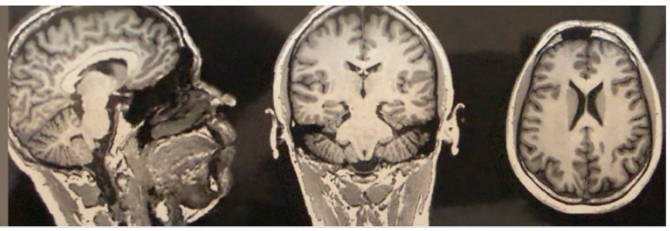
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When the Protector Is the Perpetrator: Institutional Betrayal as a Distinct Form of Moral Injury in Civilian Survivors of War

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ABSTRACT

Objective: Moral injury theory was built on what soldiers did, failed to prevent, or witnessed. Civilian survivors of war often describe a different wound: harm or abandonment by the institutions that owed them protection, followed by years in which nobody is held to account. This paper sets out a theoretical model of that form of moral injury, called here protector betrayal.

Methods: The paper integrates four bodies of work: moral injury theory and its betrayal dimension, institutional betrayal theory, social contract theory, and research on impunity, justice and mental health after mass violence. Published findings from refugees and from civilians living through war were used to check each step of the argument.

Results: The model specifies three conditions (a recognised protective duty, a breach by harm or abandonment, and dependence without agency), one maintaining condition (impunity and non-acknowledgement), and a three-part signature (shame without agency, collapse of the social contract, and mistrust specific to authority). Five testable propositions follow. They concern factorial separability, emotional profile, authority-specific mistrust and avoidance of formal help, persistence under impunity, and separation from fear-based posttraumatic stress in symptom networks. Each is paired with a result that would count against it.

Conclusions: Protector betrayal identifies a transgressor and a time course that current measures of moral injury do not capture together. The model gives researchers a construct that can be measured and tested in war-affected populations. It also implies that repair depends partly on acknowledgement and accountability, which lie outside the consulting room.

Keywords: *forced displacement, impunity, refugees, shame, social contract, trust in authority.*

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1. Introduction

At the end of 2025 an estimated 117.8 million people were forcibly displaced worldwide, 68.7 million of them inside their own countries (United Nations High Commissioner for Refugees, 2026). About one in five people living in a setting that has seen armed conflict in the past ten years has a mental disorder at any given time (Charlson et al., 2019). Research with these populations has concentrated on posttraumatic stress disorder (PTSD) and depression (Steel et al., 2009), and models of PTSD have long been built on fear and helplessness (Jordan et al., 2017).

Survivors often describe something those models do not hold: harm or abandonment by the bodies that were supposed to keep them safe, followed by years in which nobody is held to account. People held in offshore immigration detention described the government from which they had sought protection as the driving force behind their suffering (Passardi et al., 2022). Students who survived the 2020 attack on Kabul University spoke of resentment and moral injury directed at authorities they saw as having failed to protect them (Oriya, 2026). More than two decades ago Silove (1999) questioned whether a focus on PTSD was adequate for torture, mass human rights violations and refugee trauma, and proposed that such experiences also challenge the adaptive system that serves justice.

Moral injury gives this kind of harm a name. The concept was developed with soldiers and veterans (Litz et al., 2009; Shay, 1994). Griffin et al. (2019) found little study of it outside military settings, and research has since widened to health workers and refugees (Ter Heide & Olff, 2023). In September 2025 the DSM-5-TR category Z65.8 was renamed Moral, Religious, or Spiritual Problem, and its text now refers to experiences that disrupt a person’s sense of the goodness of oneself, others, or institutions (American Psychiatric Association, 2025).

The theory, however, was built around what a person did, failed to prevent, or witnessed. It has less to say about the case in which the transgressor is an institution charged with protection, the survivor had no part in the act, and the transgression continues because nobody answers for it. Evidence that this case matters has grown quickly in the past three years, mostly from civilians living through war (Amsalem et al., 2025; Kapel Lev-Ari et al., 2026; Pitcho et al., 2026). Theory has not kept pace. In a recent expert consensus study, betrayal and moral agency were among the features of morally injurious events on which experts agreed least (Houle et al., 2026).

This paper sets out a theoretical model of that case, called here protector betrayal. It reviews how betrayal has been handled in moral injury research with soldiers, refugees and civilians, and then brings in institutional betrayal theory, social contract theory, and research on impunity and mental health. From these it derives the model, five testable propositions, and implications for measurement and care.

2. Three Sources of Moral Injury

Litz et al. (2009) defined moral injury as the lasting impact of “perpetrating, failing to prevent, or bearing witness to acts that transgress deeply held moral beliefs and expectations” (p. 697). The injured person in

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this account is a moral agent, and the emotions that follow are chiefly guilt and shame about one's own conduct. Shay (1994, 2014) had started from a different place. For him moral injury follows a betrayal of what is right, by someone who holds legitimate authority, in a high-stakes situation. He drew the contrast himself: in the account of Litz and colleagues the violator is the self, and in his own the violator is a holder of power (Shay, 2014).

Measurement kept both strands. The Moral Injury Events Scale produced two factors in its first evaluation, perceived transgressions and perceived betrayals (Nash et al., 2013), and three in a later one: transgressions by others, transgressions by self, and betrayal (Bryan et al., 2016). The strands also behave differently. Among 867 Marines followed after deployment to Afghanistan, betrayal-based events were linked to later PTSD through anger, whereas the evidence that perpetration-based events worked through shame and guilt was marginal (Jordan et al., 2017). A systematic review of 15 studies concluded that betrayal-related events were the most consistent correlate of PTSD, depression and anxiety among the event types examined (Kakouris et al., 2026).

Research with refugees took a different route. An early study applied moral injury to traumatised refugees (Nickerson et al., 2015), and the Moral Injury Appraisals Scale that followed has two factors: violations by others and violations by oneself (Hoffman et al., 2018). In a latent profile analysis of 221 refugees and asylum seekers, no profile was defined by self-directed appraisals alone, and 73% of the sample belonged to a profile marked by other-directed appraisals, with or without self-directed ones (Hoffman et al., 2019). In 1,085 refugees followed for six months, other-directed appraisals predicted increases in re-experiencing, hyperarousal, sadness and shame, whereas self-directed appraisals predicted decreases in shame and re-experiencing (Nickerson et al., 2022). Betrayal has no factor of its own in this work. Hoffman et al. (2019) observed that immigration stressors might be appraised as betrayal by the host country, and that betrayal still needed thorough study in refugee samples.

The fullest evidence on betrayal among civilians comes from Israel after the attacks of 7 October 2023. In 1,052 adults living in conflict zones, a sense of betrayal by political and military leadership was associated with more anxiety, depression and PTSD symptoms at each of three assessments (Amsalem et al., 2025). Betrayal mediated the links between economic and traumatic loss and symptoms of depression, PTSD and anxiety (Haim-Nachum et al., 2025), and its relation to distress ran in both directions (Kapel Lev-Ari et al., 2026). Working from institutional betrayal theory, Pitcho et al. (2026) defined governmental betrayal trauma as the experience of being harmed or insufficiently protected by the state. Talmon et al. (2026) found that institutional betrayal strengthened the association between war exposure and shattered assumptions about the world. In interviews with survivors of the Nova festival attack, institutional betrayal emerged as an ongoing secondary injury (Elisha et al., 2026).

This work shows that the phenomenon is real and can be measured. It leaves three things open. First, betrayal is usually measured with the three betrayal items of a scale written for soldiers, which ask about leaders, fellow service members and people outside the military whom the respondent once trusted (Nash et al., 2013). Second, betrayal is treated as a correlate of PTSD, depression and anxiety, and not as a condition with a structure and a course of its own. Third, the quantitative evidence comes largely from one country, where the failure in question was a failure to protect citizens from an external attack. Many displaced survivors face the other case, in which the state or its forces carried out the harm and nobody has answered for it. A model is needed that covers both.

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3. Institutional Betrayal and the Limiting Case of War

Betrayal trauma theory holds that harm does particular damage when it comes from someone the victim depends on (Freyd, 1996). Smith and Freyd (2013, 2014) extended the idea to institutions. Institutional betrayal occurs when a trusted and powerful institution harms those who depend on it for safety and wellbeing, either by what it does or by failing to prevent harm and to respond to it. They named governments among such institutions. The empirical literature, however, grew up mainly around universities, workplaces and the armed forces in the United States (Christl et al., 2024; Monteith et al., 2016).

War is the limiting case of institutional betrayal, for four reasons. The institution is the state or a body acting in its place, and protection is the reason such bodies exist. Dependence is close to total, because a civilian cannot leave the reach of the institution without becoming a refugee. The harm includes killing, torture, sexual violence and expulsion. Finally, the institution that failed is usually the only one with the power to investigate what happened. A student betrayed by a university can turn to the courts. A villager betrayed by the army often has nowhere to turn.

4. The Social Contract as the Violated Expectation

A moral injury needs a moral expectation that was broken. For protector betrayal the expectation is one of the oldest in political thought: authority is owed obedience because it protects, and for as long as it protects (Hobbes, 1651/1996). States have restated it in modern terms. At the 2005 World Summit they affirmed that each state has a responsibility to protect its populations from genocide, war crimes, ethnic cleansing and crimes against humanity. They also accepted that the international community has a responsibility to help protect populations, including through collective action when national authorities manifestly fail to do so (United Nations General Assembly, 2005, paras. 138–139).

Survivors do not need to have read any of this. The expectation lives in ordinary assumptions: that the world is broadly benevolent, that events make sense, and that one is worth protecting (Janoff-Bulman, 1992). It also lives in the judgement that authority is legitimate, which depends heavily on whether people feel fairly treated by it (Tyler, 2006). When the body that claims the right to rule becomes the source of harm, both collapse together. The same holds when an international protector fails. Reviewing the fall of the Srebrenica safe area in 1995, the United Nations (1999) wrote that “we failed to do our part to help save the people of Srebrenica” (para. 503).

5. Impunity as a Continuing Transgression

Moral injury theory usually treats the transgression as a past event. Under impunity it is not past. United Nations principles define impunity as the impossibility, in law or in fact, of bringing the perpetrators of violations to account, and they set out victims’ rights to truth, justice and reparation (United Nations Commission on Human Rights, 2005). Where those rights are denied, each day adds to the original wrong: officials stay in post, records stay closed, and the survivor’s account is contradicted in public. Herman (1992) argued that repairing the breach between a survivor and the community depends on public

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acknowledgement of what happened and on community action to assign responsibility and repair the harm.

The evidence on impunity and mental health is mixed, and the pattern is informative. In 1,358 war survivors in the former Yugoslavia, 79% reported a sense of injustice about the lack of redress. Yet PTSD and depression were tied more closely to fear and loss of control than to emotional responses to impunity, and appraisal of redress was unrelated to either disorder (Başoğlu et al., 2005). In Timor-Leste, 38% of adults surveyed met the study's threshold for explosive anger, and only a minority of them met thresholds for posttraumatic stress or general distress (Silove et al., 2009). Among Timorese women, distressing preoccupations with injustice were associated with intermittent explosive disorder after PTSD and distress were taken into account (Rees et al., 2013). In a larger Timorese sample, a sense of injustice made a modest contribution to PTSD symptoms alongside grief (Tay et al., 2017). In Cambodia, people who perceived more justice for the crimes of the Khmer Rouge era were less likely to have probable PTSD (Sonis et al., 2009). Among Israeli civilians, perceptions of betrayal rose over a year of war while anxiety and PTSD symptoms declined slightly (Amsalem et al., 2026).

Read together, these findings suggest that injustice and fear are different channels. Perceived injustice has a modest and inconsistent relation to fear-based disorder, and a great deal of anger and preoccupation with injustice exists outside it. That is what a model of protector betrayal would predict. A caution is also needed. Testifying before South Africa's Truth and Reconciliation Commission was not associated with survivors' psychiatric status (Kaminer et al., 2001), so formal processes do not heal by themselves.

6. A Model of Protector Betrayal

Protector betrayal is defined here as the lasting moral, emotional and relational harm that follows when an institution with a recognised duty to protect a civilian population harms that population or abandons it to harm, and the wrong remains unacknowledged and unpunished. It belongs to the betrayal family of moral injury and is set apart by who the transgressor is, by the survivor's lack of agency, and by its time course. Table 1 compares it with self-directed and other-directed moral injury, and Figure 1 shows the model.

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Table 1.

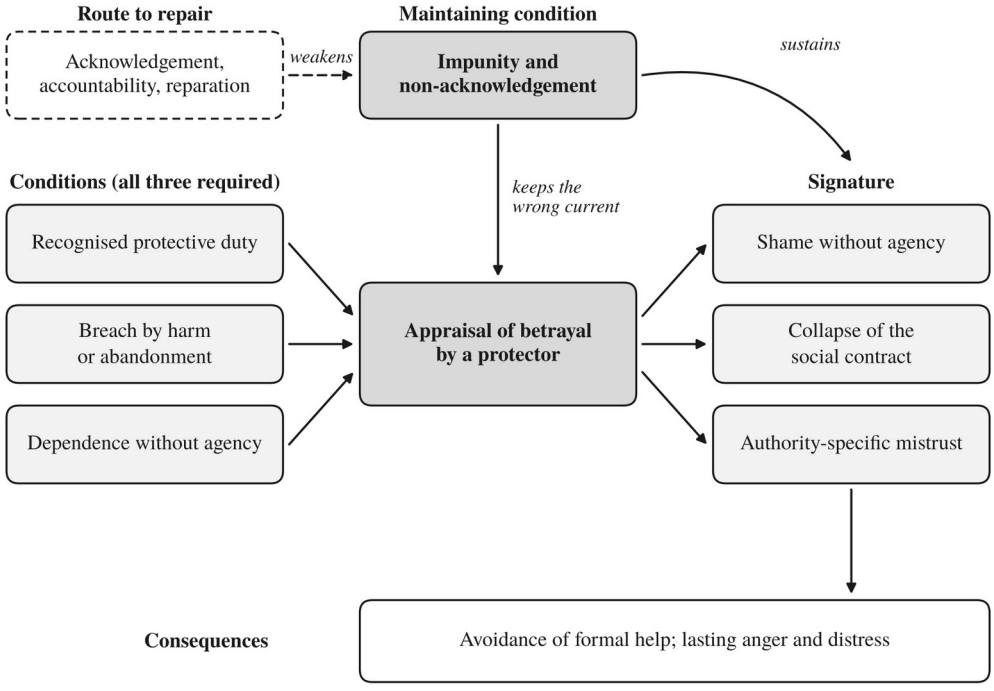
Three Forms of Moral Injury Compared

Feature	Self-directed moral injury	Other-directed moral injury	Protector betrayal
Who transgressed	The self	Another person or group	An institution with a duty to protect
Survivor's part in the event	Acted, or failed to act	Witnessed or suffered the act	None; dependent on the institution
Expectation that was broken	One's own moral code	Shared rules of decent conduct	Protection in return for allegiance (the social contract)
Time course of the transgression	Completed	Completed	Continues while impunity lasts
Leading moral emotions	Guilt and shame	Anger, sadness and shame	Shame without agency, humiliation and anger
Main target of blame	The self	The perpetrator	The institution and those who shield it
Route to repair	Amends and self-forgiveness	Recognition of the wrong and restored trust in others	Acknowledgement, accountability and reparation

Note. Entries for self-directed and other-directed moral injury summarise the literature reviewed in the text (Hoffman et al., 2018; Jordan et al., 2017; Litz et al., 2009; Nickerson et al., 2022). Entries for protector betrayal are proposals of the present model. The route to repair for self-directed injury follows Litz et al. (2009); the routes given for the other two forms are proposed here.

Figure 1.

A Model of Protector Betrayal in Civilian Survivors of War



Note. Solid arrows show the proposed pathway from the three conditions to the signature and its consequences. Impunity and non-acknowledgement keep the appraisal of betrayal current. The dashed arrow shows the proposed route to repair.

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6.1 Three Conditions

Three conditions must hold. The first is a protective duty that the survivor recognises. The duty may rest on law, on a mandate or on custom. It may belong to the survivor's own state, to an occupying or de facto authority, to peacekeepers, or to a host state or agency after flight. The survivor need not have trusted the institution, and many members of persecuted minorities expected little from their state. What matters is the belief that protection was owed. The second condition is a breach, by commission or by omission: forces of the institution carry out the harm, or the institution stands aside, withdraws, or hands people over. The third is dependence without agency. The survivor had no part in the decision and no realistic means of preventing it. This separates protector betrayal from self-directed moral injury. It also separates it from the soldier's betrayal, in which the betrayed person is an armed member of the institution.

6.2 The Maintaining Condition

The injury is maintained by impunity and non-acknowledgement: no investigation, no naming of those responsible, no apology or reparation, and often an official account that denies the events or blames the victims. These keep the appraisal of betrayal current. The model therefore expects protector betrayal to persist or deepen where impunity holds, whereas rates of PTSD tend to be lower the longer the time since conflict (Steel et al., 2009).

6.3 A Three-Part Signature

The first part is shame without agency. Guilt attaches to something a person did, and shame attaches to the whole self (Tangney et al., 2007). A person who is treated as disposable by the body meant to protect them is told something about their worth, and may come to feel humiliated or of no account although they did nothing wrong. The refugee data fit this reading. Other-directed appraisals predicted later shame (Nickerson et al., 2022), and people detained offshore by a government from which they had sought protection described dehumanisation and a sense of being irreparably damaged (Passardi et al., 2022).

The second part is collapse of the social contract: the settled belief that institutions will not protect people like oneself, that rules bind only the weak, and that the moral order cannot be relied on. Shay (2014) described a similar shift in soldiers, in whom destroyed social trust gives way to an expectation of harm, exploitation and humiliation. Among civilians, the finding that institutional betrayal strengthens the link between war exposure and shattered assumptions points the same way (Talmon et al., 2026).

The third part is mistrust that is specific to authority. It is aimed at officials, uniforms and offices, and it spreads to bodies that resemble the one that failed, such as courts, police, clinics and aid agencies. The model holds that this mistrust is stronger than mistrust of people in general and partly independent of it. Its behavioural side is avoidance of formal help. In health care, institutional betrayal predicted disengagement from services and lower trust in health organisations, and trust in one's own doctor did not offset it (Smith, 2017). In Rwanda, people exposed to more traumatic events were less supportive of national and local trials and more supportive of the international tribunal (Pham et al., 2004), a pattern which suggests that trust is withdrawn selectively.

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6.4 What Protector Betrayal Is Not

Protector betrayal is not PTSD, although the two often occur together. Its leading emotions are shame and anger, not fear, and it is stirred less by reminders of danger than by contact with authority and by news that confirms impunity. It overlaps with complex PTSD in negative self-concept, but the disturbances in self-organisation that define complex PTSD are general (Cloitre et al., 2013), whereas protector betrayal has a specific object and a specific grievance. It resembles posttraumatic embitterment, which Linden (2003) described as embitterment and feelings of injustice after a single negative life event, but it arises from collective and often lethal events and is directed at authority. It is closest to governmental betrayal trauma (Pitcho et al., 2026). It differs in that it is framed as moral injury with a specified emotional signature, it includes protectors other than the survivor's own government, and it gives impunity a maintaining role. Finally, it is not a disorder. Anger and mistrust toward an institution that harmed one's family may be accurate appraisals. Molendijk (2018) has warned that psychological accounts tend to treat moral injury as a disorder contained within the person and to detach it from its social context. The model describes an injury and the conditions that keep it open.

7. Five Testable Propositions

The model yields five propositions. Table 2 sets out, for each, the prediction, a suitable test, and the result that would count against it.

Table 2.

Five Propositions Derived From the Model of Protector Betrayal

Proposition	Prediction	Suitable test	Result that would count against it
1. Separability	Indicators of protector betrayal form a factor distinct from self-directed appraisals, other-directed appraisals and PTSD symptoms.	Confirmatory and bifactor models; indices of discriminant validity.	Betrayal and other-directed indicators cannot be separated: their factors correlate close to 1, or separating them does not improve fit.
2. Emotional profile	With exposure held constant, protector betrayal relates more strongly to shame, humiliation and anger than to guilt.	Regression or structural models with separate measures of shame, guilt and anger.	Guilt is the strongest emotional correlate, or the relation with shame disappears once self-directed appraisals are controlled.
3. Authority-specific mistrust	Protector betrayal predicts mistrust of authority and avoidance of formal help beyond exposure and PTSD symptoms, and more strongly than it predicts general mistrust.	Hierarchical regression; comparison of dependent correlations.	No added variance beyond exposure and PTSD symptoms, or equal relations with authority-specific and general mistrust.
4. Impunity and persistence	Perceived impunity predicts the persistence of protector betrayal better than it predicts the persistence of fear symptoms; credible acknowledgement predicts decline.	Longitudinal models with at least three waves; cross-lagged panel models.	Protector betrayal declines at the same rate whatever the level of perceived impunity.
5. Network separation	Betrayal indicators form their own community, joined to PTSD mainly through anger and negative beliefs.	Regularised partial correlation networks; community detection; bridge centrality.	Betrayal indicators fall inside the fear community, or the strongest bridges run through re-experiencing and hyperarousal.

Note. PTSD = posttraumatic stress disorder.

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Proposition 1 concerns separability. Indicators of protector betrayal will form a factor that is distinct from self-directed appraisals, from other-directed appraisals that concern individual perpetrators, and from PTSD symptoms. If betrayal items cannot be separated from other-directed items, as the two-factor structure found in refugee samples might suggest (Hoffman et al., 2018), the construct adds nothing.

Proposition 2 concerns the emotional profile. With exposure held constant, protector betrayal will be related more strongly to shame, humiliation and anger than to guilt. A dominant association with guilt would contradict the claim of shame without agency.

Proposition 3 concerns authority-specific mistrust. Protector betrayal will predict mistrust of authority and avoidance of formal help over and above exposure severity and PTSD symptoms, and it will predict these more strongly than it predicts mistrust of people in general.

Proposition 4 concerns impunity and persistence. Perceived impunity and non-acknowledgement will predict the persistence of protector betrayal over time, and will predict it better than they predict the persistence of fear symptoms. Credible acknowledgement or accountability will predict decline. Because distress also feeds later appraisals of betrayal (Friedler et al., 2026; Kapel Lev-Ari et al., 2026), this proposition needs longitudinal data.

Proposition 5 concerns network separation. In symptom networks, indicators of protector betrayal will form a community separate from the re-experiencing, avoidance and hyperarousal symptoms of PTSD, joined to it mainly through anger and negative beliefs. Network models treat disorders as systems of interacting symptoms (Borsboom & Cramer, 2013), and current methods allow the stability of such structures and the symptoms that bridge them to be estimated (Epskamp et al., 2018; Jones et al., 2021). In Ukrainian adults, moral injury outcomes were tied most closely to the PTSD cluster of negative alterations in cognition and mood (Mezhenska et al., 2026), which is where the model expects the bridge.

8. Implications for Measurement

Existing instruments each capture part of the construct. The Moral Injury Events Scale has three betrayal items, worded for military service (Nash et al., 2013). The Moral Injury Appraisals Scale, written for refugees, places betrayal within violations by others (Hoffman et al., 2018, 2019). The Moral Injury Outcome Scale measures outcomes in two factors, shame-related and trust-violation-related, and was developed with service members and veterans (Litz et al., 2022). The Moral Injury and Distress Scale yields a single factor and was validated with veterans, health workers and first responders (Norman et al., 2024). A civilian scale tested in a community sample has a betrayal factor that combines trusted persons and institutions (Hyatt et al., 2026), and Pitcho et al. (2026) assessed governmental betrayal trauma with self-report measures adapted to wartime. To the author’s knowledge, none brings together the source of the injury in a protective institution, its continuation through impunity, and mistrust that is specific to authority.

The Moral Trauma and Identity Disruption Scale (MTIDS; Singh, 2026), a scale under development for civilian survivors of war and displacement, was written with this gap in view. One subscale, Institutional Betrayal and Impunity, has four items. They cover failure or harm by protective authorities, the weight of that betrayal relative to the violence, impunity, and loss of belief in institutional protection. Two examples

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are “The authorities who were supposed to protect me failed me or harmed me” and “Those responsible for what happened have never been held to account, and this weighs on me.” A further item asks about difficulty trusting anyone in a position of authority, and a separate exposure index records harm or abandonment by authorities and the non-punishment of perpetrators as events. Keeping event, appraisal and outcome apart in this way should allow Propositions 1, 3 and 5 to be examined in a single validation sample, and Proposition 4 at follow-up.

9. Implications for Care and Policy

Three implications follow for clinical work. Assessment should ask whom the survivor holds responsible and what has happened since, and not only what was witnessed or suffered. Services should expect to inherit mistrust. A clinic with forms, officials and interpreters can resemble the institution that failed, so openness about roles, about the limits of confidentiality and about any link to government matters more than usual. Shame in this setting should not be handled only as a mistaken belief about responsibility. It arises from how the person was treated, and it may ease more through recognition by a credible witness than through re-examining guilt. Hoffman et al. (2019) made a related point when they called for interventions that address other-directed appraisals in refugees.

The model also has a limit that clinicians should state openly. Therapy cannot supply justice. If impunity maintains the injury, then acknowledgement, investigation and reparation are part of repair, and they are in the hands of states and international bodies. Conditions in exile matter as well. Daily stressors add to distress in their own right (Miller & Rasmussen, 2010), and survivors may experience detention or prolonged uncertainty about their status as a second betrayal by a new protector (Hoffman et al., 2019; Passardi et al., 2022).

10. Limitations and Boundary Conditions

The model is conceptual and has not been tested. It draws on studies designed for other purposes, many of them cross-sectional, and the strongest quantitative evidence comes from one country. Four boundary conditions should be kept in view. First, the construct concerns perceived betrayal and perceived impunity. Perceptions are shaped by political identity, by information and by prior distress, and they may differ from the legal facts. Second, shame, honour and the meaning of authority vary across cultures, and so do expectations of the state. Qualitative work with survivors should come before any claim that the signature is general. Third, protective duties are often spread across several bodies. A refugee may have been harmed by one state and received by another, and whether mistrust carries over from the first to the second is an open question. Fourth, the construct can be misused. Naming institutional wrongdoing can put respondents at risk, and a label for justified grievance can be turned into a diagnosis that locates the problem in the survivor. Researchers should measure appraisals without requiring anyone to name perpetrators, and should report findings in ways that keep responsibility where it belongs.

Finally, many survivors who meet the three conditions will not show the signature. Community acknowledgement, faith and collective action may protect, and the model does not yet account for them.

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11. Conclusion

Moral injury theory began with the soldier who did wrong and the soldier who was wronged by a commander. Civilian survivors of war add a third figure: the person who was owed protection, received harm or abandonment in its place, and has watched the wrong go unanswered. Protector betrayal gives that experience a definition, a set of conditions, a signature and five propositions that can fail. If they hold, assessment in war-affected populations will need to ask about protectors as well as perpetrators, and mental health care will need to say plainly that part of the remedy is accountability.

Declarations

Ethics Statement

This article is a theoretical analysis of published literature. It involved no human participants, no animals and no new data, so ethical approval was not required.

Conflict of Interest

Neerja Singh is the developer of the Moral Trauma and Identity Disruption Scale, which is discussed in the article. The author declares no other competing interests.

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