help facilitate access to professional evidence-based care. Family members and trained peer support providers may also be unfamiliar with MI, and may benefit from psychoeducation to help identify when an MI may have occurred and warrant professional help.

Framework for the Management of Moral Injuries in the Workplace: Considerations for Leaders

PMIE exposures are inherent to the PSP work environment, which underscores the need for PSP leadership to establish organizational frameworks for managing PMIE exposures and MI. Leaders also need to be aware of, and open to, ways in which organizational policies or past interactions with leaders may have been the source of, or contributed to, an MI for a PSP member. The ethical culture of any organization is ultimately a key responsibility that falls on leaders; specifically, to foster ethically consistent, psychologically safe, and values-based workplaces. Leaders can support ethical cultures by implementing proactive approaches that reduce risk, maximize resilience, and provide early and accessible care for MI.

Organizational structures and how leaders approach employee wellness can substantially influence employee wellbeing.[104] All PSP may benefit from regular, dedicated, and transparent discussions about organizational ethics (e.g., mandates, policies, expectations), processes, and decision-making.[67,105] Proactive clear and frequent communication about leaders decisions processes may enhance workplace psychological safety, increase awareness, decrease uncertainty, strengthen resilience, increase employee self-confidence and agency, support collective sense-making, and improve overall wellbeing.[106-108] Similarly, PSP leaders may also help by regularly communicating with their personnel, including timely and transparent discussions about PMIE exposures. For example, PSP leaders may be able to help their teams by explicitly discussing the numerous PMIEs related to the COVID-19 and the opioid abuse crises, and collaboratively build solutions to mitigate the associated impacts.

Leaders should strive to continue building psychologically and ethically safe and healthy cultures through systems of shared beliefs and mutual understanding. Psychologically safe systems start with fostering cultures in which all employees feel they can freely share ideas, inform organizational improvements, take initiative, and ask for help.[67,70,105,109] Organizations should engage employees at all levels to maximize uptake and the associated potential benefits when developing strategies to mitigate the impact of PMIEs.[65,66] Initial strategies might parallel efforts to mitigate the effects of PPTEs; for example, using proactive approaches that prioritize employee psychological health and safety (e.g., access to regular mental health check-ups, paralleling physical health check-ups; early and accessible evidence-based health care).

Longer-term strategies may involve additional training (e.g., periodic training associated with organizational and personal ethics awareness), expanded occupational resources (e.g., ensuring sufficient staffing levels to meet workload expectations), and exposure management processes (e.g., rotation of staff between high and low stress roles; decompression time; enabling flexible schedules). PSP often report managing PPTE exposures by drawing on their positive attributes (e.g., a sense of duty, a strong work ethic, a desire to render assistance); unfortunately, their positive attributes can be frustrated by systems, infrastructures, and institutions they perceive as hindering their ability to serve and protect the public.[110] Proactive collaborative planning and decision making that involves all public safety organization employees (e.g., leaders, frontline members, administrative support members, and other stakeholders) may help to reduce frustrations, or to revise systems, infrastructures, and institutions, therein mitigating the impact of PMIEs for everyone.

Framework for the Management of Moral Injuries in the Workplace: Considerations for Teams

Military-based research supports the idea that individuals who are part of cohesive units with high morale may have fewer mental health problems.[111–113] Cohesive teams with high morale may be psychologically safe environments that are better able to mitigate the impact of PMIE on their members.

Leaders can help to mitigate MI by facilitating psychologically safe environments that support open communication, cohesion, and morale, while also having dedicated transparent discussions about PMIE and MI. Dedicated transparent discussions in psychologically safe spaces may also create opportunities for disclosing moral symptoms and facilitating early access to informal and formal care. Members of cohesive teams are peers who can also function as key supports to offset structural barriers to accessing informal supports (e.g., shift work; restricted disclosures due to confidential work). Leaders can promote team cohesion and positive mental health support through obtaining their own training, modelling and facilitating positive coping skills (e.g., publicly engaging in self-care activities, acknowledging the potential truth of past organizational failures) and by encouraging employees to seek out peer and professional support.[114–116]

Team members should be aware of, and reminded that, disclosing PMIEs and MI symptoms can be difficult and laden with stigma; as such, regular, transparent, supportive conversations may be important. If such conversations are impractical in the work environment, creating spaces for such conversations elsewhere may be helpful (e.g., a monthly coffee meeting). Team members should listen for narratives, expressions of beliefs, or statements that suggest MI symptoms. When there is evidence of MI symptoms, team members should offer acknowledgment and affirmation, where appropriate offer shared experiences, remind each other of available formal and informal supports, and facilitate access to formal and informal supports as indicated.

The current recommendations may not be appropriate for teams that are psychologically unsafe environments. Additionally, some PMIEs may not be appropriate to be discussed in public, or when there are concerns around confidentiality (e.g., when disclosures may require an element of whistleblowing). MI symptoms may be exacerbated if a disclosure is met with indifference, criticism, a breach of privacy, judgment, or fear of reprisal, any of which may constitute a new PMIE and create a new MI; accordingly, caution is strongly warranted when working to mitigate MI across an entire team.

Framework for the Management of Moral Injuries in the Workplace: Considerations for Individuals

PSP are often encouraged to focus on their wellbeing by practicing self-care at work and away from work. Adaptive self-care can include maintaining social connections, eating well, exercising, maintaining a sustainable work-life-balance, and getting sufficient rest, all of which can broadly support wellbeing. Adaptive self-care activities to mitigate MI may also include:

1. actively increasing self-awareness, especially by working to explicitly understand personal and professional morals, ethics, and values[e].
2. accessing psychoeducation about PMIEs and MI to gain insights and develop proactive plans for addressing PMIEs;
3. learning to recognize moral symptoms such as avoidance, emotional numbing, ruminating, loss of trust, loss of meaning/purpose, guilt, anger, or shame;
4. distinguishing "who one is" from "what one has done or has not done" to offset internalizing negative beliefs caused by PMIEs;
5. regularly engaging in activities that promote self-reflection and expression (e.g., expressive arts, journaling);
6. regularly engaging in activities that support positive spirituality (e.g., hope, gratitude, mindfulness, prayer, meditation, guided imagery, communal rituals, time in nature); and,
7. regularly engaging in activities perceived as animating and meaningful.

Practicing forgiveness, meaning-making and compassion appear particularly beneficial for supporting MI recovery.[45,117,118] PSP are real people who are frequently required to navigate PMIEs using limited information and resources. Irrespective of best efforts, PMIE exposures can cause guilt, anger, blame, contempt, regret, or shame. Self-forgiveness and self-compassion can help to mitigate the impact of PMIE exposures and reduce the possibility of an MI[45,118] by actively working to be compassionate and forgiving for transgressions of morals or core values, made by the self or others.[46] Socializing and encouraging self-compassion and self-forgiveness at the beginning of PSP careers may be particularly helpful for mitigating subsequent MI.

Making meaning out of a PMIE has been associated with the mitigation of negative impacts from an MI.[117] Making meaning may involve:

1. acknowledging a PMIE has occurred, actively identifying and understanding the transgression of morals, ethics, or values that has occurred;
2. identifying and addressing specific symptoms;
3. restoring or revising morals, ethics, or values; and,
4. contextualizing actions and behaviours and integrating them within a larger narrative.[119]

Expressive writing (e.g., organizing and lamenting injurious events in text)[120,121] and spiritual practices (e.g., hope, gratitude, mindfulness, prayer, meditation, guided imagery, communal rituals, time in nature) may also help the process of making meaning.[44,94]

Most importantly, know that support and treatments are available for persons experiencing MI.

Help is available!

[e] Awareness can be increased in many ways, including by reading or engaging in various MI-related resources that support further understanding; for example: 1) Hardiness Institute - Hardinessinstitute.com; 2) American Philosophical Practitioners Association - Appa.edu; or 3) VIA Institute on Character - via character.com. The following books may also be helpful: 1) Hitt, W. (1990). Ethics and leadership: Putting theory into practice. Columbus: Battelle Press; 2) Driver, J (2006). Ethics: The fundamentals. Hoboken, NJ: Wiley-Blackwell Publishing; 3) Blackburn, S. (2001). Being good. Oxford, UK: Oxford University Press; 4) Gaarder, J. (2007). Sophie's world: A novel about the history of philosophy. New York, NY: Farrar, Strauss, & Giroux.

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Glossary

Behaviours	are the activities (external and internal) we do in response to external or internal stimuli.
Ethics	are more specific context driven codes for behaviour that are based upon morals. An ethical code is the operationalization of a moral precept.
Mental Health	refers to thoughts, feelings, emotions, and related brain function.
Mental Health Challenge	describes normal reactions to everyday stressors, as well as mental disorders.
Mental Disorders	are a type of mental health condition that meets the criteria for diagnosis published in the Diagnostic and Statistical Manual or International Classification of Disease or other equivalent revisions.
Morals	are universal laws that set the foundation for how societies, organizations, professions, and individuals behave regardless of personal characteristics (e.g., ethnicity, gender, age).
Moral Growth	is the positive psychological change experienced due to struggling with morally challenging life circumstances or a moral injury.
Moral Injury	describes the psychological, emotional, social, and spiritual harm or impairment that results from experiencing a violation of deeply held morals, ethics, or values.
Moral Resilience	describes a buoyancy or ability to adapt, resolve and overcome despite PMIE exposure.
Moral Strength	is a person's capacity, motivation, and willingness to take moral action.
MI symptoms	describes the moral pain, moral suffering, moral struggle, distress, or impairment a person experiences due to an MI.
Operational Stress Injury (OSI)	refers to any mental disorder or other mental health condition resulting from operational duties performed while serving in a professional capacity, especially in military or other public safety professions.
Posttraumatic Growth	refers to positive personal changes that may result from an individual working to cope with the psychological consequences of exposure to one or more potentially psychologically traumatic events.
Potentially Morally Injurious Events (PMIEs)	involve exposure to actions, inactions, or events that violate a person's moral, ethics, or values through acts of commission, omission, and betrayal.
Posttraumatic Stress Injury (PTSIs)	refers to a mental health condition that a person may experience as a result of exposure to one or more potentially psychologically traumatic events.
Potentially Psychologically Traumatic Event (PPTE)	is a stressful event that involves actual, perceived, or threatened death, serious injury, or sexual violence, and may cause psychological trauma that may be consistent with one or more posttraumatic mental health conditions (e.g. posttraumatic stress disorder, panic disorder).

Public Safety Personnel (PSP)	is a broad term meant to include personnel who ensure the safety and security of the public. PSP include, but are not limited to, border services officers, serving Canadian Armed forces members and Veterans, correctional services and parole officers, firefighter (career and volunteer), Indigenous emergency managers, operational intelligence personnel, paramedic, police officers, public safety communicators (e.g., 911 dispatchers), and search and rescue personnel.
Self	is an animating impulse and vital motivating force that creates our mindset, defines our values, determines our actions, and predicts our behavior.
Values	are based on morals and ethics that an individual has freely chosen/constructed and internalized.
Virtues	are core values that consistently guide behaviours across situations and become self-reinforcing. Virtues then become a part of our character and identity (i.e., a consistent way of being and acting in the world).