Moral Injury: The Undiagnosed Epidemic Spread Through the Family Policing System and a Call for Abolition

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I. INTRODUCTION

A mother subjected to the family policing system once stated, “I feel like I’ve spent my whole life trying to convince people to see my humanity. As we fight a system that strips parents of power, dignity, and humanity, it is our responsibility to ourselves and each other not to replicate oppressive system dynamics that hurt us while we rebuild together.”¹ When an individual is exposed to a traumatic event that breaches their moral values, they are prone to experience severe distress and functional impairments referred to as “moral injuries.”² Moral injury has become increasingly prevalent in research over the last decade, holding a multidisciplinary appeal in the fields of psychology, psychiatry, social work, philosophy, and religious or spiritual studies.³ Clinically undiagnosable, moral injury is running rampant through the family policing system (formerly referred to as the child protection system or child welfare system).⁴ Finding its roots in the context of military mental health and research, the phenomenon can be applied to behaviors exhibited in all roles of the family policing system (“FPS”), with special attention being given to the child, the parent(s), and the service provider.

II. MORAL INJURY AS A PHENOMENON

Moral injury is the damage done to one’s conscience or moral compass when that person perpetrates, witnesses, or fails to prevent actions that transgress one’s own moral beliefs, values, or ethical codes of conduct.⁵ Transgressions of moral values are prevalent among all humans – as referenced by the Christian Bible and Islamic Qur’an,⁶ however, not all the damage of these transgressions are the same.

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⁴ Id.
⁵ This paper is using the term “family policing system” or “foster care system” interchangeably instead of “child welfare system” because it is believed that “family policing” is the term that most accurately describes the system’s purpose and impact.
Moral injury by self, or also known as personal responsibility, occurs when someone feels distressed, guilt, or shame related to the role they played in a particular event. Moral injury by others is best described as events in which someone is distressed by the actions of others that conflict with the distressed person’s morals and understanding of right and wrong. This dichotomy phenomenon refers to the responsibility of others. A sub-category of responsibility of others, betrayal, offers its own moral injury.

In its most basic sense, consider a teacher complying with zero-tolerance procedures against a student, despite the teacher knowing the student’s character, family, background, and goals. The teacher knows that the student has simply made a mistake that should not cost them their education; however, school policy dictates otherwise. Suddenly, the teacher is at a crossroads of perpetuating disciplinary behavior that goes against their moral judgment. At its core, this is considered a case of moral injury. Moral injury lends itself to serious distress, depression, existential conflict, shame, guilt, self-condemnation, and in extreme cases, suicidality. This paper aims to explore the contextual background of moral injury, apply these principles to the field of family regulation, and offer alternatives from relying on a harmful system.

III. CONTEXTUAL AND HISTORICAL BACKGROUND

A. Moral Injury in the Context of the Military

The notion of moral injury was first observed in the context of mental health research among military personnel. Moral injury in the context of the U.S. military is usually associated with transgressions of moral beliefs by oneself or feeling betrayed by authority. Judge Advocate for the United States Army, Major Erik S. Masick, narrows moral injury into three elements: (1) an act; (2) a transgression; and (3) a harm. In essence, someone commits (1) an act that; (2) goes against their core moral identity and beliefs, and as a result; (3) serious internal harm or conflict comes of the transgression. The implications of these potential morally injurious events can be associated with a heightened risk of misconduct, self-harm, or suicide committed by the service member or

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8 Id. at 2210.
9 Id. at 2211.
10 Koenig et al. supra note 6, at 2991, 2995.
11 Griffin et al., supra note 2, at 351.
13 Masick, supra note 12, at 245.
veteran. Some mental health professionals opine that moral injury is responsible for some veteran suicide, homelessness, and criminal behavior.\(^{15}\)

The act of war itself is enough to lay the groundwork for moral injury. Being in combat, which often includes taking the lives of others and destroying someone else’s land, is inherently injurious for a typical pacifist who has an anti-war or anti-violence position. Additionally, “veterans who experience moral injury may experience a reluctance to get close to other people, difficulty trusting others or themselves.”\(^{16}\) These seemingly antisocial behaviors may be internalized to produce self-harm practices or self-sabotage behaviors.

**B. Moral Injury in the Context of Medical Professionals**

In the same sense, the medical field contributes to the research of moral injury. Few would argue against the notion that COVID-19 presented some unique challenges to humanity. Particularly, Healthcare professionals felt the brunt of the effects of the COVID-19 pandemic. They often found themselves in high-stress traumatic situations making difficult decisions, such as putting a patient on a ventilator while so few were available,\(^{17}\) or prioritizing the care of high-risk individuals when only a few hospital beds were open.

As the American workforce continues to familiarize itself with the concept of burnout, some researchers believe that moral injury may be the cause of such burnout among healthcare professionals.\(^{18}\)

During the COVID-19 pandemic, moral injury has been associated with an increase in medical errors among healthcare professionals.\(^{19}\) However, the verdict is still out on whether such medical errors are the cause of moral injury or its result.\(^{20}\) For instance, morally distressing hazards may become morally injurious events (“MIEs”).

\(^{14}\) *Id.* at 245-246.


\(^{17}\) Koenig et al. *supra* note 6, at 2996.


These include working in a high-stakes environment, lateral or horizontal bullying in the workplace, unsupportive leadership, and more.\textsuperscript{21}

\section*{IV. Distinguishing Moral Injury from PTSD}

Moral injury can occur either concurrently or in the absence of post-traumatic stress disorder (PTSD). Although they share similar attributes, such as the setting of severe trauma, the two phenomena are distinguishable.\textsuperscript{22} According to the Diagnostic Statistical Manual, PTSD is diagnosed when a severe traumatic stressor is present, coupled with fear-based symptoms that affect daily functioning: nightmares and flashbacks, avoidance, emotional numbing, and irritability.\textsuperscript{23} Moral injury, on the other hand, develops when transgressions are committed with consequent feelings of guilt, shame, betrayal, etc.\textsuperscript{24}

\subsection*{A. Foster Youth at War}

According to a study released by the Harvard Medical School, the University of Michigan, and Casey Family Programs, former foster youth are twice as likely as U.S. war veterans to experience PTSD in adulthood.\textsuperscript{25} Additionally one in four foster youth will experience PTSD symptoms and more than half experience at least one mental health concern such as depression, social phobia, or panic syndrome.\textsuperscript{26} Our youth in care are at war on our own land and continue to need substantial mental health services while policymakers continue to cut child-welfare budgets.\textsuperscript{27} Children are not expected to experience harm at the hands of those who are supposed to care for them, such as their parents, and then again by those who are paid to “care”, like foster parents and service providers.\textsuperscript{28} Yet, these youth continue to endure harm and moral injury in a cycle of abuse and maltreatment.

Scholar Sophie Isobel classifies trauma as any form of impairment to the psyche that is a direct result of a difficult event.\textsuperscript{29} Children exposed to trauma or traumatic events

\textsuperscript{21} Stovall, \textit{supra} note 21, at 325.
\textsuperscript{22} \textsc{Rita Nakanashima Brock} \& \textsc{Gabriella Lettini}, \textit{Soul Repair: Recovering from Moral Injury after War} 2 (Beacon Press 2013); Brett T. Litz et al., \textit{Moral Injury and Moral Repair in War Veterans: A Preliminary Model and Intervention Strategy}, 29 \textsc{Clinical Psych. Rev.} 696, 698 (2009).
\textsuperscript{23} Am. Psych. Ass’n Staff, \textit{Posttraumatic Stress Disorder (PTSD), in Diagnostic and Statistical Manual of Mental Disorders}, DSM-V F43.10 (2013).
\textsuperscript{24} Koenig et al. \textit{supra} note 6, at 2991, 2995.
\textsuperscript{26} Koenig et al. \textit{supra} note 6, at 2991, 2994.
\textsuperscript{29} Sophie Isobel, \textit{Trauma Informed Care: A Radical Shift or Basic Good Practice?}, 24 \textsc{Austl. Psych.}, 589 (2016).
experience long-lasting negative effects including brain impairments, issues with physical growth and development, difficulty forming attachments, and serious health problems.\textsuperscript{30} PTSD among system-involved youth can lead to placement instability; research suggests that twenty percent of placement disruptions are due to a child’s behavioral issues.\textsuperscript{31} While moral injury may have the potential to be reconciled through phases of acceptance and forgiveness, PTSD poses its own challenges. One can never be cured of PTSD, although traumatic episodes can lessen in occurrence and severity over time and with treatment.\textsuperscript{32}

V. APPLYING THE PRINCIPLES OF MORAL INJURY TO FAMILY POLICING

A. Youth Perspective – Moral Injury by Betrayal

Moral injury was a term first used by the former U.S. Department of Veterans Affairs psychiatrist, Jonathan Shay in the mid-1990s to describe the “betrayal of what is right by someone in legitimate authority in a high stakes situation.”\textsuperscript{33} What could be more high stakes than a parent at risk of losing their children to the FPS? Or a service provider\textsuperscript{34} managing the case of said family?

Starting at a young age, children begin to construct ideas of morality and social conventions.\textsuperscript{35} While physical harm is more concrete and therefore easier for younger children to grasp, with age children can understand and identify psychological harm (the link between a harmful experience and its consequences).\textsuperscript{36} For instance, although five and six-year-old children may not fully understand the moral nature of psychological harm, they are generally able to judge these harmful acts as wrong, independent of authority, and deserving of punishment.\textsuperscript{37} In this context, even the youngest of children, who may not have a concrete understanding of morality, can tell when someone with authority, like a caseworker or parent, has caused them harm.


\textsuperscript{31} Id.

\textsuperscript{32} Id.

\textsuperscript{33} Jonathan Shay, Moral Injury, 31 PSYCHOANALYTIC PSYCH., 182 (2014).

\textsuperscript{34} Service providers in this context include social workers, caseworkers, therapists, foster parents, attorneys, investigators, and case managers.

\textsuperscript{35} Ha Na Yo & Judith Smetana, Children’s Moral Judgments About Psychological Harm: Links Among Harm Salience, Victims’ Vulnerability, and Child Sympathy, 188 J. OF EXPERIMENTAL CHILD PSYCH. 1, 2 (2019).

\textsuperscript{36} Id.

\textsuperscript{37} Id. at 13.
A study examining twenty-eight emerging adults ages 18-25\(^{38}\) aimed to explore the relevance of moral injury to children and adolescents with experience in the FPS.\(^{39}\) Many of the youth who participated in this study have experienced poverty, exposure to adult substance abuse, intimate partner violence in the home, multiple temporary placements, and inadequate support from professionals hired to help them.\(^{40}\) As they transition from foster care to adulthood, they are at an increased risk for less-than-ideal economic, educational, criminal justice, and mental health outcomes.\(^{41}\) To add insult to injury, these youth statistically experience higher rates of homelessness and lower rates of high school graduation and employment than their non-foster counterparts.\(^{42}\) Using the Moral Injury Events Scale, researchers found that the young adults who participated in the study reported high levels of exposure to “potentially morally injurious events.”\(^{43}\) In fact, the level of exposure on the MIEs scale for participants in the study was similar to that of military personnel and at least as high as that of FPS-involved parents and caseworkers.\(^{44}\)

Data suggests that someone’s vulnerability to different morally injurious events may change with development.\(^{45}\) As children are physically and psychologically vulnerable, they are at an increased risk for moral injury perpetrated by others, namely parents and caseworkers in this case.\(^{46}\) Young adults in the study reported that the most common moral injury they experienced were child maltreatment and adult’s failure to protect.\(^{47}\) Children in the FPS find themselves continuously morally injured by those who are supposed to protect them. Adults who maltreated them and disregarded them continued to do so while system-involved by failing to let the youth know about important events that impacted their life and violating their confidentiality and trust.\(^{48}\) This moral injury by betrayal (from parents, caseworkers, and foster parents alike) is unrestrained and commonplace for youth falling victim to the FPS.

B. Parent Perspective – Moral Injury by Others

\(^{38}\) Due to confidentiality concerns and privacy laws, there is a gap in research concerning children in the foster care system through the age of 18.


\(^{40}\) Haight, supra note 40, at 2.

\(^{41}\) Id.

\(^{42}\) Id.

\(^{43}\) Id. at 5.

\(^{44}\) Id. at 9.

\(^{45}\) Id.

\(^{46}\) Id.

\(^{47}\) Id.

\(^{48}\) Id.
Research suggests that parents have experienced moral injury as a result of their involvement with the FPS. Such morally injurious events include the maltreatment of children, parents’ involvement within flawed systems entrusted with helping vulnerable families, and the separation of families. Further, moral injury among system-involved parents may compromise their abilities to engage in the services necessary for case management.51

While parents undoubtedly experience moral injury by self (to later be discussed in the context of service providers), parents also experience moral injury by others at the hands of the system that is supposed to help them. This system includes social work professionals, social services as an entity, and the legal system. Some parents perceive these professionals to be shaming, harmful, and stigmatizing.52

In a study examining the coping mechanisms of parents and service providers involved in the FPS, one mother reflected:

Even though you feel like you shouldn’t be in this situation, you’re in it now. You’ve got to get yourself out of it, so you have to learn. [Being] angry at what’s happening. It’s not going to do nothing, but make it worse... You’ve got to accept it and move on.53

Generally, when parents go through this system, they begin to value acceptance and forgiveness of the self or other person, to cope with morally injurious behavior.54

C. Service Provider Perspective – Moral Injury by Self

Moral injury in the context of service providers lives at the intersection of their personal morals, their professional ethics, and the actions they are required to take in their professional roles.55 Service providers, too, can experience moral injury by others. Some professionals have reported experiencing moral injury as a result of working within an under-resourced system.56 Primarily, however, we see that service providers wrestle with moral injury by self. That is, existential issues relating to their ability to function in an “ethical and moral manner within a system they viewed as deeply flawed.”57 Workers are

51 Wendy Haight et al., supra note 49, at 108.
52 Id. at 109.
53 Id. at 114.
54 Id.
55 Wendy Haight et al., supra note 50, at 29.
57 Id.
unsupported in their working environment “steeped in human misery.” 58 As a function of a broader system, service providers (caseworkers, attorneys, therapists, etc.) further perpetuate the harms conducted by a deeply flawed system. These providers are responsible for removing children – breaking up families – although it may conflict with their own beliefs. They may delay the reunification of families due to the bureaucratic processes that require a minimum timeline for out-of-home placement, regardless of if the service provider feels comfortable sending children home at that time.

“Military culture emphasizes personal responsibility and hierarchical relationships.” 59 Personnel are discouraged from questioning authority or critiquing the system that they are a part of. 60 While service providers do bare some of the responsibility to ensure they are not exhibiting morally injurious behaviors, there is only so much they can do. In a call to promote ethical educational justice, scholar Meira Levinson argues, “society commits a moral… harm when we place agents… in morally untenable positions. So not only are the agents themselves violating moral structures, but so are we as a society by imposing this price on others.” 61 Ultimately, attempts to address moral injury need to look beyond the individual victims to change the larger, more culpable, economic and political contexts in which these injuries occur. 62

VI. CALL TO ACTION

A. A Call for Abolition

Professor of philosophy, Dr. Jean Hampton, distinguishes harms from wrongs. That is, harms may not be inherently wrongful. By the same token, Dr. Hampton explains that “actual harm is not necessary for a wrong to exist.” 63 For example, an unsuccessfully attempted murder that does no harm to the victim is still wrongful. Dr. Hampton further goes on to explain that moral wrongs are a matter of justice, that is, retributive, not corrective, justice. 64 How, then, do we rectify these moral injuries, these moral injustices? Civil law in Mexico provides for moral damages and moral reparations 65, is this the answer we’re looking for to remedy moral injustices? Certainly not. It’s time to break the system that continues to break apart families.

58 Id.
59 Id. at 117.
60 Id. at 117.
64 Id. at 1662.
It is reasonable to be wary of the aftermath of abolition. If we don’t have a system, what happens? This is a call to abolish the oppressive system that exists and ask questions later. “In a world shaped by and implicated in oppressive systems, those systems appear necessary or at least indestructible, and thus abolition comes off as a grey area of unknown.”66 The FPS has a history of imposing high fiscal and human costs in racialized state control.67 The moral injury sustained on every level of system involvement can no longer stand. Coercive supervision by family policing workers is unnecessary in many cases and a less hostile approach is believed to lead to family cooperation in services. Keeping this in mind, at least twenty states have adopted a “quasi” system to approach dealing with many of the families referred for services.68 Under this approach, cases that are considered low-risk situations are referred to different community agencies that can provide “voluntary” services requested by parents. It should not take a “quasi” system to provide at-risk families with the services and supports they need to raise their children. Families are in need of prevention services to address the underlying causes leading to system involvement, such as poverty, substance use disorders, mental health concerns, etc. Disparities in opportunities to access such services vary throughout the country with well-resourced communities having services more widely available and marginalized communities fighting for funding.

When asked what it means to abolish the family regulation system, scholar Dorothy Roberts suggests:

abolishing the child welfare system means completely dismantling it. It means fundamentally endings its philosophy and design, which is to threaten families with taking their children away in order to blame the families for the hardships that their children may face.69

The system, as it stands, does nothing to address the inequities that lead to homelessness, malnourishment, or maltreatment in the first place. There is no mention of families being denied adequate income or healthcare while case planning. The more we continue to equate the family regulation system as a foster “care” system, we ignore the reality of inequities and perpetuate the harms conducted at the hands of agents of the state who are tasked with “helping” the family.

There is a growing call from system-involved veterans to abolish the family regulation system. Along with this movement is the call to curtail mandated reporting, guarantee legal representation for parents, and require informed consent when drug testing pregnant people and their newborns. The state needs to put funding in the hands of those who need it—disadvantaged parents. There is no room to reform a system that is doing as it was designed to do—regulate and criminalize poor families of color. Since the origins of the “child saving” movement to the orphan trains, children have been ripped from their families with the intention to remove them from their racial and ethnic homes to assimilate them into white culture. Years later, this country has stolen indigenous children from their homes and placed them in boarding schools where they were “prohibited from engaging in the cultural practices of their home communities.”

We need to look beyond what we have known for decades and envision a new society where there is no need for the FPS. We need to meet human needs and ensure safety to eradicate poverty, mismanaged mental illness, and substance use disorder. None of this can be accomplished without acknowledging the injuries the system has caused and perpetuated. We must change how we speak of the system. This is not to be construed as a personal attack on the good-doers and well-intentioned workers in the system. In acknowledging the harms and calling it what it is, we can begin to do the work necessary to dismantle a system that may in fact be doing more damage than “welfare,” as the system’s name suggests. Everyone is being wounded in this morally injurious work.

B. A Less “Radical” Approach

For the skeptics who believe abolition cannot be achieved or is too radical of an approach, a call for more humane practices can be made. We need a trauma-informed system that looks at families through a lens of compassion, instead of criminalizing poverty and perpetuating inequity. An estimated one in seven children (14%) will be subjects of two or more child protective reports by age twelve, and about 6% of all children are removed from their homes at least once before the age of eighteen. Many American children in government care have experienced high rates of trauma such as

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71 Id.
73 Id.
74 See Michael S. Wald, Beyond CPS: Building A System to Protect the Safety and Basic Development of Children Experiencing Problematic Parenting, in Handbook of Child Maltreatment, 2, Richard D. Krugman & Jill E. Korbin eds., (2d ed 2022) (regarding reports or investigations conducted by Child Protective Specialists)
child maltreatment, family violence, and mental illness. States have begun to re-examine policies as they relate to family policing and how to avert family separation. Whether it be intact family services, supporting the implementation of kinship care so that youth can be placed with another family member instead of a licensed stranger, or negating the system in its entirety by fostering community-based alternatives and resources, there are other solutions to divert families from being system-involved.

VII. CONCLUSION

There is no doubt that the family policing system inflicts moral injury on all those involved, including but not limited to families, youth, and caseworkers. The question remains – are these systems doing more harm than good? It’s time we re-evaluate where we stand and how to best support our most vulnerable families and under-resourced service providers.